

NOTIFICATION OF GRANT AWARD UNDER CMC6 OF THE AMERICAN RESCUE PLAN

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
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Program Year - Beginning: 4/1/2021 Ending: 9/30/2024

Fiscal Year from which funds are awarded: 2021

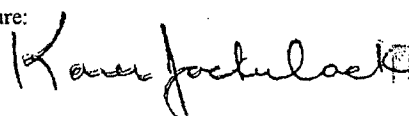
Federal CFDA No. - 93.045

This award is New

Section I - Cost Categories <table> <tr> <td>Personnel</td> <td>\$0.00</td> </tr> <tr> <td>Fringe Benefits</td> <td>0.00</td> </tr> <tr> <td>Equipment</td> <td>0.00</td> </tr> <tr> <td>Travel</td> <td>0.00</td> </tr> <tr> <td>Maint. & Operations</td> <td>0.00</td> </tr> <tr> <td>Other Expenses</td> <td>0.00</td> </tr> <tr> <td>Subcontracts</td> <td>0.00</td> </tr> <tr> <td>Food</td> <td>0.00</td> </tr> <tr> <td>Approved Costs</td> <td>\$0.00</td> </tr> <tr> <td>Less:</td> <td></td> </tr> <tr> <td>Anticipated Income</td> <td>0.00</td> </tr> <tr> <td>NSIP</td> <td>0.00</td> </tr> <tr> <td>Net Cost</td> <td>\$0.00</td> </tr> </table>	Personnel	\$0.00	Fringe Benefits	0.00	Equipment	0.00	Travel	0.00	Maint. & Operations	0.00	Other Expenses	0.00	Subcontracts	0.00	Food	0.00	Approved Costs	\$0.00	Less:		Anticipated Income	0.00	NSIP	0.00	Net Cost	\$0.00	Section II - Grantee Budget - Federal and Matching Funds: <table> <tr> <td>1. Federal Share (see remark 1)</td> <td>\$0.00</td> </tr> <tr> <td>2. Combined Matching Share</td> <td></td> </tr> <tr> <td> A. In-Kind</td> <td>0.00</td> </tr> <tr> <td> B. Cash</td> <td>0.00</td> </tr> <tr> <td> C. Volunteer Match</td> <td>0.00</td> </tr> <tr> <td>3. Net Cost</td> <td>\$0.00</td> </tr> </table> Section III - Federal Funds Ceiling: <table> <tr> <td>A. Carryover</td> <td>\$0.00</td> </tr> <tr> <td>B. Base Allocation</td> <td>228,176.00</td> </tr> <tr> <td>C. Supplement</td> <td>0.00</td> </tr> <tr> <td>Federal Funds Ceiling (see remark 1)</td> <td>\$228,176.00</td> </tr> </table>	1. Federal Share (see remark 1)	\$0.00	2. Combined Matching Share		A. In-Kind	0.00	B. Cash	0.00	C. Volunteer Match	0.00	3. Net Cost	\$0.00	A. Carryover	\$0.00	B. Base Allocation	228,176.00	C. Supplement	0.00	Federal Funds Ceiling (see remark 1)	\$228,176.00
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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:

- () 1. Federal reimbursement is limited to the lower of the "Federal Share" in Section II or the "Federal Funds Ceiling" in Section III of this award notice.
- (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.
- () 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.
- () 5. Other:

Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: MAY 19 2021
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