

**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)  Mr. James Rubin Executive Director Governor's Office of Storm Recovery 25 Beaver Street New York, NY 10004	<b>Copy To:</b> (name & address of SubRecipient)  Mr. Daniel Greene (Small Business) Deputy General Counsel/Certifying Officer NYS Homes and Community Renewal 38-40 State Street Hampton Plaza Albany, NY 12207
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We received your Request for Release of Funds and Certification, form HUD-7015.15 on	05/27/2015
Your Request was for HUD/State Identification Number	B-13-DS-36-0001

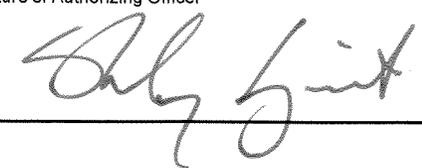
All objections, if received, have been considered. And the minimum waiting period has transpired.  
 You are hereby authorized to use funds provided to you under the above HUD/State Identification Number.  
 File this form for proper record keeping, audit, and inspection purposes.

Program Activity: Pedestrian Footbridge (██████████)

Program Description: This activity will replace the pedestrian footbridge to provide reliable access to the residential property under the Single-family Housing Program.

CDBG-DR funding: \$140,000  
 Total Project funding: \$140,000

Project Location: ██████████ Denning, NY (Ulster 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) JUN 15 2015
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