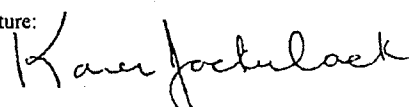


## NOTIFICATION OF GRANT AWARD - UNMET NEED

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: 4/1/2020 Ending: 3/31/2021																																																														
Fiscal Year from which funds are awarded: 2020	This award is New																																																													
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Section I - Grantee Budget</th> <th style="text-align: right; border-bottom: 1px solid black;">Amount</th> </tr> <tr><td>Personnel</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Fringe Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>Equipment</td><td style="text-align: right;">0.00</td></tr> <tr><td>Travel</td><td style="text-align: right;">0.00</td></tr> <tr><td>Maint. &amp; Operations</td><td style="text-align: right;">0.00</td></tr> <tr><td>Other Expenses</td><td style="text-align: right;">0.00</td></tr> <tr><td>Subcontracts</td><td style="text-align: right;">374,118.00</td></tr> <tr><td>Food</td><td style="text-align: right;">0.00</td></tr> <tr><td>Approved Costs</td><td style="text-align: right;">\$374,118.00</td></tr> <tr><td>Less:</td><td></td></tr> <tr><td>Anticipated Income</td><td style="text-align: right;">11,500.00</td></tr> <tr><td>NSIP</td><td style="text-align: right;">11708.00</td></tr> <tr><td>Net Cost</td><td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$330,910.00</td></tr> </table>	Section I - Grantee Budget	Amount	Personnel	\$0.00	Fringe Benefits	0.00	Equipment	0.00	Travel	0.00	Maint. & Operations	0.00	Other Expenses	0.00	Subcontracts	374,118.00	Food	0.00	Approved Costs	\$374,118.00	Less:		Anticipated Income	11,500.00	NSIP	11708.00	Net Cost	\$330,910.00	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Section II - Grantee Budget - State and Matching Funds:</th> <th style="width: 15%;"></th> <th style="text-align: right; border-bottom: 1px solid black;"></th> </tr> <tr> <td>1. State Share (see remark 1)</td> <td></td> <td style="text-align: right;">\$330,910.00</td> </tr> <tr> <td>2. Matching Share of Net Cost</td> <td></td> <td></td> </tr> <tr> <td>    A. In-Kind</td> <td></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>    B. Cash</td> <td></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>    C. Volunteer Match</td> <td></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>3. Net Cost</td> <td></td> <td style="text-align: right; border-top: 1px solid black;">\$330,910.00</td> </tr> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Section III - State Funds Ceiling:</th> <th style="width: 15%;"></th> <th style="text-align: right; border-bottom: 1px solid black;"></th> </tr> <tr> <td>A. Base Allocation</td> <td></td> <td style="text-align: right;">\$330,910.00</td> </tr> <tr> <td>B. Reallocation</td> <td></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>State Funds Ceiling (see remark 1)</td> <td></td> <td style="text-align: right; border-top: 1px solid black;">\$330,910.00</td> </tr> </table>	Section II - Grantee Budget - State and Matching Funds:			1. State Share (see remark 1)		\$330,910.00	2. Matching Share of Net Cost			A. In-Kind		0.00	B. Cash		0.00	C. Volunteer Match		0.00	3. Net Cost		\$330,910.00	Section III - State Funds Ceiling:			A. Base Allocation		\$330,910.00	B. Reallocation		0.00	State Funds Ceiling (see remark 1)		\$330,910.00
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Remarks: In addition to the conditions contained in the Four Year Plan, Annual Update and Application for Funding, the conditions checked below apply to this award:  <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> (XX) 1. State reimbursement is limited to the <u>lower</u> of the "State Share" in Section II or the "State Funds Ceiling" in Section III of this award notice.         </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> (XX) 2. Receipt of State funds (either through advance or reimbursement) does not constitute earning of these funds. The State share of the project cost is earned only when allowable costs have been incurred and paid.         </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> (XX) 3. The funds herein awarded are to be expended in accordance with the laws and regulations that govern the program for which the funds are used.         </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> (XX) 4. Area Agency administrative expenditures are limited to a maximum of 15% of the State Share.         </div> <div style="margin-top: 10px;"> <input type="checkbox"/> ( ) 5. Other:         </div>																																																														
Name and Title of Authorizing Official:  Karen Jackuback Deputy Director	Signature: 	Date:  July 8, 2020																																																												