



# Office of Children and Family Services

Andrew M. Cuomo  
Governor

52 WASHINGTON STREET  
RENSSELAER, NY 12144

Sheila J. Poole  
Commissioner

## Local Commissioners Memorandum

<b>Transmittal:</b>	21-OCFS-LCM-14
<b>To:</b>	Local District Commissioners Directors of Services Adult Protective Supervisors
<b>Issuing Division/Office:</b>	Child Welfare and Community Services
<b>Date:</b>	June 8, 2021
<b>Subject:</b>	<b>Administration for Community Living - Adult Protective Services Grant</b>
<b>Contact Person(s):</b>	Shelly Aubertine-Fiebich Shelly.Aubertine-Fiebich@ocfs.ny.gov 518-402-1639
<b>Attachments:</b>	<i>Attachment A: District Allocation Amounts</i> <i>Attachment B: Attestation of Use of Administration for Community Living – Adult Protective Services Grant</i> <i>Attachment C: Request for Approval of Equipment Expenditure</i> <i>Attachment D: List of Tribes and County of Residence</i> <i>Attachment E: Annual Program Report Template and Instructions</i> <i>Attachment F: For U.S. Administration for Community Living Grants</i>

### I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to advise local departments of social services (LDSSs) of the availability of federal funds through the Grants to Enhance Adult Protective Services to Respond to COVID-19 administered by the Administration for Community Living (ACL). The federal ACL has made available one-time funding in the amount of \$5,306,382 to New York State for use from April 1, 2021, through May 31, 2022. The New York State Office of Children and Family Services (OCFS) intends to use \$480,000 of the federal funding to enhance the Adult Protective Services (APS) database, known as ASAP.Net. This LCM provides information on each LDSS's allocation (Attachment A) from the remaining funds, how the funds can be used, and annual reporting and claiming requirements.

### II. Background

These funds are being made available to states to provide APS with resources related to their response during the Coronavirus Public Health Emergency. The funding is intended

to enhance, improve, and expand the ability of APS to investigate allegations of abuse, neglect, and exploitation in the context of COVID-19. OCFS recently surveyed the districts to ascertain the current needs and services of vulnerable adults in their LDSS and of their staff. The survey identified the following needs and services: the need for additional/temporary staff, additional personal protection equipment, the use of tele-health services, and tangible services for clients, such as rental assistance, transportation, and food and meal delivery. This information was shared with ACL and was considered in their funding objectives.

### **III. Program Implications**

LDSSs can only use the funds for the allowable expenditures noted below. LDSSs will be required to sign an attestation (Attachment B) indicating how they will use the funds in accordance with the allowable identified expenditures of the federal grant. LDSSs must also attest that they will not use their allocation to supplant any New York State (NYS) APS funds and that the funds will only be used to supplement existing state and LDSS APS resources. OCFS may reallocate any unspent funds from a LDSS to other LDSSs that have claims that exceed their allocations. Funds can be used from April 1, 2021, through May 31, 2022.

The funds may be used for the following purposes:

- Improving and supporting remote work, such as the purchase of communications and technology hardware, software, or infrastructure such as:
  - Laptops
  - Smartphones
  - Electronic tablets
  - Wi-Fi hotspots
  - Software to facilitate secure video conferencing and virtual meetings
- Establishing new or improving existing processes for responding to alleged scams and frauds, especially related to COVID-19 vaccine or cure scams.
- Costs associated with community outreach, including:
  - advertising, postage, and printing of brochures and similar educational materials
- Providing goods and services to APS clients related to COVID-19, including:
  - home care
  - food, personal hygiene, over the counter medications
- Acquiring personal protection equipment and supplies, including costs for and associated with COVID-19-related clean-up/sanitation services for an adult to return safely to their home environment
- Paying for extended hours/overtime for staff, hiring temporary staff, and associated personnel costs
  - This funding may be used to pay for bonuses or hazard pay for APS staff, provided that the expenditure is reasonable, allocable, and allowable. When implementing hazard pay or bonuses, a written policy and procedures should be followed. (See 45CFR75.430 for more information on compensation for personal services for federal Health and Human Services awards).
  - The funding through this opportunity must add to the LDSS's current funding levels and not be used to replace funding. This is a one-time funding, and there is no expectation that there will be additional, similar funds available in the future.

- LDSSs can use these funds to hire temporary staff through a contract with an agency that provides case aid services.
- Training (both remote and in-person) for current and new APS employees on conducting investigations, interviews, and documentation during COVID-19, including additional costs associated with advertising, recruiting, certifying, and providing continuing education.
- Paying for travel related to COVID-19.
- Assisting APS clients with securing the least restrictive option for emergency or alternative housing, and with obtaining, providing or coordinating with care transitions as appropriate; these funds can be used to assist an APS client in securing housing services with a Family Type Home for Adults or assisting an APS client who is residing in a Family Type Home for Adults for other COVID-19 services/needs.

Any prospective equipment purchases made at or more than \$5,000 must receive **prior** approval from OCFS and ACL per 45 CFR 75.320(a)(2). Equipment refers to tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000. Each district is required to forward to OCFS any proposed equipment purchase costing \$5,000 or more using Attachment C.

When submitting equipment purchase requests using Attachment C, the following information is required:

- Identification of and cost of purchase
- Purpose and intended use of the proposed purchase
- Market research completed (i.e. obtaining bids, assessment of lease vs. purchase)
- Efforts to adhere to “Buy American”

Once prior approval is received, districts should then follow their own procurement policies.

#### **IV. Annual Reporting Requirements**

LDSSs awarded funding will be expected to submit an annual programmatic report, which details how the funds were used in accordance with the federal requirements, and what challenges and successes they encountered in using the funds. A template and instructions are provided in Attachment E.

Additionally, LDSSs with Tribes residing within the LDSS must work collaboratively with the Tribes to provide support to those individuals age 60 or older who have an APS need and have been impacted by COVID-19. A list of the Tribes and the LDSS they reside in is listed in Attachment D.

Completed programmatic reports should be emailed to Shelly Aubertine-Fiebich at [Shelly.Aubertine-Fiebich@ocfs.ny.gov](mailto:Shelly.Aubertine-Fiebich@ocfs.ny.gov) by **July 7, 2021**.

#### **V. Claiming Requirements**

There is \$4,826,382 in federal funds for expenditures related to the implementation of the Grants to Enhance Adult Protective Services to Respond to COVID-19. Claims for these funds must be submitted as described below. These funds are to be used only to reimburse expenditures beginning April 1, 2021 and ending May 31, 2022, and accepted as final in the Automated Claiming System (ACS) by July 29, 2022.

Expenditures for the Adult Protective Services to Respond to COVID-19 project should be claimed through the RF17 claim package for special project claiming. These costs are first identified on the RF2A claim package as F17 functional costs and reported in the F17 column on the LDSS-923 Cost Allocation Schedule of Payments Administrative Expenses Other Than Salaries and the LDSS-2347 Schedule D DSS Administrative Expenses Allocation and Distribution by Function and Program. After final accepting the RF2A claim package, the individual project costs are then reported under the project label Adult Protective COVID19 on the LDSS-4975A, RF17 Worksheet, Distribution of Allocated Costs to Other Reimbursable Programs.

Non-salary administrative costs are reported with the appropriate object of expense(s) on the LDSS-923B, Summary-Administrative (page 1), *Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs*. Program costs should be reported as object of expense 37 - Special Project Program Expense on the LDSS-923B, Summary-Program (page 2), *Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs*.

Total project costs should be reported on the LDSS-4975, *Monthly Statement of Special Project Claims Federal and State Aid (RF-17)*, as 100 percent federal share. For each LDSS, the expenditures reported for *Adult Protective COVID-19* will be reimbursed up to the amount of the district's allocation.

Further instructions for completing the time studies, Schedule D, and RF17 claim package are found in Chapters 4, 7, and 18, respectively, of the *Fiscal Reference Manual (FRM)*, Volume 3. The FRM is available online at <http://otda.state.nyenet/bfdm/finance/>.

## **I. Contact Persons**

Questions pertaining to the allocations may be directed to:

Shonna Clinton, Local Operations Manager, Bureau of Budget Management,  
(518) 474-1361  
[Shonna.Clinton@ocfs.ny.gov](mailto:Shonna.Clinton@ocfs.ny.gov)

Any ACS claiming questions should be directed to the OTDA Bureau of Financial Services by email or telephone:

Lauren Horn (Regions I-V) at 518-474-7549  
[otda.sm.Field\\_Ops.I-IV@otda.ny.gov](mailto:otda.sm.Field_Ops.I-IV@otda.ny.gov)

Michael Simon (Regions VI) at 212-961-8250  
[Michael.Simon@otda.ny.gov](mailto:Michael.Simon@otda.ny.gov)

***/s/ Lisa Gharthey Ogundimu***

---

**Issued by:**

Name: Lisa Gharthey Ogundimu

Title: Deputy Commissioner

Division/Office: Division of Child Welfare and Community Services

***/s/ Derek J. Holtzclaw***

---

**Issued by:**

Name: Derek J. Holtzclaw

Title: Deputy Commissioner

Division/Office: Division of Administration

**Attachment A**  
**District Allocation Amounts**

<b>District</b>	<b>Allocation</b>	<b>District</b>	<b>Allocation</b>
Albany	\$79,245	Ontario	\$19,640
Allegany	\$15,700	Orange	\$68,082
Broome	\$46,950	Orleans	\$5,611
Cattaraugus	\$8,566	Oswego	\$28,266
Cayuga	\$19,490	Otsego	\$16,356
Chautauqua	\$42,861	Putnam	\$23,221
Chemung	\$27,102	Rensselaer	\$48,592
Chenango	\$3,791	Rockland	\$64,620
Clinton	\$10,059	Saratoga	\$47,846
Columbia	\$20,714	Schenectady	\$30,236
Cortland	\$14,118	Schoharie	\$6,059
Delaware	\$37,847	Schuyler	\$11,611
Dutchess	\$61,605	Seneca	\$5,432
Erie	\$275,732	St. Lawrence	\$34,772
Essex	\$7,731	St. Regis	\$2,328
Franklin	\$10,327	Steuben	\$49,069
Fulton	\$20,416	Suffolk	\$125,330
Genesee	\$14,207	Sullivan	\$27,281
Greene	\$10,178	Tioga	\$14,416
Hamilton	\$1,522	Tompkins	\$24,236
Herkimer	\$21,938	Ulster	\$18,505
Jefferson	\$22,326	Warren	\$10,894
Lewis	\$4,835	Washington	\$15,580
Livingston	\$17,252	Wayne	\$6,537
Madison	\$9,462	Westchester	\$86,916
Monroe	\$130,613	Wyoming	\$5,880
Montgomery	\$11,491	Yates	\$2,597
Nassau	\$85,573		
Niagara	\$65,903	NYC	\$2,778,066
Oneida	\$32,026		
Onondaga	\$118,823	<b>Statewide Total</b>	<b>\$4,826,382</b>

**Attachment B**  
**Attestation of Use of Administration for Community Living**  
**Adult Protective Services Grant**

This is to certify that \_\_\_\_\_ department of social service will use the allocation of these funds authorized in the amount of \$\_\_\_\_\_ to enhance, improve, and expand the LDSS's Adult Protective Services ability to investigate allegations of abuse, neglect, and exploitation in the context of COVID-19, as indicated below. Additionally, we will work collaboratively with any Tribe residing within our district to implement this funding, as warranted.

Such funds will not be used to supplant any other state or local funds and the funds will only be used to supplement existing New York State and district APS resources. Claims for reimbursement under this appropriation will not be submitted for the same type and level of funding covered by any other state or locally authorized appropriation.

**Plan for use of funds – check all that apply:**

- ☐ Improving and supporting remote work, such as purchasing of communications and technology hardware, software, or infrastructure (Equipment costing \$5,000 or more needs OCFS approval)
- ☐ Establishing new or improving existing processes for responding to alleged scams and frauds, especially related to COVID-19 vaccine or cure scams
- ☐ Conducting community outreach
- ☐ Providing goods and services to APS clients related to COVID-19
- ☐ Acquiring personal protection equipment and supplies
- ☐ Paying for extended hours/overtime for staff, hiring temporary staff, and associated personnel costs
- ☐ Training costs related to COVID-19
- ☐ Paying for travel related to or required by COVID-19
- ☐ Assisting APS clients with securing the least restrictive option for emergency or alternative housing, and with obtaining, providing, or coordinating with care transitions as appropriate

Name of person completing the form:

Date:

Name of commissioner:

Commissioner's signature

Date:

Email completed attestations to Shelly Aubertine-Fiebich at [Shelly.Aubertine-Fiebich@ocfs.ny.gov](mailto:Shelly.Aubertine-Fiebich@ocfs.ny.gov) by July 7, 2021.

**Attachment C: Request for Approval of Equipment Expenditure Exceeding \$5,000**

1. Please identify what you would like to purchase, and the cost of the purchase(s). Please provide an individual cost for each item.
  
2. What is the purpose and intended use of the purchase(s)?
  
3. Please describe any related market research that was done (i.e. obtaining bids, assessment of lease vs. purchase) for each requested purchase.
  
4. Please describe the efforts made to “Buy American”

Email equipment requests costing \$5,000 or more Shelly Aubertine-Fiebich at [Shelly.Aubertine-Fiebich@ocfs.ny.gov](mailto:Shelly.Aubertine-Fiebich@ocfs.ny.gov)



**Attachment D: Tribes in New York State and County of Residence**

Cayuga Nation of Indians – Seneca and Cayuga Counties

Oneida Indian Nation – Madison County

Onondaga Nation – Onondaga County

St. Regis Mohawk Tribe- Franklin County

Seneca Nation of Indians – Erie, Cattaraugus, and Chautauqua Counties

Tonawanda Band of Seneca – Genesee County

Tuscarora Nation – Niagara County

Unkechaug and Shinnecock Indian Nations – Suffolk County

**ATTACHMENT E: Annual Program Report Template and Instructions**

<b>New York State ACL Grant Report</b> <b>REPORTING PERIOD:</b>				
Name of Local District: Name and Title of Reporter:				
<b>COVID-19 Strategy Selected:</b>				
<b>Overall Goal:</b> List the intended goal of the selected strategies				
<b>Objectives/Activities Updated MM/DD/YY</b> List the specific strategy/activity implemented to meet the goal	<b>APS Process Model Topic</b> Select the corresponding Input/Resource and stage of the case process	<b>Description of Accomplishments(Q1)</b> List what was accomplished with implementing the strategy/activity List any significant partners and their role in the activity	<b>Outputs (Q4)</b> List services purchased, goods or staff acquired and total expenditure, List the number of APS clients who received the service or activity; List the number of those who were 60 yrs of age or older	<b>Description of Impact (Q3)</b> Describe the impact the activity has had on the goal Are there measurable outcomes that can be included to support the impact. Have risks been decreased, safety increased?
<b>Challenges, Barriers, Alterations (Q2):</b> Describe what if any challenges or barriers that were encountered during the reporting period, what actions were taken to address them and if there were any changes to the goals, objectives or activities because of the challenges.				

**Instructions:**

LDSS must complete and submit an Annual Program Performance Report to OCFS using the attached Reporting Form.

**Due Dates:** OCFS must submit a statewide report to ACL by May 1, 2022, to meet that deadline **LDSS must submit the first annual report to OCFS no later than April 15, 2022. The final report must be submitted to OCFS no later than June 15, 2022.**

The follow charts provide examples regarding report completion, linking activities with stages in the APS process and definitions services.

<b>New York State ACL Grant Report</b> <b>EXAMPLE</b> <b>REPORTING PERIOD: APRIL 1, 2021 – MARCH 31, 2022</b>				
<b>Example1: Overall Goal: Address increased need for client home care and reduce the need for higher level of care due to COVID-19 restrictions</b>				
<b>Objectives/Activities Updated MM/DD/YY</b> List the specific strategy/activity implemented to meet the goal	<b>APS Process Model Topic</b> Select the corresponding Input/Resource and stage of the case process	<b>Description of Accomplishments(Q1)</b> List what was accomplished with implementing the strategy/activity List any significant partners and their role in the activity	<b>Outputs (Q4)</b> List services purchased, goods or staff acquired and total expenditure, List the number of APS clients who received the service or activity; List the number of those who were 60 yrs of age or older	<b>Description of Impact (Q3)</b> Describe the impact the activity has had on the goal Are there measurable outcomes that can be included to support the impact. Have risks been decreased, safety increased?
Developed new contract for home care services	Community/Interagency Partnerships for post-investigation services	Local government approved the new contract request, a request for proposals was developed, published and an award was determined. Specifications of the contract were finalized and signed with ACME Home Care Services.	Purchased contracted services for home care from ACME Home Care Services. Current contract expenditures for this reporting period are \$45,000. 15 clients have received this service, 10 of which are over the age of 60	For the 10 clients who were over the age of 60 the home care service allowed for them to continue to remain in their home and maintain a level of independence.
<b>Challenges, Barriers, Alterations (Q2):</b> Describe what if any challenges or barriers that were encountered during the reporting period, what actions were taken to address them and if there were any changes to the goals, objectives or activities because of the challenges.				

<b>Example 2: Overall Goal: Address increased need for safe temporary shelter for client</b>				
<b>Objectives/Activities Updated MM/DD/YY</b>	<b>APS Process Model Topic</b>	<b>Description of Accomplishments(Q1)</b>	<b>Outputs (Q4)</b>	<b>Description of Impact(Q3)</b>
Develop new contract(s) for emergency shelter	Community and Interagency Partnerships	Local government approved several contractual agreements with local motels. Identification of three new emergency housing locations, spread out throughout the county, closer to shopping areas.	Current expenditures for emergency housing for this reporting period are \$30, 600. 12 clients have received this service, 8 of which are over the age of 60	Twelve clients were removed from unsafe and unsanitary conditions to locations near their current neighborhoods where they could continue to utilize the same shopping areas and maintain existing social and professional relationships while a long-term housing issues were addressed. Such placements allow for independence and dignity to remain intact.
<b>Challenges, Barriers, Alterations (Q2):</b> Describe what if any challenges or barriers that were encountered during the reporting period, what actions were taken to address them and if there were any changes to the goals, objectives or activities because of the challenges.				
<b>Example 3: Overall Goal: Address the increasing need to perform APS investigations and case work remotely</b>				
<b>Objectives/Activities Updated MM/DD/YY</b>	<b>APS Process Model Topic</b>	<b>Description of Accomplishments(Q1)</b>	<b>Outputs (Q4)</b>	<b>Description of Impact (Q3)</b>
Purchase laptops and cell phones for case workers	Create New/Enhance Existing Operational Supports	10 laptops with MiFi and 10 cell phones were purchased for 8 case workers and 2 supervisors	Current equipment and contract expenditures total \$20,000. The equipment has been used for 10 months on 40 APS investigations/cases. 30 of those cases involved clients age 60 or older.	Initial and follow up visits for all 40 cases were conducted and documented timely. Service availability is confirmed more expeditiously as this can be verified while in the field. Case notes are completed while in the field and are detailed, concise and timely.
<b>Challenges, Barriers, Alterations (Q2):</b> Describe what if any challenges or barriers that were encountered during the reporting period, what actions were taken to address them and if there were any changes to the goals, objectives or activities because of the challenges.				

### Mapping to the APS Process Model and Annual Report

*The simplified map includes the sample activities ACL outlined in the Federal Register Notice.*

Inputs/Resources	Intake	Investigation	Post-Investigation	Quality Assurance
<b>APS Staff:</b> <ul style="list-style-type: none"> <li>• Training/Education</li> <li>• Personnel costs, including hazard pay</li> <li>• Travel for in-person investigations</li> <li>• Costs for PPE and supplies for in-person visits</li> </ul> <b>Community/ Interagency Partnerships</b> <ul style="list-style-type: none"> <li>• Public Awareness and community outreach</li> <li>• Costs for and associated with establishing new, or improving existing, processes for responding to COVID-19 scams and frauds</li> </ul> <b>Consult Support</b> <b>Create New/ Enhance Existing Operational Supports</b> <p>Purchase of equipment and associated technologies that will allow for secure remote work and enhance APS workers' ability to interview and investigate while they cannot physically visit during to COVID-19 crisis.</p> <b>Legal and ethical processes</b>	<b>Screening and Assessment Tools</b> <b>Case Planning Tools</b> <b>Create New/ Enhance Existing Reporting Systems</b> <ul style="list-style-type: none"> <li>• Purchase of new, or improvements to existing, data systems and/or technology infrastructure related to REPORTING</li> </ul>	<b>Assessment</b> <b>Interviews</b> <b>Collecting Physical Evidence</b> <b>Consult Support</b> <b>Determinations and Services Recommendation s</b>	<b>Obtaining client agreement and Implementing Service Plan</b> <b>Referring clients to community partners or Services:</b> <ul style="list-style-type: none"> <li>• Purchasing Goods and Services</li> <li>• Purchase/provision of PPE for clients, and/or expenses for COVID- related clean-up/sanitation services</li> <li>• Paying for the least restrictive option for emergency or alternative housing</li> </ul> <b>Monitor Status of Victim and Services</b>	<b>Documentation of investigation/services</b> <ul style="list-style-type: none"> <li>• Purchase of new, or improvements to existing, data systems and/or technology infrastructure related to case management</li> </ul> <b>Expand Data</b> <b>Capacity Customer</b> <b>Satisfaction Quality</b> <b>Assurance Review</b>

The following table contains existing service categories and definitions for a range of home- and community-based services. This list is provided to assist in tracking and reporting goods and services purchased/obtained for APS clients being served by COVID-19 related funding. Grantees are encouraged to use this table to facilitate analysis and reporting.

SERVICE NAME	SERVICE DEFINITION	UNIT NAME	UNIT DEFINITION
<b>Assistive Technology, Durable Equipment</b>	Durable Medical Equipment (chair lifts, wheelchairs, walkers, emergency response systems), anything given to or lent on a short-term basis, including technology or equipment, such as tablet computers, cellphones, or other devices, for use by client in their home to maintain safety, allow for socialization, and/or promote participation in activities from the older adult's home  Note: Please report any expenditures related to cell phone or internet <i>access plans</i> under <b>Consumable Supplies</b> .	1) Expenditure 2) Units	Cost and quantity of items of assistance.
<b>Care/Case Management Services</b>	Development and implementation of a service plan to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the client. Includes the development and oversight of a plan to ensure the safety and well-being of the client; developing a safety plan with a person's support network; referring and arranging support services, etc.	1) Expenditure 2) Hours	The cost and amount of time (measured in hours) to provide assistance.
<b>Caregiver Support Services</b>	Assistance to family and other informal caregivers to improve or sustain capacity for caring for the older adult or adult with disabilities. Includes counseling, support groups, training, respite, etc.	1) Expenditures 2) Units	The cost and number of units or sessions.
<b>Community Day Services</b>	Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training offered in centers most commonly known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs.	1) Expenditure 2) Hours	The cost and amount of time (measured in hours) to provide assistance.

**ATTACHMENT F: FOR U.S. ADMINISTRATION FOR COMMUNITY LIVING GRANTS**

Title 45 U.S. Code of Federal Regulations Part 75 (45 CFR 75), *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, section 354(a) states “all pass-through entities must ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, includes the changes in subsequent subaward identification.”

(i)	Subrecipient Name	Attachment A
(ii)	Subrecipient’s unique entity identifier	Local Social Service Districts
(iii)	Federal Award Identification Number (FAIN)	
(iv)	Federal award date to the recipient by the HHS awarding agency	
(v)	Subaward period of performance start and end date	
(vi)	Amount of federal funds obligated to the subrecipient by this action by the pass-through entity to the subrecipient	Attachment A
(vii)	Total amount of the federal funds obligated to the subrecipient by the pass-through entity including the current obligation	Attachment A
(viii)	Total amount of the award committed to the subrecipient by the pass-through entity	Attachment A
(ix)	Federal award project description	
(x)	Name of the HHS awarding agency, pass-through entity, and contact information for awarding official of the pass-through entity	Administration for Community Living Shonna Clinton – (518) 474-2812 Shonna.Clinton@ocfs.ny.gov
(xi)	CFDA number and name	
(xii)	Identification of whether the award is Research and Development (R&D)	N
(xiii)	Indirect cost rate for the federal award (including if the de minimum rate is charged per section 75.414)	Please see uniform guidance 45 CFR 75