

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 2025-26 Annual Update to the 2024-28 Four Year Plan (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, 2025 to December 31, 2025	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title III-C	January 1, 2025 to December 31, 2025	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title III-D	January 1, 2025 to December 31, 2025	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title III-E	January 1, 2025 to December 31, 2025	<input type="checkbox"/> Yes <input type="checkbox"/> No
EISEP	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSE	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSI	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> No
WIN	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unmet Need	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> No
CRC	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIICAP	April 1, 2025 to March 31, 2026	<input type="checkbox"/> Yes <input type="checkbox"/> 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