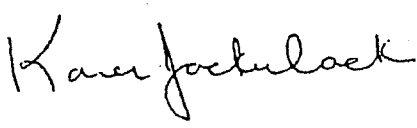


NOTIFICATION OF GRANT AWARD
AAA TRANSPORTATION PROGRAM

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: 4/1/2020 Ending: 3/31/2021																																					
Fiscal Year from which funds are awarded: 2020 This award is New																																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Section I - Grantee Budget</u></th> <th style="text-align: right; border-bottom: 1px solid black;"><u>Amount</u></th> </tr> <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; border-bottom: 1px solid black;">16,926.00</td></tr> <tr><td>Approved Costs</td><td style="text-align: right;">\$16,926.00</td></tr> <tr><td>Less:</td><td></td></tr> <tr><td>Anticipated Income</td><td style="text-align: right; border-bottom: 1px solid black;">0.00</td></tr> <tr><td>Net Cost</td><td style="text-align: right; border-bottom: 3px double black;">\$16,926.00</td></tr> </table>	<u>Section I - Grantee Budget</u>	<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	16,926.00	Approved Costs	\$16,926.00	Less:		Anticipated Income	0.00	Net Cost	\$16,926.00	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Section II - Grantee Budget - State Funds:</u></th> <th></th> </tr> <tr><td>State Share (see remark 1)</td><td style="text-align: right;">\$16,926.00</td></tr> <tr><td>Other Resources</td><td style="text-align: right;">0.00</td></tr> <tr><td>Total</td><td style="text-align: right; border-bottom: 3px double black;">\$16,926.00</td></tr> <tr><td colspan="2" style="padding-top: 10px;"><u>Section III - State Funds Ceiling:</u></td></tr> <tr><td>State Funds Ceiling (see remark 1)</td><td style="text-align: right;">\$16,926.00</td></tr> </table>	<u>Section II - Grantee Budget - State Funds:</u>		State Share (see remark 1)	\$16,926.00	Other Resources	0.00	Total	\$16,926.00	<u>Section III - State Funds Ceiling:</u>		State Funds Ceiling (see remark 1)	\$16,926.00
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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. 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.																																					
(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. The funds herein awarded are to be expended in accordance with Article II of the New York Elder Law and any applicable State Regulations.																																					
(XX) 4. AAA Transportation funds may not be used for Administration.																																					
(XX) 5. AAA Transportation funds may not be used to purchase vehicles.																																					
() 6. Other:																																					
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 8, 2020																																			