

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 Certifying Officer 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	10/14/2015
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.

Program Activity: Joseph L. Allen Apartments

Program Description: This activity proposes to demolish existing buildings, redevelop and construct a three-story building to include 51 units for a multi-family residential complex under the NYS Housing Trust Fund.

CDBG-DR funding: \$\$4,725,000
 Total Project funding: \$17,650,928

Project Location: 770-782 Albany Street, Schenectady, NY (Schenectady 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) OCT 30 2015
---	--	---