

**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) Ms. Lori A. Shirley (Small Business) Deputy Director, Bureau of Environmental Review and Assessment NYS Homes and Community Renewal 38-40 State Street Hampton Plaza Albany, NY 12207 Attn: Thomas King, Director – Bureau of Environmental Review and Assessment
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We received your Request for Release of Funds and Certification, form HUD-7015.15 on	5/04/2016
Your Request was for HUD/State Identification Number	B-13-DS-36-0001

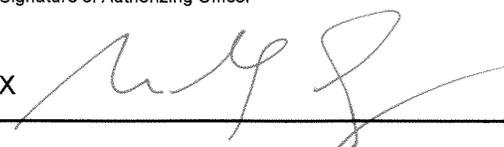
All objections, if received, have been considered. And the minimum waiting period has transpired.
 You are hereby authorized to use funds provided to you under the above HUD/State Identification Number.
 File this form for proper record keeping, audit, and inspection purposes.

Project Activity: Peconic Crossing, LLC

Program Description: The business entity proposes to demolish the existing structures and construct a five-story building with 45 residential units, parking garage and other amenities for households earning up to 50%, 60% or 90% AMI under the NYS Homes and Community Renewal Housing Trust Fund Corporation.

CDBG-DR funds: \$5,440,000
 Total CDBG-DR Project funding: \$17,650,928

Project Location: 11 W. Main Street, Riverhead, NY (Suffolk 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) MAY 20 2016
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