NOTIFICATION OF GRANT AWARD UNDER TITLE III-C-1 OF THE OLDER AMERICANS ACT

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: 1/1/2021 Ending: 12/31/2021		
Fiscal Year from which funds are awarded: 2021		Federal CFDA No 93.045 This	This award is New	
Section I - Cost Categories	Amount	Section II - Grantee Budget - Federal and Matcl	ning Funds:	
Personnel	\$0.00	1. Federal Share (see remark 1)	\$406,507.00	
Fringe Benefits	0.00	2. Combined Matching Share		
Equipment	0.00	A. In-Kind	0.00	
Travel	0.00	B. Cash	45,168.00	
Maint. & Operations	0.00	C. Volunteer Match	0.00	
Other Expenses	0.00	3. Net Cost	\$451,675.00	
Subcontracts	505,500.00	Section III - Federal Funds Ceiling:	V 13 2,0 7 3.00	
Food	0.00	A. Carryover	\$18,332.00	
Approved Costs	\$505,500.00	B. Base Allocation	389,497.00	
Less: Anticipated Income	20,025.00	C. III-B Transfer	0.00	
NSIP	•	D. III-C-2 Transfer	0.00	
	33.800.00	E. Supplement	0.00	
Net Cost	\$451,675.00	Federal Funds Ceiling (see remark 1)	\$407,829.00	

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:

- (XX) 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
- (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 and the federal share will not exceed 90% of the cost of Congregate Nutrition Services.
- () 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. In accordance with Federal Policy, the funds herein awarded cannot be used to pay the cost for home delivered meals.
- () 6. Other:

Name and Title of Authorizing Official:	Signature:	Date:
Karen Jackuback Deputy Director	Kan fochslock	July 20,2021