



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

March 21, 2025

C35703GG COUNTY OF ALBANY

Re: Notice of Federal Award Subrecipient Information Maternal and Child Health Services CFDA # 93.994

Dear CYSHCN Provider,

Pursuant to § 200.331 of the Uniform OMB Circular, this letter is to confirm and identify your New York State Department of Health as grant funded under the following Federal award:

- a) Subrecipient Name: **County of Albany**
- b) Subrecipient's unique entity identifier: **0**
- c) Federal Award project description: **Maternal and Child Health Services**
- d) Program Name: **CYSHCN, DOH01-CYSHCN-2020**
- e) Name of Federal Awarding Agency, pass-through entity, and contact information for award official of the pass-through entity:
 - Federal Award Agency: **U.S. Department of Health and Human Services – Health Resources and Services Administration**
 - Pass-through Entity: **NYS Department of Health**
 - Contact: **Kirsten Siegenthaler, Division of Family Health**
- f) CFDA Number and Name: **93.994 Maternal and Child Health Services Block Grant to the States**
- g) Amount of Federal funds obligated by this action by the pass-through entity to the subrecipient: **\$136,804**
- h) Federal Award Identification Number (FAIN): **B0445233**
- i) Federal Award Date (see § 200.39 Federal award date): **10/1/2024**
- j) Subaward Period of Performance start and end date: **10/01/2024 – 09/30/2025**
- k) Total Amount of Federal Funds obligated to the subrecipient by the pass-through entity including the current obligation: **\$136,804**
- l) Total Amount of Federal Award committed to the subrecipient by the pass-through entity: **\$525,680**
- m) Research & Development Award? **No**
- n) Indirect cost rate for the Federal Award: **Refer to executed copy of the respective contract for rate approved by the New York State Department of Health.**

If you have any questions about the source of funding of your contract with the Department, please contact your contract manager or program manager. Thank you.

Division of Family Health, Center for Community Health

New York State Department of Health

ESP CT Room 859, Albany, NY 12237