


New York State Office for the Aging

NOTIFICATION OF GRANT AWARD UNDER TITLE III-E OF THE OLDER AMERICANS ACT  
NEW YORK ELDER CAREGIVERS SUPPORT PROGRAM

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. - 93.052																																																								
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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:																																																									
<div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> 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.         </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> 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.         </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> 3. The federal share will not exceed 75% of the cost of approved program activities.         </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> 4. Of the federal share and local matching funds for approved program activities, no more than 10% may be spent on Grandparent Caring for Children activities and no more than 20% may be spent on Supplemental Services.         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> 5. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> 6. Other:         </div>																																																									
Name and Title of Authorizing Official:  Karen Jackuback Deputy Director	Signature:  	Date:  July 20, 2021																																																							