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)
Christian M. Leo, Vice President Office of Community Renewal Hampton Plaza 38-40 State Street, 9th Floor Albany, NY 12207	Heather Spitzberg, Esq. Director, Environmental Analysis Unit NYS Housing Trust Fund Corporation 38-40 State Street Albany, NY 12207

We received your Request for Release of Funds and Certification, form HUD-7015.15 on	10/10/2013
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: Recreate NY Home 1-4 Units (Westchester County)

Program Description: This rehabilitation project will address unmet housing needs throughout Westchester County for homeowners and tenants of rental properties. This program has been designed to provide assistance for repairing properties, reconstructing homes and mitigating properties for future resilience. This program will also provide reimbursement payments to homeowners of 1-4 unit buildings who have started or completed rehabilitation work with personal resources, subject to restrictions based on applicable laws, regulations, and requirements of the program.

CDBG-DR funding: $600,000
Total Project funding: $600,000

This is the first tier review within the 2 tier process. Before HUD funds are committed or expended on a specific site, a site specific review must be completed for each project/house. Furthermore, if the State determines that an activity or project, because of extraordinary circumstances and conditions at or affecting the location of the activity or project, may have a significant environmental effect, the State shall comply with the National Environmental Policy Act

Typed Name of Authorizing Officer	Signature of Authorizing Officer	Date (mm/dd/yyyy)
Yolanda Chávez Title of Authorizing Officer Deputy Assistant Secretary for Grant Programs	X Yolanda Chavez	OCT 15 2013

Previous editions are obsolete.

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