	Legal Name,	Address,	and Tele	phone	Number:
--	-------------	----------	----------	-------	---------

ACTION FOR A BETTER COMMUNITY, INC.

550 E. MAIN ST. ROCHESTER, NY 14604 (585) 325-5116

## Name of Project Director:

WILLIAM C. PORTER

## **Purpose of Project:**

FUNDS WILL BE USED FOR THE RENOVATION OF 33 CHESTNUT (RENOVATIONS OF LOWER LEVEL AND EXPAND SERVICES), 49 STONE (RECONSTRUCTION OF SIDEWAKS), AND 640 JEFFERSON (INSTALLATION OF SECURITY EQUIPMENT).

#### **Funded Amount:**

\$100,000

#### Requested By:

**GANTT** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ACTOR'S FUND OF AMERICA, THE

729 SEVENTH AVENUE, 10TH FLOOR NEW YORK, NY 10019 (212) 221-7300

#### **Name of Project Director:**

MICHELLE BARBEAU

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE RENOVATION OF THE SCHERMERHORN HOUSE COMMUNITY ROOM.

#### **Funded Amount:**

\$300,000

#### Requested By:

BRODSKY, GREEN, LENTOL, MILLMAN

#### Name of Administering State Agency:

Legal	Name,	Address,	and	<b>Telephone</b>	Number:

ADVOCACY CENTER OF TOMPKINS COUNTY, INC.

314 EAST STATE STREET ITHACA, NY 14850 (607) 277–3203

## Name of Project Director:

JOANNE S. FARBMAN, EXECUTIVE DIRECTOR

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE RENOVATION OF THE FACILITY'S KITCHEN, INCLUDING HVAC UPGRADES, AND THE PURCHASE OF KITCHEN APPLIANCES.

#### **Funded Amount:**

\$50,000

## Requested By:

LIFTON

#### Name of Administering State Agency:

Legal Name, Address, and Telephone Number:
--

AGUDATH ISRAEL OF AMERICA COMMUNITY SERVICES, INC.

42 BROADWAY NEW YORK, NY 11204 (718) 434–8670

Name of Project Director:

RABBI ARON HEINEMAN

**Purpose of Project:** 

FUNDS WILL BE USED FOR THE REHABILITATION OF THE SENIOR SERVICES FACILTY.

**Funded Amount:** 

\$50,000

Requested By:

**BRENNAN** 

Name of Administering State Agency:

Legal Name, A	ddress, and Telephone Number:
	BISHOP RICHARD B. MARTIN HDFC
	1417 UNION ST. BROOKLYN, NY 11213 (718) 756–6607
Name of Project	et Director:
	FATHER PETER W.D. BRAMBLE
Purpose of Pro	ject:
	FUNDS WILL BE USED FOR THE CONSTRUCTION OF A SENIOR HOUSING PROJECT.
Funded Amour	nt:
	\$150,000
Requested By:	
	BOYLAND

Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BOYS & GIRLS CLUB OF NORTHERN WESTCHESTER

351 MAIN STREET MT. KISCO, NY 10549 (914) 666-8069

#### Name of Project Director:

BRIAN P. SKANES, EXECUTIVE DIRECTOR

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF A STORAGE SHED FOR THE MT. KISCO FACILITY.

#### **Funded Amount:**

\$50,000

#### Requested By:

**BRADLEY** 

## Name of Administering State Agency:

Legal Name, A	ddress, and Telephone Number:
	BRONXVILLE SCHOOL FOUNDATION, INC.
	177 PONDFIELD RD. BRONXVILLE, NY 10708 (914) 395–0515
Name of Project	ct Director:
	PEGGY WILLIAMS, EXECUTIVE DIRECTOR
Purpose of Pro	ject:
	FUNDS WILL BE USED FOR THE RENOVATION OF ATHLETIC FIELDS.
Funded Amour	nt:
	\$50,000
Requested By:	
	PAULIN
Name of Admir	nistering State Agency:

Legal Name, A	ddress, and Telephone Number:
	CITY OF LONG BEACH
	1 WEST CHESTER STREET LONG BEACH, NY 11561 (516) 431–1000
Name of Project	et Director:
	BARBARA DUBOW, PROJECT MANAGER
Purpose of Pro	ject:
	FUNDS WILL BE USED FOR RENOVATION OF THE MAGNOLIA STREET OCEAN PARK, INCLUDING THE PURCHASE OF PLAYGROUND EQUIPMENT
Funded Amour	nt:
	\$50,000
Requested By:	
	WEISENBERG

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:
CITY OF NEW ROCHELLE
515 NORTH AVENUE NEW ROCHELLE, NY 10801 (914) 654–2140
Name of Project Director:
CHARLES B. STROME, III
Purpose of Project:
FUNDS WILL BE USED FOR THE ACQUISITION OF LAND FOR THE GLENWOOD LAKES NATURE AND WILDLIFE PRESERVE.
Funded Amount:
\$100,000
Requested By:
PAULIN
Name of Administering State Agency:

Legal Name, Ac	Idress, and Telephone Number:
	CONEY ISLAND HISTORY PROJECT, INC.
	1000 SURF AVENUE BROOKLYN, NY 11224 (718) 265–2100
Name of Projec	t Director:
	CHARLES DENSON, EXECUTIVE DIRECTOR
Purpose of Proj	ject:
	FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTERS AND FURNITURE.
Funded Amoun	t:
	\$50,000
Requested By:	

COHEN-A

NYS DORMITORY AUTHORITY

Name of Administering State Agency:

Legal Name, Ad	dress, and Telephone Number:
	ENDICOTT PERFORMING ARTS CENTER, INC.  102 WASHINGTON AVENUE ENDICOTT, NY 13760 (607) 785–8903
Name of Project	t Director:
	LOUIS LIGOURI, EXECUTIVE DIRECTOR
Purpose of Proj	ect:
	FUNDS WILL BE USED FOR THE CONSTRUCTION OF A STORAGE FACILITY
Funded Amount	t:
:	\$50,000

Requested By:

LUPARDO

NYS DORMITORY AUTHORITY

Name of Administering State Agency:

Legal Name, Addre	ress, and Telephone Number:
FA	AMILY SUPPORT SYSTEMS UNLIMITED, INC.
BF	30 GRAND CONCOURSE RONX, NY 10458 18) 220–5400
Name of Project D	Director:
НС	OPE MORRIS
Purpose of Projec	t:
	JNDS WILL BE USED FOR THE REPLACEMENT OF THE FACILITY'S LEVATORS.
Funded Amount:	
\$1	50,000
Requested By:	
GF	REENE
Name of Administ	ering State Agency:

Legal Name, Ad	ddress, and Telephone Number:
	GEVA THEATRE CENTER, INC.
	75 WOODBURY BLVD. ROCHESTER, NY 14607 (585) 232–1366
Name of Projec	t Director:
	NAN HILDEBRANDT
Purpose of Proj	ject:
	FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTERS AND EQUIPMENT.
Funded Amoun	ıt:
	\$50,000
Requested By:	
	MORELLE
Name of Admin	istering State Agency:
	NYS DORMITORY ALITHORITY

Legal Name, Address, and Telephone Number:		
	GOOD SHEPHERD SERVICES 305 7TH AVENUE, 9TH FLOOR	
	NEW YORK, NY 10001 (212) 243–7070	
Name of Project	ct Director:	
	FRAN YORK	
Purpose of Pro	oject:	
	FUNDS WILL BE USED FOR THE RENOVATION OF THE FACILITY, AND THE PURCHASE OF COMPUTERS AND FURNITURE.	
Funded Amou	nt:	
	\$50,000	
Requested By:	: :	
	BRENNAN	
Name of Admi	nistering State Agency:	
	NYS DORMITORY AUTHORITY	

Legal Name, Address, and Telephone Number:			
	GRAND STREET COMMUNITY ARTS CENTER		
	14 WILBUR ST. ALBANY, NY 12202 (518) 433–0679		
Name of Project Director:			
	TOM MCPHEETERS		
Purpose of Pro	Purpose of Project:		
	FUNDS WILL BE USED FOR THE REHABILITATION OF THE FORMER ST ANTHONY'S CHURCH INTO A COMMUNITY ARTS CENTER.		
Funded Amou	nt:		
	\$50,000		
Requested By:	:		
	MCENENY		
Name of Admir	nistering State Δgency:		

## Legal Name, Address, and Telephone Number:

JAMAICA CHAMBER OF COMMERCE

90-25 161 STREET, SUITE 505 JAMAICA, NY 11432 (718) 657-4800

## Name of Project Director:

ROBERT M. RICHARDS, PRESIDENT

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE DEVELOPMENT OF THE ONE STOP EXPORT CENTER AND EXPORT INCUBATOR, WHICH INCLUDES THE RENOVATION OF A WAREHOUSE FOR OFFICE SPACE.

#### **Funded Amount:**

\$200,000

#### Requested By:

COOK, SEMINERIO, TITUS

# Name of Administering State Agency:

Legal Name, Address, and Telephone Number:	
KETCHAM INN FOUNDATION	
81 MAIN ST. CENTER MORICHES, NY 11934 (631) 878–8862	
Name of Project Director:	
BERTRAM E. SEIDES, PRESIDENT	
Purpose of Project:	
FUNDS WILL BE USED FOR THE RESTORATION OF THE TERRY-KETCH INN HOUSE MUSEUM AND EDUCATION CENTER.	AM
Funded Amount:	
\$50,000	
Requested By:	
EDDINGTON	
Name of Administering State Agency:	

Legal Name, Address, and Telephone Number:		
	LITTLE RED RIDING HOOD CORP.	
	425 ROGERS AVE. (A/K/A 237 LEFFERTS AVE. BROOKLYN, NY 11225 (718) 953–0900	
Name of Project	ct Director:	
	CHERYL BROWN	
Purpose of Pro	oject:	
	FUNDS WILL BE USED FOR THE EXPANSION OF ITS CHILD CARE FACILITY	
Funded Amou	nt:	
	\$80,000	
Requested By:	:	
	BOYLAND	

Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

LOCAL DEVELOPMENT CORPORATION OF LAURELTON, ROSEDALE & SPRINGFIELD GARDENS 232–18 MERRICK BLVD. LAURELTON, NY 11413 (718) 928–5310

Name of Project Direct
------------------------

TONY BERKEL

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE OF TRASH COMPACTORS.

#### **Funded Amount:**

\$50,000

#### Requested By:

**SCARBOROUGH** 

# Name of Administering State Agency:

Legal Name, Address, and Telephone Number:		
	LONG ISLAND MARITIME MUSEUM	
	86 WEST AVE. WEST SAYVILLE, NY 11796 (631) 854–4974	
Name of Project Director:		
	ELIZABETH ANN ANNK	
Purpose of Project:		
	FUNDS WILL BE USED FOR THE REPLACEMENT OF ROOF.	
Funded Amount:		
	\$50,000	
Requested By:		
	FIELDS	
Name of Admin	istering State Agency:	

Legal Name, Address, and Telephone Number:		
	MARYMOUNT MANHATTAN COLLEGE	
	221 E. 71ST STREET NEW YORK, NY 10021 (212) 517–0450	
Name of Project	ct Director:	
	SHIRAH CAUGHMAN DUNPHY	
Purpose of Pro	oject:	
	FUNDS WILL BE USED FOR FACILITY RENOVATION AND IMPROVEMENT.	
Funded Amou	nt:	
	\$50,000	
Requested By:		
	BING	
Name of Administering State Agency:		
	NVS DORMITORY ALITHORITY	

Legal Name, Address, and Telephone Number:		
	MONTGOMERY NEIGHBORHOOD CENTER, INC.	
	10 CADRY ST. ROCHESTER, NY 14608 (585) 436–3090	
Name of Project	ct Director:	
	PATRICIA JACKSON	
Purpose of Project:		
	FUNDS WILL BE USED TO MAKE IMPROVEMENTS TO THE MONTGOMERY NEIGHBORHOOD CENTER.	
Funded Amour	nt:	
	\$50,000	
Requested By:		
	GANTT	
Name of Admir	nistering State Agency:	

Legal Name,	Address,	and	Telephone	Number:

NEPTUNE HOSE COMPANY NO. 1 OF DRYDEN, INC.

26 NORTH ST. DRYDEN, NY 13053 (607) 844-8124

#### Name of Project Director:

WILLIAM M. ACKROYD

## **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF AN EMERGENCY POWER GENERATOR, PURCHASE OF A THERMAL IMAGING CAMERA AND A MULTI-GAS METER.

#### **Funded Amount:**

\$50,000

## Requested By:

LIFTON

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number: NEW YORK CITY DEPARTMENT 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 COMPUTERS AND EQUIPMENT FOR P.S. 127Q. **Funded Amount:** \$50,000 Requested By: **AUBRY** Name of Administering State Agency:

Legal Name,	Address,	and	Telephone	Number:

NEW YORK CITY DEPARTMENT 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 RENOVATION OF THE WEIGHTROOM/FITNESS CENTER AND RE-WIRING OF THE LIBRARY'S ELECTRICAL SYSTEM AT THE ANDREW JACKSON CAMPUS MAGNET HIGH SCHOOL.

**Funded Amount:** 

\$212,000

**Requested By:** 

**CLARK** 

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:		
	NORTH EAST BLOCK CLUB ALLIANCE	
	1499–1501 CLIFFORD AVENUE ROCHESTER, NY 14609 (585) 544–0140	
Name of Proje	ct Director:	
	SHIRLEY EDWARDS	
Purpose of Project:		
	FUNDS WILL BE USED FOR THE CONSTRUCTION OF AN AGRICULTURAL TRAINING CENTER.	
Funded Amou	nt:	
	\$50,000	
Requested By	•	
	GANTT	
Name of Admi	nistering State Agency:	

## Legal Name, Address, and Telephone Number:

NORTH GENERAL HOSPITAL

1879 MADISON AVENUE NEW YORK, NY 10035 (212) 423–4000

## Name of Project Director:

MICHELLE D. STENT

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE EXPANSION OF THE HOSPITAL'S AMBULATORY CARE SERVICES.

#### **Funded Amount:**

\$300,000

## Requested By:

POWELL, WRIGHT

## Name of Administering State Agency:

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

NORTH ROCKLAND SOCCER ASSOCIATION, INC.

WILLOW GROVE ROAD THIELLS, NY 10984 (845) 942–2303

#### Name of Project Director:

CLAUDIA OSSMAN, TREASURER

## **Purpose of Project:**

FUNDS WILL BE USED FOR THE RENOVATION OF THE SOCCER FACILITY, INCLUDING INFRASTRUCTURE IMPROVEMENTS.

#### **Funded Amount:**

\$50,000

## Requested By:

**ZEBROWSKI** 

## Name of Administering State Agency:

Legal Name, Ad	dress, and Telephone Number:
1	PORT JERVIS CITY SCHOOL DISTRICT
	9 THOMPSON ST. PORT JERVIS, NY 12771 (845) 858–3180
Name of Project	Director:
1	LORELEI CASE
Purpose of Proje	ect:
1	FUNDS WILL BE USED FOR THE PURCHASE OF THREE VEHICLES.
Funded Amount	t:
;	\$50,000
Requested By:	
(	GUNTHER-A

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:			
	ROCHESTER PUBLIC LIBRARY		
	115 SOUTH AVE. ROCHESTER, NY 14604 (585) 428–8056		
Name of Proje	ct Director:		
	KEVIN P. LOUGHRAN		
Purpose of Project:			
	FUNDS WILL BE USED TO PURCHASE COMPUTERS AND FURNITURE FOR THE ARNETT AND PHYLLIS WHEATLEY BRANCH LIBRARIES.		
Funded Amou	nt:		
	\$50,000		
Requested By	<b>:</b>		
	GANTT		
Name of Admi	nistering State Agency:		
	NYS DORMITORY AUTHORITY		

Legal Name, Add	dress, and Telephone Number:		
-	TOWN OF BRIGHTON		
F	2300 ELMWOOD AVENUE ROCHESTER, NY 14618 (585) 784–5225		
Name of Project	Director:		
-	THOMAS A. LOW		
Purpose of Project:			
	FUNDS WILL BE USED FOR THE REPAIRS AND RESTORATION OF THE HISTORIC BUCKLAND FARMHOUSE.		
Funded Amount	: :		
Ş	\$50,000		
Requested By:			
1	MORELLE		
Name of Administering State Agency:			

Legal Name, Address, and Telephone Number:			
TOWN OF WESTERLO			
671 CR 401 WESTERLO, NY 12193 (518) 797–3111			
Name of Project Director:			
RICHARD H. RAPP			
Purpose of Project:			
FUNDS WILL BE USED FOR THE RENOVATION OF THE PERCY HOUSE			
Funded Amount:			
\$50,000			
Requested By:			
MCENENY			
Name of Administering State Agency:			

Legal Name, Addre	ess, and Telephone Number:
VIL	LLAGE OF ISLAND PARK
ISL	7 LONG BEACH ROAD LAND PARK, NY 11558 16) 431–0600
Name of Project Di	virector:
JAI	MES ROZICKA
Purpose of Project	t:
	INDS WILL BE USED FOR THE INSTALLATION OF A NEW ROOF AND JRCHASE OF A GENERATOR.
Funded Amount:	
\$50	0,000
Requested By:	
WE	EISENBERG
Name of Administe	ering State Agency:

Legal Name, Address, and Telephone Number:			
	VILLAGE OF SEA CLIFF 300 SEA CLIFF AVENUE SEA CLIFF, NY 11579 (516) 671–0080		
Name of Project	ct Director:		
	DAN MADDOCK		
Purpose of Pro	oject:		
	FUNDS WILL BE USED FOR THE CONSTRUCTION OF A BOARDWALK AND RESTORATION OF RAILING AND SIDEWALK.		
Funded Amour	nt:		
	\$250,000		
Requested By:			
	LAVINE		
Name of Admir	nistering State Agency:		
	NYS DORMITORY AUTHORITY		

Legal Name, Address, and Telephone Number:				
	YMCA OF GREATER BUFFALO			
	280 CAYUGA ROAD BUFFALO, NY 14225 (716) 565–6000			
Name of Project	et Director:			
	ANGELO TECCHIO			
Purpose of Pro	ject:			
	FUNDS WILL BE USED FOR ELEVATOR REPLACEMENT AT THE NIAGARA FALLS FAMILY BRANCH.			
Funded Amour	nt:			
	\$50,000			
Requested By:				
	DELMONTE			
Name of Admir	nistering State Agency:			
	NYS DORMITORY AUTHORITY			

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

YOUNG ISRAEL OF FOREST HILLS SENIOR LEAGUE

68-07 BURNS STREET FOREST HILLS, NY 11375 (718) 520-2305

Name of Project Director:

SUSAN RABINOWICZ

**Purpose of Project:** 

FUNDS WILL BE USED FOR THE RENOVATION OF THE BATHROOM FACILITIES, IN AN EFFORT TO MAKE THEM ADA COMPLIANT.

**Funded Amount:** 

\$50,000

Requested By:

COHEN-M

Name of Administering State Agency:

	Legal Name,	Address, a	and Tele <sub>l</sub>	phone N	lumber:
--	-------------	------------	-----------------------	---------	---------

YWCA OF WHITE PLAINS & CENTRAL WESTCHESTER

515 NORTH ST. WHITE PLAINS, NY 10605 (914) 949–6227

Name of Project Director:

**LEONA GIZZI** 

**Purpose of Project:** 

FUNDS WILL BE USED FOR THE REPAIR OF THE FACILITY INCLUDING REPLACEMENT OF WATER HEATER AND BOILER.

**Funded Amount:** 

\$50,000

Requested By:

BRADLEY, PAULIN

Name of Administering State Agency: