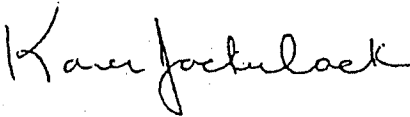


NOTIFICATION OF GRANT AWARD - EXPANDED IN-HOME SERVICES FOR THE ELDERLY PROGRAM

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: 4/1/2021 Ending: 3/31/2022																																																							
Fiscal Year from which funds are awarded: 2021 This award is New																																																							
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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. State reimbursement is limited to the <u>lower</u> of the "State Share" in Section II or the "State Funds Ceiling" in Section III of this award notice. 75% funding must be expended first.																																																							
(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; and the local share of the costs has been contributed.																																																							
(XX) 3. The funds herein awarded are to be expended in accordance with Section 214 of the New York State Elder Law and the applicable State Regulations.																																																							
() 4. Other:																																																							
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																																					