## TITLE III ALLOCATIONS & REQUIRED MATCH FY24

County or Program	Total III B Federal	Total III B State	Total III B	15% Required Match of B**
Anderson	28,737.00	16,567.00	45,304.00	5,071.24
Bourbon	29,698.00	18,390.00	48,088.00	5,240.82
Boyle	32,931.00	24,519.00	57,450.00	5,811.35
Clark	34,765.00	27,999.00	62,764.00	6,135.00
Estill	28,620.00	16,346.00	44,966.00	5,050.59
Fayette	72,510.00	110,945.00	183,455.00	12,795.88
Franklin	39,134.00	36,282.00	75,416.00	6,906.00
Garrard	29,378.00	17,782.00	47,160.00	5,184.35
Harrison	30,280.00	19,494.00	49,774.00	5,343.53
Jessamine	38,813.00	35,675.00	74,488.00	6,849.35
Lincoln	33,950.00	26,452.00	60,402.00	5,991.18
Berea	26,134.00	30,594.00	56,728.00	4,611.88
Richmond	26,134.00	30,594.00	56,728.00	4,611.88
Mercer	31,416.00	21,648.00	53,064.00	5,544.00
Nicholas	24,339.00	8,228.00	32,567.00	4,295.12
Powell	25,970.00	11,321.00	37,291.00	4,582.94
Scott	35,930.00	30,208.00	66,138.00	6,340.59
Woodford	31,416.00	21,648.00	53,064.00	5,544.00
BGCAP	31,075.00	47,548.00	78,623.00	5,483.82
Case Mgmt	15,000.00		15,000.00	2,647.06
Ombudsman	29,000.00		29,000.00	5,117.65
Legal	26,830.00		26,830.00	4,734.71
Totals	702,060.00	552,240.00	1,254,300.00	123,892.94

## DEPARTMENT FOR AGING AND INDEPENDENT LIVING TITLE III-B BUDGET

NAME & ADDRESS	CONTRACT PERIOD	MARK ONE:	
Lexington-Fayette Urban County Government	07/01/23 - 06/30/24	☑ Original Budget	I certify that the information contained herein is accurate
Senior Citizens Center		☐ Revised Budget	to the best of my knowledge:
195 Life Lane	REPORT PERIOD	☐ Financial Report	
Lexington, KY 40502		☐ Audited Financial Report	
859-278-6072	07/01/23 - 06/30/24	DATE SUBMITTED:	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Indirect							0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00

\*This line will automatically calculate from table below

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			9.50							0.00
Alz/Adult Day Respite										0.00
Assessment			56.00							0.00
Assisted Transportation			36.00							0.00
Case Management			56.00							0.00
Cash & Counseling										0.00
Chore			36.00							0.00
Counseling			16.00							0.00
Education			8.00							0.00
Employment Services			7.00							0.00
Friendly Visiting			13.50							0.00
Health Promotion			11.00							0.00
Home Health Aid										0.00
Home Modification										0.00
Homemaker/Home Mgmt			36.00							0.00
I & R/I & A			11.00							0.00
Legal Assistance										0.00
Outreach			11.00							0.00
Personal Care			36.00							0.00
Public Education										0.00
Recreation			6.00							0.00
Respite										0.00
Telephone Reassurance			9.00							0.00
Transportation			9.50							0.00
Total	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00

<b>AGENCY</b>	/COUNTY:		

Cost sharing/matching requirements must be met for the Title III and Title VII programs and reflected on this page. The information provided should follow the guidelines set forth in Title 45, Part 92.

## Administration on Aging - LOCAL RESOURCES INCLUDING REQUIRED MATCH

Source of Match	Item of Match or Resource	III-B Program	C1 Program	C2 Program	III-B Local	C1 Local	C2 Local	III-B Local	C1 Local	C2 Local
(Who provides match)	(Describe what it is)	Income	Income	Income	Cash	Cash	Cash	In-Kind	In-Kind	In-Kind
Program Participants/Clients										
Cities										
Lawrenceburg, Paris, Danville, Winchester, Lexington, Frankfort, Cynthiana, Nicholasville, Berea, Richmond, Harrodsburg, Burgin, Carlisle, Georgetown, Versailles, Midway										
Counties										
Anderson, Bourbon, Boyle, Clark, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, Woodford										
United Way										
Private Donations, Fund Raising Activities & Other Local Contributions										
Local In-Kind										
*Total Program Income		0.00	0.00	0.00						
*Total Local Cash					0.00	0.00	0.00			
*Total Local In-kind						_	_	0.00	0.00	
										0.00

Signature	Date
in match are made aware of rederal and state laws and regulations regarding match and have tertified that their match is allowable.	
of match are made aware of Federal and State laws and regulations regarding match and have certified that their match is allowable.	
certify that all items of match included in this budget have been reviewed and have determined these items appear to be allowable acc	cording to Federal and State laws and regulations. Also, providers

<sup>\*</sup>Must match fund sources on Summary Page.

Agency/County:
<b>Bluegrass Area Development District</b>
Title III FY24 Budget In-Kind Summary
Date Submitted:

In-Kind Provider (Name)	Service	ltem	Calculation of Fair Market Value	Fair Market Value
Supportive Services (III-B):				
		<u> </u>		
Total III-B In-Kind Budgeted:		<u> </u>	1	0.00
Congregate Meals (C1):				
		<u> </u>		<u> </u>
		<u> </u>		
		<u> </u>		
Total C1 In-Kind Budgeted:		<u> </u>	<u> </u>	0.00
Home Delivered Meals (C2):				0.00
Total C2 In-Kind Budgeted:				0.00
Total Title III In-Kind Budgeted				0.00
Please provide	a description of the budg	eted in-kind match prov	ided and how it benefits this program.	