

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

Subcontract Under: AS-2013-2014
Date: May 7, 2014
Amendment: #3

**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
Dbas Lexington Senior Citizen Center
1530 Nicholasville Road
Lexington, KY 40503

RECEIVED
MAY 12 2014

Division of Grants & Special Programs

Confirming the verbal agreement heretofore made between you and the Bluegrass Area Development District, Inc., the contract being a subcontract under Contract Number **AS-2013-2014** dated **July 1, 2013**, amended May 7, 2014, and in consideration of payments to you made and/or to be made thereunder, is being revised as follows:

Remove original T III Budget and replace with Revised T III Budget dated May 7, 2014 to incorporate "Net Increase" in the amount of \$16,051.00 on the Federal & State Cash Line.

Remove Title III Service Delivery/Budget Back-up and replace with Revised Title III Service Delivery/Budget Back-up dated May 7, 2014.

These funds are to be expended by June 30, 2014. All other terms and conditions of the contract except as modified above are hereby ratified and confirmed.

NET INCREASE Title III-B: \$16,051

NET DECREASE: _____

NET INCREASE Title III C1: \$

NET DECREASE: _____

NET INCREASE Title III C2: \$

NET DECREASE: _____

Please signify your acceptance of the above amendment to subcontract under Contract **AS-2013-2014** by affixing your signature in the space provided below.

WITNESS:

FIRST PARTY: Bluegrass Area Development District, Inc.

David Duttlinger, Executive Director

WITNESS:

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

Jim Gray, Mayor

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Division of Grants & Special Programs

KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

ADMINISTRATION OF AGING BUDGET

NAME & ADDRESS LFUCG FOR: LEXINGTON SENIOR CITIZENS CENTER 1530 NICHOLASVILLE ROAD LEXINGTON, KY 40503		CONTRACT NUMBER AS 13-14-2015		MARK ONE: <input type="checkbox"/> ORIGINAL BUDGET <input checked="" type="checkbox"/> REVISED BUDGET		I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE TO THE BEST OF MY KNOWLEDGE.	
CONTRACT PERIOD 07/01/13 - 06/30/14		REPORT PERIOD: 07/01/13 - 06/30/14		DATE SUBMITTED: 5/7/2014		SIGNATURE OF EXECUTIVE DIRECTOR _____	
COST CATEGORY		TITLE III-B SUPPORTIVE SERVICES		TITLE III-C1 CONGREGATE MEALS		TITLE III-C2 HOME DEL. MEALS	
1. PERSONNEL							
2. STAFF TRAVEL							
3. EQUIPMENT							
4. SUPPLIES							
5. CONTRACTS		511,206				511,206	
6. CONSULTANTS							
7. RAW FOOD							
8. OTHER							
9. INDIRECT							
10. TOTAL EXPENDITURES		511,206				511,206	
APPROVED BUDGET							
% BUDGET EXPENDED							
FUND SOURCE							
FEDERAL & STATE CASH		122,682				122,682	
PROGRAM INCOME		7,400				7,400	
LOCAL CASH		381,124				381,124	
LOCAL IN-KIND							
TOTAL FUND SOURCES		511,206				511,206	
CUMULATIVE STATUS OF FUNDS							
FEDERAL & STATE CASH		122,682				122,682	
PROGRAM INCOME		7,400				7,400	
LOCAL CASH		381,124				381,124	
LOCAL IN-KIND							
TOTAL FUND SOURCES		511,206				511,206	