

**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>2/29/2016</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: Village of Esperance Firehouse Rescue Facility

Program Description: This project will construct a new firehouse building, this will include demolishing two truck bays, modifying the Esperance Village Hall and repairs to the driveway and adding addition asphalt financed by NYS Homes and Community Renewal's Housing Trust Fund Corporation.

CDBG-DR funds: \$789,500
Total Project funding: \$789,500

Project Location: 115 Church Street, Esperance, NY (Schoharie 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 15 2016</p>
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