

**Authority to Use
Grant Funds**

**U.S. Department of Housing
and Urban Development**
Office of Community Planning
and Development

To: (name & address of Grant Recipient & name & title of Chief Executive Officer) Ms. Lisa Bova Hiatt Executive Director Governor's Office of Storm Recovery State of New York 25 Beaver Street New York, NY 10004	Copy To: (name & address of SubRecipient) Thomas J. King Director – Bureau of Environmental Review and Assessment Assistant General Counsel NYS Homes and Community Renewal Housing Trust Fund Corporation 99 Washington Avenue, Suite 1010 Albany, NY 12231
---	--

We received your Request for Release of Funds and Certification, form HUD-7015.15 on	6/9/2016
Your Request was for HUD/State Identification Number	B-13-DS-36-0001

All objections, if received, have been considered. And the minimum waiting period has transpired.
You are hereby authorized to use funds provided to you under the above HUD/State Identification Number.
File this form for proper record keeping, audit, and inspection purposes.

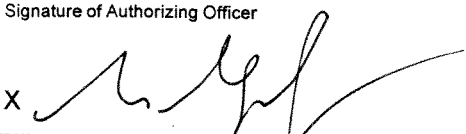
Project Activity: Hazard Mitigation Grant Program-Sidney '

Program Description: This project proposes to elevate, acquire or demolish 136 buildings, 134 are located in the Village of Sidney and 2 are located in Sidney Center under the Hazard Mitigation Grant Program, Disaster Recovery Global Match Acquisition and Elevation Project some funds will be used from the State's other grant# B-12-36-0001 in the amount of \$14,050,173.

CDBG-DR funds: \$14,050,173-grant# B-12-36-0001
\$5,149,827-grant# B-13-DS-36-0001

Total CDBG-DR Project funding: \$19,200,000

Project Location: Village of Sidney and Sidney Center (Delaware County)

Typed Name of Authorizing Officer Marion Mollegen McFadden Title of Authorizing Officer Deputy Assistant Secretary for Grant Programs	Signature of Authorizing Officer X 	Date (mm/dd/yyyy) JUN 27 2016
--	--	--------------------------------------