ANNUAL UPDATE REVIEW AND APPROVAL

Must be signed by the AAA Director (and the Chief Officer of the Governing Body of the Sponsoring Organization if the other than County, New York City, or Native American Organization).

I hereby submit for approval the Four Year Plan and the annual Applications for Funding (hereafter referred to as the Plan) for Older Americans Act (OAA) programs, New York State Community Services for the Elderly (CSE) Program and Expanded In-Home Services for the Elderly Program (EISEP), and the applications for funding indicated below:

Program	Program Period	Program Applied For
Title III-B	January 1, 2026 to December 31, 2026	□Yes □No
Title III-C	January 1, 2026 to December 31, 2026	□Yes □No
Title III-D	January 1, 2026 to December 31, 2026	□Yes □No
Title III-E	January 1, 2026 to December 31, 2026	□Yes □No
EISEP	April 1, 2026 to March 31, 2027	□Yes □No
CSE	April 1, 2026 to March 31, 2027	□Yes □No
CSI	April 1, 2026 to March 31, 2027	□Yes □No
WIN	April 1, 2026 to March 31, 2027	□Yes □No
Unmet Need	April 1, 2026 to March 31, 2027	□Yes □No
Transportation	April 1, 2026 to March 31, 2027	□Yes □No
CRC	April 1, 2026 to March 31, 2027	□Yes □No
HIICAP	April 1, 2026 to March 31, 2027	□Yes □No

I agree to comply with all applicable federal, state and local laws and regulations, program standards, and standard assurances which affect any funds, (including matching funds and program income) used for the programs described in this Plan. I have read and agree to comply with all of the Standard Assurances (Attachment A) in the Plan. In addition, I certify that no amendments have been made nor will be made to the Standard Assurances in the Plan. Furthermore, I agree to comply with all attachments submitted as part of this Plan and indicated on the Attachment Checklist.

I also certify that the information contained in the Priority Services Schedule (Attachment B) is true and correct.

I also certify that this organization is not currently suspended or debarred as defined in 2 CFR part 376.

_____ _____ _____
Signature of AAA Director Print/Type Name Date

_____ _____
Signature of the Chief Executive Officer of the Governing Body of the Sponsoring Organization (if other than County, New York City, or Native American Organization) Date

_____ _____
Print/Type Name Print/Type Title

LOCAL GOVERNMENT EXECUTIVE REVIEW AND APPROVAL

Must be signed ONLY if the AAA intends to apply for CSE program or EISEP state aid pursuant to the New York State Elder Law.

I, _____ being the Chief Executive Officer of the Governing Board of
Print/Type Name
this _____(County, New York City, or Native American Organization), do hereby certify that:

1. The _____, an AAA established pursuant to the OAA of 1965, as amended, has been duly designated by me pursuant to New York State Elder Law §214.

[ ] CSE
[ ] EISEP

2. This Plan for the OAA and New York State CSE and/or EISEP pursuant to New York State Elder Law, is hereby approved for submission to the New York State Office for the Aging.

_____ _____ _____
Signature (*Use ink."per" signature not acceptable*) Print/Type Title Date