

**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) Mr. James Rubin Executive Director Governor's Office of Storm Recovery 25 Beaver Street New York, NY 10004	Copy To: (name & address of SubRecipient) Mr. Daniel Greene (Small Business) Deputy General Counsel/Certifying Officer NYS Homes and Community Renewal 38-40 State Street Hampton Plaza Albany, NY 12207
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We received your Request for Release of Funds and Certification, form HUD-7015.15 on	05/27/2015
Your Request was for HUD/State Identification Number	B-13-DS-36-0001

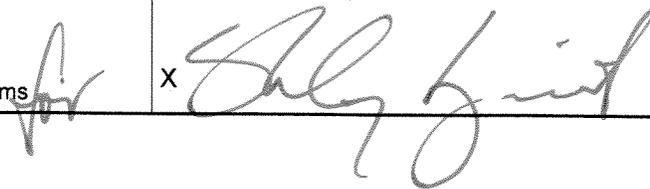
All objections, if received, have been considered. And the minimum waiting period has transpired.
 You are hereby authorized to use funds provided to you under the above HUD/State Identification Number.
 File this form for proper record keeping, audit, and inspection purposes.

Program Activity: Barnes Avenue Sanitary Sewage Flow Diversion Project

Program Description: This Sewage Flow Diversion Project proposes to replace the existing combined sewers with new sanitary sewers and separate storm sewers along the main route of Front Street to address the capacity limitation in the sewer system. The remaining cost will be funded through the EPA's Clean Water State Revolving Fund.

CDBG-DR funding: \$7,020,625
 Total Project funding: \$28,080,500

Project Location: Front Street, Ingraham Blvd and Jerusalem Ave, Hempstead, NY (Nassau County)

Typed Name of Authorizing Officer Marion Mollegen McFadden Title of Authorizing Officer Deputy Assistant Secretary for Grant Programs	Signature of Authorizing Officer 	Date (mm/dd/yyyy) JUN 15 2015
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