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

Name and Address of Sponsoring Agency/Payee Name and Address of Area Agency: Albany County Albany County Department for Aging 100 Heritage Lane 5th Floor Albany, NY 12211 Program Year - Beginning: 1/1/2023 Ending: 12/31/2023 This award is New Federal CFDA No. - 93.044 Fiscal Year from which funds are awarded: 2023 Section II - Grantee Budget - Federal and Matching Funds: Section I - Cost Categories Amount \$481,160.69 1. Federal Share (see remark 1) \$153,000.00 Personnel 2. Combined matching Share 0.00 \$0.00 Fringe Benefits A. In-Kind 0.00 \$89,065.31 Equipment B. Cash Travel 0.00 \$0.00 C. Volunteer Match Maint. & Operations 48,879.00 \$570,226.00 3. Net Cost 11,730.00 Other Expenses Section III - Federal Funds Ceiling 357,617.00 Subcontracts \$208.919.69 A. Carryover \$571,226.00 Approved Costs 284,024.00 B. Base Allocation Less: C. III-C-1 Transfer 0.00 0.00 D. III-C-2 Transfer 1,000.00 Anticipated Income 3,855.00 E. Supplement \$570,226.00 Net Cost * Federal Funds Ceiling \$496,798.69 (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 lower 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.

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Name and Title of Authorizing Official:	Signature:	Date:
Greg Olsen Acting Director	As h	14/1/25