NOTIFICATION OF GRANT AWARD COMMUNITY SERVICES FOR THE ELDERLY 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 ar	e awarded: 2021	This award is New	
Section I - Grantee Budget	Amount	Section II - Grantee Budget - State and Matching Funds:	
Personnel	\$60,195.00	1. State Share (see remark 1)	\$543,883.00
Fringe Benefits	0.00	2. Matching Share of Net Cost	,
Equipment	0.00	A. In-Kind	0.00
Travel	0.00	B. Cash	161,229.00
Maint. & Operations	0.00	C. Volunteer Match	0.00
Other Expenses	0.00	3. Net Cost	\$705,112.0
Subcontracts	719,917.00	Section III - State Funds Ceiling:	
Food.	0.00	A. CSE Planning and Implementation	\$60,195.0
Approved Costs	\$780,112.00	B. CSE Project - 75%	390,480.0
Less:		C. CSE Supplemental Award	93,208.0
Anticipated Income NSIP	30,000.00 45,000.00	State Funds Ceiling (see remark 1)	\$543,883.0
Net Cost	\$705,112.00	Maintenance of Effort 1985/86 Expenditure Level	\$341,650.6

Remarks: In addition to the conditions contained in the Four Year Plan, Annual Update and Application for Funding, the conditions checked below apply to this award:

- (XX) 1. State reimbursement is limited to the <u>lower</u> 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 share of the costs has been contributed.
- (XX) 3. The funds herein awarded are to be expended in accordance with Section 214 of the New York State Elder Law and the applicable State Regulations.
- () 4. Other:

Name and Title of Authorizing Official:	Signature:	Date:
Karen Jackuback Deputy Director	Kan Jochelack	July 20, 2021