ANNUAL UPDATE REVIEW AND APPROVAL

Must be signed by the area agency director (and the sponsoring agency executive if the area agency is not part of county/City of New York/Native American Organization).

I hereby submit for approval the 2017-18 Annual Update to the 2016-20 Four Year Plan (hereafter referred to as the Annual Update) for the Older Americans Act and New York State Programs for the Elderly and the applications for funding indicated below:

Program	Program Period	Program Applied For
Title III-B	January 1, 2017 to December 31, 2017	□Yes □No
Title III-C	January 1, 2017 to December 31, 2017	□Yes □No
Title III-D	January 1, 2017 to December 31, 2017	□Yes □No
Title III-E	January 1, 2017 to December 31, 2017	□Yes □No
Title V	July 1, 2017 to June 30, 2018	□Yes □No
EISEP	April 1, 2017 to March 31, 2018	□Yes □No
CSE	April 1, 2017 to March 31, 2018	□Yes □No
CSI	April 1, 2017 to March 31, 2018	□Yes □No
WIN	April 1, 2017 to March 31, 2018	□Yes □No
Transportation	April 1, 2017 to March 31, 2018	□Yes □No
CRC	April 1, 2017 to March 31, 2018	□Yes □No
HIICAP	April 1, 2017 to March 31, 2018	□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 programs described in this Annual Update. I have read and agree to comply with all of the Standard Assurances (Attachment A) in the Annual Update. In addition, I certify that no amendments have been made nor will be made to the Standard Assurances in the Annual Update. Furthermore, I agree to comply with all attachments submitted as part of this Annual Update and indicated on the Attachment Check List.

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 45 CFR part 76.

_____ _____
Signature of Director of Area Agency on Aging Date

_____ _____
Signature of the Chief Officer of the Governing Body of the Sponsoring Organization Date
(if other than county/City of New York/Native American Organization)

LOCAL GOVERNMENT EXECUTIVE REVIEW AND APPROVAL

Must be signed ONLY if the area agency intends to apply for Community Services for the Elderly Program or Expanded In-home Services for the Elderly Program state aid pursuant to the New York State Elder Law.

I,_____ being the Chief Executive Officer/Chairman of the Governing Board of this _____(county/City of New York/Native American Organization), do hereby certify that:

1. The _____, an area agency on aging established pursuant to the Older Americans Act of 1965, as amended, has been duly designated by me pursuant to New York State Elder Law §214.

[ ] Community Services for the Elderly Program
[ ] Expanded In-home Services for the Elderly Program.

2. This Application for the Older Americans Act and New York State Community Services for the Elderly and/or Expanded In-home Services for the Elderly Programs, 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*) Date