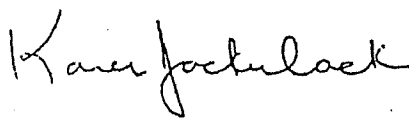


**NOTIFICATION OF GRANT AWARD UNDER THE MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT -
AGING and DISABILITY RESOURCE CENTER**

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: 9/1/2020 Ending: 8/31/2022																																									
Fiscal Year from which funds are awarded: 2020	This award is Revised																																								
Federal CFDA No. - 93.071																																									
<u>Section I - Cost Categories:</u> <table style="width:100%; margin-top: 10px;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:20%; text-align: right;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>Personnel</td><td style="text-align: right;">\$6,151.00</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;">12,323.00</td></tr> <tr><td>Approved Costs</td><td style="text-align: right;">\$18,474.00</td></tr> <tr><td>Anticipated Income</td><td style="text-align: right;">0.00</td></tr> <tr><td>Net Cost</td><td style="text-align: right;">\$18,474.00</td></tr> </tbody> </table>		<u>Amount</u>	Personnel	\$6,151.00	Fringe Benefits	0.00	Equipment	0.00	Travel	0.00	Maint. & Operations	0.00	Other Expenses	0.00	Subcontracts	12,323.00	Approved Costs	\$18,474.00	Anticipated Income	0.00	Net Cost	\$18,474.00	<u>Section II - Grantee Budget - Grant Funding:</u> <table style="width:100%; margin-top: 10px;"> <tbody> <tr><td>Grant Share (see remark 1)</td><td style="text-align: right;">\$18,474.00</td></tr> <tr><td>Other Resources Cash</td><td style="text-align: right;">0.00</td></tr> <tr><td>Other Resources In-Kind</td><td style="text-align: right;">0.00</td></tr> <tr><td>Net Cost</td><td style="text-align: right;">\$18,474.00</td></tr> </tbody> </table> <u>Section III - Federal Funds Ceiling:</u> <table style="width:100%; margin-top: 10px;"> <tbody> <tr><td>Grant Funds Ceiling</td><td></td></tr> <tr><td>A. SHIP Allocation</td><td style="text-align: right;">\$8,809.00</td></tr> <tr><td>B. AAA Reallocation</td><td style="text-align: right;">4,855.00</td></tr> <tr><td>C. ADRC Reallocation</td><td style="text-align: right;">4,810.00</td></tr> <tr><td>Grant Funds Ceiling (see remark 1)</td><td style="text-align: right;">\$18,474.00</td></tr> </tbody> </table>	Grant Share (see remark 1)	\$18,474.00	Other Resources Cash	0.00	Other Resources In-Kind	0.00	Net Cost	\$18,474.00	Grant Funds Ceiling		A. SHIP Allocation	\$8,809.00	B. AAA Reallocation	4,855.00	C. ADRC Reallocation	4,810.00	Grant Funds Ceiling (see remark 1)	\$18,474.00
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Remarks: In addition to the conditions contained in the Application for Funding, the conditions below apply to this award.																																									
<ol style="list-style-type: none"> 1. Reimbursement is limited to the <u>lower</u> of the Grant Share of net cost from grantee budget or the "Grant Funds Ceiling". 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 cost have been incurred and paid. 3. A separate audit trail is to be maintained for these funds and copies of all receipts and other pertinent documentation are to be maintained by the recipient for subsequent audit. 4. The final claim must be submitted to the State Office no later than 60 days after the close of the program period. 																																									
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: 10/7/2021																																							