

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

Subcontract Under: AS-2017-2018
Date: September 11, 2017
Amendment: #1

**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
Dba 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-2017-2018 dated July 1, 2017, amended September 11, 2017, and in consideration of payments to you made and/or to be made thereunder, is being revised as follows:

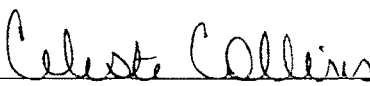
Add Title III-B and Title III-D Budgets dated July 1, 2017 to incorporate the actual FY2018 allocations. These figures replace the budget figures listed in Attachment A dated July 1, 2017.

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-2017-2018 by affixing your signature in the space provided below.

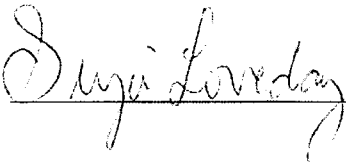
WITNESS:

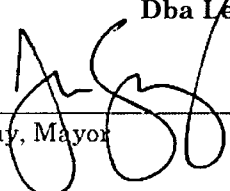
FIRST PARTY: Bluegrass Area Development District, Inc.


Celeste Collins, Aging Director

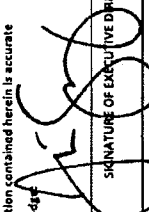
WITNESS:

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




Jim Gray, Mayor

DEPARTMENT FOR AGING AND INDEPENDENT LIVING
TITLE III-B BUDGET

NAME & ADDRESS		CONTRACT PERIOD		MARK ONE:		I certify that the information contained herein is accurate to the best of my knowledge.  SIGNATURE OF EXECUTIVE DIRECTOR	
Lexington Fayette Urban County Government		07/01/17 - 06/30/18		☒ Original Budget ☐ Revised Budget			
Senior Citizens Center		REPORT PERIOD		☐ Monthly Financial ☐ Audited Financial Report			
195 Life Lane		07/01/17 - 06/30/18		DATE SUBMITTED:			
Lexington, KY 40502				7/1/2017			
859-278-6072							

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	68,021.00	0.00	55,016.00	198,003.00	0.00	0.00	321,040.00
Indirect							0.00
Total	68,021.00	0.00	55,016.00	198,003.00	0.00	0.00	321,040.00

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	500	600	5.00	636		514.00	1,850.00			3,000.00
Alz/Adult Day Respite			6.50							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	308	400	5.00	424		343.00	1,233.00			2,000.00
Education	2800	11000	4.00	9322		7,540.00	27,138.00			44,000.00
Employment Services			7.00							0.00
Friendly Visiting			25.00							0.00
Health Promotion	7200	42000	3.00	26496		21,591.00	77,712.00			126,000.00
Home Health Aid										0.00
Home Modification										0.00
Homemaker/Home Mgmt			25.00							0.00
I & R/I & A	180	30000	3.00	19069		15,423.00	55,508.00			90,000.00
Legal Assistance										0.00
Outreach	349	3600	3.00	2288		1,851.00	6,561.00			10,400.00
Personal Care			25.00							0.00
Public Education										0.00
Recreation	2700	11330	3.00	7202		5,825.00	20,963.00			33,990.00
Respite			25.00							0.00
Telephone Reassurance			9.00							0.00
Transportation	200	1500	7.50	2384		1,518.00	6,938.00			11,250.00
Total	1200	100,430.00		68,021.00	0.00	55,016.00	198,003.00	0.00	0.00	321,040.00

