DEPARTMENT FOR AGING AND INDEPENDENT LIVING TITLE III-B BUDGET

412,467.02	0.00	0.00	184,742.68	104,864.00	46,675.34	76,185.00		50,718.00	5,636.00	Total
0.00							9.50			Transportation
0.00							9.00			Telephone Reassurance
0.00										Respite
65,768.00			38,031.75	27,736.25		*1	4.00	16442	1100	Recreation
2,500.00			2,500.00				10.00	250	250	Public Education
0.00							36.00			Personal Care
0.00							11.00			Outreach
0.00							52.00			Legal Assistance
80,300.00					24,492.50	55,807.50	11.00	7300	1025	1 & R/1 & A
0.00							36.00			Homemaker/Home Mgmt
0.00										Home Modification
0.00										Home Health Aid
177,681.02			106,106.68	32,014.00	22,182.84	17,377.50	10.87	16346	1600	Health Promotion
0.00							13.50			Friendly Visiting
0.00							7.00			Employment Services
74,272.00			29,158.25	45,113.75			8.00	9284	910	Education
3,776.00			3,776.00				16.00	236.00	181	Counseling
0.00							36.00			Chore
0.00										Cash & Counseling
0.00							56.00			Case Management
0.00							36.00			Assisted Transportation
0.00							56.00			Assessment
0.00										Alz/Adult Day Respite
8,170.00			5,170.00			3,000.00	9.50	860	570	Advocacy
0.00										Adult Day Health
0.00										Adult Day
Amount Budgeted	Program Income	Local In-Kind	Local Cash	State	Federal Unexpended	Federal	Unit Cost	Units	Unduplicated Clients	Cost Category
			412,467.02	0.00	0.00	184,/42.68	104,864.00	46,675.34	76,185.00	Total
			0.00	3	3					Indirect
			412,467.02	0.00	0.00	184,742.68	104,864.00	46,675.34	76,185.00	Contracts
			0.00							Other Operating
			0.00							Equipment
			0.00							Supplies
			0.00							Travel
			0.00							Personnel
			Amount Budgeted	Program Income	Local In-Kind	Local Cash	State	Federal Unexpended	Federal	Cost Category
						7/24/2023				
	JIRECTOR	SIGNATURE OF EXECUTIVE DIRECTOR	SIGNATU			DATE SUBMITTED:		07/01/23 - 06/30/24		859-278-6072
		Horlon	(Junda)		eport	Audite □ Financial Report				Lexington, KY 40502
	/	4				Financi□Report	NOD	REPORT PERIOD		195 Life Lane
			nowledge:	to the best of my knowledge:		Revised Budget				Senior Citizens Center
		herein is accurate	I certify that the information contained herein is accurate	I certify that the inf		Original Budget	/30/24	07/01/23 - 06/30/24	overnment	Lexington-Fayette Urban County Government
										NAME & ADDRESS
						MARK ONE:		CONTRACT PERIOD		

Kimberly L Jackson

From: PaKou Vang <pvang@bgadd.org>
Sent: Wednesday, November 8, 2023 10:42 AM

To: Kristina Stambaugh

Cc:Kimberly L Jackson; Celia MooreSubject:RE: Final November Budget Corrected

[EXTERNAL] Use caution before clicking links and/or opening attachments.

This looks great! Please clear the colored cells and send a signed copy over. Thank you.



PaKou Vang
Accounting Officer
Aging Department
699 Perimeter Drive | Lexington, KY 40517
(859)810-2557
pvang@bgadd.org







From: Kristina Stambaugh <kstambau@lexingtonky.gov>

Sent: Wednesday, November 08, 2023 10:26 AM

To: PaKou Vang <pvang@bgadd.org>

Cc: Kimberly L Jackson < kjackson1@lexingtonky.gov>; Celia Moore < cmoore@lexingtonky.gov>

Subject: Final November Budget Corrected

PaKou

Thanks for sending the PDF one, it was of great help. You can ignore my voice message, I see that Federal and Unexpended Federal needed to be included to get the 65%

Attached is the correct budget with the amount we really need in local cash to pay our grant funded employees.

Kimberly and Celia, you will need to determine if you need to do a BlueSheet and get Council's approval.

Kristy Stambaugh, CTRS, MRC, CRC

She I Her I Hers Director Aging and Disability Services

859.278.6072 office lexingtonky.gov





Kimberly L Jackson

From: Kristina Stambaugh

Sent: Wednesday, November 8, 2023 10:26 AM

To: PaKou Vang

Cc:Kimberly L Jackson; Celia MooreSubject:Final November Budget CorrectedAttachments:Final November Budget worksheets.xlsx

PaKou

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