

**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>Ms. Lori A. Shirley Deputy Director, Bureau of Environmental Review and Assessment NYS Homes and Community Renewal 38-40 State Street Hampton Plaza Albany, NY 12207</p>
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<p>We received your Request for Release of Funds and Certification, form HUD-7015.15 on</p>	<p>1/07/2016</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: Meadows at Middle Settlement

Program Description: This project is proposing to redevelop the existing senior living housing complex. This activity will include demolishing 11 existing structures, including four housing structures, community center structure and replace with three new structures by Meadows Senior Living LP, funded by the State's Housing Community and Renewal Housing Trust Fund Corporation.

CDBG-DR Funds: \$7,000,000
Total Project funding: \$23,500,000

Project Location: 4300 Middle Settlement Road, New Hartford, NY (Oneida 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>JAN 25 2016</p>
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