

**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>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</p>
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We received your Request for Release of Funds and Certification, form HUD-7015.15 on	2/23/2016
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: Robert Moses State Park Water Treatment Plant

Program Description: This proposed activity will construct a new building, extent utilities and add a new drainage system under the NYS Homes and Community Renewal's Housing Trust Fund Corporation for the completion of the design and installation of the infrastructure project.

CDBG-DR funds: \$4,000,000
Total Project funding: \$4,000,000

Project Location: West end of Fire Island, NY (Suffolk 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>MAR 10 2016</p>
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