

**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>
---	---

<p>We received your Request for Release of Funds and Certification, form HUD-7015.15 on</p>	<p>3/3/2016</p>
<p>Your Request was for HUD/State Identification Number</p>	<p>B-13-DS-36-0001</p>

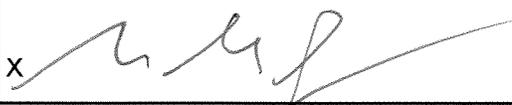
All objections, if received, have been considered. And the minimum waiting period has transpired.
You are hereby authorized to use funds provided to you under the above HUD/State Identification Number.
File this form for proper record keeping, audit, and inspection purposes.

Project Activity: Norstar Development USA, L.P.

Program Description: Norstar Development USA, L.P. will renovate the existing YMCA facility to provide 61 low-income housing units for senior citizens partially financed by the Homes and Community Renewal's Housing Trust Fund Corporation.

CDBG-DR funds: \$6,675,000
Total Project funding: \$18,284,000

Project Location: 13 State Street, Schenectady, NY (Schenectady County)

<p>Typed Name of Authorizing Officer Marion Mollegen McFadden Title of Authorizing Officer Deputy Assistant Secretary for Grant Programs</p>	<p>Signature of Authorizing Officer</p> <p>X </p>	<p>Date (mm/dd/yyyy)</p> <p>MAR 21 2016</p>
--	---	---