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Sent: Thursday, September 29, 2022 1:06 PM

To: Romanski, Deirdre <Deirdre.Romanski@albanycountyny.gov>; O'Neil, Beth <Beth.O'Neil@albanycountyny.gov>

Cc: Kennett, Audrey R (HEALTH) <audrey.kennett@health.ny.gov>; Bonda, Indrani (HEALTH) <Indrani.Bonda@health.ny.gov>

Subject: Federal Award Notice EIADM2 New Period #2 C36389GG ALBANY COUNTY OF 10/1/2022-9/30/2023

Dear Grantee:

A new period budget for **EIADM2** has been initiated in the Grants Gateway (GG) for the above referenced contract. PDF instructions are attached to assist you in completing the budget.

Once you are satisfied with your new period budget, you will change the status to "Contract Info Submitted NEW PERIOD". Your assigned Program Manager will receive an alert in the GG as soon as the budget has been submitted. They will review the budget with the assigned Contract Manager and follow up with you if there are any questions. Once the budget has been accepted, we will send a communication titled "Grantee Signature Required" at which time you will sign the contract in the GG. When the budget is executed, you may begin using the new budget in preparing new claims.

As a reminder, Budget Instructions and Detailed Budget Guidelines continue to be available in the GG: Period 1, Forms Menu, under Pre-Submission Uploads.

Pursuant to § 200.331 of the Uniform Office of Management and Budget (OMB) requirements for pass-through entities, all pass-through entities must ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward:

- a) Subrecipient Name: **County of Albany**
- b) Subrecipient's unique entity identifier: **0**
- c) Federal award project description: **Infant & Toddlers/Families (Part C)**
- d) Program Name: **EIADM2**
- e) Name of Federal Awarding Agency, pass-through entity, and contact information for award official of the pass-through entity:
 - **US Department of Education**
 - **New York State Department of Health**
 - **Raymond Pierce, Division of Family Health**
- f) CFDA Number and Name: **84.181A Special Education - Grants for Infants and Families with Disabilities**
- g) Amount of Federal funds obligated by this action by the pass-through entity to the subrecipient: **\$121,789**
- h) Federal Award Identification Number (FAIN): **H181A210021**
- i) Federal Award Date (see § 200.39 Federal award date): **7/1/2021**
- j) Subaward Period of Performance start and end date: **10/1/22-9/30/23**
- k) Total Amount of Federal Funds obligated to the subrecipient by the pass-through entity including the current obligation: **\$121,789**
- l) Total Amount of Federal Award committed to the subrecipient by the pass-through entity: **\$608,945**
- m) Research & Development Award? **No**
- n) Indirect cost rate for the Federal Award: **Refer to executed copy of respective contract for rate approved by the New York State Department of Health.**

If you have any questions about the source of funding of your contract with the Department, please contact your contract or program manager. Thank you.

*Division of Family Health
Center for Community Health
New York State Department of Health
ESP CT Room 859
Albany, NY 12237*