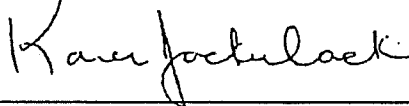


NOTIFICATION OF GRANT AWARD UNDER THE CONGREGATE SERVICES INITIATIVE PROGRAM

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																														
Program Year - Beginning: 4/1/2021 Ending: 3/31/2022																																															
Fiscal Year from which funds are awarded: 2021	This award is New																																														
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Section I - Cost Categories</th> <th style="text-align: right; border-bottom: 1px solid black;">Amount</th> </tr> <tr><td>Personnel</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Fringe Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>Equipment</td><td style="text-align: right;">0.00</td></tr> <tr><td>Travel</td><td style="text-align: right;">0.00</td></tr> <tr><td>Maint. & Operations</td><td style="text-align: right;">0.00</td></tr> <tr><td>Other Expenses</td><td style="text-align: right;">0.00</td></tr> <tr><td>Subcontracts</td><td style="text-align: right;">8,600.00</td></tr> <tr><td>Approved Costs</td><td style="text-align: right;">\$8,600.00</td></tr> <tr><td>Less:</td><td></td></tr> <tr><td>Anticipated Income</td><td style="text-align: right;">0.00</td></tr> <tr> <td>Net Cost</td> <td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$8,600.00</td> </tr> </table>	Section I - Cost Categories	Amount	Personnel	\$0.00	Fringe Benefits	0.00	Equipment	0.00	Travel	0.00	Maint. & Operations	0.00	Other Expenses	0.00	Subcontracts	8,600.00	Approved Costs	\$8,600.00	Less:		Anticipated Income	0.00	Net Cost	\$8,600.00	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Section II - Grantee Budget - State and Matching Funds:</th> <th></th> </tr> <tr> <td>1. State Share (see remark 1)</td> <td style="text-align: right;">\$6,450.00</td> </tr> <tr> <td>2. Matching Share of Net Cost</td> <td></td> </tr> <tr> <td> A. In-Kind</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td> B. Cash</td> <td style="text-align: right;">2,150.00</td> </tr> <tr> <td> C. Volunteer Match</td> <td style="text-align: right; border-bottom: 1px solid black;">\$0.00</td> </tr> <tr> <td>3. Net Cost</td> <td style="text-align: right;">\$8,600.00</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Section III - State Funds Ceiling:</th> <th></th> </tr> <tr> <td>A. Base Allocation</td> <td style="text-align: right;">\$6,512.00</td> </tr> <tr> <td>B. Supplement</td> <td style="text-align: right; border-bottom: 1px solid black;">\$0.00</td> </tr> <tr> <td>State Funds Ceiling (see remark 1)</td> <td style="text-align: right;">\$6,512.00</td> </tr> </table>	Section II - Grantee Budget - State and Matching Funds:		1. State Share (see remark 1)	\$6,450.00	2. Matching Share of Net Cost		A. In-Kind	0.00	B. Cash	2,150.00	C. Volunteer Match	\$0.00	3. Net Cost	\$8,600.00	Section III - State Funds Ceiling:		A. Base Allocation	\$6,512.00	B. Supplement	\$0.00	State Funds Ceiling (see remark 1)	\$6,512.00
Section I - Cost Categories	Amount																																														
Personnel	\$0.00																																														
Fringe Benefits	0.00																																														
Equipment	0.00																																														
Travel	0.00																																														
Maint. & Operations	0.00																																														
Other Expenses	0.00																																														
Subcontracts	8,600.00																																														
Approved Costs	\$8,600.00																																														
Less:																																															
Anticipated Income	0.00																																														
Net Cost	\$8,600.00																																														
Section II - Grantee Budget - State and Matching Funds:																																															
1. State Share (see remark 1)	\$6,450.00																																														
2. Matching Share of Net Cost																																															
A. In-Kind	0.00																																														
B. Cash	2,150.00																																														
C. Volunteer Match	\$0.00																																														
3. Net Cost	\$8,600.00																																														
Section III - State Funds Ceiling:																																															
A. Base Allocation	\$6,512.00																																														
B. Supplement	\$0.00																																														
State Funds Ceiling (see remark 1)	\$6,512.00																																														
Remarks: In addition to the conditions contained in the Four Year Plan, Annual Implementation Plan and Application for Funding, the conditions checked below apply to this award:																																															
(XX) 1. State reimbursement is limited to the lower of the "State Share" in Section II or the "State Funds Ceiling" in Section III of this award notice.																																															
(XX) 2. Receipt of State funds (either through advance or reimbursement) does not constitute earning of these funds. The State share of the project cost is earned only when allowable costs have been incurred and paid and the local matching share of the costs has been contributed.																																															
(XX) 3. The Area Agency agrees that the Congregate Services Initiative Program will be administered in accordance with the program and fiscal data included in the Application for Funding and the Standard Assurances included in the Annual Implementation Plan.																																															
(XX) 4. The State share will not exceed 75% of the net allowable costs.																																															
(XX) 5. Area Agency administrative expenditures are limited to a maximum of 5% of the State Share and required local match.																																															
(XX) 6. State Funds for congregate services and the required local match must be used for allowable congregate service activities as described in 94-PI-35.																																															
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																													