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: 3/20/2020 Ending: 9/30/2021

| Fiscal Year from which funds are awarded: 2020 | | Federal CFDA No 93.045 This award is Condition | nal |
|--|------------------|---|----------------|
| Section I - Cost Categories Personnel | Amount \$0.00 | Section II - Grantee Budget - Federal and Matching Funds: | |
| Fringe Benefits | 0.00 | 1. Federal Share (see remark 1) | \$0.00 |
| Equipment | 0.00 | 2. Combined Matching Share | |
| Travel | 0.00 | A. In-Kind B. Cash | \$0.00 0.00 |
| Maint. & Operations | 0.00 | C. Volunteer Match | 0.00 |
| Other Expenses | 0.00 | 3. Net Cost | \$0.00 |
| Subcontracts | 0.00 | Section III - Federal Funds Ceiling: | \$0.00 |
| Approved Costs | \$0.00 | A. Carryover | \$0.00 |
| Less: | | B. Base Allocation | 61,273.00 |
| Anticipated Income | 0.00 | C. III-C-1 Transfer | 0.00 |
| NSIP | 0.00 | D. III-C-2 Transfer E. Supplement | 0.00 0.00 |
| Net Cost | \$0.00 | Federal Funds Ceiling (see remark 1) | \$61,273.00 |

Remarks: In addition to the conditions contained in the Four Year Plan, Annual Implementation Plan and Application for Funding, the conditions checked below apply to this award:

- () 1. Federal reimbursement is limited to the <u>lower</u> of the "Federal Share" in Section II or the "Federal Funds Ceiling" in Section III of this award notice.
- (XX) 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 costs have been incurred and paid; and the non-federal share of the costs has been contributed.
- (XX) 3. The federal share will not exceed 75% of the cost of Area Agency Administrative activities.
- () 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.
- (XX) 5. This award authorizes the payment of advances only. The award is conditional upon the approval of the Annual Implementation Plan and application referenced above, and the initial advance must be repaid if such plan and application do not receive final approval after appropriate modifications, if any.

| Name and Title of Authorizing Official: | Signature: | Date: | 1 |
|---|---------------|-------|----------|
| Karen Jackuback Deputy Director | Kan Jochelock | APR 2 | 2 2020 1 |