## NOTIFICATION OF GRANT AWARD UNDER TITLE III-B OF THE OLDER AMERICANS ACT

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 Ye	ar - Begin	ning: 1/	1/2020	Ending:	12/31/2020
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Fiscal Year from which funds are awarded	: 2020	Federal CFDA No 93.044	This award is	New
Section I - Cost Categories	Amount	Section II - Grantee Budget - Federa	l and Matching Fu	nde.
Personnel	\$80,086.00	1. Federal Share (see remark 1		\$265,418.00
Fringe Benefits	0.00	2. Combined matching Share		
Equipment	0.00	A. In-Kind		\$0.00
Travel	0.00	B. Cash C. Volunteer Match		193,177.00
Maint. & Operations	19,400.00			
Other Expenses	9,250.00			\$0.00
Subcontracts	358,859.00	3. Net Cost		\$458,595.00
Approved Costs	\$467,595.00	Section III - Federal Funds Ceiling	<del></del>	
Less:		A. Carryover		\$0.00
Anticipated Income	9,000.00	B. Base Allocation		252,651.00
·	7,000.00	C. III-C-1 Transfer		92,446.00
Net Cost	\$458,595.00	D. III-C-2 Transfer		0.00
	Manufacture Control of the Control o	E. Supplement		0.00
		* Federal Funds Ceiling		\$345,097.00
•		(see remark 1)		,

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. Federal reimbursement is limited to the <u>higher</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 and the federal share will not exceed 90% of the cost of Supportive Services.
- (XX) 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. This award authorizes the payment of advances only. The award is conditional upon the approval of the Annual Implementation Plan and application referenced above, and the initial advance must be repaid if such plan and application do not receive final approval after appropriate modifications, if any.

Name and Title of Authorizing Official:	Signature:	Date:
Karen Jackuback Deputy Director	Kan Jochelock	July 8, 2020