

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

ALBANY JEWISH COMMUNITY CENTER  
340 WHITEHALL ROAD  
ALBANY, NY 12208  
(518) 438-6651

**Name of Project Director:**

SUSAN SHPEEN

**Purpose of Project:**

FUNDS WILL BE USED FOR THE RECONSTRUCTION OF A HANDICAP  
ACCESSIBLE PLAYGROUND.

**Funded Amount:**

\$50,000

**Requested By:**

CANESTRARI, MCENENY

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

ALBERTSON HOOK AND LADDER, ENGINE AND HOSE COMPANY NO. 1,  
INCORPORATED, THE  
100 IU WILLETS ROAD  
ALBERTSON, NY 11507  
(516) 248-7182

**Name of Project Director:**

DANIEL E. GIORDANO

**Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE OF WASHING AND  
DRYING EQUIPMENT FOR FIRE PROTECTANT CLOTHING.

**Funded Amount:**

\$50,000

**Requested By:**

DINAPOLI

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

ASPHALT GREEN, INC.  
555 EAST 90 STREET  
NEW YORK, NY 10128  
(646) 981-2280

**Name of Project Director:**

JEFFREY DORN

**Purpose of Project:**

FUNDS WILL BE USED TO WIDEN THE TRACK AND FIELD, AS WELL AS TO INSTALL 86,000 SQUARE FEET OF FIELD TURF. THE UPDATED TRACK AND FIELD WILL PROVIDE A SAFER AND MORE EFFICIENT ENVIRONMENT FOR MEMBERS OF THE COMMUNITY.

**Funded Amount:**

\$125,000

**Requested By:**

KELLNER

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

BELLPORT AREA COMMUNITY ACTION COMMITTEE , INC. (D/B/A BOYS  
AND GIRLS CLUB OF THE BELLPORT AREA)  
471 ATLANTIC AVENUE  
BELLPORT, NY 11713  
(631) 286-9090

**Name of Project Director:**

TRACIE VAN DINA

**Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A YOUTH  
FACILITY, WHICH WILL INCLUDE AREAS FOR LEARNING, RECREATION,  
TECHNOLOGY, AS WELL AS A TEEN CENTER, A GAME ROOM,  
OFFICES AND A SUPPORT FACILITY FOR THE ATHLETIC FIELDS.

**Funded Amount:**

\$50,000

**Requested By:**

EDDINGTON

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

BROOKLYN MUSIC SCHOOL, THE  
126 SAINT FELIX STREET  
BROOKLYN, NY 11217  
(718) 638-5660

**Name of Project Director:**

FRANK ALVARADO

**Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE AND MODERNIZE THE SCHOOL  
TO ENHANCE PUBLIC SAFETY AND TO MEET BUILDING CODES.

**Funded Amount:**

\$100,000

**Requested By:**

GREEN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

CATSKILL REGIONAL MEDICAL CENTER  
68 HARRIS-BUSHVILLE ROAD, P.O. BOX 800  
HARRIS, NY 12742  
(845) 794-3300

**Name of Project Director:**

MARTY KITSON

**Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE  
RENOVATION OF THE 2 WEST MEDICAL/SURGICAL UNIT, INCLUDING  
THE PURCHASE OF FURNITURE.

**Funded Amount:**

\$125,000

**Requested By:**

GUNTHER-A

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

CHAPEL OF OUR LADY RESTORATION, INC.  
45 MARKET STREET  
COLD SPRING, NY 10516  
(845) 265-5537

**Name of Project Director:**

GAIL HANNAH

**Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION OF AN ACCESSORY BUILDING AND PAVING OF A TERRACE ON THE HISTORICALLY SIGNIFICANT GROUNDS OF THE CHAPEL.

**Funded Amount:**

\$50,000

**Requested By:**

GALEF

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

CONCERNED ECUMENICAL MINISTRY TO THE UPPER WEST SIDE OF  
BUFFALO, NEW YORK, INC., THE  
286 LAFAYETTE AVENUE  
BUFFALO, NY 14213  
(716) 882-2442

**Name of Project Director:**

CATHERINE RIELEY-GODDARD

**Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE  
RENOVATION OF THE BUILDING. THESE RENOVATIONS WILL ALLOW  
FOR BETTER USE OF THE SPACE AND INCREASE ITS USE FOR  
PUBLIC EVENTS, WHICH ARE OPEN TO ALL IN THE COMMUNITY ON A  
NON-SECTARIAN BASIS.

**Funded Amount:**

\$50,000

**Requested By:**

HOYT

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

EAST BROOKLYN DAY CARE CENTER, INC., (D/B/A TASHBAR  
LEARNING CENTER)  
1349 50TH STREET  
BROOKLYN, NY 11219  
(718) 853-8891

**Name of Project Director:**

SHOLEM SILBERMAN

**Purpose of Project:**

FUNDS WILL BE USED TO BUILD AN INDOOR PLAYROOM AND GYM  
FOR THE PARENTS AND CHILDREN OF THE CENTER.

**Funded Amount:**

\$125,000

**Requested By:**

HIKIND

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

GOOD SAMARITAN HOSPITAL MEDICAL CENTER  
1000 MONTAUK HIGHWAY  
WEST ISLIP, NY 11795  
(631) 376-4483

**Name of Project Director:**

SUSAN GRIMM

**Purpose of Project:**

FUNDS WILL BE USED FOR THE EXPANSION OF THE NURSING HOME'S REHABILITATION UNIT IN ORDER TO SUPPORT AND MEET PATIENT'S MEDICAL NEEDS.

**Funded Amount:**

\$250,000

**Requested By:**

FIELDS

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

GUARDIANS OF THE SICK, INC.  
5216 ELEVENTH AVENUE  
BROOKLYN, NY 11219  
(718) 438-2020

**Name of Project Director:**

S. STEINHARTER

**Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE AND EXPAND THE FACILITY. THE EXPANDED FACILITY WILL BETTER SERVE THE COMMUNITY THROUGH THE ADDITION OF NEW PROGRAMS AND ENHANCED SERVICES PROVIDED ON A NON-SECTARIAN BASIS.

**Funded Amount:**

\$250,000

**Requested By:**

HIKIND

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

LET ALL THE CHILDREN PLAY, INC.  
445 CENTRAL AVENUE, SUITE 336  
CEDARHURST, NY 11516  
(516) 569-0648

**Name of Project Director:**

DAVID A. WEINGARTEN

**Purpose of Project:**

FUNDS WILL BE USED TO DESIGN AND CONSTRUCT A UNIVERSALLY ACCESSIBLE PLAYGROUND FOR PERSONS WITH DISABILITIES.

**Funded Amount:**

\$250,000

**Requested By:**

WEISENBERG

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

LONG ISLAND WINE COUNCIL, INC.  
5120 SOUND AVENUE  
RIVERHEAD, NY 11901  
(631) 722-2220

**Name of Project Director:**

STEVEN L. BATE

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE AND INSTALL SIGNS ALONG THE  
LONG ISLAND WINE TRAIL.

**Funded Amount:**

\$100,000

**Requested By:**

ALESSI

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

MONTGOMERY NEIGHBORHOOD CENTER, INC.  
10 CADY STREET  
ROCHESTER, NY 14608  
(585) 436-3090

**Name of Project Director:**

CALVIN LEE

**Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTER LAB EQUIPMENT AND MACHINERY, WHICH WILL ALLOW THE GRANTEE TO BETTER MEET THE NEEDS OF PROBLEM FAMILIES IN SOUTHWEST ROCHESTER.

**Funded Amount:**

\$50,000

**Requested By:**

GANTT

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

MOUNT ST. MARY'S HOSPITAL OF NIAGARA FALLS, (D/B/A MOUNT ST.  
MARY'S HOSPITAL AND HEALTH CENTER)  
5300 LEWISTON ROAD  
LEWISTON, NY 14092  
(716) 298-2146

**Name of Project Director:**

FRED CASO

**Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A  
NEIGHBORHOOD HEALTH CENTER.

**Funded Amount:**

\$100,000

**Requested By:**

DELMONTE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

MOUNT VERNON HOSPITAL  
12 NORTH 7TH AVENUE  
MOUNT VERNON, NY 10550  
(914) 365-3636

**Name of Project Director:**

JANETTE S. COOKE

**Purpose of Project:**

FUNDS WILL BE USED FOR ARCHITECTURAL FEES ASSOCIATED WITH  
THE RENOVATION OF THE EMERGENCY ROOM.

**Funded Amount:**

\$50,000

**Requested By:**

PRETLOW

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

NASSAU COUNTY FIREFIGHTERS MUSEUM AND EDUCATION CENTER  
ONE DAVIS AVENUE  
GARDEN CITY, NY 11530  
(516) 572-4177

**Name of Project Director:**

FRANK SARACINO

**Purpose of Project:**

FUNDS WILL BE USED TO CREATE A FIREFIGHTERS MUSEUM AND  
EDUCATION CENTER FOR PUBLIC AWARENESS.

**Funded Amount:**

\$125,000

**Requested By:**

WEISENBERG

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

NEW YORK CITY BOARD OF EDUCATION  
52 CHAMBERS STREET  
NEW YORK, NY 10007  
(212) 374-4934

**Name of Project Director:**

GRAHAM GORDON

**Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT AND FURNITURE FOR VARIOUS SCHOOLS IN BROOKLYN.

**Funded Amount:**

\$500,000

**Requested By:**

BRENNAN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

NEW YORK CITY HOUSING AUTHORITY (GLENWOOD)  
250 BROADWAY, 12TH FLOOR  
NEW YORK, NY 10007  
(212) 306-6501

**Name of Project Director:**

JOSE MERCADO

**Purpose of Project:**

FUNDS WILL BE USED TO REPLACE THE EXTERIOR GROUNDS LIGHTING AT THE GLENWOOD HOUSING DEVELOPMENT. THE LIGHTING WILL COMPLEMENT THE CCTV SECURITY SYSTEM SURVEILLANCE CAMERAS.

**Funded Amount:**

\$75,000

**Requested By:**

WEINSTEIN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS, THE  
56-45 MAIN STREET  
FLUSHING, NY 11355  
(718) 670-1065

**Name of Project Director:**

CAMELA MORRISSEY

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE ENDOSCOPIC ULTRASOUND  
EQUIPMENT.

**Funded Amount:**

\$515,000

**Requested By:**

CARROZZA

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

NYSARC, INC. (CAMP LOYALTOWN)  
189 WHEATLEY ROAD  
BROOKVILLE, NY 11545  
(516) 626-1000

**Name of Project Director:**

WILLIARD I. DERR

**Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE BUILDINGS AND  
CAMPGROUNDS FOR INDIVIDUALS WITH DEVELOPMENTAL  
DISABILITIES.

**Funded Amount:**

\$125,000

**Requested By:**

WEISENBERG

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

P.S. 1 CONTEMPORARY ART CENTER, INC.  
22-25 JACKSON AVENUE  
LONG ISLAND CITY, NY 11101  
(718) 784-2084

**Name of Project Director:**

YUN JOOKANG

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE AND INSTALL A SECURITY AND SURVEILLANCE SYSTEM.

**Funded Amount:**

\$50,000

**Requested By:**

NOLAN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

PARK SLOPE VOLUNTEER AMBULANCE CORPS., INC.  
478 BERGEN STREET  
BROOKLYN, NY 11217  
(718) 398-4500

**Name of Project Director:**

WILLIAM TUNG

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE A NEW AMBULANCE, WHICH WILL GREATLY ENHANCE THE QUALITY OF PATIENT CARE AND TRANSPORTATION PROVIDED TO THE RESIDENTS, WORKERS AND VISITORS OF THE PARK SLOPE COMMUNITY.

**Funded Amount:**

\$125,000

**Requested By:**

MILLMAN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

PELHAM COMMUNITY ROWING ASSOCIATION, INC.  
36 STORER AVENUE  
PELHAM, NY 10803  
(917) 887-1844

**Name of Project Director:**

BRIAN J. CLARK

**Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A BOATHOUSE AND DOCK ON GLEN ISLAND. THIS PROJECT WILL GIVE THE PUBLIC NEW ACCESS TO THE SOUND SHORE WATER AREA.

**Funded Amount:**

\$50,000

**Requested By:**

PAULIN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

PHELPS MEMORIAL HOSPITAL ASSOCIATION (D/B/A PHELPS  
MEMORIAL HOSPITAL CENTER)  
701 NORTH BROADWAY  
SLEEPY HOLLOW, NY 10591  
(914) 366-1002

**Name of Project Director:**

BRUCE DAVIDOW

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE EQUIPMENT FOR THE  
PEDIATRIC UNIT AND THE EMERGENCY ROOM. THE ADDITIONAL  
EQUIPMENT WILL ALLOW THE HOSPITAL TO PROVIDE AN ENHANCED  
LEVEL OF CARE TO PATIENTS AND FAMILIES WHILE KEEPING THEM  
AT THEIR LOCAL COMMUNITY HOSPITAL.

**Funded Amount:**

\$100,000

**Requested By:**

BRODSKY

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

PLAY GROUP THEATER FOR CHILDREN AND YOUNG ADULTS, INC.,  
THE  
200 HAMILTON AVENUE, SUITE 9B  
WHITE PLAINS, NY 10601  
(914) 946-4433

**Name of Project Director:**

STEVEN ABUSCH

**Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE  
RENOVATION OF THE FACILITY SO IT MAY BE BETTER UTILIZED BY  
AREA YOUTH.

**Funded Amount:**

\$50,000

**Requested By:**

BRODSKY

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

POLICE ATHLETIC LEAGUE OF YONKERS FOUNDATION, INC., THE  
127 NORTH BROADWAY  
YONKERS, NY 10701  
(914) 377-7297

**Name of Project Director:**

CHRIS PALANDRA

**Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH A  
RENOVATION OF THE FACILITY. THESE RENOVATIONS WILL ALLOW  
THE ATHLETIC LEAGUE TO CONTINUE TO PROVIDE SERVICES TO  
YOUNG ADULTS.

**Funded Amount:**

\$50,000

**Requested By:**

BRODSKY

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

PRATT INSTITUTE  
200 WILLOUGHBY AVENUE  
BROOKLYN, NY 11205  
(718) 399-4212

**Name of Project Director:**

LANCE REDFORD

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE DIGITAL EQUIPMENT FOR THE DIGITAL ARTS RESEARCH LABORATORY. THE LAB WILL PROVIDE STUDENTS A PLATFORM FOR EXPLORATION, INVENTION, STUDY AND CREATIVE USE OF STATE-OF-THE-ART DIGITAL TECHNOLOGIES.

**Funded Amount:**

\$125,000

**Requested By:**

BRENNAN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

QUEENS COLLEGE OF THE CITY UNIVERSITY OF NEW YORK  
65-30 KISSENA BOULEVARD  
FLUSHING, NY 11367  
(718) 997-2795

**Name of Project Director:**

RICHARD G. WETTAN

**Purpose of Project:**

FUNDS WILL BE USED TO DEVELOP A RECREATION CENTER,  
INCLUDING INSTALLING A/C UNITS, AN ELECTRICAL DISTRIBUTION  
SYSTEM AND FLOORING FOR A FITNESS CENTER.

**Funded Amount:**

\$100,000

**Requested By:**

MAYERSOHN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

QUEENS COLLEGE OF THE CITY UNIVERSITY OF NEW YORK  
65-30 KISSENA BOULEVARD  
FLUSHING, NY 11367  
(718) 997-3050

**Name of Project Director:**

DR. MADJULIKA KHANDELWAL

**Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE A RESOURCE ROOM FACILITY,  
INCLUDING THE PURCHASE OF COMPUTERS AND EQUIPMENT.

**Funded Amount:**

\$50,000

**Requested By:**

WEPRIN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

REGINA PACIS HOUSING CORP.  
2424 CROPSEY AVENUE  
BROOKLYN, NY 11214  
(718) 740-0416

**Name of Project Director:**

KENNETH COHEN

**Purpose of Project:**

FUNDS WILL BE USED FOR EXTERIOR FACADE REPAIRS AND  
MODERNIZATION OF TWO ELEVATORS, WHICH WILL PROVIDE THE  
SENIORS WITH SAFE AND EASY ACCESS TO THE BUILDING.

**Funded Amount:**

\$375,000

**Requested By:**

COLTON

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

RIVER WATCH, INC.  
1600 SEDGWICK AVENUE  
BRONX, NY 10453  
(718) 299-7117

**Name of Project Director:**

CATHERINE STROUD

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE COMPUTERS AND RELATED FURNITURE FOR EDUCATIONAL AND JOB TRAINING PROGRAMS.

**Funded Amount:**

\$50,000

**Requested By:**

GREENE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

RIVERKEEPER, INC.  
828 SOUTH BROADWAY, SUITE 101  
TARRYTOWN, NY 10591  
(914) 478-4501

**Name of Project Director:**

TARA D'ANDREA

**Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE UPGRADES TO A PATROL AND RESEARCH VESSEL USED TO ENSURE PUBLIC SAFETY ON AREA WATERWAYS.

**Funded Amount:**

\$50,000

**Requested By:**

BRODSKY

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

STATE UNIVERSITY OF NEW YORK AT STONY BROOK  
NICOLL'S ROAD  
STONY BROOK, NY 11794  
(631) 632-9694

**Name of Project Director:**

DANIEL J. MELUCCI

**Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE OF A FIRE SUPPRESSION SYSTEM AT CHILD'S HOUSE AND ENGINEERING EQUIPMENT FOR THE NEW HEAVY ENGINEERING BUILDING.

**Funded Amount:**

\$300,000

**Requested By:**

ENGLEBRIGHT

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

TOWN OF BABYLON  
200 EAST SUNRISE HIGHWAY  
LINDENHURST, NY 11757  
(631) 957-3054

**Name of Project Director:**

NICHOLAS ZUBA

**Purpose of Project:**

FUNDS WILL BE USED TO INSTALL A WIND TURBINE, PURCHASE A VAN, AND A HAZMAT VEHICLE STORAGE BUILDING. FUNDS WILL ALSO BE USED TO PURCHASE AND INSTALL LIGHTING, AS WELL AS TO COMPLETE INSTALLATION OF STORMWATER REMEDIATION FOR STREET DRAINAGE.

**Funded Amount:**

\$475,000

**Requested By:**

SWEENEY

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

TOWN OF CHEEKTOWAGA  
BROADWAY AND UNION ROAD  
CHEEKTOWAGA, NY 14227  
(716) 686-3465

**Name of Project Director:**

MARY HOLTZ

**Purpose of Project:**

FUNDS WILL BE USED FOR IMPROVEMENTS TO STORM WATER  
INFRASTRUCTURE AND THE RECONSTRUCTION OF ROADWAYS TO  
ENSURE PUBLIC SAFETY.

**Funded Amount:**

\$125,000

**Requested By:**

GABRYSZAK

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

UNITED CEREBRAL PALSY ASSOCIATIONS OF NEW YORK STATE  
(D/B/A CEREBRAL PALSY ASSOCIATION OF NYS, INC.)  
330 WEST 34TH STREET, 15TH FLOOR  
NEW YORK, NY 10001  
(212) 356-1204

**Name of Project Director:**

DUANE SCHIELKE

**Purpose of Project:**

FUNDS WILL BE USED TO EXPAND AND MODERNIZE THE FACILITIES,  
AS WELL AS PURCHASE EQUIPMENT IN AN EFFORT TO IMPROVE THE  
QUALITY, SCOPE AND VOLUME OF DENTAL SERVICES PROVIDED TO  
INDIVIDUALS WITH CEREBRAL PALSY.

**Funded Amount:**

\$125,000

**Requested By:**

CUSICK

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

UNITED CEREBRAL PALSY ASSOCIATIONS OF NEW YORK STATE  
(D/B/A CEREBRAL PALSY ASSOCIATION OF NYS, INC.)  
330 WEST 34TH STREET, 15TH FLOOR  
NEW YORK, NY 10001  
(212) 356-1204

**Name of Project Director:**

DUANE SCHIELKE

**Purpose of Project:**

FUNDS WILL BE USED TO EXPAND AND MODERNIZE THE FACILITIES,  
AS WELL AS TO PURCHASE EQUIPMENT IN AN EFFORT TO IMPROVE  
THE QUALITY, SCOPE AND VOLUME OF DENTAL SERVICES PROVIDED  
TO INDIVIDUALS WITH CEREBRAL PALSY.

**Funded Amount:**

\$125,000

**Requested By:**

TITONE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

VILLAGE OF LANCASTER  
5423 BROADWAY  
LANCASTER, NY 14086  
(716) 683-2105

**Name of Project Director:**

WILLIAM CANSDALE

**Purpose of Project:**

FUNDS WILL BE USED TO RECONSTRUCT VARIOUS VILLAGE  
SIDEWALKS TO ENSURE PEDESTRIAN SAFETY.

**Funded Amount:**

\$125,000

**Requested By:**

GABRYSZAK

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

VILLAGE OF SPRING VALLEY  
200 NORTH MAIN STREET  
SPRING VALLEY, NY 10977  
(845) 517-1142

**Name of Project Director:**

RITA GRAYSON

**Purpose of Project:**

FUNDS WILL BE USED FOR THE RENOVATION OF THE LOUIS KURTZ CIVIC CENTER. THESE RENOVATIONS WILL INCLUDE THE INSTALLATION OF A THEATER, ELECTRONIC MESSAGING BOARD, AND INCREASED SECURITY FEATURES.

**Funded Amount:**

\$125,000

**Requested By:**

JAFFEE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

WYANDANCH VOLUNTEER FIRE COMPANY, INC.  
1528 STRAIGHT PATH  
WYANDANCH, NY 11798  
(631) 643-9431

**Name of Project Director:**

JACK MILLER

**Purpose of Project:**

FUNDS WILL BE USED FOR BUILDING RENOVATIONS, INCLUDING  
PAVING AND FENCING INSTALLATION.

**Funded Amount:**

\$50,000

**Requested By:**

SWEENEY

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

YOUNG ADULT INSTITUTE, INC.  
460 WEST 34TH STREET, 11TH FLOOR  
NEW YORK, NY 10001  
(212) 273-6139

**Name of Project Director:**

FRED FEIBUSCH

**Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF A LIFT AND CARE SYSTEM FOR THE TRINITY PLACE GROUP HOME. THE LIFT SYSTEM WILL ALLOW THE AGING RESIDENTS TO REMAIN IN THEIR HOMES.

**Funded Amount:**

\$50,000

**Requested By:**

MILLMAN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

YOUNG MEN'S & YOUNG WOMEN'S HEBREW ASSOCIATION OF THE  
BRONX (D/B/A RIVERDALE YM/YWHA)  
5625 ARLINGTON AVENUE  
BRONX, NY 10471  
(718) 548-8200

**Name of Project Director:**

SIMON JAFFE

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE THEATRE EQUIPMENT, AS WELL  
AS PURCHASE AND INSTALLATION OF PLAYGROUND EQUIPMENT.

**Funded Amount:**

\$125,000

**Requested By:**

DINOWITZ

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**Legal Name, Address, and Telephone Number:**

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF WHITE PLAINS AND  
CENTRAL WESTCHESTER  
515 NORTH STREET  
WHITE PLAINS, NY 10605  
(914) 949-6227

**Name of Project Director:**

LEONA GIZZI

**Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH ROOF  
REPAIRS. THESE ROOF REPAIRS WILL PREVENT FURTHER DAMAGE  
TO THE STRUCTURE AND ALLOW GREATER USE OF ITS FACILITIES.

**Funded Amount:**

\$65,000

**Requested By:**

BRADLEY

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY