NOTIFICATION OF GRANT AWARD UNDER TITLE III-D OF THE OLDER AMERICANS ACT

Name and Address of Sponsoring Agency/Payee: Name and Address of Area Agency: Albany County Department for Aging Albany County 162 Washington Avenue, 6th Floor Albany, NY 12210-2304 Program Year - Beginning: 1/1/2021 Ending: 12/31/2021 This award is New Fiscal Year from which funds are awarded: 2021 Federal CFDA No. - 93.043 Section I - Cost Categories Section II - Grantee Budget - Federal and Matching Funds: Amount Personnel \$0.00 1. Federal Share (see remark 1) \$39,638.37 2. Combined Matching Share Fringe Benefits 0.00 A. In-Kind \$0.00 Equipment 0.00 B. Cash \$4,404.63 Travel 0.00 \$0.00 C. Volunteer Match Maint. & Operations 0.00 \$44,043.00 3. Net Cost Section III - Federal Funds Ceiling: Other Expenses 0.00 \$19,769.37 Subcontracts 44,243.00 A. Carryover 19,714.00 B. Base Allocation Approved Costs \$44,243.00 0.00 C. Reallocation Less: 0.00 D. Supplement Anticipated Income 200.00 0.00 E. Returned Net Cost \$44,043,00 Federal Funds Ceiling (see remark 1) 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: (XX) 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 90% of the Disease Prevention and Health Promotion Services.) 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout. (XX) 5. In accordance with the grant provisions, all Title III-D Disease Prevention and Health Promotion funds may only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective. () 6. This award authorizes the payment of advances only. The award is conditional upon the approval of the Annual Implementation Plan and application referenced above, and the initial advance must be repaid if such plan and application do not receive final approval after appropriate modifications, if any. Date: Name and Title of Authorizing Official: Signature: Kan Jochelock July 20,2021 Karen Jackuback Deputy Director