

# Authority to Use Grant Funds

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

<b>To:</b> (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	<b>Copy To:</b> (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
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We received your Request for Release of Funds and Certification, form HUD-7015.15 on	08/04/2015
Your Request was for HUD/State Identification Number	B-13-DS-36-0001

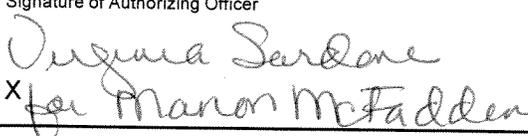
All objections, if received, have been considered. And the minimum waiting period has transpired. You are hereby authorized to use funds provided to you under the above HUD/State Identification Number. File this form for proper record keeping, audit, and inspection purposes.

Program Activity: Belgrave Water Pollution Control District Outfall Project

Program Description: This activity will replace the failing infrastructure wastewater plant in the Hempstead. A portion of this activity will be funded by EPA's Clean Water State Revolving Fund.

CDBG-DR funding: \$2,909,916  
Total Project funding: \$11,639,667

Project Location: Intersection of 255th and 34th Avenue, N. Hempstead, NY (Nassau County)

Typed Name of Authorizing Officer <b>Marion Mollegen McFadden</b> Title of Authorizing Officer Deputy Assistant Secretary for Grant Programs	Signature of Authorizing Officer 	Date (mm/dd/yyyy) 8/24/15
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