

**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 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
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We received your Request for Release of Funds and Certification, form HUD-7015.15 on	3/21/2016
Your Request was for HUD/State Identification Number	B-13-DS-36-0001

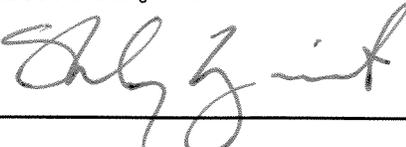
All objections, if received, have been considered. And the minimum waiting period has transpired.  
 You are hereby authorized to use funds provided to you under the above HUD/State Identification Number.  
 File this form for proper record keeping, audit, and inspection purposes.

Project Activity: Middleburgh New Ambulance Building and Shelter

Program Description: This project will construct a new Emergency Medical Services building and shelter, including paved and unpaved parking spaces, and driveway financed by NYS Homes and Community Renewal's Housing Trust Fund Corporation.

CDBG-DR funds: 2,500,000  
 Total Project funding: 2,500,000

Project Location: 143 Cotton Hill Road, Middleburgh, NY

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) APR 06 2016
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