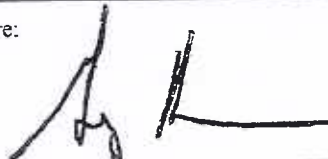


NOTIFICATION OF GRANT AWARD UNDER THE HEALTH INSURANCE INFORMATION, COUNSELING AND ASSISTANCE PROGRAM

Name and Address of Area Agency  Albany County Department for Aging 100 Heritage Lane 5th Floor Albany, NY 12211	Name and Address of Sponsoring Agency/Payee  Albany County																																										
Program Year - Beginning: 4/1/2023 Ending: 3/31/2024																																											
Fiscal Year from which funds are awarded: 2023	This award is New																																										
Federal CFDA No. - 93.779																																											
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Remarks: In addition to the conditions contained in the Application for Funding, the conditions below apply to this award.																																											
<ol style="list-style-type: none"> <li>1. Reimbursement is limited to the <b>lower</b> of the Grant Share of net cost from grantee budget or the "Grant Funds Ceiling".</li> <li>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 cost have been incurred and paid.</li> <li>3. 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.</li> <li>4. The final claim must be submitted to the State Office no later than 60 days after the close of the program period.</li> <li>5. This award includes a one time supplement that is included in the federal allocation, item A., above.</li> </ol>																																											
Name and Title of Authorizing Official:  Greg Olsen Acting Director	Signature: 	Date: 11/17/23																																									