## NOTIFICATION OF GRANT AWARD COMMUNITY SERVICES FOR THE ELDERLY PROGRAM

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	
Section I - Grantee Budget	Amount	Section II - Grantee Budget - State and Matching Funds:	
Personnel	\$60,195.00	1. State Share (see remark 1)	\$605,741.00
Fringe Benefits	0.00	2. Matching Share of Net Cost	
Equipment	0.00	A. In-Kind	0.00
Travel	0.00	B. Cash	181,850.00
Maint. & Operations	0.00	C. Volunteer Match	0.00
Other Expenses	0.00	3. Net Cost	\$787,591.00
Subcontracts	878,089.00	Section III - State Funds Ceiling:	
Food:	0.00	A. CSE Planning and Implementation	\$60,195.00
. 810	#020 204 00	B. CSE Project - 75%	435,300.00
Approved Costs Less:	\$938,284.00	C. CSE Supplemental Award	93,208.00
		D. CSE COLA	46,469.00
Anticipated Income	96,730.00	- C - F - L C - T - (	\$625 172 00
NSIP	53,963.00	State Funds Ceiling (see remark 1)	\$635,172.00
Net Cost	\$787,591.00	Maintenance of Effort 1985/86 Expenditure Level	\$341,650.64

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 lower 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. A separate audit trail is to be maintained for these funds and copies of all receipts and other pertinent documentation are to be maintained.
- (XX) 4. COLA funding will be used to first promote the recruitment and retention of non-executive direct care staff, non-executive direct support professionals, non-executive clinical staff, or respond to other critical non-personal service costs prior to supporting any salary increases or other compensation for executive level job titles.
  - ( ) 5. Other:

Name and Title of Authorizing Official:	Signature:	Date:
Greg Olsen Acting Director	14	