## NOTIFICATION OF GRANT AWARD UNDER HDC6 OF THE AMERICAN RESCUE PLAN

| Name and Address of Area Ager   | acv.  | Nome and Address of Supervision Appe  | /D   |  |  |  |
|---|---|---|--|--|--|--|
| Albany County Department for 162 Washington Avenue, 6th F Albany, NY 12210-2304   | Aging   | Albany County   | Name and Address of Sponsoring Agency/Payee: Albany County |  |  |  |
|   | Program Year  | r - Beginning: 4/1/2021 Ending: 9/30/2024   |  |  |  |  |
| Fiscal Year from which funds are awa  | arded: 2021 I   | Federal CFDA No 93.045 This award is Ne   | w  |  |  |  |
| Section I - Cost Categories Personnel   | <u>Amount</u><br>\$0.00   | Section II - Grantee Budget - Federal and Matching Funds:   |  |  |  |  |
| Fringe Benefits   | 0.00  | 1. Federal Share (see remark 1) \$0.00  |  |  |  |  |
| Equipment   | 0.00  | 2. Combined Matching Share  |  |  |  |  |
| Travel  | 0.00  | A. In-Kind<br>B. Cash   | 0.00   |  |  |  |
| Maint. & Operations   | 0.00  | C. Volunteer Match  | 0.00   |  |  |  |
| Other Expenses  | 0.00  | 3. Net Cost   | \$0.00   |  |  |  |
| Subcontracts  | 0.00  | Section III - Federal Funds Ceiling:  | <b>40.00</b>   |  |  |  |
| Food Approved Costs Less:   | 0.00<br>\$0.00  | A. Carryover B. Base Allocation C. Supplement   | \$0.00<br>341,519.00<br>0.00                               |  |  |  |
| Anticipated Income NSIP   | 0.00<br>0.00  |   |  |  |  |  |
| Net Cost  | \$0.00  | Federal Funds Ceiling (see remark 1) \$341,519.00   |  |  |  |  |
| <ul> <li>( ) 1. Federal reimbursement is li of this award notice.</li> <li>(XX) 2. Receipt of federal funds (ei share of the project cost is costs has been contributed.</li> <li>(XX) 3. The federal share will not eight</li> </ul> | is award:  mited to the lower of the lither through advance or earned only when allow exceed 75% of the cost of from the prior year are e | Year Plan, Annual Implementation Plan and Application for Further Plan and Share" in Section II or the "Federal Funds Ceiling" in reimbursement) does not constitute earning of these funds. The rable costs have been incurred and paid; and the non-federal share of Area Agency Administrative activities. | n Section III<br>he federal<br>are of the                  |  |  |  |
| Name and Title of Authorizing Official<br>Karen Jackuback<br>Deputy Director  | al: Signatur  | Kaner Jochelock Francisco   | Date:  MAY 1 9 2021  MAY 1 9 2021                          |  |  |  |

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: 12/27/2020 Ending: 9/30/2022

| Fiscal Year from which funds are awarded: 2021 |                         | Federal CFDA No 93.045  | This award is New | ,                    |
|--|-------------------------|---|-------------------|----------------------|
| Section I - Cost Categories Personnel          | <u>Amount</u><br>\$0.00 | Section II - Grantee Budget - Fede                                    |                   | \$0.00               |
| Fringe Benefits  Equipment                     | 0.00<br>0.00            | 2. Combined Matching Share  |                   |                      |
| Travel  Maint. & Operations                    | 0.00<br>0.00            | A. In-Kind B. Cash C. Volunteer Match                                 | ·<br>· •          | 0.00<br>0.00<br>0.00 |
| Other Expenses Subcontracts                    | 0.00                    | 3. Net Cost   |                   | \$0.00               |
| Food Approved Costs                            | 0.00<br>0.00<br>\$0.00  | Section III - Federal Funds Ceiling  A. Carryover  B. Base Allocation | E                 | \$0.00<br>128,113.00 |
| Less: Anticipated Income NSIP                  | 0.00<br>0.00            | C. Supplement  Federal Funds Ceiling                                  | (see remark I)    | \$128,113.00         |
| Net Cost                                       | \$0.00                  |   | •                 | •                    |

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:

- ( ) 1. Federal reimbursement is limited to the <u>lower</u> of the "Federal Share" in Section II or the "Federal Funds Ceiling" in Section III of this award notice.
- (XX) 2. Receipt of federal funds (either through advance or reimbursement) does not constitute earning of these funds. The federal share of the project cost is earned only when allowable costs have been incurred and paid; and the non-federal share of the costs has been contributed.
- (XX) 3. The federal share will not exceed 75% of the cost of Area Agency Administrative activities.
- ( ) 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.
- ( ) 5. Other:

| Name and Title of Authorizing Official: | Signature:                 | Date: |              |
|---|----------------------------|-------|--------------|
| Karen Jackuback Deputy Director         | Signature: Kaner Joeluloek |       | MAR 3 0 2021 |