NOTIFICATION OF GRANT AWARD UNDER PHC6 OF THE AMERICAN RESCUE PLAN

Name and Address of Area Agency:					
Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	3		Name and Address of Albany County	f Sponsoring Agency/Payer	e:
	Program Year	- Beginning: 4/1/	2021 Ending: 9/30/2024		
Fiscal Year from which funds are awarded:	2021	Federal CFD	A No 93.043	This award is New	
Section I - Cost Categories Personnel	<u>Amount</u> \$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				0.00
Maint. & Operations	0.00	B. Cash C. Volunteer Match			0.00 0.00
Other Expenses	0.00	2 31-4	01		#0.00
Subcontracts	0.00	3. Net Cost			\$0.00
Food	0.00		Federal Funds Ceiling:		
Approved Costs	\$0.00		Carryover Base Allocation		\$0.00 35,098.00
Less:			Supplement	•	0.00
Anticipated Income	0.00		о-рртошош		0.00
NSIP	0.00	Federal Funds Ceiling (see remark 1) \$35,098.00			
Net Cost	\$0.00				
Remarks: In addition to the conditions cont conditions checked below apply to this award. () 1. Federal reimbursement is limited of this award notice. (XX) 2. Receipt of federal funds (either the share of the project cost is earned costs has been contributed. (XX) 3. The federal share will not exceed. () 4. Federal funds carried over from the will be confirmed upon closeout.	to the lower of the arough advance or a lonly when allowants. 75% of the cost of the prior year are es	"Federal Share" reimbursement) of the costs have been forced Agency A	in Section II or the "Federaloes not constitute earning en incurred and paid; and dministrative activities.	al Funds Ceiling" in Section of these funds. The feder the non-federal share of the	n III al
Name and Title of Authorizing Official: Karen Jackuback	Signature	: X ane	Land Comment	Date:	2021