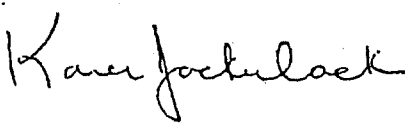


NOTIFICATION OF GRANT AWARD - Aging and Disability Resource Center (ADRC) - Covid-19

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: 9/30/2021																																									
Fiscal Year from which funds are awarded: 2020	Federal CFDA No. - 93.048																																								
This award is New																																									
<u>Section I - Cost Categories</u> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; 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;">0.00</td></tr> <tr><td>Food</td><td style="text-align: right;">0.00</td></tr> <tr><td colspan="2"><hr/></td></tr> <tr><td>Approved Costs</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Less:</td><td></td></tr> <tr><td>Anticipated Income</td><td style="text-align: right;">0.00</td></tr> <tr><td colspan="2"><hr/></td></tr> <tr><td>Net Cost</td><td style="text-align: right;"><u>\$0.00</u></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	0.00	Food	0.00	<hr/>		Approved Costs	\$0.00	Less:		Anticipated Income	0.00	<hr/>		Net Cost	<u>\$0.00</u>	<u>Section II - Grantee Budget - Grant Funding:</u> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Grant Share (see remark 1)</td> <td style="width: 20%; text-align: right;">\$0.00</td> </tr> <tr> <td>Other Resources Cash</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Other Resources In-Kind</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Net Cost</td> <td style="text-align: right;">\$0.00</td> </tr> </tbody> </table>	Grant Share (see remark 1)	\$0.00	Other Resources Cash	0.00	Other Resources In-Kind	0.00	<hr/>		Net Cost	\$0.00
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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:																																									
(XX) 1. Federal reimbursement is limited to the lower of the "Grant Share" in Section II or the "Grant Funds Ceiling" in Section III of this award notice.																																									
(XX) 2. Receipt of Grant funds (either through advance or reimbursement) does not constitute earning of these funds. The Grant share of the project cost is earned only when allowable costs have been incurred and paid.																																									
(XX) 3. A separate audit trail is to be maintained for these funds and copies of all receipts and other pertinent documentation are to be maintained by the recipient for subsequent audit.																																									
(XX) 4. The final claim must be submitted to the State Office for the Aging no later than 45 days after the close of the program period.																																									
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: 6/26/20																																							