NOTIFICATION OF GRANT AWARD UNDER TITLE III-B OF THE OLDER AMERICANS ACT

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

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Program	Year -	Beginning:	1/1/2020	Ending:	12/31/2020

iscal Year from which funds are awarded	2020	Federal CFDA No 93.044 This award	l is New
Section I - Cost Categories	Amount	Section II - Grantee Budget - Federal and Matchin	og Funds:
Personnel	\$80,086.00	Federal Share (see remark 1)	\$265,418.00
Fringe Benefits	0.00	2. Combined matching Share	·
Equipment	0.00	A. In-Kind	\$0.00
Travel	0.00	B. Cash	193,177.00
Maint. & Operations	19,400.00		·
Other Expenses	9,250.00	C. Volunteer Match	\$0.00
Subcontracts	358,859.00	3. Net Cost	\$458,595.00
Approved Costs	\$467,595.00	Section III - Federal Funds Ceiling	
Less:		A. Carryover	\$0.00
Anticipated Income	9,000.00	B. Base Allocation	252,651.00
-		C. III-C-1 Transfer	92,446.00
Net Cost	\$458,595.00	D. III-C-2 Transfer	0.00
		E. Supplement	0.00
	•	* Federal Funds Ceiling	\$345,097.00
		(see remark 1)	, , , , , , , , , , , , , , , , , , , ,

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>higher</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 Area Agency Administrative Activities and the federal share will not exceed 90% of the cost of Supportive Services.
- (XX) 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.
-) 5. This award authorizes the payment of advances only. The award is conditional upon the approval of the Annual Implementation Plan and application referenced above, and the initial advance must be repaid if such plan and application do not receive final approval after appropriate modifications, if any.

Name and Title of Authorizing Official:	Signature:	Date:
Karen Jackuback Deputy Director	Kan Jochelock	July 8, 2020