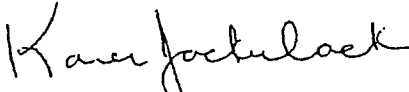


NOTIFICATION OF GRANT AWARD UNDER TITLE III-C-2 OF THE OLDER AMERICANS ACT

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. - 93.045																																																				
This award is New																																																					
<u>Section I - Cost Categories</u> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: right;"><u>Amount</u></th> </tr> </thead> <tbody> <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. & 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;">520,000.00</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;">\$520,000.00</td></tr> <tr><td>Less:</td><td></td></tr> <tr><td>Anticipated Income</td><td style="text-align: right;">20,000.00</td></tr> <tr><td>NSIP</td><td style="text-align: right;">40,849.00</td></tr> <tr><td>Net Cost</td><td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$459,151.00</td></tr> </tbody> </table>		<u>Amount</u>	Personnel	\$0.00	Fringe Benefits	0.00	Equipment	0.00	Travel	0.00	Maint. & Operations	0.00	Other Expenses	0.00	Subcontracts	520,000.00	Food	0.00	Approved Costs	\$520,000.00	Less:		Anticipated Income	20,000.00	NSIP	40,849.00	Net Cost	\$459,151.00	<u>Section II - Grantee Budget - Federal and Matching Funds:</u> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>1. Federal Share (see remark 1)</td> <td style="text-align: right;">\$413,235.69</td> </tr> <tr> <td>2. Combined Matching Share</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;">45,915.31</td> </tr> <tr> <td> C. Volunteer Match</td> <td style="text-align: right; border-bottom: 1px solid black;">0</td> </tr> <tr> <td>3. Net Cost</td> <td style="text-align: right;">\$459,151.00</td> </tr> </tbody> </table> <u>Section III - Federal Funds Ceiling:</u> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>A. Carryover</td> <td style="text-align: right;">\$212,403.69</td> </tr> <tr> <td>B. Base Allocation</td> <td style="text-align: right;">206,301.00</td> </tr> <tr> <td>C. III-B Transfer</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>D. III-C-1 Transfer</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>E. Supplement</td> <td style="text-align: right; border-bottom: 1px solid black;">0.00</td> </tr> <tr> <td>Federal Funds Ceiling (see remark 1)</td> <td style="text-align: right;">\$418,704.69</td> </tr> </tbody> </table>	1. Federal Share (see remark 1)	\$413,235.69	2. Combined Matching Share		A. In-Kind	0.00	B. Cash	45,915.31	C. Volunteer Match	0	3. Net Cost	\$459,151.00	A. Carryover	\$212,403.69	B. Base Allocation	206,301.00	C. III-B Transfer	0.00	D. III-C-1 Transfer	0.00	E. Supplement	0.00	Federal Funds Ceiling (see remark 1)	\$418,704.69
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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-left: 20px;"> <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. <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. <input checked="" type="checkbox"/> 3. The federal share will not exceed 75% of the cost of Area Agency Administrative Activities and the federal share will not exceed 90% of the cost of Home Delivered Nutrition Services. <input type="checkbox"/> 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout. <input checked="" type="checkbox"/> 5. In accordance with Federal Policy, the funds herein awarded cannot be used to pay the cost for congregate meals. <input type="checkbox"/> 6. Other: </div>																																																					
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 																																																				
Date: July 20, 2021																																																					