


NOTIFICATION OF GRANT AWARD - UNMET NEED

| Name and Address of Area Agency: Albany County Department for Aging 100 Heritage Lane 5th Floor Albany, NY 12211 | Name and Address of Sponsoring Agency/Payee: Albany County | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------|-----------|--------|-----------------|------|-----------|-----------|--------|------|---------------------|------|----------------|------|--------------|------------|------|------|----------------|--------------|-------|--|--------------------|----------|------|----------|----------|--------------|---|---|--|-------------------------------|--------------|-------------------------------|--|------------|------|---------|------|--------------------|------|-------------|--------------|------------------------------------|--|--------------------|--------------|---------------|------------|-----------------|------|------------------------------------|--------------|
| Program Year - Beginning: 4/1/2023 Ending: 3/31/2024 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fiscal Year from which funds are awarded: 2023 | 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;">99,245.00</td></tr> <tr><td>Travel</td><td style="text-align: right;">0.00</td></tr> <tr><td>Maint. & 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;">379,665.00</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;">\$478,910.00</td></tr> <tr><td>Less:</td><td></td></tr> <tr><td>Anticipated Income</td><td style="text-align: right;">5,000.00</td></tr> <tr><td>NSIP</td><td style="text-align: right;">33000.00</td></tr> <tr><td>Net Cost</td><td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$440,910.00</td></tr> </table> | Section I - Grantee Budget | Amount | Personnel | \$0.00 | Fringe Benefits | 0.00 | Equipment | 99,245.00 | Travel | 0.00 | Maint. & Operations | 0.00 | Other Expenses | 0.00 | Subcontracts | 379,665.00 | Food | 0.00 | Approved Costs | \$478,910.00 | Less: | | Anticipated Income | 5,000.00 | NSIP | 33000.00 | Net Cost | \$440,910.00 | <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="text-align: right;"></th> </tr> <tr><td>1. State Share (see remark 1)</td><td style="text-align: right;">\$440,910.00</td></tr> <tr><td>2. Matching Share of Net Cost</td><td></td></tr> <tr><td> A. In-Kind</td><td style="text-align: right;">0.00</td></tr> <tr><td> B. Cash</td><td style="text-align: right;">0.00</td></tr> <tr><td> C. Volunteer Match</td><td style="text-align: right;">0.00</td></tr> <tr><td>3. Net Cost</td><td style="text-align: right; border-top: 1px solid black;">\$440,910.00</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="text-align: right;"></th> </tr> <tr><td>A. Base Allocation</td><td style="text-align: right;">\$330,910.00</td></tr> <tr><td>B. Supplement</td><td style="text-align: right;">110,000.00</td></tr> <tr><td>C. Reallocation</td><td style="text-align: right;">0.00</td></tr> <tr><td>State Funds Ceiling (see remark 1)</td><td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$440,910.00</td></tr> </table> | Section II - Grantee Budget - State and Matching Funds: | | 1. State Share (see remark 1) | \$440,910.00 | 2. Matching Share of Net Cost | | A. In-Kind | 0.00 | B. Cash | 0.00 | C. Volunteer Match | 0.00 | 3. Net Cost | \$440,910.00 | Section III - State Funds Ceiling: | | A. Base Allocation | \$330,910.00 | B. Supplement | 110,000.00 | C. Reallocation | 0.00 | State Funds Ceiling (see remark 1) | \$440,910.00 |
| Section I - Grantee Budget | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personnel | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fringe Benefits | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equipment | 99,245.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Travel | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maint. & Operations | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Expenses | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subcontracts | 379,665.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Food | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approved Costs | \$478,910.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Less: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anticipated Income | 5,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NSIP | 33000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Cost | \$440,910.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section II - Grantee Budget - State and Matching Funds: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. State Share (see remark 1) | \$440,910.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Matching Share of Net Cost | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. In-Kind | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. Cash | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Volunteer Match | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Net Cost | \$440,910.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section III - State Funds Ceiling: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Base Allocation | \$330,910.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. Supplement | 110,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Reallocation | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State Funds Ceiling (see remark 1) | \$440,910.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: (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. (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. (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. (XX) 4. Area Agency administrative expenditures are limited to a maximum of 15% of the State Share. () 5. Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Title of Authorizing Official: Greg Olsen Acting Director | Signature:  | Date: 11/17/23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |