

**Authority to Use
Grant Funds**

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

<p>To: (name & address of Grant Recipient & name & title of Chief Executive Officer)</p> <p>Ms. Lisa Bova Hiatt Executive Director Governor's Office of Storm Recovery State of New York 25 Beaver Street New York, NY 10004</p>	<p>Copy To: (name & address of SubRecipient)</p> <p>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</p>
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<p>We received your Request for Release of Funds and Certification, form HUD-7015.15 on</p>	<p>9/08/2016</p>
<p>Your Request was for HUD/State Identification Number</p>	<p>B-13-DS-36-0001</p>

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: T&M Property Management Inc.

Program Description: This activity will provide the business funds for the removal and disposal offsite of an existing 200-ft bulkhead and installation of a new bulkhead funded under the NYS Small Business Grant Program

CDBG-DR funds: \$100,000
Total Project funding: \$100,000

Project Location: 519 S. Great Neck Road, Babylon, NY (Suffolk County), Hamlet of Copiague

<p>Typed Name of Authorizing Officer Stanley Gimont Title of Authorizing Officer Deputy Assistant Secretary for Grant Programs, Acting</p>	<p>Signature of Authorizing Officer</p> <p>X </p>	<p>Date (mm/dd/yyyy)</p> <p>SEP 26 2016</p>
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