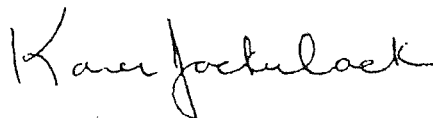


NOTIFICATION OF GRANT AWARD  
COMMUNITY SERVICES FOR THE ELDERLY PROGRAM

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 Update and Application for Funding, the conditions checked below apply to this award:																																																																			
<div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> (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.         </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> (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.         </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> (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.         </div> <div> <input type="checkbox"/> ( ) 4. Other:         </div>																																																																			
Name and Title of Authorizing Official:  Karen Jackuback Deputy Director	Signature: 	Date:  July 20, 2021																																																																	