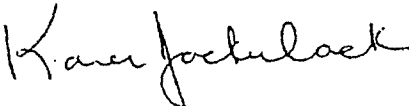


NOTIFICATION OF GRANT AWARD
COMMUNITY SERVICES FOR THE ELDERLY PROGRAM

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: 4/1/2020 Ending: 3/31/2021																																																			
Fiscal Year from which funds are awarded: 2020																																																			
This award is New																																																			
<u>Section I - Grantee Budget</u> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: right;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>Personnel</td><td style="text-align: right;">\$52,982.00</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;">710,074.00</td></tr> <tr><td>Food:</td><td style="text-align: right;">0.00</td></tr> <tr><td>Approved Costs</td><td style="text-align: right; border-top: 1px solid black;">\$763,056.00</td></tr> <tr><td>Less:</td><td></td></tr> <tr><td>Anticipated Income</td><td style="text-align: right;">24,313.00</td></tr> <tr><td>NSIP</td><td style="text-align: right;">49,986.00</td></tr> <tr><td>Net Cost</td><td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$688,757.00</td></tr> </tbody> </table>		<u>Amount</u>	Personnel	\$52,982.00	Fringe Benefits	0.00	Equipment	0.00	Travel	0.00	Maint. & Operations	0.00	Other Expenses	0.00	Subcontracts	710,074.00	Food:	0.00	Approved Costs	\$763,056.00	Less:		Anticipated Income	24,313.00	NSIP	49,986.00	Net Cost	\$688,757.00	<u>Section II - Grantee Budget - State and Matching Funds:</u> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">1. State Share (see remark 1)</td> <td style="width: 20%; text-align: right;">\$529,813.00</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;">158,944.00</td> </tr> <tr> <td> C. Volunteer Match</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>3. Net Cost</td> <td style="text-align: right; border-top: 1px solid black;">\$688,757.00</td> </tr> </tbody> </table> <u>Section III - State Funds Ceiling:</u> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">A. CSE Planning and Implementation</td> <td style="width: 20%; text-align: right;">\$60,195.00</td> </tr> <tr> <td>B. CSE Project - 75%</td> <td style="text-align: right;">426,953.00</td> </tr> <tr> <td>C. CSE Supplemental Award</td> <td style="text-align: right;">56,735.00</td> </tr> <tr> <td>State Funds Ceiling (see remark 1)</td> <td style="text-align: right; border-top: 1px solid black;">\$543,883.00</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Maintenance of Effort 1985/86 Expenditure Level</td> <td style="width: 20%; text-align: right;">\$341,650.64</td> </tr> </tbody> </table>	1. State Share (see remark 1)	\$529,813.00	2. Matching Share of Net Cost		A. In-Kind	0.00	B. Cash	158,944.00	C. Volunteer Match	0.00	3. Net Cost	\$688,757.00	A. CSE Planning and Implementation	\$60,195.00	B. CSE Project - 75%	426,953.00	C. CSE Supplemental Award	56,735.00	State Funds Ceiling (see remark 1)	\$543,883.00	Maintenance of Effort 1985/86 Expenditure Level	\$341,650.64
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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: <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> (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. <input checked="" type="checkbox"/> (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. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> () 4. Other: </div>																																																			
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 8, 2020																																																	