

**Authority to Use  
Grant Funds**

**U.S. Department of Housing  
and Urban Development**  
Office of Community Planning  
and Development

<p><b>To:</b> (name &amp; address of Grant Recipient &amp; name &amp; 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><b>Copy To:</b> (name &amp; address of SubRecipient)</p> <p>Thomas J. King Certifying Officer 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>11/13/2015</p>
<p>Your Request was for HUD/State Identification Number</p>	<p>B-13-DS-36-0001</p>

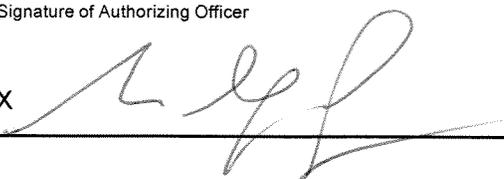
All objections, if received, have been considered. And the minimum waiting period has transpired.  
You are hereby authorized to use funds provided to you under the above HUD/State Identification Number.  
File this form for proper record keeping, audit, and inspection purposes.

**Project Activity:** Mews at Prattsville

**Program Description:** This project proposes to construct a mixed-used development that will include a healthcare facility for senior citizens under the NYS Home and Community Renewal Housing Trust Fund Corporation and will include acquiring land and infrastructure extension.

CDBG-DR funding: \$3,000,000  
Total Project funding: \$3,000,000

**Project Location:** 5456 Washington Street, Prattsville, NY (Greene 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>NOV 30 2015</p>
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