

**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) 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
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We received your Request for Release of Funds and Certification, form HUD-7015.15 on	12/11/2015
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.

Project Activity: Culvert Replacement at Wilhelm Road

Program Description: This activity will provide funding to complete the design and installation of this project.

CDBG-DR funding: \$575,645
 Total Project funding: \$575,645

Project Location: Wilhelm Road (crossing Beaver Kill) in Ulster County, NY

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) DEC 29 2015
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