

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

ALL MY CHILDREN DAY CARE AND NURSERY SCHOOL, INC.
108-22 69 AVENUE
FOREST HILLS, NY 11375
(718) 658-1563

Name of Project Director:

DALIT SHAMSIEV

Purpose of Project:

FUNDS WILL BE USED FOR BUILDING RENOVATIONS, INCLUDING ROOF REPLACEMENT, INDOOR GYM UPGRADES, FRONT GATE REPLACEMENT, AND PURCHASE OF COMPUTERS TO ALLOW THE CONTINUATION OF SERVICES TO COMMUNITY CHILDREN.

Funded Amount:

\$50,000

Requested By:

HEVESI-A

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

BETH ISRAEL MEDICAL CENTER
330 EAST 17TH STREET
NEW YORK, NY 10003
(212) 420-4251

Name of Project Director:

MARY WALSH

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE STATE-OF-THE-ART MEDICAL VENTILATORS. THE NEW DEVICES WILL BENEFIT THE PATIENTS OF THE CENTER BY PROVIDING IMPROVED COMFORT WHILE ON THE VENTILATOR.

Funded Amount:

\$250,000

Requested By:

SANDERS

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

BETH ISRAEL MEDICAL CENTER
3001 KINGS HIGHWAY
BROOKLYN, NY 11231
(718) 951-3000

Name of Project Director:

RHONA HETSRONY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A DIGITAL MAMMOGRAPHIC UNIT FOR THE BETH ISRAEL KINGSHIGHWAY HOSPITAL DIVISION. THE ADVANCED TECHNOLOGY WILL DRAMATICALLY AFFECT THE PRACTICE OF CLINICAL MEDICINE AND ENHANCE THE QUALITY OF CARE PROVIDED TO PATIENTS.

Funded Amount:

\$300,000

Requested By:

ABBATE, CYMBROWITZ-S, MAISEL, WEINSTEIN

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

BROAD CHANNEL POST NO. 1404, INC.
209 CROSS BAY BOULEVARD
BROAD CHANNEL, NY 11693
(718) 474-5029

Name of Project Director:

ROBERT CONNOLLY

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE THE BATHROOM AND PURCHASE KITCHEN EQUIPMENT IN AN EFFORT TO MAKE THE FACILITY ADA COMPLIANT. THIS FACILITY PROVIDES SHELTER TO MEMBERS OF THE COMMUNITY IN THE EVENT OF A NATURAL DISASTER.

Funded Amount:

\$50,000

Requested By:

PHEFFER

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

BRONX PARK URGENT MEDICAL CARE, P. C.
2016 BRONXDALE AVENUE, SUITE 101
BRONX, NY 10462
(718) 918-9676

Name of Project Director:

DR. JAE AHN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FURNITURE AND UPGRADE THE ORGANIZATION'S COMPUTER SYSTEM INSTITUTING A DIGITAL MEDICAL RECORD SYSTEM, WHICH WILL IMPROVE THE SPEED AND QUALITY OF MEDICAL CARE.

Funded Amount:

\$50,000

Requested By:

RIVERA-N

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

CARAMOOR CENTER FOR MUSIC AND THE ARTS, INC.
149 GIRDLE RIDGE ROAD
KATONAH, NY 10536
(914) 232-5035

Name of Project Director:

PAUL ROSENBLUM

Purpose of Project:

FUNDS WILL BE USED TO RESTORE THE EXTERIOR WALLS OF CARAMOOR'S ORIGINAL HISTORIC BUILDINGS, WHICH ARE CURRENTLY DETERIORATING. THESE BUILDINGS ARE ON THE STATE AND NATIONAL REGISTER OF HISTORIC BUILDINGS, AND PROVIDE A VENUE FOR MEMBERS OF THE COMMUNITY TO APPRECIATE THE ARTS.

Funded Amount:

\$150,000

Requested By:

BRADLEY

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

CENTER FOR JEWISH HISTORY, INC., THE
15 WEST 16TH STREET
NEW YORK, NY 10011
(212) 294-6137

Name of Project Director:

MICHAEL S. GLICKMAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND INSTALL SECURITY DOORS AND KIOSKS, WHICH WILL PROTECT THE HISTORICAL DOCUMENTS AND ARCHIVES THAT ARE HOUSED IN THE CENTER, AS WELL AS PROVIDE SAFETY FOR THE CENTER'S VISITORS AND STAFF.

Funded Amount:

\$100,000

Requested By:

BRODSKY, GOTTFRIED

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

CENTER FOR JEWISH HISTORY, INC., THE
15 WEST 16TH STREET
NEW YORK, NY 10011
(212) 294-6137

Name of Project Director:

MICHAEL S. GLICKMAN

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE THE SECURITY SYSTEM, WHICH WILL ALLOW THE COMMUNITY BETTER ACCESS TO THE JEWISH HISTORICAL AND CULTURAL DOCUMENTS THAT ARE HOUSED BY THE CENTER.

Funded Amount:

\$50,000

Requested By:

GLICK

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

CITY OF CORTLAND
25 COURT STREET, CITY HALL
CORTLAND, NY 13045
(607) 758-8392

Name of Project Director:

ANDREW J. DAMIANO

Purpose of Project:

FUNDS WILL BE USED FOR THE INSTALLATION OF A FILTERING SYSTEM FOR THE MUNICIPAL RECREATION POOL, WHICH IS USED BY THE COMMUNITY.

Funded Amount:

\$100,000

Requested By:

LIFTON

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

CITY OF NIAGARA FALLS
745 MAIN STREET
NIAGARA FALLS, NY 14302
(716) 286-4412

Name of Project Director:

KEVIN ORMSBY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A PORTABLE
STAGE/BANDSTAND, WHICH WILL BE USED TO SUPPORT COMMUNITY
ACTIVITIES SUCH AS PARADES, TALENT SHOWS, CONTESTS,
PAGEANTS AND MUNICIPAL PRESENTATIONS AND PROGRAMS.

Funded Amount:

\$50,000

Requested By:

DELMONTE

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

COMMUNITY BRIDGE HOME, INC.
120-50 SPRINGFIELD BOULEVARD
CAMBRIA HEIGHTS, NY 11411
(718) 712-5050

Name of Project Director:

DR. GLORIA L. HOBBS

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE THE FACILITY, WHICH WILL ALLOW THE ORGANIZATION TO CONTINUE TO PROVIDE EDUCATIONAL AND HEALTH-RELATED SERVICES TO THE COMMUNITY.

Funded Amount:

\$250,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

COMMUNITY HEALTH NETWORK, INCORPORATED
87 NORTH CLINTON AVENUE, 4TH FLOOR
ROCHESTER, NY 14604
(585) 244-9000

Name of Project Director:

HOLLEY SHAFER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND INSTALL COMPUTERS AND SOFTWARE EQUIPMENT, WHICH WILL IMPROVE THE HIV PRIMARY CARE SERVICES THAT ARE PROVIDED TO THE COMMUNITY.

Funded Amount:

\$50,000

Requested By:

JOHN

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

COMMUNITY MAINSTREAMING ASSOCIATES, INC.
99 QUENTIN ROOSEVELT BOULEVARD, SUITE 200
GARDEN CITY, NY 11530
(516) 683-0710

Name of Project Director:

MELISSA RAPHAEL

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND INSTALL BAKERY EQUIPMENT FOR THE SWEET COMFORT BAKERY AND CAFE, WHICH EMPLOYS DEVELOPMENTALLY DISABLED ADULTS IN THE NASSAU COUNTY COMMUNITY.

Funded Amount:

\$50,000

Requested By:

DINAPOLI

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

FEDERATION EMPLOYMENT AND GUIDANCE SERVICES, INC. (D/B/A
F.E.G.S. HEALTH AND HUMAN SERVICES SYSTEM)
315 HUDSON STREET, 9TH FLOOR
NEW YORK, NY 10013
(212) 366-8444

Name of Project Director:

IRA MACHOWSKY

Purpose of Project:

FUNDS WILL BE USED FOR THE RENOVATION OF THE F.E.G.S.
SANDRA P. AND FREDERICK P. ROSE HEALTH AND HUMAN SERVICES
CENTER. THE CENTER IS A COMPREHENSIVE HEALTH AND HUMAN
SERVICE CAMPUS PROVIDING A DIVERSE RANGE OF BEHAVIORAL
HEALTH, CLINICAL, EMPLOYMENT, TRAINING, CASE MANAGEMENT
AND OTHER SUPPORT SERVICES TO INDIVIDUALS WITH A RANGE OF
PSYCHIATRIC, DEVELOPMENTAL AND OTHER DISABILITIES.

Funded Amount:

\$150,000

Requested By:

GREEN, JACOBS, SEDDIO

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

FRIENDS OF ROCKLAND, INC.
135 ROUTE 306
MONSEY, NY 10952
(914) 403-6602

Name of Project Director:

ZEV KIZELNIK

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AN EMERGENCY SERVICE VEHICLE, WHICH WILL ASSIST THE RESIDENTS OF ROCKLAND COUNTY.

Funded Amount:

\$50,000

Requested By:

KARBEN

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

GOOD SHEPHERD HOSPICE
4747-20 NESCONSET HIGHWAY
PORT JEFFERSON STATION, NY 11776
(631) 474-5500

Name of Project Director:

MARIANNE GILLAN

Purpose of Project:

FUNDS WILL BE USED TO CREATE AN INPATIENT HOSPICE CENTER,
WHICH IS NEEDED TO ADDRESS THE GROWING NEED FOR END-OF-
LIFE SERVICES IN THE COMMUNITY.

Funded Amount:

\$50,000

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

HARLEM COMMONWEALTH COUNCIL, INC.
361 WEST 125TH STREET
NEW YORK, NY 10027
(212) 749-0900

Name of Project Director:

J.L. TAIT

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE THE AUDITORIUM TO INCLUDE CLASSROOMS, WHICH WILL PROVIDE ESL AND ADULT LITERACY CLASSES FOR THE COMMUNITY, WHILE STILL MAINTAINING THE AUDITORIUM AS A COMMUNITY MEETING PLACE.

Funded Amount:

\$50,000

Requested By:

WRIGHT

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

INCORPORATED VILLAGE OF OCEAN BEACH
COTTAGE WALK
OCEAN BEACH, NY 11770
(631) 445-4611

Name of Project Director:

FRANK SILSDORF

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A NEW RADIO SYSTEM FOR THE OCEAN BEACH FIRE DEPARTMENT, WHICH WILL FACILITATE COMMUNICATIONS BETWEEN FIRE AND EMS ORGANIZATIONS IN THE LOCAL AREA.

Funded Amount:

\$50,000

Requested By:

FIELDS

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

INCORPORATED VILLAGE OF ROSLYN
1200 OLD NORTHERN BOULEVARD
ROSLYN, NY 11576
(516) 621-1961

Name of Project Director:

GEORGE SOOS

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE THE VILLAGE HALL, WHICH
HOUSES MANY OF THE TOWN'S AGENCIES.

Funded Amount:

\$50,000

Requested By:

LAVINE

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

MARCUS AVENUE EARLY CHILDHOOD DEVELOPMENT PROGRAM, INC.
280 CROSSWAYS PARK DRIVE
WOODBURY, NY 11797
(516) 938-1784

Name of Project Director:

BARBARA C. WILSON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTERS AND EQUIPMENT FOR THE BARBARA C. WILSON PRESCHOOL PROGRAM, WHICH SERVES CHILDREN WITH DEVELOPMENTAL DISABILITIES, AGES THREE TO FIVE.

Funded Amount:

\$50,000

Requested By:

DINAPOLI

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

MEMORIAL HOSPITAL, ALBANY, N.Y.
600 NORTHERN BOULEVARD
ALBANY, NY 12204
(518) 471-4961

Name of Project Director:

NORMAN E. DASCHER, JR.

Purpose of Project:

FUNDS WILL BE USED FOR THE EXPANSION OF THE EMERGENCY DEPARTMENT, WHICH WILL ALLOW THE HOSPITAL TO KEEP UP WITH THE DRAMATIC GROWTH IT HAS EXPERIENCED IN THE LAST FEW YEARS.

Funded Amount:

\$50,000

Requested By:

CANESTRARI

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

NEW YORK CITY PARKS AND RECREATION
830 FIFTH AVENUE, THE ARSENAL, ROOM 310
NEW YORK, NY 10021
(212) 360-1360

Name of Project Director:

EDWARD J. LEWIS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FIELD MAINTENANCE EQUIPMENT FOR THE FLUSHING MEADOWS CORONA PARK, WHICH WILL BE USED TO MAINTAIN THE GROUNDS THAT PROVIDE A RECREATIONAL AREA FOR THE COMMUNITY.

Funded Amount:

\$50,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

NEW YORK STATE THEATRE INSTITUTE CORPORATION
37 FIRST STREET
TROY, NY 12180
(518) 274-3200

Name of Project Director:

PATRICIA DI BENEDETTO SNYDER

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE THE LOBBY OF THE SCHACHT FINE ARTS CENTER. THIS FACILITY ENTERTAINS AND EDUCATES OVER 65,000 CHILDREN FROM ACROSS THE STATE ANNUALLY.

Funded Amount:

\$150,000

Requested By:

CANESTRARI, MCENENY

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

NEW YORK WESTCHESTER SQUARE MEDICAL CENTER
2475 ST. RAYMOND AVENUE
NEW YORK, NY 10461
(718) 430-7359

Name of Project Director:

ALAN KODMAN

Purpose of Project:

FUNDS WILL BE USED TO REPLACE A SURGICAL TABLE FOR THE
OPERATING ROOM AT THE MEDICAL CENTER.

Funded Amount:

\$50,000

Requested By:

BENEDETTO

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

QUEENS VILLAGE POST NO. 301, AMERICAN LEGION, INC.
CREEDMOOR CAMPUS, BLDG. 18, 80-45 WINCHESTER BLVD.
QUEENS VILLAGE, NY 11427
(800) 253-4466

Name of Project Director:

PHILIP T. SICA

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE THE FACILITY AND THE
PARKING LOT TO PROVIDE HANDICAPPED ACCESSIBILITY. FUNDS
WILL ALSO BE USED TO ACQUIRE APPROPRIATE SIGNAGE, AS WELL
AS SPECIALIZED EQUIPMENT AND FURNITURE FOR THE DISABLED.

Funded Amount:

\$50,000

Requested By:

CLARK

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

RIVERDALE MENTAL HEALTH ASSOCIATION, INC., THE
5676 RIVERDALE AVENUE
BRONX, NY 10471
(718) 796-5300

Name of Project Director:

ROBERT M. BREWSTER

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF A
COMPUTER SYSTEM TO SERVE THE ASSOCIATION AS PART OF ITS
EFFORT TO PROVIDE AFFORDABLE SERVICES TO COMMUNITY
MEMBERS.

Funded Amount:

\$250,000

Requested By:

DINOWITZ

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

SALINA CONSOLIDATED FIRE DISTRICT #2
173 E. MOLLOY ROAD
MATTYDALE, NY 13211
(315) 455-1300

Name of Project Director:

JAMES WHITEHEAD

Purpose of Project:

FUNDS WILL BE USED TO BUILD AN ADDITION, AS WELL AS, FOR THE RECONSTRUCTION OF THE EXISTING FIRE STATION.

Funded Amount:

\$50,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

TOWN OF MOUNT PLEASANT
ONE TOWN HALL PLAZA
VALHALLA, NY 10595
(914) 742-2335

Name of Project Director:

HARRY CANNIFF

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE THE PLAY SURFACE, DRAINAGE SYSTEM AND PARKING AREA AT THE PAT HENRY FIELD, WHICH WILL PROVIDE A SAFER RECREATIONAL FACILITY FOR THE COMMUNITY.

Funded Amount:

\$50,000

Requested By:

BRODSKY

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

TOWN OF NEW CASTLE
200 SOUTH GREELY AVENUE
CHAPPAQUA, NY 10514
(914) 238-4742

Name of Project Director:

GENNARO J. FAIELLA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AN EMERGENCY CENTER TRAILER AND GENERATOR FOR THE EMERGENCY RESPONSE TEAM, WHICH WILL ASSIST THEM IN HELPING THE COMMUNITY DURING A DISASTER.

Funded Amount:

\$50,000

Requested By:

BRADLEY

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

TOWN OF TONAWANDA
2919 DELAWARE AVENUE
KENMORE, NY 14217
(716) 877-8804

Name of Project Director:

ROBERT MORRIS

Purpose of Project:

FUNDS WILL BE USED TO CONSTRUCT A MUNICIPAL FIRE TRAINING TOWER FOR FIREFIGHTERS, SO THAT THEY MAY PROTECT AND SERVE THE COMMUNITY BETTER DURING RESCUE AND FIRE SUPPRESSION EFFORTS.

Funded Amount:

\$125,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

WXXI PUBLIC BROADCASTING COUNCIL
280 STATE STREET
ROCHESTER, NY 14614
(585) 258-0213

Name of Project Director:

SUSAN ROGERS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A NEW TRANSMITTER, WHICH
WILL ENHANCE THE BROADCASTING SERVICE TO THE COMMUNITY.

Funded Amount:

\$50,000

Requested By:

MORELLE

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

YOUNG MEN'S CHRISTIAN ASSOCIATION AND WOMAN'S COMMUNITY
CENTER OF ROME, NEW YORK
301 W. BLOOMFIELD STREET
ROME, NY 13440
(315) 336-3500

Name of Project Director:

HENRY J. LEO

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE THE FACILITY, PURCHASE
EQUIPMENT AND CONSTRUCT AN OUTDOOR PLAY AREA, WHICH WILL
BE USED BY ALL IN THE COMMUNITY.

Funded Amount:

\$50,000

Requested By:

MAGEE

Name of Administering State Agency:

NYS DORMITORY AUTHORITY