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)	**Copy To:** (name & address of SubRecipient)
Mr. James Rubin Executive Director Governor's Office of Storm Recovery 25 Beaver Street New York, NY 10004	Thomas J. King Certifying Officer NYS Homes and Community Renewal Housing Trust Fund Corporation 99 Washington Avenue, Suite 1010 Albany, NY 12231

We received your Request for Release of Funds and Certification, form HUD-7015.15 on	08/06/2014
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: Roberto Clemente State Park Shoreline

Program Description: This project will provide improvements to approximately 16-arces of the 25-arce portion of the park. This will consist of replacing existing sheet pile bulkhead, reconstruct the adjacent esplanade and create a tidal/intertidal habitat from uplands as a part of the bulkhead replacement. Enhancements will be made to the parks lower plaza.

CDBG-DR Funding: $46,500,000

Project Location: Corner of W. Tremont Ave and Mattewson Road (Bronx County, NY)

In compliance with the National Environmental Policy Act of 1969, an environmental review of the above referenced project has been performed. The recipient, New York State Housing Trust Fund Corporation and its contractors, have prepared an EA for the project identified above and have prepared the environmental review record in compliance with all applicable provisions of the National Environmental Policy Act of 1969, as amended, (42 USC sec. 4321 et seq.) and its implementing regulations under 24 CFR Part 58.

If the nature of the activities changes substantially, please notify HUD as additional review may be required.

Typed Name of Authorizing Officer	Signature of Authorizing Officer	Date (mm/dd/yyyy)
Marion McFadden Title of Authorizing Officer Deputy Assistant Secretary for Grant Programs	X	8/13/2014

Previous editions are obsolete.

form **HUD-7015.16** (2/94)
ref. Handbook 6513.01