

## AMENDMENT TO AGREEMENT

**THIS AMENDMENT TO AGREEMENT**, made and entered into on this 26<sup>th</sup> day of February 2024, by and between **LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT**, an urban county government pursuant to KRS Chapter 67A, and located at 200 East Main Street, Lexington, Fayette County, Kentucky 40507 ("LFUCG"), and **UNIVERSITY OF KENTUCKY RESARCH FOUNDATION** ("UKRF"), whose main address is 109 Kinkead Hall, Lexington, Kentucky 40508 (collectively known as the "Parties").

**WHEREAS**, the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services and Administration (SAMHSA) awarded LFUCG grant funding over a period of one (1) year pursuant to the authority of the Consolidated Appropriations Act, 2022 (Award No. 1H79FG000755-01) in support of the Barrier Free Re-Entry and Recovery Initiative (BFREE); and

**WHEREAS**, LFUCG and UKRF entered into an Agreement dated December 13, 2022 ("Agreement"), identifying UKRF as an "Evaluator" for evaluating processes and outcomes of the BFREE grant and oversight of reporting over the term of the grant period, compensating UKRF \$44,927.00 for their services;

**WHEREAS**, the initial term of the Original Agreement was September 30, 2022 through September 29, 2023;

**WHEREAS**, the Agreement states in part, in Paragraph 5 titled Compensation; Method of Payment of the Statement of Agreement: "LFUCG shall compensate UKRF for the Services in an amount which shall not exceed Forty-Four Thousand Nine Hundred Twenty-Seven Dollars and 00/100 Cents (\$44,927.00) during each year of the Grant Period as outlined in Exhibit 'B' for the performance of the Services.";

**WHEREAS**, the Agreement provides for all amendments to the be in writing executed by the Parties;

**WHEREAS**, the Parties hereby agree to extend the Term of the Original Agreement in accordance with the terms and conditions of the Original Agreement.

**NOW, THEREFORE**, in consideration of the foregoing and mutually agreed upon promises, conditions, and covenants hereinafter set forth, the parties hereto agree the Statement of Agreement shall be amended as follows:

**2. Effective Date; Term.** This Agreement shall commence on September 30, 2022 (the "Effective Date") and shall continue in effect through September 29, 2024, unless earlier terminated.

**5. Compensation; Method of Payment.** LFUCG shall compensate UKRF for the services an additional Twenty-Nine Thousand Three Hundred Forty-Six Dollar and 00/100 Cents (\$29,346.00), increasing the amount of compensation from Forty-Four Thousand Nine Hundred Twenty-Seven Dollars and 00/100 Cents (\$44,927.00) to an amount which shall not exceed Seventy-Seven Thousand Two Hundred Seventy-Three Dollars and 00/100 Cents (\$77, 273.00).

a. Payments shall be made on a quarterly basis for the costs incurred for providing the Services, only after receipt of quarterly invoices from UKRF. The funds are

limited to the Services provided herein and may not be spent by UKRF for any other purpose without the prior written consent of LFUCG. Absent any additional written agreement stating otherwise, any travel or other expenses are included in the above payment.

b. LFUCG shall make payment under the Agreement upon timely submission of an invoice(s) from UKRF specifying that the Services have been performed, accompanied by data satisfactory to LFUCG to document entitlement to payment for the Services performed to date. LFUCG shall have thirty (30) days from the date of receipt of the invoice to pay the invoice amount. LFUCG reserves the right to refuse payment if it is determined by LFUCG that the Services performed or materials provided for the Services are inadequate or defective.

c. LFUCG also reserves the right to reject any invoice submitted for services more than sixty (60) days after the services were rendered.

The parties agree that all other terms and conditions of the Agreement dated December 13, 2022 shall continue to apply.

[INTENTIONALLY LEFT BLANK. SIGNATURE PAGE TO FOLLOW]


IN WITNESS WHEREOF, the parties executed this Amendment at Lexington, Kentucky, the day, month, and year above written.

**LEXINGTON-FAYETTE URBAN COUNTY  
GOVERNMENT**



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

ATTEST:



Deputy Clerk of Urban County Council

**UNIVERSITY OF KENTUCKY  
RESEARCH FOUNDATION**



BY \_\_\_\_\_  
Kim C. Carter, Associate Director

DPD  
VLT

Form <b>13715</b> (October 2022)	Department of the Treasury - Internal Revenue Service <b>Volunteer Site Information Sheet</b>	OMB Number 1545-2222
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**Purpose:** The IRS toll-free assistance line and the VITA Site Locator Tool on irs.gov use the information you provide on this form to help taxpayers locate the nearest volunteer tax preparation site. Fill-in the information below carefully and ensure it is accurate and complete. Return the completed form to your local IRS contact. **If the site information changes after submitting this form, please provide your local IRS contact with the updated information immediately.**

**Site Information**

Date (MMDDYYYY) 11/14/2023	11. Does site prepare prior year returns <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Revised form <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. Does the site offer Certifying Acceptance Agent (CAA) service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1. Site name CHARLES YOUNG CENTER	13. Does the site use an Alternative Filing Method for return preparation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", select one and type additional methods if applicable
2. Site address 540 EAST THIRD STREET	14. What service systems are used to support virtual return preparation for this site? <b>Select all that apply.</b> <input type="checkbox"/> DocuSign <input type="checkbox"/> Fax machines and/or phone calls <input type="checkbox"/> Get Your Refund <input type="checkbox"/> Google docs <input type="checkbox"/> TaxSlayer taxpayer customer portal <input type="checkbox"/> TaxSlayer taxpayer scanned documents <input type="checkbox"/> Zoom or other video conferencing system <input type="checkbox"/> Other system (write in) _____
3. City, state, Zip code LEXINGTON, KY 40508	
4. Site Identification Number (SIDN) S43013888	
5. Program type VITA <input checked="" type="checkbox"/>	
6. First day open/ Last day open 1/22/24 / 4/9/24	15. Does your VITA/TCE site offer voter registration assistance to customers/taxpayers at any time during the year <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Languages offered ENGLISH	16. Does the site offer Financial Education and Asset Building Services If "Yes", Relationship Manager is required to complete Form 14099 - SPEC Financial Education & Asset Building Partner Assessment Tool <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Is the site open to public <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	17. Does the site Prepare Non-Resident Alien/Foreign Student/Scholar Returns <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Is the site an appointment only site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", provide contact name and phone number	18. Has Form 15272, VITA/TCE Security Plan, or equivalent been submitted to the Territory Office <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is the site a mobile only site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19a. Federal e-file <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19b. State e-file <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Site Operating Hours**

Day	Time		Comments (e.g. holiday closures, alternative opening times)
	Open	Close	
MON	5:00PM	8:00PM	CLOSED FEBRUARY 19, PRESIDENTS DAY
TUE	4:00PM	8:00PM	
WED			
THUR			
FRI			
SAT			
SUN			

**Site Coordinator or Contact**

Name PAULA KING	Phone number 8594944670	Best time to call ANY <input type="checkbox"/> AM <input type="checkbox"/> PM
Address (street, city, state, zip code) 540 EAST THIRD STREET, LEINGTON, KY 40508	Email address PAULAK@LEXINGTONKY.GOV	

**IRS Use Only**

Date Form 13715 received in Territory Office	SPECTRM updated (employee SEID) and date
Territory Manager or Designee approval (sign and date certifying the information on this form matches the data in SPECTRM)	

**Privacy Act and Paperwork Reduction Notice** – Our authority to ask for this information is 5 U.S.C. 301 and 26 USC 7801 and 7803. The primary purpose of asking for this information is to assist us in providing services to taxpayers at sites supporting IRS volunteer income tax preparation and outreach programs. The time estimated for participation is 30 minutes. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to promote your assistance in these programs. We may not conduct or sponsor a collection of information subject to the Paperwork Reduction Act without displaying the OMB control number. We may provide this information to volunteers who coordinate activities and staffing at taxpayer assistance sites, and we may disclose this information to the media and the public. For more information about these and other routine uses, see the Privacy Act notices for Stakeholder Relationship Management and Subject Files and Volunteer Records (10.004 and 10.555) in the Federal Register: September 8, 2015 (Volume 80, Number 173) [Pages 54073-54074]