

**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 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
---	--

We received your Request for Release of Funds and Certification, form HUD-7015.15 on	12/28/2015
Your Request was for HUD/State Identification Number	B-13-DS-36-0001

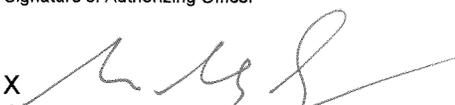
All objections, if received, have been considered. And the minimum waiting period has transpired.
 You are hereby authorized to use funds provided to you under the above HUD/State Identification Number.
 File this form for proper record keeping, audit, and inspection purposes.

Project Activity: Johnson City Water Treatment Plant

Program Description: This proposed project will demolish a storage building and construct and elevate a new administration/operations building, this will also include flood-proofing homes located near the water treatment plant. This activity will also complete design and installation under NYS Homes and Renewal Housing Trust Fund Corporation.

CDBG-DR funding: \$980,000
 Total Project funding: \$980,000

Project Location: Johnson City, NY (Broome 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) JAN 13 2016
--	---	--------------------------------------