# Notice of Award

Award# 6 NU58DP007293-01-02

FAIN# NU58DP007293

Federal Award Date: 11/30/2022

# **Recipient Information**

# 1. Recipient Name

**ALBANY COUNTY OFFICE BUILDINGS** 

175 Green St

Public Health Planning&Educati

Albany, NY 12202-2011

# 2. Congressional District of Recipient

- 3. Payment System Identifier (ID) 1146002563A1
- 4. Employer Identification Number (EIN)
  146002563
- 5. Data Universal Numbering System (DUNS) 060536653
- 6. Recipient's Unique Entity Identifier (UEI)
  H16ACDZOPYM4
- 7. Project Director or Principal Investigator

Mr. Charles H Welge

Charles.Welge@albanycountyny.gov

518-447-4693

### 8. Authorized Official

Ms. Shelleisha Salmon-Gordon

Shelleisha.Salmon-Gordon@albanycountyny.gov 518-447-4675

# Federal Agency Information

CDC Office of Financial Resources

### 9. Awarding Agency Contact Information

Reginald Simpson

Grants Management Specialist

sqv8@cdc.gov

678-475-4971

### 10.Program Official Contact Information

Mrs. Tchernavia Gregory

Public Health Advisor

eqr4@cdc.gov

770-488-0789

# Federal Award Information

#### 11. Award Number

6 NU58DP007293-01-02

12. Unique Federal Award Identification Number (FAIN)

NU58DP007293

#### 13. Statutory Authority

Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12

#### 14. Federal Award Project Title

Reducing chronic disease health disparities and improving the health of at-risk Albany County residents through the establishment and implementation of a Social Determinants of Health Accelerator Plan

# 15. Assistance Listing Number

93.945

#### 16. Assistance Listing Program Title

Assistance Programs for Chronic Disease Prevention and Control

#### 17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

# **Summary Federal Award Financial Information**

19. Budget Period Start Date 09/30/2022 - End Date 09/29/2023

20. Total Amount of Federal Funds Obligated by this Action
20a. Direct Cost Amount

23. Total Amount of Federal Funds Obligated this budget period

20b. Indirect Cost Amount \$0.00
21. Authorized Carryover \$0.00

**22.** Offset \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$125,000.00

**26.** Period of Perfomance Start Date 09/30/2022 - End Date 09/29/2023

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance

\$125,000.00

\$125,000,00

\$0.00

\$0.00

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

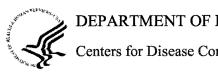
#### 29. Grants Management Officer - Signature

Karen Zion1

Grants Management Officer

# 30. Remarks

Revised Budget: The purpose of this amended Notice of Award is to approve the revised budget submitted by your organization dated November, 2022. Funds have been distributed as indicated in the approved budget of this Notice of Award.



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Centers for Disease Control and Prevention

# Notice of Award

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FAIN# NU58DP007293

Federal Award Date: 11/30/2022

# **Recipient Information**

## **Recipient Name**

ALBANY COUNTY OFFICE BUILDINGS

175 Green St

Public Health Planning&Educati

Albany, NY 12202-2011

# **Congressional District of Recipient**

**Payment Account Number and Type** 

1146002563A1

**Employer Identification Number (EIN) Data** 

146002563

**Universal Numbering System (DUNS)** 

060536653

Recipient's Unique Entity Identifier (UEI)

H16ACDZQPYM4

# 31. Assistance Type

Project Grant

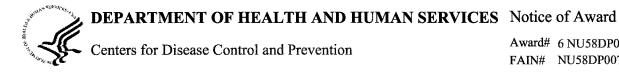
## 32. Type of Award

Other

I. Financial Assistance from the Federal Awarding A	gency Only
II. Total project costs including grant funds and all	other financial participation
a. Salaries and Wages	\$26,343.00
b. Fringe Benefits	\$15,674.00
c. TotalPersonnelCosts	\$42,017.00
d. Equipment	\$0.00
e. Supplies	\$30,983.00
f. Travel	\$1,000.00
g. Construction	\$0.00
h. Other	\$27,000.00
i. Contractual	\$24,000.00
j. TOTAL DIRECT COSTS	\$125,000.00
k. INDIRECT COSTS	\$0.00
I. TOTAL APPROVED BUDGET	\$125,000.00
m. Federal Share	\$125,000.00
n. Non-Federal Share	\$0.00

## 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390JWG	22NU58DP007293	DP	41.51	93.945	\$0.00	75-22-0948



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## **Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)	
Personnel	\$0.00	\$0.00	\$0.00	
Fringe Benefits	\$0.00	\$0.00	\$0.00	
Travel	\$0.00	\$0.00	\$0.00	
Equipment	\$0.00	\$0.00	\$0.00	
Supplies	\$0.00	\$0.00	\$0.00	
Contractual	\$0.00	\$0.00	\$0.00	
Construction	\$0.00	\$0.00	\$0.00	
Other	\$0.00	\$0.00	\$0.00	
Total	\$0.00	\$0.00	\$0.00	