

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 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
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We received your Request for Release of Funds and Certification, form HUD-7015.15 on	4/27/2016
Your Request was for HUD/State Identification Number	B-13-DS-36-0001

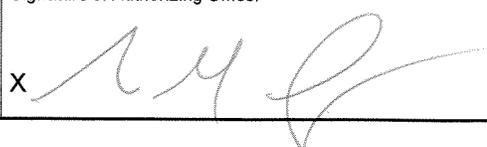
All objections, if received, have been considered. And the minimum waiting period has transpired.
You are hereby authorized to use funds provided to you under the above HUD/State Identification Number.
File this form for proper record keeping, audit, and inspection purposes.

Project Activity: Tioga Salt Storage and Facility Cover Project

Program Description: This proposed activity serves as a highway salt storage and distribution center for the town of Tioga under the Homes and Community Renewal's Housing Trust Fund Corporation.

CDBG-DR funds: \$460,000
Total CDBG-DR Project funding: \$460,000

Project Location: 8 Dry Brook Road, Barton, NY (Tioga 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 13 2016
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