

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

Subcontract Under: AS-2018-2019
Date: August 1, 2018
Amendment: #1

Copy in lieu of original

**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
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-2018-2019 dated July 1, 2018, amended August 1, 2018, 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, 2018 to incorporate the actual FY2019 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-2018-2019 by affixing your signature in the space provided below.

WITNESS:

FIRST PARTY: Bluegrass Area Development District, Inc.

Celeste Collins

Celeste Collins, Aging Director

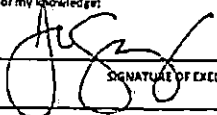
WITNESS:

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

Jim Gray

Jim Gray, Mayor

DEPARTMENT FOR AGING AND INDEPENDENT LIVING
TITLE III-B BUDGET

NAME & ADDRESS Lexington-Fayette Urban County Government Senior Citizens Center 195 Life Lane Lexington KY 40502 859-728-6072	CONTRACT PERIOD 07/01/18 - 06/30/19	MARK ONE: <input checked="" type="checkbox"/> Original Budget <input type="checkbox"/> Revised Budget <input type="checkbox"/> Financial Report <input type="checkbox"/> Audited Financial Report DATE SUBMITTED: 7/1/2018	I certify that the information contained herein is accurate to the best of my knowledge:  SIGNATURE OF EXECUTIVE DIRECTOR
	REPORT PERIOD 07/01/18 - 06/30/19		

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	49,505.00	0.00	81,334.00	230,837.00	0.00	0.00	361,676.00
Indirect							0.00
Total	49,505.00	0.00	81,334.00	230,837.00	0.00	0.00	361,676.00

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	398	660	4.00	379		621.00	1,640.00			1,640.00
Alz/Adult Day Respite										0.00
Assessment										0.00
Assisted Transportation			25.00							0.00
Case Management										0.00
Cash & Counseling										0.00
Chore			25.00							0.00
Counseling	271	441.00	10.00	757		1,243.00	2,410.00			4,410.00
Education	938	11586	3.00	5172		5,557.00	20,329.00			35,058.00
Employment Services			7.00							0.00
Friendly Visiting			25.00							0.00
Health Promotion	1350	41000	5.00	12247		26,565.00	166,188.00			205,000.00
Home Health Aid										0.00
Home Modification										0.00
Homemaker/Home Mgmt			25.00							0.00
I & R/ & A	64	25710.00	3.00	18918		31,080.00	27,132.00			77,130.00
Legal Assistance										0.00
Outreach	69	2907	4.00	3784		6,216.00	1,628.00			11,628.00
Personal Care			25.00							0.00
Public Education										0.00
Recreation	650	7000	3.00	7491		4,809.00	8,700.00			21,000.00
Respite			25.00							0.00
Telephone Reassurance			9.00							0.00
Transportation	38	962	5.00	757		1,243.00	2,810.00			4,810.00
Total	1750	80,346.00		49,505.00	0.00	81,334.00	230,837.00	0.00	0.00	361,676.00