Legal Name, Address, and Telephone Number:					
	CENTRAL QUEENS YOUNG MEN'S AND YOUNG WOMAN'S HEBREW ASSOCIATION, INC. 67–09 108TH STREET FOREST HILLS, NY 11375 (718) 268–5011				
Name of Projec	t Director:				
	DAVID POSNER				
Purpose of Project:					
	FUNDS WILL BE USED TO RENOVATE THE INDOOR POOL FACILITY.				
Funded Amount:					
	\$50,000				
Requested By:					
	HEVESI				
Name of Administering State Agency:					

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

COOPERATIVE EXTENSION ASSOCIATION IN THE STATE OF NEW YORK 4487 LAKE AVENUE LOCKPORT, NY 14094 (716) 433–8839

#### Name of Project Director:

PAUL W. WESTFALL

## **Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION OF AN EDUCATIONAL FACILITY FOR A COOPERATIVE EXTENSION YOUTH PROGRAM.

#### **Funded Amount:**

\$50,000

#### Requested By:

DELMONTE

#### Name of Administering State Agency:

INCORPORATED VILLAGE OF LINDENHURST 430 SOUTH WELLWOOD AVENUE LINDENHURST, NY 11757 (631) 957–7500

Name of Project Director:

**DOUGLAS MADLON** 

**Purpose of Project:** 

FUNDS WILL BE USED FOR RENOVATIONS TO THE WORLD WAR II MONUMENT, CONSTRUCTION OF A 9/11 MEMORIAL, AND PURCHASE OF EQUIPMENT FOR THE FIRE DEPARTMENT.

**Funded Amount:** 

\$250,000

Requested By:

**SWEENEY** 

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:					
	LOUISVILLE HOUSING, INC. 16 ARENA DRIVE CHASE MILLS, NY 13621 (315) 393–3074				
Name of Project	et Director:				
	JOANNE OTT				
Purpose of Project:					
	FUNDS WILL BE USED TO UPGRADE AND RENOVATE THEIR FACILITY FOR THE ELDERLY AND DISABLED, INCLUDING SIDEWALK AND PARKING LOT REPAIRS.				
Funded Amour	nt:				
	\$75,000				
Requested By:					
	AUBERTINE				
Name of Administering State Agency:					

Legal Name, Address, and Telephone Number:					
	NYU HOSPITALS CENTER 560 FIRST AVENUE NEW YORK, NY 10016 (212) 404–4077				
Name of Project Director:					
	GILDA ECROYD				
Purpose of Project:					
	FUNDS WILL BE USED TO PURCHASE MRI EQUIPMENT.				
Funded Amount:					
	\$50,000				
Requested By:					
	BING				
Name of Administering State Agency:					
	NVS DORMITORY ALITHORITY				

Legal Name, Address, and Telephone Number:					
	OLANA PARTNERSHIP, THE 5720 STATE ROUTE 9G HUDSON, NY 12534 (518) 828–1872				
Name of Project Director:					
	KIMBERLY LAMAY				
Purpose of Project:					
	FUNDS WILL BE USED FOR THE DESIGN AND RECONSTRUCTION OF THE WAGON HOUSE, WHICH IS A HISTORIC SITE.				
Funded Amoun	ıt:				
	\$50,000				
Requested By:					
	BRODSKY				
Name of Administering State Agency:					
	NYS DORMITORY AUTHORITY				

# **Legal Name, Address, and Telephone Number:** UNIVERSITY OF ROCHESTER **500 UNIVERSITY AVENUE** ROCHESTER, NY 14607 (585) 473–7720 Name of Project Director: **CHRISTINE GARLAND Purpose of Project:** FUNDS WILL BE USED FOR THE REINSTALLATION OF LIGHTING AT THE GRAND GALLERY OF THE MEMORIAL ART GALLERY. **Funded Amount:** \$50,000 Requested By: **MORELLE** Name of Administering State Agency: NYS DORMITORY AUTHORITY

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

VETERANS OUTREACH CENTER, INC. 459 SOUTH AVENUE ROCHESTER, NY 14620 (585) 546–1081

#### Name of Project Director:

THOMAS J. CRAY

#### **Purpose of Project:**

FUNDS WILL BE USED TO EXPAND AND RENOVATE THE VETERANS SERVICE CENTER.

#### **Funded Amount:**

\$100,000

#### Requested By:

KOON, MORELLE

#### Name of Administering State Agency:

Legal Name,	Address.	and T	elepho	ne N	umber:

YOUNG ADULT INSTITUTE, INC. 460 WEST 34TH STREET, 11TH FLOOR NEW YORK, NY 10001 (212) 273–6251

#### Name of Project Director:

**DIANE QUINTON** 

#### **Purpose of Project:**

FUNDS WILL BE USED FOR THE INSTALLATION OF A "CENTURY TUB" WHICH WILL ALLOW DISABLED INDIVIDUALS WHO ARE WHEELCHAIR BOUND TO BE BATHED. FUNDS WILL ALSO BE USED TO PURCHASE RELATED EQUIPMENT.

#### **Funded Amount:**

\$50,000

#### Requested By:

**SANDERS** 

#### Name of Administering State Agency: