NOTIFICATION OF GRANT AWARD UNDER TITLE III-E OF THE OLDER AMERICANS ACT NEW YORK ELDER CAREGIVERS SUPPORT 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: 1/1/2020 Ending: 12/31/2020

Fiscal Year from which funds are awarded: 2020		Federal CFDA No 93.052 This award is New	
Section I - Cost Categories Personnel	Amount \$0.00	Section II - Grantee Budget - Federal and Matching Funds:	
Fringe Benefits	0.00	1. Federal Share (see remark 1)	\$318,877.92
Equipment	0.00	2. Combined Matching Share	
Travel	0.00	A. In-Kind B. Cash	0.00 106,293.08
Maint. & Operations	0.00	C. Volunteer Match	0.00
Other Expenses	0.00	3. Net Cost	\$425,171.00
Subcontracts	427,337.00	Section III - Federal Funds Ceiling:	4 123,171.00
Food .	0.00	A. Carryover	\$164.118.92
Approved Costs	\$427,337.00	B. Base Allocation	152,196.00
Less:		C. Reallocation	429.00
Anticipated Income	2,166.00	D. Supplement	0.00
NSIP	0.00	E. Returned	0.00
Net Cost	\$425,171.00	Federal Funds Ceiling (see remark 1)	\$316,743.92

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. Federal reimbursement is limited to the <u>lower</u> of the "Federal Share" in Section II or the "Federal Funds Ceiling" in Section III of this award notice.
- (XX) 2. Receipt of federal funds (either through advance or reimbursement) does not constitute earning of these funds. The federal share of the project cost is earned only when allowable costs have been incurred and paid; and the non-federal share of the costs has been contributed.
- (XX) 3. The federal share will not exceed 75% of the cost of approved program activities.
- (XX) 4. Of the federal share and local matching funds for approved program activities, no more than 10% may be spent on Grandparent Caring for Children activities and no more than 20% may be spent on Supplemental Services.
- (XX) 5. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.
 - () 6. Other:

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Name and Title of Authorizing Official:	Signature:	ares.	Jochelack	Date:
Karen Jackuback Deputy Director	\ \			July 8, 2020
Deputy Director				, .