

## NOTIFICATION OF GRANT AWARD - WELLNESS IN NUTRITION

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

<u>Section I - Cost Categories</u>	<u>Amount</u>	<u>Section II - Grantee Budget - State Funding:</u>	
Personnel	\$24,620.00	State Share (see remark 1)	\$492,410.00
Fringe Benefits	0.00	Other Resources Cash	0.00
Equipment	0.00	Other Resources In-Kind	0.00
Travel	0.00		
Maint. & Operations	0.00	Net Cost	\$492,410.00
Other Expenses	0.00		
Subcontracts	504,440.00		
Food	0.00	<u>Section III - State Funds Ceiling:</u>	
Approved Costs	\$529,060.00	A. WIN Base Allocation	\$492,410.00
Less:		B. WIN Supplemental Award	0.00
Anticipated Income	5,000.00	State Funds Ceiling (see remark 1)	\$492,410.00
NSIP	31,650.00		
Net Cost	\$492,410.00		

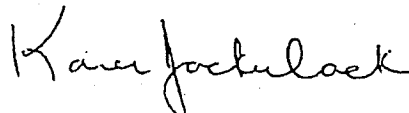
Remarks: In addition to the conditions contained in the Four Year Plan, Annual Implementation Plan and Application for Funding, the conditions checked below apply to this award:

- (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.
- (XX) 3. The State share of administrative expenditures will not exceed 5% of the State dollars expended under this award.
- (XX) 4. A separate audit trail is to be maintained for these funds and copies of all receipts and other pertinent documentation are to be maintained by the recipient for subsequent audit.
- (XX) 5. The final claim must be submitted to the State Office for the Aging no later than 90 days after the close of the program period.
- ( ) 6. Other:

Name and Title of Authorizing Official:

Karen Jackuback  
Deputy Director

Signature:



Date:

July 20, 2021