

# 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. Jane Brogan  
Governor's Office of Storm Recovery  
State of New York  
25 Beaver Street  
New York, NY 10004

Copy To: (name & address of SubRecipient)

Ms. Lori A. Shirley  
Deputy Director, Bureau of Environmental Review and Assessment  
NYS Homes and Community Renewal  
38-40 State Street  
Hampton Plaza  
Albany, NY 12207

We received your Request for Release of Funds and Certification, form HUD-7015.15 on

11/21/2017

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: Nichols Joint Fire Station Project

Program Description: This project proposes to upgrade and expand the fire station or purchase new equipment funded by NYS Homes and Community Renewal's Housing Trust.

CDBG-DR funds: \$1,155,000  
Total Project funding: \$1,155,000

Project Location: 106 W. River Road, Nichols, NY (Tioga County)

Typed Name of Authorizing Officer

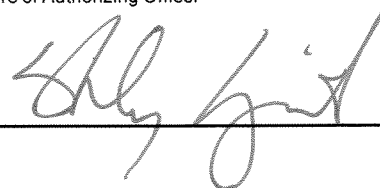
Stanley Gimont

Title of Authorizing Officer

Deputy Assistant Secretary for Grant Programs

Signature of Authorizing Officer

X



Date (mm/dd/yyyy)

DEC - 7 2017