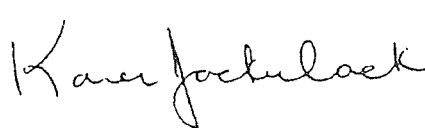


NOTIFICATION OF GRANT AWARD - UNMET NEED

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																																																				
Program Year - Beginning: 4/1/2021 Ending: 3/31/2022																																																					
Fiscal Year from which funds are awarded: 2021	This award is New																																																				
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Remarks: In addition to the conditions contained in the Four Year Plan, Annual Update and Application for Funding, the conditions checked below apply to this award: (XX) 1. State reimbursement is limited to the <u>lower</u> of the "State Share" in Section II or the "State Funds Ceiling" in Section III of this award notice. (XX) 2. Receipt of State funds (either through advance or reimbursement) does not constitute earning of these funds. The State share of the project cost is earned only when allowable costs have been incurred and paid. (XX) 3. The funds herein awarded are to be expended in accordance with the laws and regulations that govern the program for which the funds are used. (XX) 4. Area Agency administrative expenditures are limited to a maximum of 15% of the State Share. () 5. Other:																																																					
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																																			