Legal Name, Address, and Telephone Number:

(P.L.U.T.O) PET LOVERS UNITED TOGETHER AS ONE RESCUE OF RICHMOND PO BOX 140889 STATEN ISLAND, NY 10314 (718) 227-0553

Name of Project Director:

LISA ROONEY

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF A NEW ANIMAL TRANSPORT VAN ABLE TO CARRY UP TO 10 ANIMALS. THE VAN WILL TRANSPORT ANIMALS TO ADOPTION SITES AND OTHER LOCALES.

Funded Amount:

\$1,000

Requested By:

TITONE

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS

Legal Name, Address, and Telephone Number:

ALZHEIMER'S FOUNDATION OF STATEN ISLAND, INC. 789 POST AVENUE STATEN ISLAND, NY 10310 (718) 667-7110

Name of Project Director:

GLADYS SCHWEIGER, EXECUTIVE DIRECTOR

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND DISTRIBUTE DIAPERS, BEDPANS, ETC. TO ALZHEIMER'S PATIENTS FREE OF CHARGE.

Funded Amount:

\$3,000

Requested By:

TITONE

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

GREAT NECK BREAST CANCER COALITION PO BOX 231190 GREAT NECK, NY 11023 (516) 829-1139

Name of Project Director:

LAURA WEINBERG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL OUTREACH ON DISPOSAL OF PERSONAL CARE PRODUCTS IN THE WATER.

Funded Amount:

\$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

NORTH SHORE CREATIVE REHABILITATION CENTER, INC. 781 MIDDLE NECK ROAD GREAT NECK, NY 11024 (516) 482-1550

Name of Project Director:

ED REGENSBURG

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE DANCE THERAPY PROGRAM, INCLUDING COSTS FOR A CERTIFIED DANCE THERAPIST.

Funded Amount:

\$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

STATEN ISLAND CENTER FOR INDEPENDENT LIVING, INC. 470 CASTLETON AVENUE STATEN ISLAND, NY 10301 (718) 720-9016

Name of Project Director:

DOROTHY M. DORAN, EXECUTIVE DIRECTOR

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE ACCESSIBLE SOFTWARE FOR THE TECHNOLOGY CENTER FOR PEOPLE WITH DISABILITIES.

Funded Amount:

\$2,500

Requested By:

TITONE

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

ALBERTSON H&L & EH, CO. 1, INC. 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 EQUIPMENT.

Funded Amount:

\$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

COUNCIL ON THE ARTS & HUMANITIES FOR STATEN ISLAND (COAHSI)
1000 RICHMOND TERRACE, BLDG. G
STATEN ISLAND, NY 10301
(718) 447-3329

Name of Project Director:

LORNA HARRIS, INTERIM EXECUTIVE DIRECTOR

Purpose of Project:

FUNDS WILL BE USED TO DISSEMINATE CULTURAL INFORMATION AT THE STATEN ISLAND FERRY TERMINAL TO BOLSTER TOURISM IN THE BOROUGH.

Funded Amount:

\$1,000

Requested By:

TITONE

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

NASSAU COUNTY COALITION AGAINST DOMESTIC VIOLENCE, INC. 250 FULTON AVENUE HEMPSTEAD, NY 11550 (516) 572-0700

Name of Project Director:

SANDRA OLIVA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE LEGAL CONSULTATION, DIRECT LEGAL REPRESENTATION AND DAILY COURT ADVOCACY FOR VICTIMS OF DOMESTIC VIOLENCE WHO DESIRE LEGAL ASSISTANCE.

Funded Amount:

\$2,000

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

TOWN OF CATO 11320 SHORT CUT ROAD CATO, NY 13033 (315) 626-6230

Name of Project Director:

CHARLES RAY, SUPERVISOR

Purpose of Project:

FUNDS WILL BE USED FOR A COMPREHENSIVE PLAN.

Funded Amount:

\$5,000

Requested By:

OAKS

Name of Administering Agency:

(Revised)

SFY 2006-2007 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

TOWN OF NORTH HEMPSTEAD 210 PLANDOME ROAD MANHASSET, NY 11030 (516) 869-7795

Name of Project Director:

MADGE KAPLAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SNOW SHOVELING EQUIPMENT FOR VOLUNTEERS THAT PROVIDE SERVICES TO THE AGING POPULATION WHO ARE LIVING WITHIN THE ESTABLISHED NORC MODEL.

Funded Amount:

\$5,000

Requested By:

HOOPER, LAVINE, SCHIMEL, WEISENBERG

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

TOWN OF NORTH HEMPSTEAD PLANNING DEPARTMENT - 210 PLANDOME ROAD MANHASSAT, NY 11030 (516) 674-9104

Name of Project Director:

PATRICE BENNEWARD

Purpose of Project:

FUNDS WILL BE USED BY MANHASSAT BAY PROTECTION COMMITTEE FOR COMMUNITY EDUCATIONAL PROGRAMS AIMED AT REDUCING POLLUTION AND IMPROVING WATER QUALITY.

Funded Amount:

\$1,500

Requested By:

SCHIMEL

Name of Administering State Agency:

TOWN OF SOUTHPORT 1139 PENNSYLVANIA AVENUE	Legal Name,	Address, an	nd Telephone N	lumber:
ELIVIIKA, INT. 14904	1		YLVANIA AVEN	UE

DEPARTMENT OF STATE

Name of Project Director:

DAVID SHEEN, SUPERVISOR

Purpose of Project:

FUNDS WILL BE USED FOR THE TOWN OF SOUTHPORT PENNSYLVANIA AVENUE EXTENSION SEWER PROJECT.

Funded Amount:

\$20,000

Requested By:

O'MARA

Name of Administering Agency:

Legal Name, Address, and Telephone Number:

NEW YORKERS AGAINST GUN VIOLENCE, INC. 3 WEST 29TH STREET, SUITE 1007 NEW YORK, NY 10001-4504 (212) 679-2345

Name of Project Director:

JACKIE KUHLS

Purpose of Project:

FUNDS WILL BE USED FOR LONG ISLAND YOUTH AND FAMILY EDUCATIONAL OUTREACH REGARDING THE PREVENTION OF GUN VIOLENCE.

Funded Amount:

\$3,000

Requested By:

SCHIMEL

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES

Legal Name, Address, and Telephone Number:

CELLINI CHARITABLE FOUNDATION, INC. 2208 JERICHO TURNPIKE NEW HYDE PARK, NY 11040 (516) 935-5084

Name of Project Director:

JEAN GAGLIARDO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF ITALIAN LANGUAGE AND CITIZENSHIP AWARDS FOR HIGH SCHOOL SENIORS.

Funded Amount:

\$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

EDEN II SCHOOL FOR AUTISTIC CHILDREN, INC. 150 GRANITE AVENUE STATEN ISLAND, NY 10303 (718) 816-1422 EXT. 103

Name of Project Director:

IRENE CAVANAGH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE NECESSARY AFTER SCHOOL ACTIVITIES THAT ARE FOCUSED ON RECREATIONAL AND EDUCATIONAL OPPORTUNITIES FOR SCHOOL AGE CHILDREN WITH AUTISM. EQUIPMENT AND SUPPLIES WILL BE PURCHASED TO PROVIDE THESE PROGRAMS.

Funded Amount:

\$5,000

Requested By:

TITONE

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

FAMILY SERVICES LEAGUE, INC. 790 PARK AVENUE HUNTINGTON, NY 11743 (631) 427-3700

Name of Project Director:

REINHARDT VAN DYKE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE EARLY EDUCATION PROGRAM FOR DISADVANTAGED CHILDREN.

Funded Amount:

\$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

PORT WASHINGTON EDUCATION FOUNDATION P.O. BOX 909 PORT WASHINGTON, NY 11050 (516) 944-9113

Name of Project Director:

LAURA MOGUL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE LANGUAGE ARTS AND PERFORMANCE WORKSHOP CALLED "STORY TIME THEATER" (K - 1).

Funded Amount:

\$2,000

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

PORT WASHINGTON PARENT RESOURCE CENTER 232 MAIN STREET, SUITE 4 PORT WASHINGTON, NY 11050 (516) 767-3808

Name of Project Director:

SANDY EHRLICH

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH PROVIDING THE ENGLISH LANGUAGE SKILLS PROGRAM.

Funded Amount:

\$2,000

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

PUBLIC ACCESS TELEVISION CORPORATION 1111 MARCUS AVENUE LAKE SUCCESS, NY 11042 (516) 629-3710

Name of Project Director:

SHIRLEY ANN BRUNO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF PUBLIC TELEVISION PROGRAMMING.

Funded Amount:

\$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

STATEN ISLAND CHILDREN'S MUSEUM 1000 RICHMOND TERRACE STATEN ISLAND, NY 10301 (718) 273-2060 EXT 145

Name of Project Director:

DINA ROSENTHAL, EXECUTIVE DIRECTOR

Purpose of Project:

FUNDS WILL BE USED TO PRESENT EDUCATIONAL PROGRAMS TO SCHOOLS AND THE PUBLIC ON ITS DIVERSE ARRAY OF EXHIBITS, WHICH INCLUDE TOPICS ON THEMES FROM THE ARTS, SCIENCES AND HUMANITIES.

Funded Amount:

\$5,000

Requested By:

TITONE

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

HERRICKS COMMUNITY CENTER FUND, INC. 999 HERRICKS ROAD NEW HYDE PARK, NY 11040 (516) 742-0851

Name of Project Director:

ANN TOUNTAS

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPEN SPACE PROGRAM, INCLUDING BUT NOT LIMITED TO THE COST OF A STAFF ASSISTANT AND TO ENHANCE THE PROGRAM WITH MUSIC THERAPY.

Funded Amount:

\$2,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE FOR THE AGING

Legal Name, Address, and Telephone Number:

SEA CLIFF CHAMBER PLAYERS, INC. 45 CROSSWAYS PARK DRIVE WOODBURY, NY 11797 (877) 444-4488

Name of Project Director:

DAVID WINKLER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LOW COST AND FREE EVENTS FOR SENIOR CENTER COMMUNITIES IN GREAT NECK AND THE GREATER LONG ISLAND REGION.

Funded Amount:

\$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE FOR THE AGING

Legal Name, Address, and Telephone Number:

TOWN OF NORTH HEMPSTEAD 220 PLANDOME ROAD MANHASSET, NY 11030 (516) 869-7841

Name of Project Director:

DAN NACHBAR, DEP. FINANCE COMMISSIONER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SENIOR PROGRAMMING FOR THE NATURALLY OCCURRING RETIREMENT COMMUNITY (NORC) PROGRAM.

Funded Amount:

\$5,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE FOR THE AGING

Legal Name, Address, and Telephone Number:

CAMELOT OF STATEN ISLAND, INC. 4442 ARTHUR KILL ROAD, SUITE #4 STATEN ISLAND, NY 10309 (718) 356-5100

Name of Project Director:

ANGELA ATTANASIO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE PROMOTIONAL MATERIALS, INCLUDING A BILLBOARD THAT WILL PROMOTE A "TREATMENT WORKS" INITIATIVE TO HELP STATEN ISLANDER'S WHO ARE AFFECTED BY SUBSTANCE ABUSE, IN AN EFFORT TO LEAD THOSE IN NEED TO RECOVERY.

Funded Amount:

\$2,500

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

Legal Name, Address, and Telephone Number:

COPAY, INC. 21 NORTH STATION PLAZA GREAT NECK, NY 11201 (516) 466-2509

Name of Project Director:

MARIA QUADRA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PSYCHIATRIC SERVICES TO AREA RESIDENTS WHO CAN'T AFFORD CARE.

Funded Amount:

\$1,500

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

Legal Name, Address, and Telephone Number:

CHILD ABUSE PREVENTION SERVICES, INC. PO BOX 176 ROSLYN, NY 11576 (516) 621-0552

Name of Project Director:

ALANE FAGIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL OUTREACH PROGRAMS.

Funded Amount:

\$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

CITY MEALS-ON-WHEELS 355 LEXINGTON AVENUE - 3RD FLOOR NEW YORK, NY 10017 (212) 687-1234

Name of Project Director:

MARCIA STEIN, EXECUTIVE DIRECTOR

Purpose of Project:

FUNDS WILL BE USED TO ENSURE THAT ELDERLY, HOMEBOUND NEW YORKERS HAVE ACCESS TO THE DAILY NUTRIENTS REQUIRED FOR OPTIMUM HEALTH.

Funded Amount:

\$7,500

Requested By:

COOK

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

CLASP CHILDRENS CENTER, INC. 80 GRACE AVENUE GREAT NECK, NY 11021 (516) 482-8090

Name of Project Director:

JODI ADLER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE INTERGENERATIONAL ACTIVITIES AND PROGRAMS.

Funded Amount:

\$2,500

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

COMMUNITY HEALTH ACTION OF STATEN ISLAND, INC. 56 BAY STREET, 6TH FLOOR STATEN ISLAND, NY 10301 (718) 808-1422

Name of Project Director:

RYAN CHAVEZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND PREPARE EMERGENCY FOOD BAGS AND SUPPLIES FOR THE PORT RICHMOND COMMUNITY FOOD PANTRY.

Funded Amount:

\$5,000

Requested By:

TITONE

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

COUNCIL OF JEWISH ORGANIZATIONS OF STATEN ISLAND 984 POST AVENUE STATEN ISLAND, NY 10302 (718) 720-4042

Name of Project Director:

BRACHA CABOT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPLEMENTAL FOOD TO NEEDY FAMILIES AND INDIVIDUALS, AS WELL AS PROVIDING NUTRITIONAL COUNSELING, ASSISTANCE WITH PUBLIC PROGRAMS, AS WELL AS ASSISTANCE WITH JOB AND HOUSING SERVICES.

Funded Amount:

\$1,000

Requested By:

TITONE

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

EXCHANGE CLUB CHILD ABUSE PREVENTION CENTER OF NEW YORK, INC. 7 HOLLAND AVENUE WHITE PLAINS, NY 10603 (914) 997-2642

Name of Project Director:

LAURA SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE AND PRODUCTION OF MATERIALS FOR WORKSHOPS AND PRESENTATIONS, INCLUDING A LARGE BOARD, BROCHURES AND FLIERS.

Funded Amount:

\$5,000

Requested By:

BRODSKY, BRADLEY, GALEF, LATIMER, PAULIN, PRETLOW

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

FOCUS - FOR OUR CHILDREN AND US, INC. 550 OLD COUNTRY ROAD HICKSVILLE, NY 11801 (516) 433-6633

Name of Project Director:

SUSAN KOLOMER ROTHMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PARALEGAL SERVICES TO MEN AND WOMEN IN MATTERS OF CHILD SUPPORT, ENFORCEMENT OF COURT ORDERS FOR SUPPORT AND OTHER CUSTODY ISSUES.

Funded Amount:

\$1,500

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

GREAT NECK SENIOR CITIZENS CENTER, INC. 80 GRACE AVENUE GREAT NECK, NY 11021 (516) 487-0025

Name of Project Director:

ANN TARCHER

Purpose of Project:

FUNDS WILL BE USED FOR INTERGENERATIONAL ACTIVITIES FOR THE SENIOR TO SENIOR PROGRAM.

Funded Amount:

\$2,000

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

ISLAND HARVEST 199 SECOND STREET MINEOLA, NY 11501 (516) 294-8528

Name of Project Director:

RANDI SHUBIN DRESNER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE FOOD RESCUE PROGRAM.

Funded Amount:

\$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

MANHASSET GREAT NECK ECONOMIC OPPORTUNITY COUNCIL 65 HIGH STREET MANHASSET, NY 11030 (516) 489-2322

Name of Project Director:

STEPHANIE CHENAULT

Purpose of Project:

FUNDS WILL BE USED FOR AFTER SCHOOL YOUTH PROGRAMS FOCUSED ON HOMEWORK ASSISTANCE AND RECREATIONAL ACTIVITIES.

Funded Amount:

\$1,500

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

PARENT TO PARENT NEW YORK, INC. 1050 FOREST HILL ROAD STATEN ISLAND, NY 10314 (718) 494-4872

Name of Project Director:

ANNE MARIE CAMINITI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE, CREATE AND DISTRIBUTE MATERIALS TO PARENTS OF CHILDREN WITH DISABILITIES IN AN EFFORT TO HELP THEM NAVIGATE HEALTH AND EDUCATIONAL SYSTEMS. ADDITIONALLY, FUNDS WILL BE USED FOR STAFF TO ATTEND CONFERENCES IN NEW YORK.

Funded Amount:

\$1,000

Requested By:

TITONE

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

PROJECT HOSPITALITY, INC. 100 PARK AVENUE STATEN ISLAND, NY 10302 (718) 448-1544 EXT. 134

Name of Project Director:

JESSE TAYLOR

Purpose of Project:

FUNDS WILL BE USED TO REACH OUT TO FAMILIES IN CRISIS ON STATEN ISLAND IN ORDER TO LEARN OF SERVICES AVAILABLE TO THEM THROUGH PROJECT HOSPITALITY AND THE HELP CENTER.

Funded Amount:

\$2,000

Requested By:

TITONE

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

RONALD MCDONALD HOUSE OF LONG ISLAND 267-07 76TH AVENUE NEW HYDE PARK, NY 11040 (718) 343-5683

Name of Project Director:

ROBERT WEITZNER

Purpose of Project:

FUNDS WILL BE USED TOWARD LANDSCAPING AND FOR UPGRADING THE PLAYGROUND.

Funded Amount:

\$1,500

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:
SHANTI FUND P.O. BOX 554 MEDFORD, NY 11763 (917) 406-6065
Name of Project Director:
ARVIND VORA
Purpose of Project:
FUNDS WILL BE USED FOR PRINTING, POSTAGE, RECEPTION AND OTHER MISCELLANEOUS EXPENSES ASSOCIATED WITH THE INTERNATIONAL DELEGATION
Funded Amount:
\$5,000
Requested By:
RAIA
Name of Administering Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES

Legal Name, Address, and Telephone Number:

SID JACOBSON JEWISH COMMUNITY CENTER, INC. 300 FOREST DRIVE EAST HILLS, NY 11548 (516) 484-1545

Name of Project Director:

SUSAN BENDER

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE SOCIALIZATION PROGRAMS FOR CHILDREN AND ADULTS WITH SPECIAL NEEDS.

Funded Amount:

\$2,500

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

WILLIAM EPPS COMMUNITY CENTER 93 PARK AVENUE STATEN ISLAND, NY 10302 (718) 720-8141

Name of Project Director:

TONY BAKER

Purpose of Project:

FUNDS WILL BE USED TO TO PURCHASE SUPPLIES AND MATERIALS TO BE USED IN THE AFTER SCHOOL PROGRAM DESIGNED TO HELP NEIGHBORHOOD CHILDREN EXCEED ACADEMICALLY.

Funded Amount:

\$5,000

Requested By:

TITONE

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

KIWANIS CLUB OF GREECE, NY FOUNDATION
77 WOOD RUN COMMONS
ROCHESTER, NY 14612
(585) 225-6492

Name of Project Director:

BILL SELKE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES OF THE COMMUNITY/FAMILY AUTO
SHOW.

Funded Amount:

\$1,000

Requested By:

REILICH

Name of Administering Agency:

OFFICE OF GENERAL SERVICES

Legal Name, Address, and Telephone Number:

MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY, INC. 16 MAIN STREET HEMPSTEAD, NY 11550 (516) 489-2322

Name of Project Director:

DAVID NEMEROFF

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES TO VETERANS RETURNING FROM IRAQ WHO ARE SUFFERING FROM POST TRAUMATIC STRESS DISORDER AND OTHER MENTAL HEALTH ISSUES.

Funded Amount:

\$1,500

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH

Legal Name, Address, and Telephone Number:

NAMI QUEENS-NASSAU, INC. 1981 MARCUS AVENUE, SUITE C-107 LAKE SUCCESS, NY 11042 (516) 326-0797

Name of Project Director:

JANET SUSIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN EDUCATIONAL OUTREACH PROGRAM TO TEACH STUDENTS ABOUT MENTAL ILLNESS.

Funded Amount:

\$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH

Legal Name, Address, and Telephone Number:

ON YOUR MARK, INC. 645 FOREST AVENUE STATEN ISLAND, NY 10310 (718) 720-9233

Name of Project Director:

FUNDA CENTINKAYA

Purpose of Project:

FUNDS WILL BE USED TO OFFER THOSE WITH DEVELOPMENTAL DISABILITIES STRUCTURED AND SUPERVISED PROGRAMMING THAT TEACHES THE BENEFITS OF WALKING AS A MEANS OF ACHIEVING IMPROVED OVERALL FITNESS AND HEALTH. TRANSPORTATION AND EQUIPMENT WILL BE PROVIDED TO EACH CONSUMER.

Funded Amount:

\$5,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

(Revised)

SFY 2006-2007 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

FRIENDS OF FREDERICK E. SAMUELS FOUNDATION, INC. 2472 ADAM CLAYTON POWELL JR. BLVD. NEW YORK, NY 10030 (212) 862-4216

Name of Project Director:

CLYDE FRAZIER, SR.

Purpose of Project:

FUNDS WILL BE USED FOR THE COLLEGE RECRUITMENT PROGRAM THROUGH THE BASKETBALL TOURNAMENT HELD EACH YEAR. THE LEAGUE INCLUDES TEAMS FROM ALL OVER THE CITY AND ALLOWS COLLEGE SCOUTS TO SEE THE CHILDREN.

Funded Amount:

\$7,500

Requested By:

BING, ESPAILLAT, FARRELL, GLICK, GOTTFRIED, KAVANAGH, KELLNER, O'DONNEL, POWELL, ROSENTHAL, SILVER, WRIGHT

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

GREAT NECK CENTER FOR THE VISUAL & PERFORMING ARTS, INC. 113 MIDDLE NECK ROAD GREAT NECK, NY 11021 (516) 829-2570

Name of Project Director:

REGINA GIL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EARLY CHILDHOOD ART CLASSES AT A REDUCED RATE FOR LOW INCOME FAMILIES.

Funded Amount:

\$2,000

Requested By:

SCHIMEL

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

NOBLE MARITIME COLLECTION 1000 RICHMOND TERRACE STATEN ISLAND, NY 10301 (718) 447-6490

Name of Project Director:

DAWN DANIELS

Purpose of Project:

FUNDS WILL BE USED TO BRING ADULTS AND CHILDREN TOGETHER TO LEARN ARTS, CRAFTS, AND HISTORY AT THE MUSEUM INCORPORATING ARTIFACTS AND LESSONS FROM THE NOBLE COLLECTION.

Funded Amount:

\$2,000

Requested By:

TITONE

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

SNUG HARBOR CULTURAL CENTER, INC. 1000 RICHMOND TERRACE STATEN ISLAND, NY 10301 (718) 448-2500 EXT. 501

Name of Project Director:

LYLE FOXMAN, EDUCATION COORDINATOR

Purpose of Project:

FUNDS WILL BE USED TO COVER THE COSTS OF PUTTING ON A FULL PERFORMANCE FOR CHILDREN AND TEACHERS. THESE PERFORMANCES WILL HIGHLIGHT LOCAL ARTISTS. FUNDS WILL BE USED TO COVER THE COSTS OF DESIGNING, LIGHTING, AND PRODUCING THE SHOW.

Funded Amount:

\$5,000

Requested By:

TITONE

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

STATEN ISLAND INSTITUTE OF ARTS & SCIENCES 75 STUYVESANT PLACE STATEN ISLAND, NY 10301 (718) 727-1135 EXT. 114

Name of Project Director:

MARIA FIORELLI, VP EDUCATION

Purpose of Project:

FUNDS WILL BE USED TO OFFER FREE AND REDUCED RATE EDUCATIONAL PROGRAMMING TO UNDERPRIVILEGED CHILDREN FROM TITLE 1 SCHOOLS. TITLE 1 SCHOOLS REFER TO THOSE WITH A MAJORITY OF STUDENTS LIVING AT OR BELOW POVERTY LEVELS.

Funded Amount:

\$2,000

Requested By:

TITONE

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

STATEN ISLAND ZOOLOGICAL SOCIETY, INC. 614 BROADWAY STATEN ISLAND, NY 10310 (718) 442-6166

Name of Project Director:

ELLA VIOLA, DIRECTOR OF EDUCATION

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LAPTOP COMPUTERS AND PRINTERS FOR THE EDUCATION DEPARTMENT'S PROGRAMMING, WHICH IS DESIGNED FOR CHILDREN WITH SPECIAL NEEDS.

Funded Amount:

\$2,000

Requested By:

TITONE

Name of Administering State Agency: