

Bluegrass Area Agency on Aging  
Bluegrass Area Development District, Inc.

Subcontract Under: AS-2020-2021  
Date: August 6, 2020  
Amendment: #1

**NOTICE OF AMENDMENT TO PROGRAM  
ADMINISTRATION CONTRACT**

**NOTICE OF AMENDMENT**

**Name and Address of Second Party:** Lexington-Fayette Urban County Government  
Division of Community Development  
Dba Lexington Senior Citizen Center  
195 Life Lane  
Lexington, KY 40502

Confirming the verbal agreement heretofore made between you and the Bluegrass Area Development District, Inc., the contract being a subcontract under Contract Number **AS-2020-2021** dated **July 1, 2020**, amended August 6, 2020, and in consideration of payments to you made and/or to be made thereunder, is being revised as follows:

Add Title III-B Budget dated July 1, 2020 to incorporate the actual FY2021 allocations.

All other terms and conditions of the contract except as modified above are hereby ratified and confirmed.

Please signify your acceptance of the above amendment to subcontract under Contract **AS-2020-2021** by affixing your signature in the space provided below.

**WITNESS:**

**FIRST PARTY:** Bluegrass Area Development District, Inc.

\_\_\_\_\_  
Celeste Collins, Aging Director

**WITNESS:**

**SECOND PARTY:** Lexington-Fayette Urban Co. Government  
Dba Lexington Senior Citizen Center

\_\_\_\_\_  
Linda Gorton, Mayor

DEPARTMENT FOR AGING AND INDEPENDENT LIVING  
TITLE III-B BUDGET

<b>NAME &amp; ADDRESS</b>	<b>CONTRACT PERIOD</b>	<b>MARK ONE:</b>	<b>I certify that the information contained herein is accurate to the best of my knowledge:</b>
Lexington-Fayette Urban County Government Senior Citizens Center 195 Life Lane Lexington, KY 40502 859-278-6072	07/01/20 - 06/30/21  REPORT PERIOD 07/01/20 - 06/30/21	<input checked="" type="checkbox"/> Original Budget <input type="checkbox"/> Revised Budget <input type="checkbox"/> Financial Report <input type="checkbox"/> Audited Financial Report DATE SUBMITTED: 7/17/2020	SIGNATURE OF EXECUTIVE DIRECTOR

Cost Category	Federal	Federal Unexpended	State	Local Cash	Local In-Kind	Program Income	Amount Budgeted
Personnel							0.00
Travel							0.00
Supplies							0.00
Equipment							0.00
Other Operating							0.00
Contracts	155,965.59	0.00	107,108.00	237,128.00	0.00	0.00	500,201.59
Indirect							0.00
<b>Total</b>	<b>155,965.59</b>	<b>0.00</b>	<b>107,108.00</b>	<b>237,128.00</b>	<b>0.00</b>	<b>0.00</b>	<b>500,201.59</b>

Cost Category	Unduplicated Clients	Units	Unit Cost	Federal	Federal Unexpended	State	Local Cash	Local In-Kind	Program Income	Amount Budgeted
Adult Day										0.00
Adult Day Health										0.00
Advocacy	240	720	8.50	2814.95		4,325.05	26,348.00			33,488.00
Alz/Adult Day Respite										0.00
Assessment										0.00
Assisted Transportation			25.00							0.00
Case Management										0.00
Cash & Counseling				48077.59						48,077.59
Chore			25.00							0.00
Counseling	300	1720.00	15.00	19257.9		6,542.10	26,347.50			52,147.50
Education	260	6463	7.00	16597.83		28,649.17	26,348.00			71,595.00
Employment Services			7.00							0.00
Friendly Visiting			25.00							0.00
Health Promotion	110	650	2.75	2562.26		3,837.74	26,347.50			32,847.50
Home Health Aid										0.00
Home Modification										0.00
Homemaker/Home Mgmt			25.00							0.00
I & R / & A	500	1500	10.00	15000			26,347.00			41,347.00
Legal Assistance										0.00
Outreach	205	205	10.00	2050			26,347.00			28,397.00
Personal Care			25.00							0.00
Public Education			10.00							0.00
Recreation	1070	10456	3.00	15364.86		36,915.14	26,348.00			78,628.00
Respite			25.00							0.00
Telephone Reassurance	250	7341	9.00	24750.2		26,738.80	26,348.00			77,837.00
Transportation	48	1265	7.50	9490			26,347.00			35,837.00
<b>Total</b>		<b>30,320.00</b>		<b>155,965.59</b>	<b>0.00</b>	<b>107,108.00</b>	<b>237,128.00</b>	<b>0.00</b>	<b>0.00</b>	<b>500,201.59</b>