



NCOA PO# Assigned: \_\_\_\_\_

**Grantee Agreement**

This Grantee Agreement ("Agreement") is entered into by The National Council on the Aging Inc., hereinafter referred to as "NCOA", and Albany County Department For Aging hereinafter referred to as "GRANTEE". The GRANTEE agrees to operate the project in accord with the terms and conditions hereof and any and exhibits included herein. This Agreement is contingent, in its entirety, on GRANTEE'S strict conformance with the terms of this Agreement.

GRANTOR		GRANTEE	
<b>National Council on Aging</b> <b>251 18<sup>th</sup> Street, South</b> <b>Suite 500</b> <b>Arlington, VA 22202</b>		<b>Albany County Department For Aging</b> <b>100 Heritage Lane, Floor 5</b> <b>Albany, NY 12211</b>  <b>Organization DUNS #:</b> _____ <b>State of Inc. (if diff. from above):</b> _____ <b>Organization Congressional District:</b> _____ <b>Is Org. registered in CCR:</b> _____ <b>Current CCR expiration:</b> _____	
<b>GRANTEE GRANT PERIOD</b>	December 1, 2022 – April 30, 2024 (the "Grant Period")		
<b>Funds Awarded (the "Grant Funding")</b>			\$25,000
<b>NCOA's Federal Source (if applicable):</b>	<b>CFDA #:</b> <u>NA</u>	NA	
<b>Method of Payment</b>	<input type="checkbox"/> Cost Reimbursement	<input checked="" type="checkbox"/> Advance Payment and periodic payment as follows. Initial Payment (December 2022): \$20,000 Final Payment (April 2024): \$5,000	
<b>Approved for NCOA by:</b>		<b>Approved for GRANTEE by:</b>	
NAME <u>Donna Whitt</u>		NAME <u>Deborah C. Rittano</u>	
TITLE <u>Chief Financial Officer</u>		TITLE <u>Commissioner</u>	
SIGNATURE _____		SIGNATURE <u>Deborah C. Rittano</u>	
DATE _____		DATE <u>11/28/22</u>	