Legal Name, Address, and Telephone Number:

ASIAN AMERICAN AND ASIAN RESEARCH INSTITUTE
25 WEST 43RD STREET, ROOM 1000
NEW YORK, NY 10036
(212) 869−0182

Name of Project Director:

JOYCE MOY

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATING EXPENSES OF THE OFFICE, INCLUDING THE COST OF PROGRAMS. FUNDS WILL ALSO BE USED TO OFFSET THE COST OF CONDUCTING RESEARCH ON ASIAN RELATED TOPICS.

Funded Amount:

$75,000

Requested By:

YOUNG

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

BROOKLYN COLLEGE – CUNY
C/O BONNIE IMPAGLIAZZO, 2900 BEDFORD AVENUE
BROOKLYN, NY 11210
(718) 951–5391

Name of Project Director:

PROVOST ROBERTA MATTEWS

Purpose of Project:

FUNDS WILL BE USED TO INTRODUCE A CROSS SECTION OF STUDENTS TO
THE CULTURAL, HISTORICAL AND EDUCATIONAL STRUCTURE OF ISRAEL
THROUGH IN–STATE TRAVEL, COURSEWORK AND RESEARCH. FUNDS WILL
ALSO BE USED TO PAY FOR THE ADMINISTRATIVE COST OF THE PROGRAM.

Funded Amount:

$10,500

Requested By:

JACOBS

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

BROOKLYN COLLEGE – CUNY
2900 BEDFORD AVENUE
BROOKLYN, NY  11210
(718) 951–5610

Name of Project Director:

PATRICIA ANTONIELLO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE SHIRLEY CHISHOLM SCHOLARS PROGRAM AT BROOKLYN COLLEGE.

Funded Amount:

$12,000

Requested By:

PERRY

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

CITY UNIVERSITY OF NEW YORK – HUNTER COLLEGE
695 PARK AVENUE
NEW YORK, NY  10021
(212) 772−4242

Name of Project Director:

ELIZABETH MCKEE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LAPTOPS FOR THE ELEMENTARY SCHOOL AT HUNTER COLLEGE CAMPUS SCHOOLS WHICH WILL PROVIDE EDUCATION FOR GIFTED STUDENTS AS PART OF AN ONGOING CAMPUS SCHOOLS LAPTOPS PROGRAM WITH APPLE.

Funded Amount:

$2,500

Requested By:

BING

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

CITY UNIVERSITY OF NEW YORK – HUNTER COLLEGE
695 PARK AVENUE
NEW YORK, NY  10021
(212) 772–4242

Name of Project Director:

ELIZABETH MCKEE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE TECHNICAL ENHANCEMENTS SUCH AS PROJECTORS, SCREEN AMP AND A CONTROL SYSTEM, WHICH WILL ENABLE TEACHERS TO USE MULTI−MEDIA IN ADDITION TO STRAIGHT FORWARD LECTURES.

Funded Amount:

$4,000

Requested By:

BING

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

COLLEGE OF STATEN ISLAND FOUNDATION, INC.
2800 VICTORY BOULEVARD, 1A–401
STATEN ISLAND, NY 10314
(718) 982–2365

Name of Project Director:

RICHARD FLANAGAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH AN UNDERGRADUATE INTERNSHIP PROGRAM FOR STUDENTS ENROLLED IN THE CUNY NEW YORK GOVERNMENT AND POLITICS COURSE.

Funded Amount:

$4,000

Requested By:

TITONE

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

CREATIVE ARTS TEAM OF CUNY
101 WEST 31ST STREET, 6TH FLOOR
NEW YORK, NY 10001
(212) 652-2800

Name of Project Director:

LYNDAA ZIMMERMAN

Purpose of Project:

FUNDs WILl BE USEd FOR INTENSIVE COURSES, SCHOOL- BASEd PROFESSIONAL AND LEADERSHIP DEVELOPMENT FOR NEW YORK CITY TEACHERS, ARTISTS, EDUCATIONAL THEATRE PIONEERS, AND STUDENTS. PROGRAMs WILL INCLUDE SUMMER INSTITUTES, SEMINARS, ON-SITE PROFESSIONAL DEVELOPMENT, YOUTH THEATRE, AS WELL AS INTERNSHIPS.

Funded Amount:

$55,000

Requested By:

CLARK, COLTON, GIANARIS, GOTTFRIED, KELLNER, LANCMAN, MAISEL, MARKEY, MAYERSOHN, MILLMAN, NOLAN, PERALTA, PHEFFER, ROBINSON, WEINSTEIN, WEPRIN, YOUNG

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

CUNY CITIZENSHIP AND IMMIGRATION PROJECT
101 WEST 31 STREET, SUITE 900
NEW YORK, NY  10001
(646) 344–7245

Name of Project Director:

ALLAN WERNICK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE, ONE-ON-ONE CITIZENSHIP AND IMMIGRATION LAW SERVICES IN THE SOUTHERN BROOKLYN COMMUNITY.

Funded Amount:

$5,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

CUNY SCHOOL OF LAW
65–21 MAIN STREET
FLUSHING, NY 11367
(718) 340–4451

Name of Project Director:

FRED ROONEY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LEGAL SERVICES TO LOCAL RESIDENTS IN ORDER TO PROTECT THEM AGAINST LOSING THEIR HOMES.

Funded Amount:

$200,000

Requested By:


Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

CUNY SCHOOL OF LAW AT QUEENS COLLEGE–HAYWOOD BURNS CHAIR IN CIVIL RIGHTS
65–21 MAIN STREET
FLUSHING, NY 11367
(718) 340–4201

Name of Project Director:

DEAN MICHELLE ANDERSON

Purpose of Project:

FUNDS WILL BE USED TO ENRICH THE STUDENT AND FACULTY EXPERIENCE THROUGH CLASSES, CIVIL RIGHTS SCHOLARSHIP AND LEGAL ACTIVISM.

Funded Amount:

$100,000

Requested By:

AUBRY

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

CUNY SCHOOL OF LAW FOUNDATION
65–21 MAIN STREET
FLUSHING, NY 11367
(718) 340–4451

Name of Project Director:

FRED ROONEY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT LEGAL HOUSING CLINICS THAT ARE DESIGNATED TO PREVENT LARGE SCALE EVICTIONS FROM NEIGHBORHOODS IN WASHINGTON HEIGHTS AND INWOOD.

Funded Amount:

$29,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

GRADUATE CENTER – CUNY
365 FIFTH AVENUE, ROOM 5419
NEW YORK, NY 10016
(212) 817–8438

Name of Project Director:

DR. LAIRD W. BERGAD

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST ASSOCIATED WITH THE STUDY AND ANALYSIS OF TRENDS IN POPULATION GROWTH IN THE STATE OF NEW YORK AND NATIONALLY, INCLUDING THE PURCHASE OF A COMPUTER.

Funded Amount:

$5,000

Requested By:

PERALTA

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

HARRIET AND KENNETH HOLOCAUST RESOURCE CENTER AND ARCHIVES
222–05 56TH AVENUE
BAYSIDE, NY 11364
(718) 281–5770

Name of Project Director:

DR. ARTHUR FLUG

Purpose of Project:

FUNDS WILL BE USED TO SUSTAIN A PROGRAM THAT ATTRACTS OUTSTANDING SPEAKERS TO ADDRESS BOTH THE STUDENTS AND THE COMMUNITY, WHICH WILL PROVIDE ENLIGHTENING AND CONSTRUCTIVE INSIGHTS INTO THE HOLOCAUST.

Funded Amount:

$5,000

Requested By:

WEPRIN

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

JOHN D. CALANDRA ITALIAN AMERICAN INSTITUTE – CUNY
25 WEST 43RD STREET, 17TH FLOOR
NEW YORK, NY  10036
(212) 642–2094

Name of Project Director:

ANTHONY JULIAN TAMBURRI

Purpose of Project:

FUNDS WILL BE USED TO COLLECT ORAL HISTORIES ON NEW YORK’S ITALIAN AMERICAN LEADERS ON ALL LEVELS IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

LENTOL

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

MEDGAR EVERS CENTER FOR NU LEADERSHIP ON URBAN SOLUTIONS
1637 BEDFORD AVENUE, SBSS 220–32
BROOKLYN, NY  11225
(718) 270–5136

Name of Project Director:

DR. DIVINE PRYOR

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH OUTREACH, RESEARCH, AND DISSEMINATING TIME SENSITIVE INFORMATION TO STUDENTS, THE COMMUNITY AND GOVERNMENTAL ORGANIZATIONS.

Funded Amount:

$4,500

Requested By:

CAMARA

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

MEDGAR EVERS CENTER FOR NU LEADERSHIP ON URBAN SOLUTIONS
1637 BEDFORD AVENUE, ROOM 220/32
BROOKLYN, NY  11225
(718) 270–5136

Name of Project Director:

DR. EDDIE ELLIS

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT RESEARCH STUDIES WITH A FOCUS ON CRIMINAL JUSTICE, PRISONS AND COMMUNITY ECONOMIC DEVELOPMENT ISSUES.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

MEDGAR EVERS CENTER FOR NU LEADERSHIP ON URBAN SOLUTIONS
1637 BEDFORD AVENUE, ROOM 220/32
BROOKLYN, NY 11225
(718) 270–5136

Name of Project Director:

EDDIE ELLIS

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT RESEARCH STUDIES WITH A FOCUS ON CRIMINAL JUSTICE, PRISON, AND COMMUNITY ECONOMIC DEVELOPMENT ISSUES.

Funded Amount:

$5,000

Requested By:

TOWNS

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

MEDGAR EVERS COLLEGE – THE CENTER FOR LAW AND SOCIAL JUSTICE
1150 CARROLL STREET
BROOKLYN, NY 11225
(718) 270–6291

Name of Project Director:

ESMERALDA SIMMONS, ESQ.

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE PUBLIC SCHOOL PARENT ADVOCACY PROGRAMS.

Funded Amount:

$5,000

Requested By:

ROBINSON

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

MEDGAR EVERS COLLEGE OF CUNY–BETTY SHABAZZ CHAIR
1650 BEDFORD AVENUE
BROOKLYN, NY  11225
(718) 270–6978

Name of Project Director:

EDISON O. JACKSON

Purpose of Project:

FUNDS WILL BE USED TO ESTABLISH AN ENDOWED CHAIR AT THE COLLEGE THROUGH WHICH ISSUES RELATED TO EMPOWERMENT OF VICTIMS OF VIOLENCE WOULD BE ADDRESSED INCLUDING INSTRUCTIONAL TEACHER PREPARATION, LECTURES AND THE ESTABLISHMENT OF A CENTER FOR CLINICAL STUDIES.

Funded Amount:

$100,000

Requested By:

AUBRY

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

MEDGAR EVERS COLLEGE OF CUNY—MEDGAR EVERS CENTERS
1650 BEDFORD AVENUE
BROOKLYN, NY 11225
(718) 270–6978

Name of Project Director:

EDISON O. JACKSON

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS THAT PROMOTE YOUTH AND WOMEN DEVELOPMENT, POSITIVE SOCIAL CHANGE AND RESEARCH RELATED TO CARIBBEAN CULTURE.

Funded Amount:

$200,000

Requested By:


Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

QUEENS BRIDGE TO MEDICINE − CUNY
YORK COLLEGE, 94–50 159TH STREET
JAMAICA, NY 11451
(718) 262–2637

Name of Project Director:

ELIZABETH ILER

Purpose of Project:

FUNDS WILL BE USED TO INCREASE RECRUITMENT AND OUTREACH TO STUDENTS AND THEIR FAMILIES.

Funded Amount:

$5,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:
QUEENS BRIDGE TO MEDICINE – CUNY
YORK COLLEGE – 94–50 159TH STREET
JAMAICA, NY 11451
(718) 262–2637

Name of Project Director:
ELIZABETH ILER

Purpose of Project:
FUNDS WILL BE USED TO IMPROVE STUDENTS’ STUDY SKILLS TO SUPPORT THE TRANSITION TO CHALLENGING COLLEGE PROGRAMS.

Funded Amount:
$1,500

Requested By:
LANCMAN

Name of Administering State Agency:
CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:
QUEENS COLLEGE CENTER FOR JEWISH STUDIES
QUEENS COLLEGE, 65–30 KISSENA BOULEVARD
FLUSHING, NY 11367
(718) 997–5730

Name of Project Director:
WILLIAM HELMREICH

Purpose of Project:
FUNDS WILL BE USED FOR A FILM DIALOGUE SERIES AND COMMUNITY
SPEAKERS SERIES, WHICH ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:
$3,000

Requested By:
MAYERSOHN

Name of Administering State Agency:
CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

QUEENS COLLEGE CUNY
65–30 KISSENA BOULEVARD
FLUSHING, NY 11367
(718) 997–5550

Name of Project Director:

DR. RUTH FRISZ – COLLEGE COUNSELING CTR.

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PEER COUNSELORS WHO ARE REQUIRED TO PARTICIPATE IN THE FALL AND SPRING EDUCATIONAL RETREATS, AND TO PROVIDE SERVICE LEARNING AT A WEEKEND RETREAT.

Funded Amount:

$10,000

Requested By:

PERALTA

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:
QUEENSBOROUGH COMMUNITY COLLEGE FUND, INC.
222-05 56TH AVENUE
BAYSIDE, NY 11346
(718) 631-6392

Name of Project Director:
DR. EDUARDO MARTI

Purpose of Project:
FUNDS WILL BE USED TO EXPAND EDUCATIONAL RESOURCES, SERVICES, AND PROGRAMS ON THE HOLOCAUST.

Funded Amount:
$3,000

Requested By:
CARROZZA

Name of Administering State Agency:
CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

QUEENSBOROUGH COMMUNITY COLLEGE FUND, INC.
222-05 56TH AVENUE
BAYSIDE, NY 11364
(718) 631-6392

Name of Project Director:

DR. ARTHUR FLUG

Purpose of Project:

FUNDS WILL BE USED TO EXPAND EDUCATIONAL RESOURCES, PROGRAMS,
AND EXHIBITS ON THE HOLOCAUST.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:
QUEENSBOROUGH COMMUNITY COLLEGE FUND, INC.
222−05 56 AVENUE
BAYSIDE, NY 11364
(718) 281−5770

Name of Project Director:
DR. ARTHUR FLUG

Purpose of Project:
FUNDS WILL BE USED TO EXPAND EDUCATIONAL RESOURCES AND PROGRAMS ON THE HOLOCAUST.

Funded Amount:
$5,000

Requested By:
MAYERSOHN

Name of Administering State Agency:
CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

QUEENSBOROUGH COMMUNITY COLLEGE FUND, INC.
222–05 56TH AVENUE
BAYSIDE, NY  11364
(718) 631–6392

Name of Project Director:

DR. WILLIAM SCHULMAN

Purpose of Project:

FUNDS WILL BE USED TO EXPAND EDUCATIONAL RESOURCES AND PROGRAMS ON THE HOLOCAUST, INCLUDING THE KUPFERBERG CENTER’S LECTURE SERIES.

Funded Amount:

$3,000

Requested By:

PHEFFER

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK
695 PARK AVENUE, ROOM WI 611
NEW YORK, NY 10065
(212) 772-5599

Name of Project Director:

DR. ELAINE M. WALSH

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF A LEADERSHIP DEVELOPMENT PROGRAM THAT TRAINS STUDENTS, ESPECIALLY WOMEN, PEOPLE OF COLOR AND IMMIGRANTS FOR LEADERSHIP POSITIONS IN PUBLIC SERVICE.

Funded Amount:

$2,500

Requested By:

GLICK

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK
655 PARK AVENUE, ROOM W1611
NEW YORK, NY 10065
(212) 772–5595

Name of Project Director:

ELAINE M. WALSH

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF A PUBLIC SERVICE
SCHOLAR PROGRAM, WHICH TRAINS STUDENTS FOR LEADERSHIP
POSITIONS IN PUBLIC SERVICE.

Funded Amount:

$1,000

Requested By:

KAVANAGH

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

SHIRLEY CHISHOLM PROJECT AT MEDGAR EVERS COLLEGE
1650 BEDFORD AVENUE, DEPT. OF SOCIAL & BEHAVIORAL SCIENCES
BROOKLYN, NY 11225
(718) 270−4860

Name of Project Director:

MARIA DELONGORIA

Purpose of Project:

FUNDS WILL BE USED TO HEIGHTEN THE PUBLIC’S AWARENESS OF CHISHOLM AND EXPLORE HER LEGACY. AS PART OF THE COMMITTEE EFFORTS TO DOCUMENT ACTIVISM IN BROOKLYN CENTRAL, THE PROJECT IS HOPING TO ESTABLISH THE SHIRLEY CHISHOLM SPECIAL COLLECTION, AT MEDGAR EVERS.

Funded Amount:

$10,000

Requested By:

BOYLAND

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

ARTS STABILIZATION GRANTS
175 VARICK STREET
NEW YORK, NY 10014
(212) 647−4455

Name of Project Director:

HEATHER HITCHENS

Purpose of Project:

FUNDS WILL BE USED FOR THE SERVICES AND EXPENSES OF STABILIZATION GRANTS, WHICH SUPPORT THE OPERATING EXPENSES OF SMALL AND MID−SIZED ARTS ORGANIZATIONS.

Funded Amount:

$33,000

Requested By:

ENGLEBRIGHT, GLICK, HOYT, McENENY, O'DONNELL, PHEFFER, WEINSTEIN

Name of Administering State Agency:

COUNCIL ON THE ARTS
Legal Name, Address, and Telephone Number:

AGRICULTURAL STEWARDSHIP ASSOCIATION
28R MAIN STREET
GREENWICH, NY 12834
(518) 692–7720

Name of Project Director:

TERI PTACEK

Purpose of Project:

FUNDS WILL BE USED FOR STEWARDSHIP PROJECTS.

Funded Amount:

$15,000

Requested By:

MCDONALD

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

BOBBI AND THE STRAYS, INC.
107–57 100TH STREET
OZONE PARK, NY 11417
(718) 845–0779

Name of Project Director:

BOBBI GIORDANO

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE OPERATIONAL EXPENSES THAT HELP DEFRAY COSTS ASSOCIATED WITH THE CAT/DOG CARE PROGRAM. FUNDS WILL ALSO BE USED TO FIND HOMES FOR STRAYS AND ABUSED DOGS AND CATS, TREATMENT OF ABUSED DOGS AND CATS, AND FOR TREATMENT AND RESCUE.

Funded Amount:

$10,000

Requested By:

SEMINERIO

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

COOPERATIVE EXTENSION ASSOCIATION IN THE STATE OF NEW YORK
24 MARTIN ROAD, P.O. BOX 497
VOORHEESVILLE, NY 12186
(518) 765–3500

Name of Project Director:

LISA GODLEWSKI

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF VEHICLES TO TRANSPORT
4–H YOUTH DEVELOPMENT PARTICIPANTS.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

CORNELL UNIVERSITY COOPERATIVE EXTENSION, LEWIS COUNTY
OUTER STOWER STREET, P.O. BOX 72
LOWVILLE, NY 13367
(315) 376–5270

Name of Project Director:

MICHELE LEDOUX

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE TECHNOLOGY EQUIPMENT.

Funded Amount:

$6,000

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

CORNELL UNIVERSITY COOPERATIVE EXTENSION, OSWEGO COUNTY
3288 MAIN STREET
MEXICO, NY 13114
(315) 963–7286

Name of Project Director:

PAUL FORESTIERE

Purpose of Project:

FUNDS WILL BE USED FOR THE MEXICO REVITALIZATION PROJECT.

Funded Amount:

$29,000

Requested By:

BARCLAY

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:
COUNTY EXTENSION SERVICE ASSOCIATION IN THE STATE OF NEW YORK
64 FERNDALE LOOMIS ROAD
LIBERTY, NY 12754
(845) 292−6180

Name of Project Director:
JOE WALSH

Purpose of Project:
FUNDS WILL BE USED TOWARD THE RENOVATION AND REPAIR OF THE EXTENSION OFFICE.

Funded Amount:
$7,000

Requested By:
GUNTHER−A

Name of Administering State Agency:
DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

DUTCHESS COUNTY SHEEP AND WOOL GROWERS ASSOCIATION
111 KOZLOWSKI ROAD
ELIZAVILLE, NY 12523
(518) 537–4487

Name of Project Director:

SARA HEALY

Purpose of Project:

FUNDS WILL BE USED TO EXPAND MARKETING EFFORTS.

Funded Amount:

$2,500

Requested By:

MOLINARO

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

GENESEE COUNTY AGRICULTURAL SOCIETY, INC.
7522 MACOMBER ROAD
OAKFIELD, NY 14125
(585) 356–5752

Name of Project Director:

DUANE SCROGER

Purpose of Project:

FUNDS WILL BE USED FOR FAIR OFFICE AND MAINTENANCE OF BUILDINGS.

Funded Amount:

$1,000

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

GREENE COUNTY AGRICULTURAL SOCIETY
4660 ROUTE 81
GREENVILLE, NY 12083
(518) 966−4360

Name of Project Director:

RICHARD BEAR

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT.

Funded Amount:

$1,500

Requested By:

LOPEZ−P

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

HEMPSTEAD PLAINS REGION – AACA
248 WEST PARK AVENUE, SUITE 307
LONG BEACH, NY  11561
(516) 432–5998

Name of Project Director:

DR. HOLLY LAPINEH

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE COMMUNITY AWARENESS PROGRAM OF ANIMAL RESCUE.

Funded Amount:

$2,500

Requested By:

WEISENBERG

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

HUDSON VALLEY AGRIBUSINESS DEVELOPMENT CORPORATION
610 STATE STREET
HUDSON, NY 12534
(518) 828−4718

Name of Project Director:

TODD M. ERLING

Purpose of Project:

FUNDS WILL BE USED FOR THE HUDSON VALLEY AGRIBUSINESS INCUBATOR WITHOUT WALLS WHICH WILL PROVIDE TECHNICAL ASSISTANCE TO FARMERS IN THE HUDSON VALLEY.

Funded Amount:

$3,000

Requested By:

MOLINARO

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

HUDSON VALLEY FRESH
47 SOUTH HAMILTON
POUGHKEEPSIE, NY 12601
(845) 758–6279

Name of Project Director:

JEROME SIMONETTY

Purpose of Project:

FUNDS WILL BE USED FOR A WALK–IN COOLER FOR DAIRY PRODUCTS.

Funded Amount:

$4,700

Requested By:

MOLINARO

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

HUMANE SOCIETY OF ROCHESTER AND MONROE COUNTY PCA, INC.
99 VICTOR ROAD
FAIRPORT, NY 14450
(585) 223−1330

Name of Project Director:

CATHERINE WRIGHT

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF ANIMAL ADOPTION SERVICES AND COMMUNITY OUTREACH PROGRAMS INCLUDING HUMANE EDUCATION ACTIVITIES, FINANCIAL ASSISTANCE FOR LOW INCOME PET OWNERS AND CRUELTY PREVENTION PROGRAMS.

Funded Amount:

$15,000

Requested By:

KOON

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

JUST FOOD, INC.
208 EAST 51ST STREET
NEW YORK, NY 10022
(212) 645–9880

Name of Project Director:

OWEN TAYLOR

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE VARIOUS URBAN AGRICULTURAL PRACTICES IN COORDINATION WITH THE NEW YORK CITY PARKS DEPARTMENT, INCLUDING THE DISSEMINATION OF RELEVANT CITY REGULATIONS AND CODES.

Funded Amount:

$5,000

Requested By:

RIVERA–J

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

MORRISVILLE AUXILIARY CORPORATION
3261 ROUTE 20
CAZENOVIA, NY  13035
(315) 655–8831

Name of Project Director:

DAVE EVANS

Purpose of Project:

FUNDS WILL BE USED TO COMPLETE THE INTEGRATION OF THE NELSON FARMS AND DAIRY INCUBATOR OPERATIONS TO A DATA MANAGEMENT SYSTEM.

Funded Amount:

$50,000

Requested By:

MAGEE

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

OUT OF THE PITS, INC.
P.O. BOX 7238
ALBANY, NY 12224
(518) 329–1595

Name of Project Director:

LORI ISABELLA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH SCHOOL WORKSHOPS, PUBLIC EDUCATION CLINICS, SHELTER OUTREACH AND THERAPY PROGRAMS DESIGNED TO FOSTER PROPER CARE AND HUMANE TREATMENT OF ANIMALS.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

PFEIFFER CENTER
260 HUNGRY HOLLOW ROAD
CHESTNUT RIDGE, NY 10977
(845) 352−5020  Ext: 12

Name of Project Director:

RAFAEL MANACAS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES TO PROVIDE 520 ELEMENTARY SCHOOL STUDENTS EXPOSURE TO FARM AND GARDEN ACTIVITIES WHICH SUPPORT NEW YORK STATE CURRICULUM GUIDELINES.

Funded Amount:

$2,000

Requested By:

JAFFEE

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

RENAISSANCE FARMER’S MARKET
107 UNION STREET
COBLESKILL, NY 12043
(518) 234–2373

Name of Project Director:

TOM WADSWORTH

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM COSTS.

Funded Amount:

$600

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

RONDOUT VALLEY GROWERS ASSOCIATION, INC.
P.O. BOX 867
STONE RIDGE, NY  12484
(845) 687–2587

Name of Project Director:

DEBBIE BILTONEN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF PROMOTING ANNUAL MARKETING EVENTS.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

SARATOGA COUNTY FAIR
162 PROSPECT STREET
BALLSTON SPA, NY 12020
(518) 885-9701

Name of Project Director:

DICK ROWLAND

Purpose of Project:

FUNDS WILL BE USED TO CONSTRUCT A LOW MAINTENANCE EXHIBIT AREA SHOWCASING INDIGENOUS TREES AND SHRUBS AND NEW YORK STATE’S OUTDOOR COOKING HERITAGE.

Funded Amount:

$6,030

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

SAUGERTIES FARMER’S MARKET
43 PARTITION STREET
SAUGERTIES, NY 12477
(845) 246–7987

Name of Project Director:

JUDITH SPEKTOR

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM COSTS.

Funded Amount:

$2,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

SCHOHARIE COUNTY SUNSHINE FAIR
P.O. BOX 249, 113 SUNSHINE DRIVE
COBLESKILL, NY 12043
(518) 234−2123

Name of Project Director:

DOUG CATER

Purpose of Project:

FUNDS WILL BE USED FOR BUILDING RENOVATIONS.

Funded Amount:

$1,000

Requested By:

LOPEZ−P

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

STATEN ISLAND COUNCIL FOR ANIMAL WELFARE, INC.
P.O. BOX 120125
STATEN ISLAND, NY 10312
(718) 948–5623

Name of Project Director:

ELLEN DONNELLY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A PROACTIVE PROGRAM OF SPAY/NEUTER SURGERY FOR THE HOMELESS AND STRAY PETS IN THE COMMUNITY IN ORDER TO COMBAT THE GROWING PROBLEM OF PET OVER–POPULATION ON STATEN ISLAND.

Funded Amount:

$4,000

Requested By:

CUSICK

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

TOWN OF NEW BALTIMORE
3809 COUNTY ROUTE 51
HANNACROIX, NY 12087
(518) 756-2079

Name of Project Director:

DAVID LOUIS

Purpose of Project:

FUNDS WILL BE USED FOR THE DEVELOPMENT AND OUTREACH OF THE LOCAL FARMERS' MARKET.

Funded Amount:

$4,500

Requested By:

GORDON-T

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

ULSTER COUNTY SPCA
20 WIEDY ROAD
KINGSTON, NY  12401
(845) 331−5377  Ext: 11

Name of Project Director:

CINDY CAPORALE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTERS AND SOFTWARE.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

DEPARTMENT OF AGRICULTURE AND MARKETS
Legal Name, Address, and Telephone Number:

161ST STREET MERCHANTS ASSOCIATION, INC.
891 SHERIDAN AVENUE
BRONX, NY  10451
(718) 601–7959

Name of Project Director:

ANNE A. LINDSEY

Purpose of Project:

Funds will be used for a resource guide/newsletter that will inform and promote business growth, as well as local development on 161st Street and surrounding areas in the Bronx.

Funded Amount:

$6,000

Requested By:

BENJAMIN

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

ARTS AND CULTURAL COUNCIL OF GREATER ROCHESTER
277 NORTH GOODMAN STREET
ROCHESTER, NEW YORK 14607
(585) 473–4000

Name of Project Director:

SARAH LENTINI

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING AND ADMINISTRATIVE COSTS ASSOCIATED WITH THE PROMOTION OF ARTISTS, CULTURAL ORGANIZATIONS AND COMMUNITY EVENTS.

Funded Amount:

$75,000

Requested By:

MORELLE

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

ASSOCIATION OF INFORMED VOICES, INC.
P.O. BOX 360485
BROOKLYN, NY 11236
(718) 251–1670

Name of Project Director:

WANDA THRIG

Purpose of Project:

FUNDS WILL BE USED TO IMPLEMENT A COMMUNITY EFFORT TO ORGANIZE MERCHANTS AND RESIDENTS ON THE ROCKAWAY PARKWAY MERCHANTS STRIP, INCLUDING ACTIVITIES TO START A MERCHANT ASSOCIATION.

Funded Amount:

$5,000

Requested By:

PERRY

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

ATLANTIC AVENUE BETTERMENT ASSOCIATION, INC.
321 ATLANTIC AVENUE
BROOKLYN, NY 11201
(718) 852–7418

Name of Project Director:

SANDY BALBOZA

Purpose of Project:

FUNDS WILL BE USED TO PRODUCE UPDATED SHOPPING GUIDES FOR THE 132 SMALL BUSINESSES ON ATLANTIC AVENUE, AABA’S MAIN MARKETING TOOL TO REACH OUT TO TOURISTS, SURROUNDING NEIGHBORHOODS AND OTHER AREAS OF NEW YORK CITY.

Funded Amount:

$3,500

Requested By:

MILLMAN

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

BED STUY ALIVE! COLLECTIVE
COMMUNITY BOARD #3 – 1360 FULTON STREET, 2ND FLOOR PLAZA
BROOKLYN, NY 11216
(718) 622–6601

Name of Project Director:

THOMA FAULKNER

Purpose of Project:

FUNDS WILL BE USED TO ASSIST THE MARKETING EFFORTS OF NEW BUSINESSES IN BEDFORD STUYVESANT.

Funded Amount:

$5,000

Requested By:

ROBINSON

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

BEST OF BROOKLYN, INC.
209 JORALEMON STREET
BROOKLYN, NY 11201
(718) 852–3900

Name of Project Director:

CAROLYN GREER

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE THE TOURISM INDUSTRY IN BROOKLYN.

Funded Amount:

$4,000

Requested By:

MAISEL

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

BINATIONAL TOURISM ALLIANCE, INC.
70 WEST CHIPPEWA STREET, SUITE 607
BUFFALO, NY  14202
(716) 849–5834

Name of Project Director:

ARLENE WHITE

Purpose of Project:

FUNDS WILL BE USED TO UNDERTAKE SPECIFIC RESEARCH RELATED TO FURTHERING ECONOMIC DEVELOPMENT AND JOB CREATION OPPORTUNITIES BETWEEN WESTERN NEW YORK AND SOUTHERN ONTARIO IN THE TOURISM AND CULTURAL INDUSTRY SECTORS.

Funded Amount:

$10,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

BRONX BUSINESS ALLIANCE, INC.
4309B WHITE PLAINS ROAD
BRONX, NY 10466
(718) 231–2847

Name of Project Director:

MARGARET ARRIGHI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MERCHANT ORGANIZATION AND MARKETING SERVICES TO BUSINESSES IN THE NORTHEAST BRONX. FUNDS WILL ALSO BE USED TO PURCHASE MATERIALS AND SUPPLIES FOR ORGANIZATIONAL EVENTS, SEMINARS AND MARKETING EVENTS.

Funded Amount:

$31,500

Requested By:

HEASTIE

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

BRONX BUSINESS ALLIANCE, INC.
4309B WHITE PLAINS ROAD
BRONX, NY 10466
(718) 231−2847

Name of Project Director:

MARGARET ARRIGHI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MERCHANT ORGANIZATION AND MARKETING SERVICES TO BUSINESSES IN THE NORTHEAST BRONX. FUNDS WILL ALSO BE USED TO PURCHASE MATERIALS AND SUPPLIES FOR ORGANIZATIONAL EVENTS, SEMINARS AND MARKETING EVENTS. THESE FUNDS WILL ALSO BE USED FOR A GRAFFITI REMOVAL PROGRAM.

Funded Amount:

$14,700

Requested By:

HEASTIE

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

BRONX COUNCIL FOR ECONOMIC DEVELOPMENT LOCAL DEVELOPMENT CORPORATION
807 LYDIG AVENUE, SUITE 200
BRONX, NY 10462
(718) 892–2020

Name of Project Director:

VINCENT PINELA

Purpose of Project:

FUNDS WILL BE USED TO CONTRACT WITH NEIGHBORHOOD ORGANIZATIONS AND/OR PROGRAMS TO SUPPORT BUSINESS DEVELOPMENT AND/OR COMMUNITY SERVICES TO CHILDREN, SENIORS, AND FAMILIES.

Funded Amount:

$73,500

Requested By:

RIVERA–N

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

BUFFALO FIRST, INC.
617 MAIN STREET
BUFFALO, NY 14203
(716) 913–1990

Name of Project Director:

AMY KEDRON

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATING CONSUMERS AND LOCAL BUSINESSES ABOUT CREATING LOCAL, GREEN AND FAIR ECONOMIES.

Funded Amount:

$3,000

Requested By:

HOYT

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

CARIBBEAN AMERICAN CHAMBER OF COMMERCE & INDUSTRY EDUCATIONAL FOUNDATION, INC.
63 FLUSHING AVENUE
BROOKLYN, NY  11205
(718) 834−4544

Name of Project Director:

DR. ROY HASTICK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE SMALL BUSINESS COUNSELING ($3,500). FUNDS WILL ALSO SUPPORT AVENUE D SMALL BUSINESS MEN AND WOMEN ECONOMIC DEVELOPMENT PROGRAMS AND THE ANNUAL HOLIDAY LIGHTING PROJECT ($1,500).

Funded Amount:

$5,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

CAYUGA CHAMBER OF COMMERCE
36 SOUTH STREET
AUBURN, NY 13021
(315) 252–7291

Name of Project Director:

TERRI BRIDENBECKER

Purpose of Project:

FUNDS WILL BE USED FOR NEW COMPUTER AND TELEPHONE EQUIPMENT.

Funded Amount:

$5,000

Requested By:

FINCH

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

CHAMBER OF COMMERCE OF THE BELLMORES
P.O. BOX 861
BELLMORE, NY 11710
(516) 679-1875

Name of Project Director:

SANDRA JOHNSON

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC OPERATIONS OF THE CHAMBER.

Funded Amount:

$5,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

COLUMBIA HUDSON PARTNERSHIP
610 STATE STREET
HUDSON, NY 12534
(518) 828-4718

Name of Project Director:

JAMES P. GALVIN

Purpose of Project:

FUNDS WILL BE USED TO FUND PACE LAND USE SEMINARS IN COLUMBIA COUNTY.

Funded Amount:

$7,000

Requested By:

MOLINARO

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

COMMISION ON ECONOMIC OPPORTUNITY
2331 FIFTH AVENUE
TROY, NY 12180
(518) 272–6012

Name of Project Director:

KAREN GORDEN

Purpose of Project:

FUNDS WILL BE USED FOR HOOSICK BRANCH PROGRAMS AND SERVICES.

Funded Amount:

$10,000

Requested By:

MCDONALD

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

CORNELL COOPERATIVE EXTENSION OF SARATOGA COUNTY
50 WEST HIGH STREET
BALLSTON SPA, NY 12020
(518) 885−8995

Name of Project Director:

WILLIAM SCHWERD

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF A SEPTIC SYSTEM.

Funded Amount:

$9,000

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

CORNELL UNIVERSITY COOPERATIVE EXT. SCHENECTADY COUNTY
107 NOTT TERRACE, SUITE 301
SCHENECTADY, NY 12308
(518) 372–1622  Ext: 261

Name of Project Director:

ANITA PALEY

Purpose of Project:

FUNDS WILL BE USED TO FOSTER YOUTH DEVELOPMENT USING SHOOTING SPORTS AS A FOUNDATION TO ENCOURAGE RESPONSIBLE ENVIRONMENTAL STEWARDS.

Funded Amount:

$14,500

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

EAST MEADOW CHAMBER OF COMMERCE
600 OLD COUNTRY ROAD, SUITE 435
GARDEN CITY, NY 11530
(516) 729–9560

Name of Project Director:

PAUL STARGOT

Purpose of Project:

FUNDS WILL BE USED FOR BUSINESS AND COMMUNITY ENHANCEMENT.

Funded Amount:

$5,000

Requested By:

MCKEVITT

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

EAST MEADOW CHAMBER OF COMMERCE
600 OLD COUNTRY ROAD
GARDEN CITY, NY 11530
(516) 729–9560

Name of Project Director:

PAUL STARGOT

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT YOUTH RECREATIONAL AND VOCATIONAL PROGRAMS AND BEAUTIFICATION EFFORTS THROUGHOUT THE AREA.

Funded Amount:

$3,000

Requested By:

WALKER

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

GREATER BINGHAMTON SCORE CHAPTER 217
1005 BEECHWOOD LANE
VESTAL, NY 13850
(607) 748–8900

Name of Project Director:

WILLIAM RITTER

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS FOR BUSINESS.

Funded Amount:

$5,000

Requested By:

CROUCH

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

GREATER SCHOHARIE BUSINESS ALLIANCE
P.O. BOX 73
SCHOHARIE, NY 12157
(518) 295–8101

Name of Project Director:

AMBER MCGIVER

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM COSTS AND TOURISM EQUIPMENT.

Funded Amount:

$1,500

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

GREECE CHAMBER OF COMMERCE  
2496 WEST RIDGE ROAD, SUITE 201  
ROCHESTER, NY 14626  
(585) 227−7272

Name of Project Director:

JODIE A. PERRY

Purpose of Project:

FUNDS WILL BE USED FOR IMPROVEMENTS TO HENPECK PARK ALONG THE ERIE CANAL.

Funded Amount:

$1,500

Requested By:

REILICH

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

HICKSVILLE CHAMBER OF COMMERCE
10 WEST MARIE STREET
HICKSVILLE, NY 11801
(516) 931–7170

Name of Project Director:

JAMES PAVONE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE HOLIDAY DECORATIONS AND DOWNTOWN REVITALIZATION EFFORTS.

Funded Amount:

$11,000

Requested By:

WALKER

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

HUNTINGTON CHAMBER FOUNDATION (LEADERSHIP PROGRAM)
164 MAIN STREET
HUNTINGTON, NY 11743
(631) 423-6100

Name of Project Director:

KEN CHRISTENSEN

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$2,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

HUNTINGTON CHAMBER OF COMMERCE
164 MAIN STREET
HUNTINGTON, NY 11743
(631) 423–6100

Name of Project Director:

LINDA MITCHELL

Purpose of Project:

FUNDS WILL BE USED FOR A YOUNG PROFESSIONAL PROGRAM.

Funded Amount:

$5,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

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

Name of Project Director:

TONY BERKEL

Purpose of Project:

FUNDS WILL BE USED TO CONTRIBUTE TO THE ECONOMIC DEVELOPMENT OF THE COMMUNITIES OF LAURELTON, ROSEDALE AND SPRINGFIELD GARDENS, NEW YORK.

Funded Amount:

$65,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

M−ARK PROJECT
773 MAIN STREET, P.O. BOX 12455
MARGARETVILLE, NY 12455
(845) 586−3500

Name of Project Director:

JOAN LAWRENCE−BAUER

Purpose of Project:

FUNDS WILL BE USED FOR A PAVILION.

Funded Amount:

$4,000

Requested By:

CROUCH

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

MAHOPAC CHAMBER OF COMMERCE
953 SOUTH LAKE BOULEVARD, P.O. BOX 160
MAHOPAC, NY 10541
(845) 628–5553

Name of Project Director:

WILLIAM TOSCANI

Purpose of Project:

FUNDS WILL BE USED FOR COACHING SEMINARS FOR LOCAL SMALL BUSINESS OWNERS.

Funded Amount:

$7,000

Requested By:

BALL

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

MASSAPEQUA CHAMBER OF COMMERCE
674 BROADWAY
MASSAPEQUA, NY 11758
(516) 541–1443

Name of Project Director:

JOSEPH BASILE

Purpose of Project:

FUNDS WILL BE USED FOR THE SUPPORT OF PROGRAMS.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

MERRICK CHAMBER OF COMMERCE
P.O. BOX 53
MERRICK, NY 11566
(516) 410-3113

Name of Project Director:

MARIAN FRAKER–GUTIN

Purpose of Project:

FUNDS WILL BE USED FOR THEIR ANNUAL FALL FESTIVAL.

Funded Amount:

$5,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

MOHAWK VALLEY HERITAGE CORRIDOR
66 MONTGOMERY STREET
CANAJOHARIE, NY 13317
(518) 673−1045

Name of Project Director:

TRACY MONTONI

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE DATABASE.

Funded Amount:

$5,000

Requested By:

BUTLER−M

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

MOHAWK VALLEY HERITAGE CORRIDOR COMMISSION
66 MONTGOMERY STREET
CANAJOHARIE, NY 13317
(518) 673−1045  Ext: 225

Name of Project Director:

TRACY MONTONI

Purpose of Project:

FUNDS WILL BE USED TO UPDATE DATABASE.

Funded Amount:

$1,000

Requested By:

AMEDORE

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

MYRTLE AVENUE COMMERCIAL REVITALIZATION & DEVELOPMENT
PROJECT, LDC
472 MYRTLE AVENUE, 2ND FLOOR
BROOKLYN, NY 11205
(718) 230−3674

Name of Project Director:

MICHAEL BLAISE BACKER

Purpose of Project:

FUNDS WILL BE USED TO HELP RESTORE MYRTLE AVENUE IN FORT
GREENE TO AN ECONOMICALLY VITAL NEIGHBORHOOD COMMERCIAL
CORRIDOR BENEFITING THE SURROUNDING COMMUNITY.

Funded Amount:

$5,000

Requested By:

LENTOL

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

NORTH FORK PROMOTION COUNCIL, INC.
P.O. BOX 728
GREENPORT, NY 11944
(631) 477−9600

Name of Project Director:

NEBOYSHA BRASHICH

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN THE PROMOTION OF THE AGRI−TOURISM MARKET FOR THE EAST END OF LONG ISLAND’S NORTH FORK BUSINESSES, WINERIES, AND FARMS.

Funded Amount:

$5,000

Requested By:

ALESSI

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

ORLEANS COUNTY CHAMBER OF COMMERCE
121 NORTH MAIN STREET, SUITE 110
ALBION, NY 14411
(585) 589−7727

Name of Project Director:

KELLY KIEBALA

Purpose of Project:

FUNDS WILL BE USED FOR HOLIDAY LIGHTS FOR ABA AND ORLEANS COUNTY CHAMBER OF COMMERCE FOR A COPY MACHINE.

Funded Amount:

$3,400

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

PICTUREFEST INTERNATIONAL, INC.
50 WEST MAIN STREET, SUITE 8100
ROCHESTER, NY 14614
(585) 428–2970

Name of Project Director:

JUDY SEIL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE HIGH FALLS FILM FESTIVAL.

Funded Amount:

$75,000

Requested By:

MORELLE

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

RIDGECOOD LOCAL DEVELOPMENT CORPORATION
60-82 MYRTLE AVENUE, 2ND FLOOR
RIDGEWOOD, NY 11385
(718) 366–3806

Name of Project Director:

THEODORE M. RENZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET PROGRAMMATIC, ADMINISTRATIVE, AND OPERATIONAL EXPENSES, INCLUDING BUT NOT LIMITED TO RENT, TELEPHONE, ELECTRIC, OFFICE COPIER SUPPLIES, AND AUDIT EXPENSES. THE ORGANIZATION OPERATES ECONOMIC AND COMMUNITY IMPROVEMENT PROGRAMS.

Funded Amount:

$20,000

Requested By:

NOLAN

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

RIDGEWOOD LOCAL DEVELOPMENT CORPORATION
60–82 MYRTLE AVENUE, 2ND FLOOR
RIDGEWOOD, NY 11385
(718) 366–3806

Name of Project Director:

THEODORE M. RENZ

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATING AND ADMINISTRATIVE COSTS FOR ECONOMIC AND COMMUNITY IMPROVEMENT PROGRAMS IN THE RIDGEWOOD AREA. FUNDS WILL ALSO FURTHER THE ATTRACTION, RETENTION, AND DEVELOPMENT OF COOPERATIVE ECONOMIC REVITALIZATION PROGRAMS AND STRENGTHEN, UPGRADE AND EXPAND BUSINESS OPERATIONS.

Funded Amount:

$10,000

Requested By:

SEMINERIO

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

ROCKAWAY DEVELOPMENT AND REVITALIZATION CORPORATION
1920 MOTT AVENUE
FAR ROCKAWAY, NY  11691
(718) 471–6040

Name of Project Director:

KEVIN ALEXANDER

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE CAPACITY TO ATTRACT BUSINESSES AND JOBS TO THE ROCKAWAYS, AS WELL AS TO PROVIDE JOB−READINESS TRAINING TO RESIDENTS.

Funded Amount:

$30,000

Requested By:

TITUS

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

ROCKAWAY DEVELOPMENT AND REVITALIZATION CORPORATION
1920 MOTT AVENUE
FAR ROCKAWAY, NY 11691
(718) 327−5300

Name of Project Director:

KEVIN ALEXANDER

Purpose of Project:

FUNDS WILL BE USED FOR REVITALIZATION WHICH INCLUDES FACADE IMPROVEMENTS, LIGHTING UPGRADES, KIOSKS, BANNERS, UNIFORM SIGNAGE, ROLL−DOWN GATES, TRASH RECEPTACLES AND IMPROVED MAINTENANCE SERVICES.

Funded Amount:

$5,000

Requested By:

PHEFFER

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

SAG HARBOR CHAMBER OF COMMERCE
P.O. BOX 2810
SAG HARBOR, NY 11963
(631) 725–1700

Name of Project Director:

BRYAN BOYHAN

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY PROGRAM.

Funded Amount:

$2,500

Requested By:

THIELE

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

SARANAC LAKE AREA CHAMBER OF COMMERCE
39 MAIN STREET
SARANAC LAKE, NY 12983
(518) 891–1990

Name of Project Director:

SYLVIE D. NELSON

Purpose of Project:

FUNDS WILL BE USED FOR A LOCAL AWARENESS CAMPAIGN FOR THE ADIRONDACK REGIONAL AIRPORT.

Funded Amount:

$5,000

Requested By:

DUPREY

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

SCHENECTADY COUNTY DEPT. OF ECONOMIC DEVELOPMENT AND PLANNING
107 NOTT TERRACE, SUITE 303
SCHENECTADY, NY 12308
(518) 386−2225

Name of Project Director:

MARK STORTI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE APPROXIMATELY 600 RAINBOW TROUT TO BE RELEASED IN LOCAL STREAMS FOR THE INDIAN KILL FISHING DAY 2008.

Funded Amount:

$1,600

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

SCHOHARIE COUNTY CHAMBER OF COMMERCE
113 PARK PLACE, SUITE 2
SCHOHARIE, NY 12157
(518) 295-6550

Name of Project Director:

JODI RUTT

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM COSTS AND TOURISM EQUIPMENT.

Funded Amount:

$1,500

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

SCORE–AUBURN CHAPTER 201
36 SOUTH STREET
AUBURN, NY 13021
(315) 252–7291

Name of Project Director:

THOMAS PETERSON

Purpose of Project:

FUNDS WILL BE USED FOR MARKETING AND TRAINING PROGRAMS.

Funded Amount:

$2,500

Requested By:

FINCH

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

SECOND AVENUE BUSINESS ASSOCIATION
500 EAST 77TH STREET, #1412
NEW YORK, NY 10021
(646) 229–8428

Name of Project Director:

ELAINE M. WALSH

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE SHOP SECOND AVENUE CAMPAIGN, WHICH WILL ATTRACT MORE CONSUMER PRESENCE TO THE AREAS.

Funded Amount:

$2,500

Requested By:

KELLNER

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
LEGAL NAME, ADDRESS, AND TELEPHONE NUMBER:
SECOND AVENUE BUSINESS ASSOCIATION
400 EAST 77TH STREET, SUITE 1412
NEW YORK, NY 10021
(646) 229-8428

NAME OF PROJECT DIRECTOR:
BARBARA D’ANTONIO

PURPOSE OF PROJECT:
FUNDS WILL BE USED FOR THE SHOP SECOND AVENUE CAMPAIGN TO ATTRACT MORE CONSUMER PRESENCE IN THE LOCAL AREA, ESPECIALLY THE AREAS AFFECTED BY THE SECOND AVENUE SUBWAY CONSTRUCTION.

FUNDED AMOUNT:
$2,500

REQUESTED BY:
BING

NAME OF ADMINISTERING STATE AGENCY:
DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

SIDNEY CHAMBER OF COMMERCE
P.O. BOX 2295
SIDNEY, NY 13838
(607) 561-2642

Name of Project Director:

THOMAS MARABITO, JR.

Purpose of Project:

FUNDS WILL BE USED FOR MAIN STREET IMPROVEMENTS.

Funded Amount:

$1,250

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

SMALL BUSINESS STRATEGIC ALLIANCE  
662 PLANK ROAD, SUITE A  
CLIFTON PARK, NY 12065  
(518) 383–5668

Name of Project Director:

JAMES PHEIFFER

Purpose of Project:

Funds will be used to offset costs for the small business information expo, providing over 80 information booths for small to medium size businesses to gain assistance and be connected with appropriate information.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

SOUTHWEST BROOKLYN INDUSTRIAL DEVELOPMENT CORPORATION
241 41st STREET, 2ND FLOOR
BROOKLYN, NY 11232
(718) 965–3100

Name of Project Director:

PHAEDRA THOMAS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT POLICY AND PLANNING WORK THAT ENSURES A PLACE FOR SMALL BUSINESSES IN SOUTHWEST BROOKLYN.

Funded Amount:

$4,000

Requested By:

ORTIZ

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

STATEN ISLAND ECONOMIC DEVELOPMENT CORPORATION
900 SOUTH AVENUE, SUITE 402
STATEN ISLAND, NY 10314
(718) 477−1400  Ext: 15

Name of Project Director:

JEANNINE MAROTTA

Purpose of Project:

FUNDS WILL BE USED TOWARD THE COSTS OF PRODUCING, PROMOTING, AND ADVERTISING THE STATEN ISLAND FILM FESTIVAL AND TO FOSTER TOURISM ON STATEN ISLAND.

Funded Amount:

$5,000

Requested By:

TITONE

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

STATEN ISLAND ECONOMIC DEVELOPMENT CORPORATION
900 SOUTH AVENUE, SUITE 402
STATEN ISLAND, NY 10314
(718) 477−1400 Ext: 15

Name of Project Director:

JEANNINE MAROTTA

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH PRESENTING THE STATEN ISLAND FILM FESTIVAL, WHICH IS DESIGNED TO HELP FOSTER AN ARTISTIC ATMOSPHERE ON STATEN ISLAND, PROMOTE CULTURAL AWARENESS AND BOOST ECONOMIC DEVELOPMENT.

Funded Amount:

$20,000

Requested By:

CUSICK

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

SYRACUSE ALLIANCE FOR A NEW ECONOMY
404 OAK STREET
SYRACUSE, NY 13202
(315) 422−3363  Ext: 11

Name of Project Director:

MARK SPADAFORE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE START UP FUNDS FOR THIS COMMUNITY BASED PROGRAM. S.A.N.E. IS WORKING IN THE POOREST AREAS OF THE CITY OF SYRACUSE TO SECURE JOB OPPORTUNITIES FOR THE NEIGHBORHOOD POPULATION.

Funded Amount:

$5,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

TIOGA COUNTY TOURISM
80 NORTH AVENUE
OWEGO, NY 13827
(607) 687-7440

Name of Project Director:

STELLA RESCHKE

Purpose of Project:

FUNDS WILL BE USED FOR LIGHTS ON THE RIVER HOLIDAY FESTIVAL ILLUMINATED WREATHES, POLE WRAPS, BOWS, BANNERS, TRIM FOR COUNTY COURTHOUSE, DISPLAYS.

Funded Amount:

$2,500

Requested By:

FINCH

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

WEST BRIGHTON COMMUNITY LOCAL DEVELOPMENT CORPORATION
1207 CASTLETON AVENUE
STATEN ISLAND, NY 10310
(718) 816–4775

Name of Project Director:

SUSAN MEEKER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ONE-ON-ONE TECHNICAL ASSISTANCE, AND SEMINARS ON ISSUES OF IMPORTANCE TO WOMEN AND MINORITY BUSINESS OWNERS AND ENTREPRENEURS.

Funded Amount:

$3,000

Requested By:

TITONE

Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT
Legal Name, Address, and Telephone Number:

ALBANY COUNTY SOIL AND WATER CONSERVATION DISTRICT
24 MARTIN ROAD, P.O. BOX 497
VOORHEESVILLE, NY 12186
(518) 765–7923

Name of Project Director:

SUSAN L. LEWIS

Purpose of Project:

FUNDS WILL BE USED FOR HOSTING A BUS TOUR TO HIGHLIGHT CONSERVATION PROJECTS IN ALBANY COUNTY.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

ALLEY POND ENVIRONMENTAL CENTER, INC.
228–06 NORTHERN BOULEVARD
DOUGLASTON, NY 11362
(718) 229–4000

Name of Project Director:

ALINE EULER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ENVIRONMENTAL / NATURE EDUCATIONAL PROGRAMS TO INDIVIDUALS OF ALL AGES.

Funded Amount:

$5,000

Requested By:

WEPRIN

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

ALLEY POND ENVIRONMENTAL CENTER, INC.
228–06 NORTHERN BOULEVARD
DOUGLASTON, NY 11363
(718) 229–4000

Name of Project Director:

IREN SCHEID

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET THE COSTS INVOLVED WITH PROVIDING ENVIRONMENTAL PROGRAMS FOR SCHOOL AGE CHILDREN.

Funded Amount:

$5,000

Requested By:

CARROZZA

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

ANDREW E. ZIMMER FISH & GAME CONSERVATION ASSOCIATION
4411 ARTHUR KILL ROAD
STATEN ISLAND, NY 10312
(718) 948–9599

Name of Project Director:

JOHN DONAHUE

Purpose of Project:

FUNDS WILL BE USED FOR YOUTH CONSERVATION PROGRAMS THAT FOCUS ON WILDLIFE AND PARK CONSERVATION.

Funded Amount:

$3,000

Requested By:

TOBACCO

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

BALDWIN OAKS CIVIC ASSOCIATION
P.O. BOX 1704
BALDWIN, NY  11510
(516) 263−3730

Name of Project Director:

JACQUELINE BELL

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT A STUDY ON FROGS IN THE WETLANDS BY YOUNG PEOPLE IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

HOOPER

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

BRONX COUNCIL FOR ENVIRONMENTAL QUALITY, INC.
P.O. BOX 265, CITY ISLAND STATION
BRONX, NY 10464
(718) 796–1648

Name of Project Director:

ELLEN POLLAN

Purpose of Project:

FUNDS WILL BE USED TO WRITE, LAYOUT, PRINT, AND MAIL ENVIRONMENTAL NEWSLETTERS TO BRONX RESIDENTS.

Funded Amount:

$3,000

Requested By:

DINOWITZ

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN BOTANIC GARDEN CORPORATION
1000 WASHINGTON AVENUE
BROOKLYN, NY 11225
(718) 941–4044

Name of Project Director:

SCOTT MEDBURY

Purpose of Project:

Funds will be used to provide educational programs including, but not limited to, horticulture and ecology.

Funded Amount:

$1,500

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK–KRASNY, CAMARA, COLTON, CYMBROWITZ–S, GORDON–D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ–V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN BOTANIC GARDEN CORPORATION
1000 WASHINGTON AVENUE
BROOKLYN, NY 11225
(718) 941-4044

Name of Project Director:

SCOTT MEDBURY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS IN HORTICULTURE AND ECOLOGY.

Funded Amount:

$1,000

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK–KRASNY, CAMARA, COLTON, CYMBROWITZ–S, GORDON–D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ–V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN BOTANIC GARDEN CORPORATION
1000 WASHINGTON AVENUE
BROOKLYN, NY 11225
(718) 623–7269

Name of Project Director:

SCOT MEDBURY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS IN HORTICULTURE AND ECOLOGY FOR SCHOOL AGE YOUNGSTERS.

Funded Amount:

$1,500

Requested By:

MILLMAN

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN BOTANIC GARDEN CORPORATION
1000 WASHINGTON AVENUE
BROOKLYN, NY  11225
(718) 941–4044

Name of Project Director:

SCOTT MEDBURY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS IN HORITICULTURE AND ECOLOGY.

Funded Amount:

$2,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN BOTANIC GARDEN CORPORATION
1000 WASHINGTON AVENUE
BROOKLYN, NY 11225
(718) 941–4044

Name of Project Director:

SCOTT MEDBURY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS IN HORTICULTURE AND ECOLOGY.

Funded Amount:

$1,458

Requested By:

ABBATE, BOYLAND, BRENAN, BROOK–KRASNY, CAMARA, COLTON, CYMBROWITZ–S, GORDON–D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ–V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN BOTANIC GARDEN CORPORATION
1000 WASHINGTON AVENUE
BROOKLYN, NY 11225
(718) 623-7269

Name of Project Director:

SCOTT MEDBURY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS IN HORTICULTURE AND ECOLOGY.

Funded Amount:

$1,458

Requested By:

BRENNAN

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN BOTANIC GARDEN CORPORATION
1000 WASHINGTON AVENUE
BROOKLYN, NY 11225
(718) 941–4044

Name of Project Director:

SCOTT MEDBURY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS IN HORTICULTURE AND ECOLOGY.

Funded Amount:

$1,500

Requested By:

MAISEL

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN BOTANIC GARDEN CORPORATION  
1000 WASHINGTON AVENUE  
BROOKLYN, NY  11225  
(718) 941–4044

Name of Project Director:

SCOTT MEDBURY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS IN HORTICULTURE AND ECOLOGY.

Funded Amount:

$1,458

Requested By:

LENTOL

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN BOTANIC GARDEN CORPORATION
1000 WASHINGTON AVENUE
BROOKLYN, NY 11225
(718) 623–7200

Name of Project Director:

AARON BOUSKA

Purpose of Project:

FUNDS WILL BE USED FOR PROJECT GREEN REACH, WHICH GIVES CHILDREN IN BROOKLYN A UNIQUE HANDS–ON OPPORTUNITY TO LEARN ABOUT SCIENCE, ECOLOGY, AND THE ENVIRONMENT IN THEIR CLASSROOMS, NEIGHBORHOODS, AND AT THE GARDEN.

Funded Amount:

$1,458

Requested By:

COLTON

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN BOTANIC GARDEN CORPORATION
1000 WASHINGTON AVENUE
BROOKLYN, NY 11225
(718) 623–7269

Name of Project Director:

SCOTT MEDBURY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS IN HORTICULTURE AND ECOLOGY.

Funded Amount:

$1,500

Requested By:

PERRY

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN BOTANIC GARDEN CORPORATION
1000 WASHINGTON AVENUE
BROOKLYN, NY 11225
(718) 623–7200

Name of Project Director:

SCOT MEDBURY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ENVIRONMENTAL EDUCATION PROGRAMS FOR MIDDLE AND HIGH SCHOOL STUDENTS.

Funded Amount:

$1,458

Requested By:

CAMARA

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN BOTANIC GARDEN CORPORATION
1000 WASHINGTON AVENUE
BROOKLYN, NY  11225
(718) 623–7373

Name of Project Director:

AARON BOUSKA

Purpose of Project:

FUNDS WILL BE USED FOR AN EDUCATIONAL PROGRAM THAT GIVES CHILDREN IN BROOKLYN AN OPPORTUNITY TO LEARN ABOUT SCIENCE, ECOLOGY, AND THE ENVIRONMENT IN THEIR CLASSROOMS AND IN THEIR NEIGHBORHOODS.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

C.H.O.K.E. – COALITION HELPING ORGANIZE A KLEANER ENVIRONMENT, INC.
33–60 21ST STREET
LONG ISLAND CITY, NY 11106
(718) 779–2848

Name of Project Director:

TONY GIGANTELLO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE OUTREACH ON ENVIRONMENTAL ISSUES RELATED TO HEALTH PROBLEMS, ADDRESSING THE HIGH LOCAL INCIDENCE OF ASTHMA; FOR EDUCATIONAL PROGRAMS IN ELEMENTARY SCHOOLS; AND FOR EARTH DAY.

Funded Amount:

$3,000

Requested By:

GIANARIS

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

CITIZENS CAMPAIGN FUND FOR THE ENVIRONMENT
225A MAIN STREET
FARMINGDALE, NY 11735
(516) 390-7150

Name of Project Director:

ADRIANNE ESPOSITO

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH OPERATING COSTS INCLUDING, BUT NOT LIMITED TO PROVIDING EDUCATIONAL INFORMATION TO THE COMMUNITY ABOUT VARIOUS ENVIRONMENTAL ISSUES, RENT, UTILITIES, POSTAGE, ETC.

Funded Amount:

$5,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
COLUMBIA LAND CONSERVANCY
P.O. BOX 299, 49 MAIN STREET
CHATHAM, NY 12037
(518) 392-5252

PETER PADEN

FUNDS WILL BE USED FOR THE PURCHASE OF A SCANNER AND PRINTER.

$7,000

MOLINARO

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

EIBS POND EDUCATION RESTORATION PROGRAM
50 DONGAN HILLS AVENUE
STATEN ISLAND, NY 10306
(718) 667-5639

Name of Project Director:

PATRICIA LOCKHART

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE CHILDREN ABOUT THE ENVIRONMENT AND ECOLOGY OF THE PARK AND WETLAND. FUNDS WILL ALSO BE USED FOR THE REHABILITATION OF THE COMMUNITY WETLAND.

Funded Amount:

$3,000

Requested By:

HYER-SPENCER

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

FRIENDS OF FLAX POND, INC.
59 CRANE NECK ROAD
SETAUKET, NY   11733
(631) 941–9404

Name of Project Director:

WENDY FIDAO

Purpose of Project:

FUNDS WILL BE USED FOR PROFESSIONAL STAFF SUPPORT ($7,000), AND FOR EXPENSES RELATED TO THE FRIENDS OF FLAX POND’S DIAMONDBACK TERRAPIN NESTING PROJECT ($2,900).

Funded Amount:

$9,900

Requested By:

INGLEBRIGHT

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

LONG ISLAND BOTANICAL SOCIETY, INC.
P.O. BOX 5001
HAUPPAUGE, NY  11788
(631) 361–6756

Name of Project Director:

JOHN POTENTE

Purpose of Project:

FUNDS WILL BE USED TO PUBLISH A COMPENDIUM OF CURRENT ARTICLES IN THE FIELD OF SALT MARSH SCIENCE AND MARSH RESTORATION FOR USE AS A CONSERVATION PLANNING TOOL.

Funded Amount:

$2,500

Requested By:

INGLEBRIGHT

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

LONG ISLAND PINE BARRENS SOCIETY
547 EAST MAIN STREET
RIVERHEAD, NY 11901
(631) 369−3300

Name of Project Director:

RICHARD AMPER

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL/OUTREACH PROGRAMS AND TO ASSIST WITH OPERATING EXPENSES INCLUDING RENT, UTILITIES, SUPPLIES, ETC.

Funded Amount:

$2,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

MASSAPEQUA WATER DISTRICT
84 GRAND AVENUE
MASSAPEQUA, NY 11758
(516) 798–5266

Name of Project Director:

RICHARD TOBIN

Purpose of Project:

FUNDS WILL BE USED FOR PUBLIC EDUCATION AND CONSERVATION PROGRAM.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

NATURAL RESOURCES PROTECTIVE ASSOCIATION OF STATEN ISLAND, INC.
400 DELAWARE AVENUE
STATEN ISLAND, NY 10305
(718) 987−6037

Name of Project Director:

JAMES SCARELLA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL HANDS−ON−WORKSHOPS CONCERNING THE CONSERVATION OF TIDAL WETLANDS IN NEW YORK STATE. WORKSHOPS WILL BE HELD AT THE CONEY ISLAND CREEK AND WILL INVOLVE SEDIMENT ANALYSIS, A CANOE VENTURE AND VARIOUS OTHER ACTIVITIES INVOLVING ESTUARY EDUCATION.

Funded Amount:

$3,500

Requested By:

COLTON

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

NATURE CONSERVANCY, INC.
265 CHESTNUT RIDGE ROAD
MOUNT KISCO, NY  10549
(914) 244−3271

Name of Project Director:

TROY WELDY

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP BILINGUAL PODCASTS/TRAIL GUIDES AND VIRTUAL PRESERVE TOURS, AS WELL AS TO CREATE EDUCATIONAL INTERPRETIVE STOPS THROUGHOUT ALL OF WESTCHESTER COUNTY’S PRESERVES.

Funded Amount:

$5,000

Requested By:

BRADLEY

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

NEIGHBORHOOD NETWORK RESEARCH CENTER, INC.
180 REPUBLIC AIRPORT
FARMINGDALE, NY 11735
(631) 963–5454  Ext: 10

Name of Project Director:

NEAL LEWIS

Purpose of Project:

FUNDS WILL BE USED FOR MATERIALS AND THE DEVELOPMENT OF THE CLEAN ENERGY LEADERSHIP TASK FORCE WHICH INFORMS THE COMMUNITY ABOUT CLEAN ENERGY PRACTICES.

Funded Amount:

$5,000

Requested By:

ALESSI

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:
NORTH FORK ENVIRONMENTAL COUNCIL, INC.
P.O. BOX 799
MATTITUCK, NY 11952
(631) 298–8880

Name of Project Director:
KEN RUBINO

Purpose of Project:
FUNDS WILL BE USED FOR PROJECTS, AS WELL AS PROGRAM DEVELOPMENT TO BRING COMMUNITY AWARENESS AND PARTICIPATION IN ENVIRONMENTAL ISSUES.

Funded Amount:
$2,000

Requested By:
ALESSI

Name of Administering State Agency:
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

NORTH RIVER COMMUNITY ENVIRONMENTAL REVIEW BOARD
P.O. BOX 605
NEW YORK, NY  10031
(212) 491–3590

Name of Project Director:

L. ANN ROCKER

Purpose of Project:

FUNDS WILL BE USED FOR PUBLIC FORUMS WHICH MONITOR WHERE THE TREATMENT OF WASTEWATER IS DISCHARGED INTO THE HUDSON RIVER, PARKS, CLEANING AND PAINTING OF BRIDGES, AND FLOW AND AIR EMISSIONS CONTROL ORDERS.

Funded Amount:

$2,000

Requested By:

O’DONNELL

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

OPEN SPACE ALLIANCE FOR NORTH BROOKLYN, INC.
79 NORTH 11TH STREET
BROOKLYN, NY 11211
(718) 486−7422

Name of Project Director:

STEVE HINDY

Purpose of Project:

FUNDS WILL BE USED FOR ADMINISTRATIVE AND WORKPLACE COSTS RELATED TO THE IMPLEMENTATION OF THE NEW PARKS PROGRAM THAT WILL ENHANCE GREENPOINT AND WILLIAMSBURG PARKS AND OPEN SPACE.

Funded Amount:

$25,000

Requested By:

LENTOL

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

OTSEGO COUNTY SOIL AND WATER CONSERVATION DISTRICT
976 COUNTY HIGHWAY 33
COOPERSTOWN, NY 13326
(607) 547−8337  Ext: 4

Name of Project Director:

SCOTT FICKBOHM

Purpose of Project:

FUNDS WILL BE USED FOR A STUDY TO DETERMINE IF THERE WILL BE A
BENEFIT IN FLOOD RETENTION TO CANADARAGO LAKE BY DREDGING THE
"SAND BAR" ACROSS THE MOUTH OF OAKS CREEK.

Funded Amount:

$20,000

Requested By:

MAGEE

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

PARK HILL LAND CONSERVANCY, INC.
P.O. BOX 8
YONKERS, NY  10705
(914) 376−9529

Name of Project Director:

GAIL AVERILL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES INCURRED IN AQUIRING CONSERVATION EASEMENTS TO CONSERVE LAND IN THE CITY OF YONKERS.

Funded Amount:

$4,500

Requested By:

SPANO

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

PROSPECT PARK ALLIANCE, INC.
95 PROSPECT PARK WEST
BROOKLYN, NY 11215
(718) 965–8951

Name of Project Director:

TUPPER W. THOMAS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ENVIRONMENTAL EDUCATION PROGRAMS IN CLASSROOMS AND INCLUDE IN–STATE TRIPS TO OBSERVE FIRST HAND ENVIRONMENTAL WORKS AT PROSPECT PARK.

Funded Amount:

$15,500

Requested By:

JACOBS

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

QUOGUE WILDLIFE REFUGE
P.O. BOX 492
QUOGUE, NY 11959
(631) 653–4771

Name of Project Director:

MARGARET CARAHER

Purpose of Project:

FUNDS WILL BE USED FOR WILDLIFE PROGRAMS.

Funded Amount:

$2,000

Requested By:

THIELE

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

RENEWABLE ENERGY LONG ISLAND
P.O. BOX 789
BRIDGEHAMPTON, NY 11932
(631) 537–8282

Name of Project Director:

GORDIAN RAACKE

Purpose of Project:

FUNDS WILL BE USED FOR ENERGY CONSERVATION PROGRAMS.

Funded Amount:

$2,000

Requested By:

THIELE

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

SALT MARSH ALLIANCE, INC.
2966 AVENUE U, #103
BROOKLYN, NY 11229
(718) 376-6561

Name of Project Director:

NATALIE MANZINO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PUBLIC ENVIRONMENTAL EDUCATION EVENTS AND WORKSHOPS FOR CHILDREN, FAMILIES AND SENIORS AT THE SALT MARSH CENTER AT MARINE PARK.

Funded Amount:

$2,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

SARATOGA COUNTY INTERFAITH ENVIRONMENTAL COALITION
625 B ENGLEMORE ROAD
CLIFTON PARK, NY 12065
(518) 280–2442

Name of Project Director:

LISA HAUN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE ENVIRONMENTAL AWARENESS PROGRAM. FUNDS WILL BE USED TO DEVELOP A WEBSITE, HIRE A STAFF PERSON AND OFFSET ADMINISTRATIVE COSTS.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

SARATOGA P.L.A.N., INC.
112 SPRING STREET, ROOM 202
SARATOGA SPRINGS, NY 12866
(518) 587−5554

Name of Project Director:

ALANE BALL CHINIAN

Purpose of Project:

FUNDS WILL BE USED TO COMPLETE THE KARNER BLUE BUTTERFLY HABITAT IMPROVEMENT PROJECT.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

SARATOGA P.L.A.N., INC.
112 SPRING STREET, ROOM 202
SARATOGA SPRINGS, NY 12866
(518) 587−5554  Ext: 4

Name of Project Director:

JULIE STOKES

Purpose of Project:

FUNDS WILL BE USED FOR PROJECT MANAGEMENT RELATED TO CONSERVATION OF 61 ACRES OF LAND ALONG THE ZIM SMITH TRAIL.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

SCHOHARIE COUNTY BIODIESEL PILOT PROGRAM
P.O. BOX 429
SCHOHARIE, NY 12157
(518) 295–8347

Name of Project Director:

EARL VANWORMER III

Purpose of Project:

FUNDS WILL BE USED FOR BIODIESEL PILOT PROGRAM.

Funded Amount:

$6,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

SPORT FISHING ALLIANCE, LTD.
265 WEST MAIN STREET
PATCHOGUE, NY 11772
(631) 255–1588

Name of Project Director:

JOHN MANTIONE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT RECREATIONAL COMMERCIAL FISHERY SCIENCE, SPECIFICALLY FOR ADDRESSING SCIENTIFIC PROBLEMS LIMITING SUCCESSFUL MANAGEMENT OF SUMMER FLOUNDER.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

TEATOWN LAKE RESERVATION
1600 SPRING VALLEY ROAD
OSSINING, NY 10562
(914) 762–2912

Name of Project Director:

FRED KOONTZ

Purpose of Project:

FUNDS WILL BE USED FOR ECO–EDUCATIONAL PROGRAM KNOWN AS EAGLE FEST.

Funded Amount:

$8,000

Requested By:

BALL

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

THE GARDEN CITY BIRD SANCTUARY, INC.
P.O. BOX 7507
GARDEN CITY, NY 11530
(516) 326–1720

Name of Project Director:

ROB ALVEY

Purpose of Project:

FUNDS WILL BE USED FOR FENCE REPLACEMENT.

Funded Amount:

$2,000

Requested By:

MCKEVITT

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

URBAN DIVERS MARINE CONSERVATION & SCIENTIFIC DIVING, INC.
89 PIONEER STREET
BROOKLYN, NY    11231
(718) 802–9874

Name of Project Director:

LUDGAR BALAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF PROVIDING YOUTH AND
ADULTS WITH THE OPPORTUNITY TO PARTICIPATE IN ENVIRONMENTAL
PROJECTS AND EXPERIENCES AND PROVIDING ENVIRONMENTAL
EDUCATION.

Funded Amount:

$5,000

Requested By:

COLTON

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

VILLAGE OF CORFU
116 EAST MAIN STREET
CORFU, NY 14036
(585) 599−3327

Name of Project Director:

TODD SKEET

Purpose of Project:

FUNDS WILL BE USED FOR A WIND TURBINE FEASIBILITY STUDY FOR SEWER PLANT POWER.

Funded Amount:

$2,500

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:
WEST SIDE CULTURAL CENTER, INC.
136 WEST 70TH STREET, SUITE ONE
NEW YORK, NY 10023
(212) 496-2030

Name of Project Director:
NANCI CALLAHAN

Purpose of Project:
FUNDS WILL BE USED TO SUPPORT AN ECOLOGICALLY THEMED FAIR WHICH PROMOTES PUBLIC EDUCATION ON ENVIRONMENTAL ISSUES.

Funded Amount:
$2,500

Requested By:
ROSENTHAL

Name of Administering State Agency:
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Legal Name, Address, and Telephone Number:

A TORAH INFERTILITY MEDIUM OF EXCHANGE
1310 48TH STREET
BROOKLYN, NY 11219
(718) 686–8912

Name of Project Director:

SAUL ROSEN

Purpose of Project:

Funds will be used to update the existing website to: improve access to the services and resources; improve the existing forums for visitors to exchange support and information; and install chat software to host doctors, social workers, etc. The program is open to all on a non-sectarian basis.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

A TORAH INFERTILITY MEDIUM OF EXCHANGE
1310 48TH STREET
BROOKLYN, NY 11219
(718) 686–8912

Name of Project Director:

BRANY ROSEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE INFORMATIVE ARTICLES INCLUDING:
CUTTING EDGE MEDICAL INFORMATION, DOCTOR INTERVIEWS, SUPPORT
AND UPDATES ON UPCOMING EVENTS AND LECTURES. PROGRAMS ARE
OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$15,000

Requested By:

HIKIND

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:
AIDS COUNCIL OF NORTHEASTERN NY
927 BROADWAY
ALBANY, NY 12207
(518) 434–4686 Ext: 2406

Name of Project Director:
LAURIE ABBOTT

Purpose of Project:
FUNDS WILL BE USED TO PURCHASE COMPUTER EQUIPMENT AND PRINTERS AT THE SCHENECTADY OFFICE.

Funded Amount:
$5,000

Requested By:
TEDISCO

Name of Administering State Agency:
DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AIDS SERVICE CENTER OF LOWER MANHATTAN, INC.
41 EAST 11TH STREET, 5TH FLOOR
NEW YORK, NY 10003
(212) 645–0875  Ext: 304

Name of Project Director:

SHAREN I. DUKE

Purpose of Project:

FUNDS WILL BE USED FOR HERS (HONORING EVERY WOMAN’S RIGHT TO SAFETY) AT ASC, A PROGRAM TO PROVIDE WOMEN OF COLOR WITH A CONTINUUM OF HIV-TESTING AND HEALTH SERVICES BY INCREASING THE PROPORTION WHO KNOW THEIR HIV-STATUS, IMPROVING ACCESS TO HEALTH CARE, AND REDUCING TRANSMISSION OF HIV, STI’S, AND HEPATITUS C.

Funded Amount:

$4,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AIDS SERVICE CENTER OF LOWER MANHATTAN, INC.
41 EAST 11TH STREET
NEW YORK, NY 10003
(212) 645–0875 Ext: 304

Name of Project Director:

SHARON DUKE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HIV AWARENESS AMONG AFRICAN AMERICAN AND LATINA WOMEN, AND TO IMPROVE ACCESS TO MEDICAL AND DENTAL CARE.

Funded Amount:

$3,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AIDS SERVICE CENTER OF LOWER MANHATTAN, INC.
41 EAST 11TH STREET, 5TH FLOOR
NEW YORK, NY 10003
(212) 645–0875 Ext: 304

Name of Project Director:

SHAREN I. DUKE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HIV COUNSELING, TESTING AND REFERRAL SERVICES, ONSITE MEALS, FOOD PANTRY, CLOTHING, HYGIENE KITS, IN–STATE TRANSPORTATION AND REFERRALS TO MEDICAL CARE AND MENTAL HEALTH SERVICES AND ACCESS TO A BROAD ARRAY OF HIV PREVENTION AND SUPPORT PROGRAMS.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AIDS SERVICE CENTER OF LOWER MANHATTAN, INC.
41 EAST 11TH STREET, 5TH FLOOR
NEW YORK, NY  10003
(212) 645–0875

Name of Project Director:

SHAREN DUKE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE HERS (HONORING EVERY WOMAN’S RIGHT TO SAFETY) PROGRAM, WHICH PROVIDES WOMEN OF COLOR WITH HIV/AIDS CARE, EDUCATION, AND MENTAL HEALTH SERVICES.

Funded Amount:

$2,000

Requested By:

O’DONNELL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ALBANY AND TROY LIONS CHARITABLE FUND, INC.
P.O. BOX 192
TROY, NY 12181
(518) 266–7788

Name of Project Director:

RUTH SANO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES FOR THE VISUALLY IMPAIRED.

Funded Amount:

$2,500

Requested By:

GORDON−T

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ALBANY AND TROY LIONS CHARITABLE FUND, INC.
26 BIRCH AVENUE
ALBANY, NY 12205
(518) 465–8894

Name of Project Director:

RUTH SANO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EYE EXAMS AND EYE GLASSES TO CHILDREN AND ADULTS WHO HAVE NO OTHER MEANS TO PAY FOR SUCH ITEMS.

Funded Amount:

$1,000

Requested By:

CANESTRARI

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ALLEGANY COUNTY CHAPTER OF THE AMERICAN RED CROSS
112 NORTH MAIN STREET
WELLSVILLE, NY 14895
(585) 593–1531

Name of Project Director:

MADELINE M. GASDIK

Purpose of Project:

FUNDS WILL BE USED FOR HEALTH AND SAFETY EQUIPMENT.

Funded Amount:

$2,500

Requested By:

BURLING

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:
ALMA TOOROCK MEMORIAL FOR CANCER RESEARCH, INC.
370 OCEAN PARKWAY, SUITE 11D
BROOKLYN, NY 11218
(718) 703–3733

Name of Project Director:
FLORENCE SILVER

Purpose of Project:
FUNDS WILL BE USED TO OFFSET THE COSTS OF GENERAL OPERATING EXPENSES, INCLUDING OFFICE SUPPLIES, COMPUTER SUPPLIES, ETC.

Funded Amount:
$2,000

Requested By:
COLTON

Name of Administering State Agency:
DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ALZHEIMER’S ASSOCIATION
435 EAST HENRIETTA ROAD
ROCHESTER, NY 14620
(585) 760-5400

Name of Project Director:

SHARON S. BOYD

Purpose of Project:

FUNDS WILL BE USED FOR CAREGIVERS CONNECT IN THE 147TH A.D.

Funded Amount:

$5,000

Requested By:

BURLING

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ALZHEIMER’S DISEASE AND RELATED DISORDERS ASSOCIATION
435 EAST HENRIETTA ROAD
ROCHESTER, NY  14620
(585) 760–5400

Name of Project Director:

SHARON BOYD

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT UNPAID CAREGIVERS TO HELP THEM KEEP THEIR LOVED ONES AT HOME.

Funded Amount:

$5,000

Requested By:

MORELLE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ALZHEIMER’S DISEASE AND RELATED DISORDERS ASSOCIATION
85 WATERVLIET AVENUE
ALBANY, NY 12206
(518) 438–2217

Name of Project Director:

MARC KAPLAN

Purpose of Project:

FUNDS WILL BE USED TO INCREASE THE EFFICIENCY OF COMMUNITY RESPONSE WHEN A PERSON WITH ALZHEIMER’S OR DEMENTIA WANDERS AND IS MISSING.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ALZHEIMER’S DISEASE AND RELATED DISORDERS ASSOCIATION
3281 VETERANS MEMORIAL HIGHWAY, SUITE E-13
RONKONKOMA, NY 11779
(631) 580−5100

Name of Project Director:

MARYANN MALACK−RAGONA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FAMILIES WITH SUPPORT AND RESOURCES, OUTREACH AND EDUCATION, AS WELL AS, PROGRAMS FOR FAMILY AND PROFESSIONAL CAREGIVERS.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ALZHEIMER’S DISEASE AND RELATED DISORDERS ASSOCIATION
3281 VETERANS MEMORIAL HIGHWAY, SUITE E−13
RONKONKOMA, NY  11779
(631) 580−5100

Name of Project Director:

MARYANN RAGONA

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE ALZCAP PROGRAM, INCLUDING CARE, CONSULTATION, EDUCATION, AND REFERRAL SERVICES TO FAMILIES AND VICTIMS OF ALZHEIMERS.

Funded Amount:

$5,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ALZHEIMER’S FOUNDATION OF STATEN ISLAND
789 POST AVENUE
STATEN ISLAND, NY 10310
(718) 667−7110

Name of Project Director:

GLADYS SCHWEIGER

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS FOR STATEN ISLANDERS WITH ALZHEIMERS.

Funded Amount:

$2,500

Requested By:

TOBACCO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
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

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MEDICAL SUPPLIES FOR DISTRIBUTION TO ALZHEIMER’S PATIENTS FREE OF CHARGE. ADDITIONALLY, FUNDS WILL BE USED TO DESIGN, PRODUCE, AND PRINT INFORMATIONAL GUIDES FOR CONSUMERS.

Funded Amount:

$5,000

Requested By:

TITONE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
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

Purpose of Project:

FUNDS WILL BE USED TO SUSTAIN AND EXPAND UPON THE PROVEN PROGRAMS OF THE FOUNDATION WHICH INCLUDE EIGHT WEEKLY SUPPORT GROUPS, EQUIPMENT LOANS, DISTRIBUTION OF DIAPERS AND BED PANS, AND IN–HOME RESPITE SERVICES.

Funded Amount:

$5,000

Requested By:

CUSICK

Name of Administering State Agency:

DEPARTMENT OF HEALTH
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

Purpose of Project:

FUNDS WILL BE USED TO ENABLE THE ORGANIZATION TO CONTINUE THEIR SUPPORT GROUPS AND SEMINARS; AND TO PROVIDE DIAPERS, BED PADS, MEDICAL EQUIPMENT, SMOKE DETECTORS, ETC. TO CAREGIVERS OF ALZHEIMER’S PATIENTS.

Funded Amount:

$2,500

Requested By:

HYER–SPENCER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS EMERGENCY RESPONSE PREPAREDNESS EMPIRE STATE PLAZA – CORNING TOWER ALBANY, NY 12237 (518) 474–2011

Name of Project Director:

CENTER FOR COMMUNITY HEALTH

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ADDITIONAL SERVICES AND EXPENSES ASSOCIATED WITH RED CROSS EMERGENCY RESPONSE PREPAREDNESS, INCLUDING SUPPORT FOR CAPITAL PROJECTS AND ENSURING AN ADEQUATE BLOOD SUPPLY. FUNDS WILL ALSO BE ALLOCATED FROM THIS APPROPRIATION PURSUANT TO A PLAN PREPARED BY THE COMMISSIONER OF HEALTH AND APPROVED BY THE DIRECTOR OF THE BUDGET.

Funded Amount:

$3,300

Requested By:

ALESSI, BENEDETTO, BENJAMIN, BOYLAND, BROOK–KRASNY, CAHILL, CAMARA, CHRISTENSEN, CLARK, COLTON, CUSICK, DESTITO, DIAZ–L, ENGLEBRIGHT, FIELDS, GORDON–T, GOTTFRIED, GUNHER–A, HEVESI, HYER–SPENCER, JAFFEE, JEFFRIES, LENTOL, LIFTON, LUPARDO, MAGEE, MAGNARELLI, MAISEL, MARKEY, MCENENY, NOLAN, O’DONNELL, ORTIZ, PAULIN, PERALTA, PERRY, PHEFFER, POWELL, PRETLOW, REILLY, ROSENTHAL, SCHROEDER, SEMINERIO, SWEENEY, TITUS, TOWNS, WEINSTEIN, YOUNG, ZEBROWSKI–K

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN CANCER SOCIETY
375 OLD ROUTE 212
SAUGERTIES, NY 12477
(845) 247-0104

Name of Project Director:

TINA FISCO

Purpose of Project:

FUNDS WILL BE USED FOR ASSISTANCE AT HOPE GARDEN.

Funded Amount:

$500

Requested By:

LOPEZ-P

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN CANCER SOCIETY, INC.
41–60 MAIN STREET, SUITE 307
FLUSHING, NY 11355
(718) 886–8890

Name of Project Director:

ARLENE CHIN

Purpose of Project:

FUNDS WILL BE USED TO MOBILIZE HIGH SCHOOL AND COLLEGE STUDENTS WITHIN NEW YORK STATE, TO PARTICIPATE IN OUTREACH AND EDUCATION PROGRAMS ABOUT THE HEALTH HAZARDS OF SMOKING.

Funded Amount:

$5,000

Requested By:

YOUNG

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN NATIONAL RED CROSS
100 PINEAPPLE WALK
BROOKLYN, NY  11201
(718) 330–9200

Name of Project Director:

JONATHAN GABRIEL

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND DISTRIBUTE EMERGENCY PREPAREDNESS SUPPLY KITS TO THE COMMUNITY.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS
129 WEST SECOND STREET
OSWEGO, NY 13126
(315) 343−0967

Name of Project Director:

KAREN FERGUSON

Purpose of Project:

FUNDS WILL BE USED FOR BUILDING RENOVATIONS.

Funded Amount:

$2,500

Requested By:

BARCLAY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
138–02 QUEENS BOULEVARD
BRIARWOOD, NY  11435
(718) 558–0053

Name of Project Director:

JOAN FOLEY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES FOR VOLUNTEERS AT THE QUEENS OFFICE.

Funded Amount:

$4,000

Requested By:

MARKEY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
520 WEST 49TH STREET
NEW YORK, NY 10019
(212) 875–2341

Name of Project Director:

SONIA MARTINEZ

Purpose of Project:

FUNDS WILL BE USED FOR CPR AND AED TRAINING FOR 77 RESIDENTS LIVING IN THE UPPER EAST SIDE.

Funded Amount:

$5,000

Requested By:

KELLNER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
138–02 QUEENS BOULEVARD
BRIARWOOD, NY 11435
(718) 558–0053

Name of Project Director:

JOAN A. FOLEY

Purpose of Project:

FUNDs WILL BE USED TO PROVIDE SHIRTS, HATS AND VESTS THAT AID IN IDENTIFYING RED CROSS PERSONNEL IN RESPONDING TO DISASTERS OR ATTENDING COMMUNITY EVENTS.

Funded Amount:

$5,000

Requested By:

WEPRIN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
138–02 QUEENS BOULEVARD
BRIARWOOD, NY 11435
(718) 558–0053

Name of Project Director:

JOAN FOLEY

Purpose of Project:

FUNDS WILL BE USED FOR TRANSLATION OF FOREIGN LANGUAGES, AND FOR THE DISTRIBUTION OF EMERGENCY PREPAREDNESS MATERIALS IN QUEENS.

Funded Amount:

$4,000

Requested By:

YOUNG

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
520 WEST 49TH STREET
NEW YORK, NY 10019
(212) 875–2341

Name of Project Director:

BRETT BAEHR, SR.

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EMERGENCY SUPPLIES FOR DISASTER RELIEF EFFORTS OF THE RED CROSS ON STATEN ISLAND.

Funded Amount:

$3,500

Requested By:

TITONE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
2082 WHILE PLAINS ROAD
BRONX, NY 10462
(718) 823–1418

Name of Project Director:

ENRIQUE VAGA

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE COMPUTERS AND MAKE ADDITIONAL INFORMATION TECHNOLOGY IMPROVEMENTS TO ENHANCE THE SERVICES AND ASSISTANCE PROVIDED BY THE BRONX OFFICE OF THE AMERICAN RED CROSS. THIS WILL ENHANCE THE EMERGENCY PREPAREDNESS PROGRAMS AVAILABLE TO PROTECT THE HEALTH AND SAFETY OF BRONX RESIDENTS.

Funded Amount:

$10,000

Requested By:

GREENE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
520 WEST 49TH STREET
NEW YORK, NY 10019
(212) 787–1000

Name of Project Director:

JOAN A. FOLEY

Purpose of Project:

FUNDS WILL BE USED BY THE QUEENS AREA OFFICE OF THE AMERICAN RED CROSS TO IMPROVE TECHNOLOGY FOR DISASTER SERVICE RESPONDERS AND ENHANCE CLIENT ASSISTANCE SERVICES, AND FOR VOLUNTEER SUPPLIES.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
520 WEST 49TH STREET
NEW YORK, NY 10019
(212) 875−2021

Name of Project Director:

SONIA MARTINEZ

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE CHAPTER’S EMERGENCY WIRELESS COMMUNICATIONS NETWORK.

Funded Amount:

$5,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
2082 WHITE PLAINS ROAD
BRONX, NY 10462
(718) 823–1418

Name of Project Director:

ENRIQUE VEGA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF OPERATING MOBILE BLOOD BANKS IN THE COMMUNITY.

Funded Amount:

$3,000

Requested By:

BENEDETTI

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
520 WEST 49 STREET
NEW YORK, NY 10019
(718) 558–0053

Name of Project Director:

JOAN A. FOLEY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EMERGENCY PREPAREDNESS PROGRAMS, AS WELL AS FOR THE PRINTING OF BROCHURES FOR DISTRIBUTION IN QUEENS.

Funded Amount:

$2,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
100 PINEAPPLE WALK
BROOKLYN, NY 11201
(718) 330–9200

Name of Project Director:

JONATHAN GABRIEL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COMMUNITY DISASTER EDUCATION AND TRAINING TO ADULTS, CHILDREN AND SENIORS IN THE COMMUNITY.

Funded Amount:

$7,500

Requested By:

ROBINSON

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK  
520 WEST 49TH STREET  
NEW YORK, NY 10019  
(212) 875–2021

Name of Project Director:

SONIA MARTINEZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE VOLUNTEER SUPPLIES TO RED CROSS PERSONNEL RESPONDING TO DISASTERS IN MANHATTAN.

Funded Amount:

$5,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
100 PINEAPPLE WALK
BROOKLYN, NY 11201
(718) 330–9200

Name of Project Director:

JONATHAN GABRIEL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE DISASTER READINESS MATERIALS TO BROOKLYN’S VULNERABLE POPULATIONS.

Funded Amount:

$3,000

Requested By:

LENTOL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
520 WEST 49TH STREET
NEW YORK, NY 10019
(212) 875–2021

Name of Project Director:

SONIA MARTINEZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE ONE PERSON GO BAGS, EMERGENCY PREPAREDNESS DVDS AND CD ROMS.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
520 WEST 49TH STREET
NEW YORK, NY  10019
(212) 875−2071

Name of Project Director:

ALEXANDER LUTZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A LAPTOP COMPUTER FOR EASY ON−SITE DATA ENTRY IN RESPONSE TO DISASTERS.

Funded Amount:

$2,500

Requested By:

BING

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
100 PINEAPPLE WALK
BROOKLYN, NY 11201
(718) 330−9200

Name of Project Director:

JONATHAN GABRIEL

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE SERVICES AND ASSISTANCE PROVIDED BY THE BROOKLYN AREA OFFICE OF THE AMERICAN RED CROSS IN GREATER NEW YORK.

Funded Amount:

$3,000

Requested By:

CAMARA

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
100 PINEAPPLE WALK
BROOKLYN, NY  11201
(718) 330–9200

Name of Project Director:

JONATHAN GABRIEL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EMERGENCY PREPAREDNESS, WATER SAFETY AND BASIC AID TRAINING PROGRAMS TO CHILDREN AND SENIORS, AS WELL AS TO PURCHASE MATERIALS AND SUPPLIES FOR THESE PROGRAMS. MATERIALS INCLUDE GO BAGS, SAFETY TUBES AND FIRST AID KITS, ETC.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
520 WEST 49TH STREET
NEW YORK, NY  10019
(718) 558−0053

Name of Project Director:

JOAN FOLEY

Purpose of Project:

FUNDS WILL BE USED TO ORCHESTRATE AND PROVIDE MATERIALS FOR VOLUNTEER ACTIVITIES.

Funded Amount:

$2,000

Requested By:

HEVESI

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
100 PINEAPPLE WALK
BROOKLYN, NY 11201
(718) 330–0381

Name of Project Director:

JONATHAN GABRIEL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPLIES TO RED CROSS PERSONNEL RESPONDING TO DISASTERS OR ATTENDING COMMUNITY EVENTS.

Funded Amount:

$2,500

Requested By:

JEFFRIES

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
138–02 QUEENS BOULEVARD
BRIARWOOD, NY 11435
(718) 558–0053

Name of Project Director:

JOAN FOLEY

Purpose of Project:

FUNDS WILL BE USED TO SET UP COMMUNITY EMERGENCY RESPONSE/PREPAREDNESS WORKSHOPS, AND TO PURCHASE SUPPLIES AND KITS.

Funded Amount:

$5,000

Requested By:

PERALTA

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
2082 WHITE PLAINS ROAD
BRONX, NY  10462
(718) 823−1418

Name of Project Director:

ENRIQUE VEGA

Purpose of Project:

FUNDS WILL BE USED TO RECRUIT, TRAIN, TRANSPORT AND SUPPORT YOUTH VOLUNTEERS IN EMERGENCY PREPAREDNESS, SAFETY AND DISASTER SERVICES, AS WELL AS COMMUNITY OUTREACH IN THE BRONX COMMUNITY.

Funded Amount:

$6,000

Requested By:

BENJAMIN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK – STATEN ISLAND
1424 RICHMOND AVENUE
STATEN ISLAND, NY 10314
(718) 983–1600

Name of Project Director:

SUZANNE LUTZ

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A LAPTOP COMPUTER FOR
STATEN ISLAND DISASTER SERVICE RESPONDERS TO ENHANCE CLIENT
ADMINISTRATIVE SERVICES. COMPUTER ALSO ALLOWS VOLUNTEERS TO
DISPENSE ASSISTANCE IN THE FIELD TO CLIENTS, MAKING IT EASIER AND
QUicker FOR THEM TO RECEIVE THEIR HELP.

Funded Amount:

$3,500

Requested By:

CUSICK

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN NASSAU COUNTY
195 WILLIS AVENUE
MINEOLA, NY 11501
(516) 747–3500

Name of Project Director:

FRANK CASSANO

Purpose of Project:

FUNDS WILL BE USED FOR TRAINING NASSAU COUNTY TEENAGERS IN LIFEGUARDING SKILLS.

Funded Amount:

$4,000

Requested By:

HOOPER, LAVINE, SCHIMEL, WEISENBERG

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN NASSAU COUNTY
195 WILLIS AVENUE
MINEOLA, NY 11501
(516) 747−3500

Name of Project Director:

FRANK CASSANO

Purpose of Project:

FUNDS WILL BE USED FOR OPERATIONAL EXPENSES.

Funded Amount:

$5,750

Requested By:

MCKEVITT

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS OF NORTHEASTERN NEW YORK
33 EVERETT ROAD
ALBANY, NY 12205
(518) 458–8111

Name of Project Director:

GARY STRIAR

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE THE ORGANIZATION'S COMPUTER SYSTEM TO ENHANCE DELIVERY OF INFORMATION FROM THE SYSTEM AND FOR COMPUTER SECURITY SOFTWARE TO PROTECT AGAINST INTRUSIONS.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS WESTCHESTER CHAPTER
106 NORTH BROADWAY
WHITE PLAINS, NY 10603
(914) 946-6500

Name of Project Director:

JOHN RAVITZ

Purpose of Project:

FUNDS WILL BE USED TOWARD THE EXPANSION OF CRITICAL AND LIFESAVING PROGRAMS AND SERVICES PROVIDED TO WESTCHESTER COUNTY AND ITS RESIDENTS.

Funded Amount:

$5,000

Requested By:

SPANO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS WESTCHESTER CHAPTER
106 NORTH BROADWAY
WHITE PLAINS, NY 10603
(914) 946–6500

Name of Project Director:

JOHN RAVITZ

Purpose of Project:

FUNDS WILL BE USED FOR RESIDENTS TO LEARN ABOUT EMERGENCY PREPAREDNESS AND LIFESAVING TECHNIQUES AT A TOWN HALL MEETING.

Funded Amount:

$5,000

Requested By:

PAULIN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS WESTCHESTER CHAPTER  
106 NORTH BROADWAY  
WHITE PLAINS, NY  10603  
(914) 946–6500

Name of Project Director:

JOHN RAVITZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EMERGENCY PREPAREDNESS KITS TO
THE COMMUNITY, PREPARE BROCHURES FOR VOLUNTARY RECRUITMENT,
AND TO HOLD FORUMS TO TEACH "THREE ACTION STEPS TO BE
PREPARED" THROUGHOUT THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS WYOMING COUNTY CHAPTER
34 NORTH MAIN STREET
WARSAW, NY 14469
(585) 786-0540

Name of Project Director:

ERNEST MORRIS

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT AND SUPPLIES.

Funded Amount:

$2,500

Requested By:

ERRIGO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS, WAYNE COUNTY CHAPTER
400 SOUTH MAIN STREET
NEWARK, NY 14513
(315) 331–3783

Name of Project Director:

JAMES LOVE

Purpose of Project:

FUNDS WILL BE USED FOR RESPONSE AND PREPAREDNESS EQUIPMENT.

Funded Amount:

$7,500

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN–ITALIAN CANCER FOUNDATION
112 EAST 71ST STREET, 2B
NEW YORK, NY  10021
(212) 628–9090

Name of Project Director:

JILL SANDLER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE MAMMOGRAPHIES TO UNINSURED AND UNDERINSURED WOMEN.

Funded Amount:

$1,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN−ITALIAN CANCER FOUNDATION  
112 EAST 71ST STREET, 2B  
NEW YORK, NY 10021  
(212) 628−9090

Name of Project Director:

MINDY CHRISTIENSEN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE FREE MOBILE MAMMOGRAPHY PROGRAM.

Funded Amount:

$3,500

Requested By:

JACOBS

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMERICAN–ITALIAN CANCER FOUNDATION
112 EAST 71ST STREET, SUITE 2B
NEW YORK, NY  10021
(212) 628–9090

Name of Project Director:

ADDIE BAKLUND

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MAMMOGRAMS TO DETECT BREAST CANCER.

Funded Amount:

$3,000

Requested By:

BING

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMETHYST WOMENS PROJECT, INC.
1907 MERMAID AVENUE
BROOKLYN, NY 11224
(718) 333–2067

Name of Project Director:

AIDA LEON

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE PEER EDUCATIONAL PROGRAM.

Funded Amount:

$4,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AMHERST TASK FORCE FOR HEALTHY COMMUNITY/HEALTH YOUTH
4255 HARLEM ROAD
AMHERST, NY 14226
(716) 631–7215

Name of Project Director:

ANNE ROHRER

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING SUPPORT FOR STOP UNDERAGE DRINKING CAMPAIGN.

Funded Amount:

$2,000

Requested By:

HAYES

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ANGELDOCS, INC.
195–39 HILLSIDE AVENUE
HOLLISWOOD, NY 11423
(718) 776–9699

Name of Project Director:

DR. DOROTHY OGUNDO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATION, ADVOCACY AND HEALTH INTERVENTION TO IMPROVE THE HEALTH OF WOMEN AND CHILDREN IN QUEENS.

Funded Amount:

$20,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ARIANNA PROSTATE CANCER COMMUNITY OUTREACH
115-70 202ND STREET
ST. ALBANS, NY  11412
(917) 875–6762

Name of Project Director:

WINSTON DYER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE PROSTATE CANCER SCREENING PROGRAM IN THE CANARSIE, EAST FLATBUSH, AND BROWNSVILLE AREAS OF BROOKLYN.

Funded Amount:

$5,000

Requested By:

PERRY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW
2–4 NEVINS STREET, 2ND FLOOR
BROOKLYN, NY 11217
(718) 246–7900

Name of Project Director:

BERTHA LEWIS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ACTIVITIES TO PROMOTE LOW INCOME INDIVIDUALS USING PUBLIC HEALTH INSURANCE PROGRAMS AND THE EITC.

Funded Amount:

$75,000

Requested By:


Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ASTORIA QUEENS SHAREING AND CARING, INC.
30–60 CRESCENT STREET
ASTORIA, NY 11102
(718) 777–5766

Name of Project Director:

ANNA KRIL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT, EDUCATION, COUNSELING AND DIRECT SERVICES TO WOMEN WITH BREAST, OVARIAN AND OTHER FORMS OF CANCER.

Funded Amount:

$2,500

Requested By:

MARKEY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ASTORIA QUEENS SHAREING AND CARING, INC.
30–60 CRESCENT STREET, SUITE B
ASTORIA, NY 11102
(718) 777–5766

Name of Project Director:

ANNA KRIL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SERVICES INCLUDING A TELEPHONE HELPLINE, EDUCATIONAL FORUMS, WELLNESS FORUMS, ADVOCACY EFFORTS, GROUP MEETINGS, SUBSIDIZED MAMMOGRAPHY SCREENINGS, AND BENEFIT COUNSELING FOR WOMEN WITH BREAST CANCER.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ASTORIA QUEENS SHAREING AND CARING, INC.
30–60 CRESCENT STREET, SUITE B
ASTORIA, NY   11102
(718) 777–5766

Name of Project Director:

ANNA KRILL

Purpose of Project:

FUNDS WILL BE USED FOR SUPPORT SERVICES INCLUDING A TELEPHONE HELP LINE, EDUCATIONAL AND WELLNESS FORUMS, ADVOCACY, SUPPORT MEETINGS, SUBSIDIZED MAMMOGRAPHY SCREENING AND BENEFIT COUNSELING.

Funded Amount:

$5,000

Requested By:

GIANARIS

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ASTORIA QUEENS SHAREING AND CARING, INC.
30–60 CRESCENT STREET
ASTORIA, NY 11102
(718) 777–5766

Name of Project Director:

ANNA KRIL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT, EDUCATION, COUNSELING AND DIRECT SERVICES TO WOMEN WITH BREAST, OVARIAN AND OTHER FORMS OF CANCER.

Funded Amount:

$5,000

Requested By:

PHEFFER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

AURORA OF CENTRAL NEW YORK, INC.
518 JAMES STREET, SUITE 100
SYRACUSE, NY  13203
(315) 422−7263

Name of Project Director:

ANNE COSTA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF EVENTS AND LITERATURE TO EDUCATE AND HEIGHTEN PUBLIC AWARENESS OF PEOPLE WITH VISION AND HEARING LOSS.

Funded Amount:

$4,500

Requested By:

MAGNARELLI

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BATEY RELIEF ALLIANCE, INC.
1220 OCEAN AVENUE, APARTMENT 1C, P.O. BOX 300565
BROOKLYN, NY 11230
(917) 627-5026

Name of Project Director:

ULRICK GAILLARD

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AIDS AWARENESS AND FOR EDUCATIONAL PROGRAMS IN THE HAITIAN COMMUNITY IN BROOKLYN.

Funded Amount:

$10,000

Requested By:

JACOBS

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BAY COMMUNITY VOLUNTEER AMBULANCE CORPS, INC.
P.O. BOX 610314
BAYSIDE, NY 11361
(718) 352–2080

Name of Project Director:

LOUIS DEUTSCH

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET COSTS RELATED TO AUTOMOBILE AND GENERAL LIABILITY INSURANCE.

Funded Amount:

$2,000

Requested By:

CARROZZA

Name of Administering State Agency:

DEPARTMENT OF HEALTH
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

BAYSIDE COMMUNITY AMBULANCE CORPS, INC.
214–23 42 AVENUE
BAYSIDE, NY 11361
(718) 631–3333

Name of Project Director:

DAVID BLECKER

Purpose of Project:

FUNDS WILL BE USED TOWARDS THE PURCHASE OF NEW GENERAL EMERGENCY EQUIPMENT.

Funded Amount:

$1,000

Requested By:

CARROZZA

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BEACON CHRISTIAN COMMUNITY HEALTH CENTER, INC.
2079 FOREST AVENUE
STATEN ISLAND, NY 10303
(718) 815–6560

Name of Project Director:

DAVID H. KIM

Purpose of Project:

FUNDS WILL BE USED TOWARDS THE PURCHASE OF TWO ADDITIONAL
LAPTOP COMPUTERS TO BE USED BY THE CLINICAL PROVIDERS OF THE
HEALTH CENTER. ADDITIONALLY, FUNDS WILL BE USED TO SUPPORT
STAFF PHYSICIANS.

Funded Amount:

$2,500

Requested By:

TITONE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BEACON CHRISTIAN COMMUNITY HEALTH CENTER, INC.
2079 FOREST AVENUE
STATEN ISLAND, NY 10303
(718) 815–6560

Name of Project Director:

DAVID H. KIM

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT FOR SCREENING TESTS TO BE PERFORMED IN THE CENTER TO HELP PREVENT BASIC PEDIATRIC DISEASES. SCREENING TESTS TO BE PERFORMED ARE FOR HEARING, VISION, LEAD AND ANEMIA.

Funded Amount:

$2,500

Requested By:

CUSICK

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:
BEDFORD STUYVESANT FAMILY HEALTH CENTER INC.
1413 FULTON STREET
BROOKLYN, NY 11216
(718) 636−4500

Name of Project Director:
ULYSSES KILGORE, III

Purpose of Project:
FUNDS WILL BE USED FOR PROGRAMS WHICH FOCUS ON DIABETES PREVENTION AND NUTRITION, AS WELL AS EXERCISE FOR ADOLESCENTS.

Funded Amount:
$5,000

Requested By:
ROBINSON

Name of Administering State Agency:
DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BEDFORD–STUYVESANT VOLUNTEER AMBULANCE CORPS.
727 GREENE AVENUE
BROOKLYN, NY  11221
(718) 453–4617

Name of Project Director:

TASMIN WOLF

Purpose of Project:

FUNDS WILL BE USED TO TRAIN INDIVIDUALS ON HOW TO SAVE A LIFE THROUGH CPR AND BASIC FIRST AID. FUNDS WILL ALSO ASSIST WITH THE PURCHASE OF TEXTBOOKS.

Funded Amount:

$7,500

Requested By:

ROBINSON

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BETHESDA HOUSE OF SCHENECTADY, IINC.
418 LIBERTY STREET
SCHENECTADY, NY 12305
(518) 374–7873

Name of Project Director:

MARGARET ANDERTON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A FREE MEDICAL CLINIC FOR THE UNINSURED, INCLUDING FREE PRESCRIPTIONS.

Funded Amount:

$15,000

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BIKUR CHOLIM, INC.
25 ROBERT PITT DRIVE, ROOM 101
MONSEY, NY 10952
(845) 425−7877

Name of Project Director:

SIMON LAUBER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MEDICAL INFORMATION AND RESOURCES FOR MONSEY, NEW CITY, AND HAVERSTRAW CLIENTS ON A NON−SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

JAFFEE, ZEBROWSKI−K

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BIKUR CHOLIM, INC.
25 ROBERT PITT DRIVE, #101
MONSEY, NY 10952
(845) 425–7877

Name of Project Director:

SIMON LAUBER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MEDICAL INFORMATION AND RESOURCES FOR MONSEY, NEW CITY AND HAVERSTRAW CLIENTS ON A NON–SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

JAFFEE, ZEBROWSKI–K

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BONEI OLAM, INC.
1755 46TH STREET
BROOKLYN, NY 11204
(718) 252–1212 Ext: 11

Name of Project Director:

SHLOMO BOCHNER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET GENERAL OFFICE COSTS OF PROVIDING INFERTILITY SERVICES TO COUPLES, SUCH AS: SUPPLIES, FURNITURE, COMPUTERS, PHONE, RENT, ETC. THE PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$20,000

Requested By:

HIKIND

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BREAST CANCER COALITION OF ROCHESTER, INC.
840 UNIVERSITY AVENUE
ROCHESTER, NY 14607
(585) 473-8177

Name of Project Director:

HOLLY ANDERSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A SEMINAR AND TWO "TEAS," WHICH WILL PROVIDE RESOURCES AND SUPPORT FOR THOSE PEOPLE WHOSE CANCER HAS SPREAD. THE SEMINAR PROVIDES THE TOOLS TO SHOW THOSE WITH METASTATIC BREAST CANCER THAT THERE IS "STILL LIVING TO DO".

Funded Amount:

$2,500

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

BREAST CANCER HELP, INC.
400 MONTAUK HIGHWAY
WEST ISLIP, NY 11795
(631) 661–7223

Name of Project Director:

LORRAINE PACE

Purpose of Project:

FUNDS WILL BE USED TO LEASE OR PURCHASE A DIGITAL MAMMOGRAPHY UNIT FOR USE BY NSLIJ HOSPITAL (SOUTHSIDE).

Funded Amount:

$5,000

Requested By:

RAMOS

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BREAST CANCER OPTIONS
101 HURLEY AVENUE, SUITE 10
KINGSTON, NY 12401
(845) 339-4673

Name of Project Director:

HOPE NEMIROFF

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM COSTS/OPERATION.

Funded Amount:

$2,500

Requested By:

LOPEZ-P

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:
BREAST CANCER OPTIONS, INC.
101 HURLEY AVENUE, SUITE 10
KINGSTON, NY  12401
(845) 339–4673

Name of Project Director:
HOPE NEMIROFF

Purpose of Project:
FUNDS WILL BE USED TO IMPLEMENT THE NEW LEND A HELPING HAND PROGRAM IN SULLIVAN AND ORANGE COUNTIES.

Funded Amount:
$1,000

Requested By:
GUNThER–A

Name of Administering State Agency:
DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BREAST CANCER OPTIONS, INC.
101 HURLEY AVENUE
KINGSTON, NY  12401
(845) 339–4673

Name of Project Director:

HOPE NEMIROFF

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF ESTABLISHING THE LEND A HELPING HAND PROGRAM.

Funded Amount:

$5,000

Requested By:

CAHILL, GUNThER–A, LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BRENTWOOD LEGION AMBULANCE SERVICE, INC.
P.O. BOX 506, 29 THIRD AVENUE
BRENTWOOD, NY 11717
(631) 273–8787

Name of Project Director:

JOE KORNAHRENS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE ELECTRONIC PATIENT CARE REPORTS (E−PCR) TABLETS TO PROVIDE SECURITY AND CONFIDENTIALITY TO BOTH PATIENTS AND RECORDS DEPARTMENTS.

Funded Amount:

$15,000

Requested By:

RAMOS

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BRIGHTON VOLUNTEER AMBULANCE, INC.
1551 SOUTH WINTON ROAD
ROCHESTER, NY 14618
(585) 271–2718

Name of Project Director:

MICHAEL POLLACK

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT FOR THE BASE OFFICE AND HELP TO ESTABLISH A VIALS FOR LIFE PROGRAM.

Funded Amount:

$5,000

Requested By:

MORELLE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BROOKHAVEN AMBULANCE COMPANY, INC.
P.O. BOX 596
BROOKHAVEN, NY  11719
(631) 286–3400

Name of Project Director:

GREG MIGLINO, JR.

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SAFETY EQUIPMENT.

Funded Amount:

$3,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CENTER, INC.
101 HOSPITAL ROAD
PATCHOGUE, NY  11772
(631) 654–7177

Name of Project Director:

PATRICK BARRY

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH BROOKHAVEN WOMEN’S IMAGING SERVICES.

Funded Amount:

$10,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

CALLEN–LORDE COMMUNITY HEALTH CENTER
356 WEST 18TH STREET
NEW YORK, NY 10011
(212) 271–7276

Name of Project Director:

JAY LAUDATO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE DELIVERY OF HEALTH CARE SERVICES BY CALLEN–LORDE COMMUNITY HEALTH CENTERS, INCLUDING MENTAL HEALTH SERVICES.

Funded Amount:

$85,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

CANCER ACTION, INC.
255 ALEXANDER STREET
ROCHESTER, NY  14607
(585) 423–9700

Name of Project Director:

VERONICA LEE

Purpose of Project:

FUNDS WILL BE USED TO CREATE A SUPPORT NETWORK FOR THE WOMEN OF COLOR WHO ARE SUFFERING FROM CANCER.

Funded Amount:

$5,000

Requested By:

GANTT

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

CANCER SUPPORT TEAM, INC.
875 MAMARONECK AVENUE SUITE 204
MAMARONECK, NY 10543
(914) 777-2777

Name of Project Director:

JUDITH DOBORF

Purpose of Project:

FUNDS WILL BE USED TO UPDATE, REVISE, AND TRANSLATE OUTREACH MATERIAL TO REACH A MORE DIVERSE POPULATION.

Funded Amount:

$10,000

Requested By:

LATIMER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

CAPITAL REGION ACTION AGAINST BREAST CANCER
125 WOLF ROAD, SUITE 124
ALBANY, NY 12205
(518) 435–1055

Name of Project Director:

JOAN SHEEHAN

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET THE COST OF FOUR NEWSLETTERS ANNUALLY THAT REACH 2,200 BREAST CANCER SURVIVORS.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:
CARIBBEAN WOMEN'S HEALTH ASSOCIATION, INC.
100 PARKSIDE AVENUE, 4TH FLOOR
BROOKLYN, NY 11226
(718) 826−2942 Ext: 15

Name of Project Director:
DR. MARILYN JOHN

Purpose of Project:
FUNDS WILL BE USED FOR AN HIV OUTREACH PROGRAM.

Funded Amount:
$5,000

Requested By:
PERRY

Name of Administering State Agency:
DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY
40 NORTH MAIN AVENUE
ALBANY, NY 12203
(518) 449−3581 Ext: 103

Name of Project Director:

SR. MARIA COKELY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES OF PROVIDING FREE−OF−CHARGE IN−STATE TRANSPORT SERVICE FOR PERSONS RECEIVING CANCER TREATMENT, DIALYSIS, AMBULATORY SURGERY, HIV/AIDS TREATMENT, ET AL.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

CENTER FOR DISABILITY SERVICES, INC.
314 SOUTH MANNING BOULEVARD
ALBANY, NY 12208
(518) 944−2100

Name of Project Director:

ALAN KRAFCHIN

Purpose of Project:

FUNDS WILL BE USED FOR THE SUPPORT OF THE WOMEN’S SPECIAL HEALTH NETWORK OF THE CENTER HEALTH CARE CLINIC, INCLUDING BUT NOT LIMITED TO OPERATIONAL EXPENSES AND EQUIPMENT.

Funded Amount:

$150,000

Requested By:

MCENENY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

CHENANGO MEMORIAL HOSPITAL
179 NORTH BROAD STREET
NORWICH, NY 13815
(607) 337-4111

Name of Project Director:

DRAKE LAMEN

Purpose of Project:

FUNDS WILL BE USED FOR HOSPITAL EQUIPMENT.

Funded Amount:

$4,000

Requested By:

CROUCH

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

CLARA BARTON CHAPTER NO. 1 OF THE AMERICAN RED CROSS
57 ELIZABETH STREET
DANSVILLE, NY 14437
(585) 335–3500

Name of Project Director:

SANDY SHAW

Purpose of Project:

FUNDS WILL BE USED FOR PRESERVATION OF HISTORICAL DOCUMENTS.

Funded Amount:

$2,500

Requested By:

BURLING

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

CLIFTON SPRINGS HOSPITAL AND CLINIC
2 COULTER ROAD
CLIFTON SPRINGS, NY 14432
(315) 462–9561

Name of Project Director:

JOHN GALATI

Purpose of Project:

FUNDS WILL BE USED FOR THE DIABETES PROGRAM EDUCATIONAL MATERIALS.

Funded Amount:

$5,000

Requested By:

KOLB

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

COMMITTEE FOR HISPANIC CHILDREN AND FAMILIES, INC.
110 WILLIAM STREET, SUITE 1802
NEW YORK, NY 10038
(212) 206-1090

Name of Project Director:

DANIELLE GUINDO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HEALTH EDUCATION PROGRAMS FOR LATINO FAMILIES IN BRONX COUNTY BY DISSEMINATING INFORMATION ABOUT PREVENTION STRATEGIES THROUGH PEER EDUCATION AND A VAN TO BRING THIS INFORMATION TO ALTERNATIVE VENUES, E.G., SOCCER FIELDS, PARKS, ETC.

Funded Amount:

$3,000

Requested By:

DIAZ-L

Name of Administering State Agency:

DEPARTMENT OF HEALTH
CSF 2008−2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

COMMUNITY AMBULANCE COMPANY, INC.
11 SWAYZE STREET, P.O. BOX 450
SAYVILLE, NY 11782
(631) 567−7734

Name of Project Director:

SHAWN O’ SULLIVAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE ALERT RECEIVERS. THIS EQUIPMENT WILL BE USED TO NOTIFY MEMBERS OF EMERGENCY INCIDENTS.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

COMMUNITY ASSOCIATION OF PROGRESSIVE DOMINICANS, INC.
3940 BROADWAY, 2ND FLOOR
NEW YORK, NY 10032
(212) 781−5500

Name of Project Director:

HOWARD RAITEN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF PROVIDING CLIENT REFERRALS FOR NON−MENTAL HEALTH SERVICES.

Funded Amount:

$5,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

COMMUNITY CAREGIVERS, INC.
6378 GUN CLUB ROAD, P.O. BOX 523
ALTAMONT, NY 12009
(518) 861–5181

Name of Project Director:

DIANE CAMERON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT SERVICES FOR THE
CHRONICALLY ILL, THE FRAIL ELDERLY, AND DISABLED RESIDENTS OF
GUILDERLAND, BETHLEHEM, NEW SCOTLAND, BERNE, AND KNOX FOR THE
PURPOSE OF AVOIDING INSTITUTIONAL PLACEMENT.

Funded Amount:

$50,000

Requested By:

MCENENY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

COMMUNITY GENERAL HOSPITAL OF GREATER SYRACUSE
4900 BROAD ROAD
SYRACUSE, NY 13215
(315) 492–5011

Name of Project Director:

THOMAS P. QUINN

Purpose of Project:

FUNDS WILL BE USED TO ADOPT EXISTING AND FUTURE HEMODYNAMIC MONITORING SYSTEM; ACCOMMODATE PATIENTS; AND OFFER PEDIATRIC VENTILATION.

Funded Amount:

$20,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

COMMUNITY HEALTH PROJECT, INC.
356 WEST 18TH STREET
NEW YORK, NY 10011
(212) 271–7276

Name of Project Director:

WENDY STARK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT CONFIDENTIAL TESTING TO MANY UNINSURED PATIENTS. FUNDS WILL ALSO SUPPORT THE OPERATIONS OF THE ADVISORY BOARD, WHICH WILL IDENTIFY AND ADDRESS HEALTH SERVICES ISSUES OF IMPORTANCE TO THE COMMUNITY.

Funded Amount:

$9,000

Requested By:

GLICK

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

COMMUNITY HEALTHCARE NETWORK, INC.
79 MADISON AVENUE, 6TH FLOOR
NEW YORK, NY 10016
(212) 545–2404

Name of Project Director:

CATHERINE M. ABATE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF A MEDICAL ASSISTANT AT COMMUNITY HEALTHCARE NETWORK'S BRONX HEALTH CENTER, WHICH WILL PROVIDE SUPPORT TO THE NURSING STAFF AND HEALTH PROVIDERS IN ADDRESSING THE HEALTH CARE NEEDS OF PATIENTS.

Funded Amount:

$5,000

Requested By:

DIAZ–R

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

COMMUNITY HEALTHCARE NETWORK, INC.
97–04 SUTPHIN BOULEVARD
JAMAICA, NY 11435
(718) 657–7088

Name of Project Director:

MONIQUE HYMAN

Purpose of Project:

FUNDS WILL BE USED TO HELP THE QUEENS HEALTH CENTER PROVIDE SERVICES FOR THE GROWING NUMBER OF UNINSURED QUEENS RESIDENTS.

Funded Amount:

$5,000

Requested By:

COOK

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

COMMUNITY HEALTHCARE NETWORK, INC.
79 MADISON AVENUE, 6TH FLOOR
NEW YORK, NY 10016
(212) 545–2403

Name of Project Director:

ELIZABETH HOWELL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SOCIAL WORK SUPPORT INCLUDING PSYCHO–SOCIAL ASSESSMENTS, DEVELOPMENT OF TREATMENT PLANS AND CLIENT ADVOCACY AND REFERRALS FOR UNDER–SERVED POPULATIONS. PROGRAM WILL BE LOCATED AT 150 ESSEX STREET IN MANHATTAN.

Funded Amount:

$10,000

Requested By:

GLICK

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

COMMUNITY HEALTHCARE NETWORK, INC.
79 MADISON AVENUE
NEW YORK, NY  10016
(866) 246–8259

Name of Project Director:

CATHERINE ABATE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FAMILY PLANNING, PEDIATRICS, PRIMARY CARE, PRENATAL CARE, AND MENTAL HEALTH TREATMENT TO THE UNINSURED.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

COMMUNITY HEALTHCARE NETWORK, INC.
79 MADISON AVENUE, 6TH FLOOR
NEW YORK, NY 10016
(212) 545–2414

Name of Project Director:

CATHERINE ABATE

Purpose of Project:

FUNDS WILL BE USED FOR HIV RAPID TESTING FOR MEMBERS OF THE COMMUNITY.

Funded Amount:

$4,000

Requested By:

CAMARA

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

COMMUNITY HOSPICE, INC.
295 VALLEY VIEW BOULEVARD
RENSSELAER, NY  12144
(518) 285−8150

Name of Project Director:

STEPHEN J. MANNY

Purpose of Project:

Funds will be used to provide: Valuable support services for end of life care through the hospice’s bereavement program for children; multi−cultural services; and training services while allowing hospice to provide care to more people.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

COMMUNITY HOSPICE, INC.
295 VALLEY VIEW BOULEVARD
RENSSELAER, NY 12144
(518) 285–8135

Name of Project Director:

STEPHEN MANNY

Purpose of Project:

FUNDS WILL BE USED TO HELP INCREASE PUBLIC AWARENESS OF HOSPICE PROGRAMS AND SERVICES.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

COMMUNITY HOSPICE, INC.
295 VALLEY VIEW BOULEVARD
RENSSELAER, NY 12144
(518) 285–8150

Name of Project Director:

RONALD WATSON

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE PROVIDING SUPPORT SERVICES AND COMFORT BASED MEDICAL CARE TO PATIENTS AND THEIR FAMILIES.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

COMMUNITY WELLNESS COUNCIL OF THE BELLMORES AND MERRICKS, INC.
BROOKSIDE SCHOOL ROOM 31, 1260 MEADOWBROOK ROAD
NORTH MERRICK, NY 11566
(516) 992–1073

Name of Project Director:

FRAN LICAUSI

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THEIR COMMUNITY PROGRAMS.

Funded Amount:

$5,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

CONNECT, INC.
P.O. BOX 21217, GREELEY SQUARE STATION
NEW YORK, NY 10001
(212) 683−0015 Ext: 246

Name of Project Director:

KALA GANESH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE STAFF TRAINING, MATERIALS, AND TECHNICAL SUPPORT FOR OTHER HIV/AIDS NON−PROFIT ORGANIZATIONS.

Funded Amount:

$3,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

COOLEY’S ANEMIA FOUNDATION INC.–STATEN ISLAND CHAPTER
16B DREYER AVENUE
STATEN ISLAND, NY 10314
(718) 761–5380

Name of Project Director:

CAMMIE BRANDFINO

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH PROGRAMS FOR STATEN ISLANDERS WITH COOLEY’S ANEMIA.

Funded Amount:

$2,500

Requested By:

TOBACCO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

CROUSE HOSPITAL
736 IRVING AVENUE
SYRACUSE, NY 13210
(315) 470−7582

Name of Project Director:

BOB ALLEN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A GLUCOSE MONITORING SYSTEM FOR THE HOSPITAL.

Funded Amount:

$22,500

Requested By:

CHRISTENSEN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

DOR YESHORIM, INC.
429 WYTIE AVENUE
BROOKLYN, NY 11211
(718) 384-2332

Name of Project Director:

RABBI JOSEPH EKSTEIN

Purpose of Project:

FUNDS WILL BE USED FOR THE SUPPORT OF DOR YESHORIM'S GENETIC
SCREENING PROGRAM FOR TAY–SACHS AND CYSTIC FIBROSIS.
SCREENINGS ARE AVAILABLE TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$25,000

Requested By:

BRENNAN, CHRISTENSEN, COLTON, CUSICK, GLICK, GOTTFRIED, JACOBS,
JAFFEE, LENTOL, MAYERSOHN, PHEFFER, WEINSTEIN, WEISENBERG,
ZEBROWSKI–K

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

DOWN SYNDROME RESOURCE CENTER, INC.
1 MARCUS BOULEVARD, SUITE 105
ALBANY, NY 12205
(518) 391–2581

Name of Project Director:

DIANE LANG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THREE EDUCATIONAL SEMINARS FOR INDIVIDUALS WITH DOWN SYNDROME AND THEIR FAMILIES.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

EMPIRE JUSTICE CENTER, INC.
119 WASHINGTON AVENUE
ALBANY, NY 12210
(518) 462–6831

Name of Project Director:

ANNE ERICKSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LEGAL REPRESENTATION TO PERSONS WITH HIV, REGARDING ISSUES OF HIGH IMPORTANCE TO THOSE AFFECTED BY THIS DISEASE, INCLUDING, BUT NOT LIMITED TO, CLASS ACTION LITIGATION, LAW TRAINING, AND DIRECT LEGAL ASSISTANCE.

Funded Amount:

$89,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

EPILEPSY FOUNDATION OF NORTHEASTERN NEW YORK, INC.
THREE WASHINGTON SQUARE
ALBANY, NY 12205
(518) 456–7501

Name of Project Director:

JENNINE S. GARAB

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE BROCHURES AND OTHER EDUCATIONAL MATERIALS FOR DISTRIBUTION TO THE COMMUNITY TO INCREASE AWARENESS OF AVAILABLE SERVICES.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ERIE COUNTY MEDICAL CENTER CORPORATION
11580 WALDEN AVENUE
ALDEN, NY 14004
(716) 937−5724

Name of Project Director:

RICHARD CLELAND

Purpose of Project:

FUNDS WILL BE USED TO FURNISH TWO SEPARATE ATRIUMS WITHIN THE ERIE COUNTY HOME FOR RESIDENTS, STAFF AND VISITORS.

Funded Amount:

$5,000

Requested By:

COLE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

FEEL BETTER KIDS, INC.
50 CHARLES LINDBERGH BOULEVARD
UNIONDALE, NY 11553
(866) 257−5437

Name of Project Director:

CHRIS GIGANTE

Purpose of Project:

FUNDS WILL BE USED TOWARD OPERATING EXPENSES OF ASSISTING TERMINALLY ILL AND DISABLED CHILDREN COVER MEDICAL AND LIVING COSTS.

Funded Amount:

$15,000

Requested By:

SWEENEY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

FEEL BETTER KIDS, INC.
50 CHARLES LINDBERGH BOULEVARD, SUITE 400
UNIONDALE, NY 11553
(866) 257–5437

Name of Project Director:

CHRISTOPHER GIGANTE

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING EXPENSES TO ASSIST FAMILIES WITH CHILDREN SUFFERING FROM DEBILITATING ILLNESSES IN COVERING MEDICAL AND LIVING EXPENSES.

Funded Amount:

$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

FLATLANDS VOLUNTEER AMBULANCE AND FIRST AID CORPS, INC.
4623 AVENUE N
BROOKLYN, NY 11234
(718) 338-0434

Name of Project Director:

SCOTT GOODMAN

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE THE OUTDATED COMMUNICATIONS EQUIPMENT AND REPLACE DAMAGED AND WORN OUT RADIO COMPONENTS.

Funded Amount:

$4,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

FLATLANDS VOLUNTEER AMBULANCE AND FIRST AID CORPS, INC.
4623 AVENUE N
BROOKLYN, NY 11234
(718) 338–0434

Name of Project Director:

JOE MARCELLINO

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF MEDICAL SUPPLIES.

Funded Amount:

$5,000

Requested By:

MAISEL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

FORDHAM UNIVERSITY
LARKIN HALL, 441 EAST FORDHAM ROAD
BRONX, NY 10458
(718) 817-3637

Name of Project Director:

DR. BERISH Y. RUBIN

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT RESEARCH IN THE TREATMENT FOR
FAMILIAL DYSAUTONOMIA, A GENETIC DEVELOPMENTAL DISEASE.

Funded Amount:

$5,000

Requested By:

DINOWITZ

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

FORT HAMILTON CLINIC
8710 5TH AVENUE
BROOKLYN, NY 11209
(718) 667−2506

Name of Project Director:

ANNE MARIE BOVE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF PURCHASING MUSICAL INSTRUMENTS AND EQUIPMENT FOR THE CLINIC.

Funded Amount:

$1,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

FOUNDATION FOR HEALTHY LIVING
30 CENTURY HILL DRIVE
LATHAM, NY 12110
(518) 220–4606

Name of Project Director:

GARY FERRIS

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE PHYSICAL ACTIVITY AMONG CHILDREN AT THE ELEMENTARY SCHOOL AGE BY EDUCATING THEM ABOUT THE BENEFITS OF RUNNING.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

FRIENDS OF HOSPICE, INC.
1845 NORTHERN BOULEVARD
MANHASSET, NY 11030
(516) 627−6376

Name of Project Director:

BEATRICE GREENBAUM

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMMING.

Funded Amount:

$2,500

Requested By:

SCHIMEL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

FRIENDS OF KAREN, INC.
21 PERRY STREET
PORT JEFFERSON, NY   11777
(631) 473−1768

Name of Project Director:

NANCY MARIANO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COMPREHENSIVE FAMILY MANAGEMENT TO CHILDREN WITH TERMINAL AND LIFE−THREATENING ILLNESSES AND THEIR FAMILIES, INCLUDING IN−STATE TRANSPORTATION TO MEDICAL TREATMENT, SPECIAL FOOD AND HOME CARE NEEDS, CHILD CARE FOR SIBLINGS AND MEDICAL CARE.

Funded Amount:

$3,500

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

FRIENDS OF KAREN, INC.
21 PERRY STREET
PORT JEFFERSON, NY 11777
(631) 473–1768

Name of Project Director:

NANCY MARIANO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EMOTIONAL AND ADVOCACY SUPPORT FOR CHILDREN WITH LIFE THREATENING ILLNESSES AND THEIR FAMILIES.

Funded Amount:

$5,000

Requested By:

CARROZZA

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

FRIENDS OF KAREN, INC.
21 PERRY STREET
PORT JEFFERSON, NY  11777
(631) 473–1768

Name of Project Director:

NANCY MARIANO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FINANCIAL, EMOTIONAL AND ADVOCACY SUPPORT TO FAMILIES WITH CHILDREN DIAGNOSED WITH CANCER AND OTHER LIFE–THREATENING ILLNESSES.

Funded Amount:

$3,000

Requested By:

PHEFFER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

FRIENDS OF THE RETIRED AND SENIOR VOLUNTEER PROGRAM OF SUFFOLK COUNTY
ONE WEST MAIN STREET
SMITHTOWN, NY 11787
(631) 979–9490

Name of Project Director:

PEGO ORSINO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT RSVP’S OSTEOPOROSIS PREVENTION EXERCISE PROGRAM.

Funded Amount:

$1,000

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

FRIENDS QUARTERS HOUSING DEVELOPMENT FUND CORPORATION
130 EAST 25TH STREET
NEW YORK, NY 10010
(212) 995–5000

Name of Project Director:

ANNIE SORIANO

Purpose of Project:

FUNDS WILL BE USED TO TRAIN RESIDENTS TO LEAD HIV/AIDS EDUCATION AND PREVENTION WORKSHOPS IN LOCAL HIGH SCHOOLS. LAST YEAR OVER 10,000 PARTICIPATED IN THE PROGRAM.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

GAY MEN’S HEALTH CRISIS, INC.
119 WEST 24TH STREET
NEW YORK, NY 10011
(212) 367−1310

Name of Project Director:

ROBERT BANK

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE IMMIGRANTS WITH HIV PROJECT, PROVIDE A WIDE ARRAY OF SERVICES TO IMMIGRANTS LIVING WITH HIV IN NEW YORK CITY, PROVIDE A SAFE HAVEN FOR UNDOCUMENTED IMMIGRANTS, AND EDUCATE THEM ABOUT LEGALIZATION AND HIV AND LEGAL SUPPORT SERVICES.

Funded Amount:

$89,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

GAY MEN’S HEALTH CRISIS, INC.
119 WEST 24TH STREET
NEW YORK, NY 10011
(212) 367−1310

Name of Project Director:

ROBERT BANK

Purpose of Project:

FUNDS WILL BE USED FOR THE GMHC CHILD LIFE PROGRAM, WHICH PROVIDES SUPPORTIVE SERVICES TO CHILDREN AND FAMILIES, INCLUDING CHILDSITTING, SUPPORT GROUPS AND MENTAL HEALTH SERVICES, IN−STATE FIELD TRIPS, SPECIAL EVENTS, PARENT SUPPORT SERVICES AND A TEEN PROGRAM. THESE SERVICES AIM TO REDUCE STRESS ASSOCIATED WITH THE MEDICAL, FINANCIAL, EMOTIONAL AND SOCIAL CHALLENGES ASSOCIATED WITH HIV AND AIDS AND PROVIDE OPPORTUNITIES FOR SOCIALIZING.

Funded Amount:

$44,000

Requested By:

GLICK, GOTTFRIED, SILVER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

GAY MEN’S HEALTH CRISIS, INC.  
119 WEST 24TH STREET  
NEW YORK, NY 10011  
(212) 367-1000

Name of Project Director:

DR. MARJORIE HILL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HIV PREVENTION SERVICES FOR YOUNG GAY MEN, INCLUDING MEALS, CASE MANAGEMENT, LEGAL ASSISTANCE AND HIV COUNSELING AND TESTING.

Funded Amount:

$7,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

GAY MEN’S HEALTH CRISIS, INC.
THE TISCH BUILDING, 119 WEST 24TH STREET
NEW YORK, NY 10011
(212) 367-1000

Name of Project Director:

MARJORIE HILL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HIV-RELATED SERVICES TO WOMEN OF COLOR, THEREBY IMPROVING HEALTH OUTCOMES, AND PREVENTION.

Funded Amount:

$4,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

GAY MEN’S HEALTH CRISIS, INC.
119 WEST 24TH STREET
NEW YORK, NY 10011
(212) 367–1000

Name of Project Director:

DARYL COCHRANE

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE TESTING SERVICES AND OFFSET THE COSTS ASSOCIATED WITH PROGRAMS THAT HELP PEOPLE LIVING WITH HIV/AIDS TO MAINTAIN AND IMPROVE THEIR HEALTH AND INDEPENDENCE. FUNDS WILL ALSO BE USED FOR COSTS ASSOCIATED WITH A TESTING VAN MOBILE UNIT, WHICH PROVIDES OUTREACH AND ASSISTANCE THROUGHOUT THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

DEPARTMENT OF HEALTH
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

GENESEE COUNTY RED CROSS
220 EAST MAIN STREET
BATAVIA, NY 14020
(585) 343–6098

Name of Project Director:

JUDITH NAGEL

Purpose of Project:

FUNDS WILL BE USED FOR DISASTER SUPPLIES FOR COUNTY RESPONSE,

Funded Amount:

$2,000

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

GLEN COVE EMS
8 GLEN COVE AVENUE
GLEN COVE, NY 11542
(516) 676-0331

Name of Project Director:

ROBERT GOBBO

Purpose of Project:

Funds will be used to update medical equipment.

Funded Amount:

$5,000

Requested By:

LAVINE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

GLEN OAKS VOLUNTEER AMBULANCE CORPS.
79-03 257TH STREET
FLORAL PARK, NY 11004
(718) 347-1637

Name of Project Director:

JERRY GELBARD

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN REBUILDING AND MAINTAINING THE AMBULANCE CORPS FACILITY AND EQUIPMENT.

Funded Amount:

$2,000

Requested By:

WEPRIN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

GLEN OAKS VOLUNTEER AMBULANCE CORPS.
79–03 257 STREET
FLORAL PARK, NY 11004
(516) 354–4013

Name of Project Director:

TED RABINOWITZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CPR TRAINING TO MEMBERS OF THE AMBULANCE CORPS.

Funded Amount:

$1,000

Requested By:

CARROZZA

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

GLENDALE VOLUNTEER AMBULANCE CORPS.
P.O. BOX 863991
RIDGEWOOD, NY  11386
(718) 386–9651

Name of Project Director:

SAMANTHA GUNNING

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CONTINUED OPERATING COSTS, TO PURCHASE SAFETY EQUIPMENT AND FOR THE MAINTENANCE OF AMBULANCES.

Funded Amount:

$6,000

Requested By:

SEMINERIO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

GOLDEN HILL HEALTH CARE
99 GOLDEN HILL DRIVE
KINGSTON, NY  12401
(845) 340–3390

Name of Project Director:

SHEREE CROSS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FURNITURE FOR THE HEALTH CARE FACILITY.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

GOUVERNEUR NURSING FACILITY/DIAGNOSTIC & TREATMENT CENTER
227 MADISON STREET
NEW YORK, NY 10002
(212) 238–7011

Name of Project Director:

EUGENE YEE

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE AND MARKET THE HEALTH SERVICES AVAILABLE AT GOUVERNEUR THROUGH INFORMATIONAL FORUMS, STREET FAIRS, ETC., WITH THE GOAL OF PROVIDING THE COMMUNITY WITH A BETTER UNDERSTANDING OF HEALTH SERVICES AVAILABLE TO THEM.

Funded Amount:

$88,000

Requested By:

SILVER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

GREAT NECK BREAST CANCER COALITION
P.O. BOX 231190
GREAT NECK, NY 11023
(516) 829–1139

Name of Project Director:

LAURA WEINBERG

Purpose of Project:

FUNDS WILL BE USED TO PRINT AND DISTRIBUTE EDUCATIONAL MATERIALS FOR ENVIRONMENTAL HEALTH ISSUES OUTREACH.

Funded Amount:

$2,500

Requested By:

SCHIMEL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
GREATER LONG ISLAND RUNNING CLUB, INC.
101–24 DUPONT STREET
PLAINVIEW, NY  11803
(516) 349–7646

MIKE POLANSKY

FUNDS WILL BE USED FOR IN–STATE TRANSPORTATION AND HOUSING FOR WHEEL CHAIR ATHLETES.

$3,500

LAVINE

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

GREATER ROCHESTER NY CHAPTER 50 THE MENDED HEARTS, INC.
99 HILLHURST LANE
ROCHESTER, NY 14617
(585) 544–1565

Name of Project Director:

SUE TANEY

Purpose of Project:

FUNDS WILL BE USED TO OBTAIN SOFTWARE, AND PROVIDE FOR THE DISTRIBUTION OF A NEWSLETTER.

Funded Amount:

$5,000

Requested By:

MORELLE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

GUARDIAN BRAIN FOUNDATION
P.O. BOX 1216
BELLMORE, NY 11710
(631) 271–3292

Name of Project Director:

MARY L. PALOTTA

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE TO PROVIDE SUPPORT SERVICES TO CHILDREN AND ADULTS WITH INJURIES AND TUMORS OF THE BRAIN.

Funded Amount:

$5,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HAAZINU FOR HEARING IMPAIRED CHILDREN
1747 EAST 24TH STREET
BROOKLYN, NY 11229
(718) 339−4139

Name of Project Director:

MOSHE YAROSLAWITZ

Purpose of Project:

Funds will be used to update computers as well as hearing equipment, to help improve speech and hearing skills of hearing impaired children. Services are open on a non−sectarian basis.

Funded Amount:

$48,000

Requested By:

SILVER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HANDICAPPED ADULTS ASSOCIATION, INC.
177 DREISER LOOP, ROOM 13
BRONX, NY 10475
(718) 320-2069

Name of Project Director:

JACK AMARCO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE TRANSPORTATION PROGRAM, INCLUDING BUT NOT LIMITED TO VAN OPERATIONS AND INSURANCE.

Funded Amount:

$2,000

Requested By:

BENEDETTO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HARLEM DIRECTORS GROUP  
271 WEST 125TH STREET, SUITE 215  
NEW YORK, NY 10027  
(212) 531-0049 Ext: 101

Name of Project Director:

MIMI MINIER

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE THE OFFICE INFRASTRUCTURE IN ORDER TO MEET DEADLINES, MAXIMIZE TIME AND SERVE THE COMMUNITY IN A MORE EFFECTIVE MANNER. FUNDS WILL ALSO BE USED TO LOWER HIV/AIDS STIGMA, AND HAVE MORE PEOPLE TESTED TO HELP REDUCE THE RATE OF HIV/AIDS IN THE COMMUNITY.

Funded Amount:

$18,000

Requested By:

FARRELL, JR

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HEALTH ASSOCIATION OF NIAGARA COUNTY, INC.
1302 MAIN STREET
NIAGARA FALLS, NY 14031
(716) 285–8224

Name of Project Director:

REV. JIMMY ROWE

Purpose of Project:

FUNDS WILL BE USED FOR HEALTH PROGRAMS.

Funded Amount:

$10,000

Requested By:

COLE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HEALTH MINISTRIES OF THE SOUTHERN TIER
23 LIBERTY STREET
BATH, NY 14810
(607) 769−4900

Name of Project Director:

MIKE SLOVAK

Purpose of Project:

FUNDS WILL BE USED FOR COMPUTER NETWORKING AND SUPPLIES.

Funded Amount:

$25,000

Requested By:

BACALLES

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HEALTHY CAPITAL DISTRICT INITIATIVE, INC.
315 SHERIDAN AVENUE
ALBANY, NY 12206
(518) 462–1459

Name of Project Director:

KEVEN JOBIN–DAVIS

Purpose of Project:

FUNDS WILL BE USED TO HELP UNINSURED STUDENTS IN THE CAPITAL DISTRICT GET ORAL HEALTH SCREENING AND TREATMENT.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HEARING LOSS ASSOCIATION OF AMERICA
306 PATIO DRIVE
ENDWELL, NY  13760
(607) 757−2626

Name of Project Director:

DONNA KERILA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A LAPTOP AND A PROJECTOR.

Funded Amount:

$2,500

Requested By:

LUPARDO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HELEN KELLER SERVICES FOR THE BLIND
57 WILLOUGHBY STREET
BROOKLYN, NY  11201
(718) 522−2122

Name of Project Director:

JOHN P. LYNCH

Purpose of Project:

FUNDS WILL BE USED FOR ORIENTATION AND MOBILITY TRAINING, BASIC INSTRUCTION, IN−HOME AND MEAL MANAGEMENT, JOB ASSESSMENT, PLACEMENT SERVICES AND COMPUTER TRAINING.

Funded Amount:

$3,500

Requested By:

MILLMAN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HELEN KELLER SERVICES FOR THE BLIND
57 WILLOUGHBY STREET
BROOKLYN, NY 11201
(718) 522−2122

Name of Project Director:

JOHN P. LYNCH

Purpose of Project:

FUNDS WILL BE USED FOR PRESCHOOL, HEAD START, AND KINDERGARTEN SCREENINGS FOR DISORDERS SUCH AS AMBLYOPIA AND STRABISMUS IN REGION 8, BROOKLYN SCHOOLS AND COMMUNITY BOARD ONE. REFERRALS TO OPHTHALMOLOGISTS IF PROBLEMS ARE DETECTED WILL ALSO BE PROVIDED.

Funded Amount:

$6,000

Requested By:

LENTOL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HELEN KELLER SERVICES FOR THE BLIND
57 WILLOUGHBY STREET
BROOKLYN, NY  11201
(718) 522−2122  Ext: 209

Name of Project Director:

JOHN P. LYNCH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE REHABILITATION SERVICES FOR BLIND AND VISUALLY−IMPAIRED RESIDENTS OF KINGS COUNTY, INCLUDING ORIENTATION AND MOBILITY TRAINING/HOME AND MEAL MANAGEMENT.

Funded Amount:

$2,500

Requested By:

JEFFRIES

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HEMANGIOMA VASCULAR BIRTHMARKS FOUNDATION
P.O. BOX 106
LATHAM, NY 12110
(518) 209−6915

Name of Project Director:

PAIGE SALVADOR

Purpose of Project:

FUNDS WILL BE USED FOR PRINTING AND POSTAGE FOR THE DAY OF AWARENESS NEWSLETTER.

Funded Amount:

$3,000

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HERITAGE VILLAGE REHAB & SKILLED NURSING, INC.
4570 ROUTE 60
GERRY, NY 14740
(716) 487-6874

Name of Project Director:

KARL SISSON

Purpose of Project:

FUNDS WILL BE USED FOR A VIDEO MAGNIFIER FOR SKILLED NURSING RESIDENTS.

Funded Amount:

$5,000

Requested By:

GIGLIO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HETRICK–MARTIN INSTITUTE, INC.
2 ASTOR PLACE
NEW YORK, NY  10003
(212) 674–2600

Name of Project Director:

THOMAS KREVER

Purpose of Project:

FUNDS WILL BE USED TO EXPAND ON–SITE HIV TESTING SERVICES TO LGBT YOUTH.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HOSPICE & PALLIATIVE CARE, INC.
4277 MIDDLE SETTLEMENT ROAD
HARTFORD, NY 13413
(315) 735−6484

Name of Project Director:

GLEN A. BEVILLE

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH THE INITIAL COSTS OF INCREASING ACCESS TO HOSPICE SERVICES FOR ONEIDA COUNTY LONG TERM CARE RESIDENTS.

Funded Amount:

$6,500

Requested By:

DESTITO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HOSPICE OF ORANGE AND SULLIVAN COUNTIES, INC.
800 STONY BROOK COURT
NEWBURGH, NY 12550
(845) 561–6111

Name of Project Director:
DAN GRADY

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING EXPENSES SUCH AS A BACK−UP GENERATOR, LOAD TEETER FOR GENERATOR, CARPET, WORKSTATIONS, FAX AND SOFTWARE.

Funded Amount:

$10,000

Requested By:
KIRWAN

Name of Administering State Agency:
DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

HUNTINGTON BREAST CANCER ACTION COALITION
746 NEW YORK AVENUE, 2ND FLOOR
HUNTINGTON, NY 11743
(621) 547−1518

Name of Project Director:

KAREN MILLER

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$2,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF HEALTH
ICD – INTERNATIONAL CENTER FOR THE DISABLED, INC.
340 EAST 24TH STREET
NEW YORK, NY 10010
(212) 585–6000

LES HALPERT

FUNDS WILL BE USED TO PROVIDE CRITICAL SAFETY UPGRADES TO THE EXISTING SMOKE DETECTION SYSTEM BY INSTALLING 83 ADDITIONAL SMOKE DETECTORS AND TWO AUTOMATIC DOOR CLOSERS THROUGHOUT THE BUILDING.

$1,000

DIAZ–L

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ICD – INTERNATIONAL CENTER FOR THE DISABLED, INC.
340 EAST 24TH STREET
NEW YORK, NY 10010
(212) 585−6000

Name of Project Director:

LES HALPORT

Purpose of Project:

FUNDS WILL BE USED TO IMPLEMENT A CRITICAL AGENCY−WIDE UPGRADE OF THE EXISTING SMOKE DETECTION SYSTEM THROUGH THE INSTALLATION OF 83 ADDITIONAL SMOKE DETECTORS THROUGHOUT THE BUILDING AND TWO AUTOMATIC DOOR CLOSERS.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

INSTITUTE FOR REPRODUCTIVE HEALTH ACCESS, INC.
470 PARK AVENUE SOUTH, 7TH FLOOR
NEW YORK, NY  10016
(212) 343–0114

Name of Project Director:

KELLI CONLIN

Purpose of Project:

FUNDS WILL BE USED TO ENGAGE YOUNG ADULTS TO WORK TOWARD IMPROVING ACCESS TO REPRODUCTIVE HEALTH SERVICES.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

INSTITUTE FOR REPRODUCTIVE HEALTH ACCESS, INC.
470 PARK AVENUE SOUTH, 7TH FLOOR
NEW YORK, NY 10016
(212) 343−0114  Ext: 3515

Name of Project Director:

ANGELA HOOTON

Purpose of Project:

FUNDS WILL BE USED TO ENGAGE YOUNG ADULTS IN WORKING TOWARD EDUCATION AND IMPROVE ACCESS TO REPRODUCTIVE HEALTH CARE.

Funded Amount:

$5,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

INSTITUTE FOR REPRODUCTIVE HEALTH ACCESS, INC.
470 PARK AVENUE SOUTH, 7TH FLOOR
NEW YORK, NY 10016
(212) 343-0114  Ext: 3509

Name of Project Director:

ANDREW STERN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TRAINING FOR 15–20 YOUNG ADULTS ON
REPRODUCTIVE RIGHTS ISSUES AND IMPROVING ACCESS TO CARE.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

INSTITUTE FOR REPRODUCTIVE HEALTH ACCESS, INC.
470 PARK AVENUE SOUTH, 7TH FLOOR
NEW YORK, NY  10016
(212) 343−0114

Name of Project Director:

KELLI CONLIN

Purpose of Project:

FUNDS WILL BE USED TO ENGAGE YOUNG ADULTS TO WORK TOWARDS IMPROVING REPRODUCTIVE HEALTH SERVICES.

Funded Amount:

$5,000

Requested By:

BING

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

INSTITUTE FOR REPRODUCTIVE HEALTH ACCESS, INC.
470 PARK AVENUE SOUTH, 7TH FLOOR
NEW YORK, NY 10016
(212) 343-0114

Name of Project Director:

ANGELA HOOTON

Purpose of Project:

FUNDS WILL BE USED FOR THE YOUTH ADULT LEADERSHIP PROJECT TO IMPROVE ACCESS TO REPRODUCTIVE HEALTH SERVICES.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

IRIS HOUSE: A CENTER FOR WOMEN LIVING WITH HIV, INC.  
2348 ADAM CLAYTON POWELL BOULEVARD  
NEW YORK, NY 10030  
(646) 548–0100 Ext: 238

Name of Project Director:

INGRID N. FLOYD

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COBRA CASE MANAGEMENT, FOOD AND NUTRITION SERVICES, SUPPORT GROUPS, SHORT TERM MENTAL HEALTH COUNSELING, AS WELL AS MANAGEMENT OF SITE APARTMENT UNITS FOR HIV AND HASA CLIENTS.

Funded Amount:

$5,000

Requested By:

POWELL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

IRONDEQUOIT VOLUNTEER AMBULANCE, INC.
2330 NORTON STREET, P.O. BOX 90360
ROCHESTER, NY 14609
(585) 544-5112

Name of Project Director:

JOHN HECKLER

Purpose of Project:

Funds will be used to purchase equipment for ambulances.

Funded Amount:

$10,000

Requested By:

MORELLE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ISLAND REHABILITATION AND NURSING CENTER, INC.
5537 EXPRESSWAY DRIVE NORTH
HOLTSVILLE, NY 11742
(631) 758−3336

Name of Project Director:

DAVID FRIDKIN

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE EQUIPMENT RELATING TO THE FACILITY’S LIFE/SAFETY SYSTEM.

Funded Amount:

$1,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

JAMAICA ESTATES–HOLLISWOOD SOUTH BAYSIDE VOLUNTEER AMBULANCE CORP
207–07 UNION TURNPIKE
BAYSIDE, NY 11364
(718) 464–0592

Name of Project Director:

DARYL MAZLISH

Purpose of Project:

FUNDS WILL BE USED TO MAINTAIN EQUIPMENT TO AID THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

WEPRIN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

JASON F. GRUEN RESEARCH FOUNDATION, INC.
3145 CAMDEN LANE
MERRICK, NY 11566
(516) 378–9756

Name of Project Director:

SUSAN GRUEN HELSINGER

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC OPERATIONS.

Funded Amount:

$5,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

KIDNEY FOUNDATION OF UPSTATE NY
15 PRINCE STREET
ROCHESTER, NY 14607
(585) 697–0874  Ext: 29

Name of Project Director:

ROSA LLOYD

Purpose of Project:

FUNDS WILL BE USED FOR KIDNEY DISEASE RISK ASSESSMENT PROGRAMS.

Funded Amount:

$3,000

Requested By:

REILICH

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

KINGS BAY YM−YWHA, INC.
3495 NOSTRAND AVENUE
BROOKLYN, NY  11229
(718) 648−7703  Ext: 238

Name of Project Director:

LEONARD PETLAKH

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF YOGA CLASS TRAINER FEES AND EDUCATIONAL WELLNESS PROGRAMS FOR BREAST CANCER SURVIVORS.

Funded Amount:

$4,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

LAKESIDE HOSPITAL
156 WEST AVENUE
BROCKPORT, NY 14420
(585) 395–6049

Name of Project Director:

KRYSTYNA STAUB

Purpose of Project:

FUNDS WILL BE USED FOR THE WOMEN’S HEALTH CENTER.

Funded Amount:

$5,000

Requested By:

REILICH

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

LAKESIDE MEMORIAL HOSPITAL INC.
156 WEST AVENUE, SUITE 100
BROCKPORT, NY 14420
(585) 395−6049

Name of Project Director:

KRYSTYNA STAUB

Purpose of Project:

FUNDS WILL BE USED FOR THE WOMAN’S HEALTHCARE CENTER.

Funded Amount:

$9,500

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

LATINO COMMISSION ON AIDS, INC.
24 WEST 25TH STREET, 9TH FLOOR
NEW YORK, NY 10010
(212) 675−3288

Name of Project Director:

DENNIS DE LEON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE COMMISSION’S PROGRAMS AND SERVICES WHICH ADDRESSES HIV/AIDS IN THE LATINO COMMUNITY THROUGH HIV PREVENTION PROGRAMS, CAPACITY BUILDING OF PROGRAMS THAT SERVE LATINOS AND HEALTH EDUCATION OF SERVICE PROVIDERS, AS WELL AS OTHER HIV/AIDS RELATED PROGRAMS.

Funded Amount:

$179,000

Requested By:


Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

LIGHTHOUSE INTERNATIONAL
111 EAST 59TH STREET
NEW YORK, NY  10022
(212) 821–9200

Name of Project Director:

DR. CYNTHIA STUEN

Purpose of Project:

FUNDS WILL BE USED FOR RECREATIONAL SERVICES FOR THE YOUTH, ONLINE TRAINING FOR VISION REHABILITATION, AND VOLUNTEER LEADERS FOR THE BLIND.

Funded Amount:

$7,500

Requested By:

BING

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

LINDENWOOD COMMUNITY VOLUNTEER AMBULANCE CORPS., INC.
P.O. BOX 170191
OZONE PARK, NY  11417
(718) 738–3029

Name of Project Director:

GEORGE BUONINCONTRI

Purpose of Project:

FUNDS WILL BE USED TO HELP DEFRAY THE GENERAL OPERATING EXPENSES OF PROVIDING EMERGENCY ASSISTANCE TO MEMBERS OF THE COMMUNITY.

Funded Amount:

$4,000

Requested By:

PHEFFER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

LITTLE NECK–DOUGLASTON COMMUNITY AMBULANCE CORPS, INC.
42–18 250TH STREET
LITTLE NECK, NY 11363
(718) 340–4248

Name of Project Director:

PATRICIA MCDONNELL

Purpose of Project:

FUNDS WILL BE USED FOR THE REPAIR AND MAINTENANCE OF AN AMBULANCE, REPAINTING INTERIORS OF THE BUILDING, AND THE PURCHASE OF OXYGEN SUPPLIES.

Funded Amount:

$1,000

Requested By:

CARROZZA

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

LONG ISLAND ALZHEIMERS FOUNDATION, INC.
5 CHANNEL DRIVE
PORT WASHINGTON, NY 11050
(516) 767−6856

Name of Project Director:

PATRICIA GALLATIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SOCIAL PROGRAMMING AND COGNITIVE STIMULATION.

Funded Amount:

$1,500

Requested By:

SCHIMEL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

LONG ISLAND COLLEGE HOSPITAL
339 HICKS STREET
BROOKLYN, NY  11201
(718) 780−1899

Name of Project Director:

ROBERT LUDWIG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE BEREAVEMENT SUPPORT SERVICES TO CHILDREN AND ADOLESCENTS WHO HAVE EXPERIENCED THE DEATH OF A FAMILY MEMBER.

Funded Amount:

$3,500

Requested By:

MILLMAN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
LYMPHOMA & LYMPHEDEMA OF CENTRAL NEW YORK
19 DODDS ROAD
GOVERNEUR, NY 13642
(315) 287–7479

NAME OF PROJECT DIRECTOR:
VICKIE KIPP

PURPOSE OF PROJECT:
FUNDS WILL BE USED FOR RESEARCH AND DEVELOPMENT, AND EDUCATIONAL MATERIALS.

FUNDED AMOUNT:
$4,000

REQUESTED BY:
SCOZZAFAVA

NAME OF ADMINISTERING STATE AGENCY:
DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

MAIMONIDES MEDICAL CENTER
C/O BROOKLYN WOMEN’S SERVICES, 9201 4TH AVENUE, 2ND FL.
BROOKLYN, NY  11209
(718) 232–1351

Name of Project Director:

SOFIA PALLOTTA

Purpose of Project:

FUNDS WILL BE USED FOR SERVICES AND EXPENSES RELATED TO COMMUNITY AND EDUCATIONAL OUTREACH PROGRAMS.

Funded Amount:

$25,000

Requested By:

ABBATE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

MAIMONIDES MEDICAL CENTER
4802 TENTH AVENUE
BROOKLYN, NY 11219
(718) 283–7046 Ext: 7046

Name of Project Director:

DOUGLAS JABLON

Purpose of Project:

FUNDS WILL BE USED FOR THE CANCER CENTER TO PROVIDE FREE CANCER SCREENINGS TO RESIDENTS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

MARGARETVILLE MEMORIAL HOSPITAL
42084 STATE HIGHWAY 28
MARGARETVILLE, NY 12455
(845) 586–2631

Name of Project Director:

EDMOND MORACHE

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT.

Funded Amount:

$5,000

Requested By:

CROUCH

Name of Administering State Agency:

DEPARTMENT OF HEALTH
**Legal Name, Address, and Telephone Number:**

MEDICARE RIGHTS CENTER, INC.
520 EIGHTH AVENUE, NORTH WING, THIRD FLOOR
NEW YORK, NY 10036
(212) 204–6219

**Name of Project Director:**

DEANE BEEBE

**Purpose of Project:**


**Funded Amount:**

$5,000

**Requested By:**

WEPRIN

**Name of Administering State Agency:**

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

MEDICARE RIGHTS CENTER, INC.
520 EIGHTH AVENUE, NORTH WING
NEW YORK, NY 10036
(212) 204-6219

Name of Project Director:

DEANE BEEBE

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE/COUNSEL OLDER AND DISABLED NEW YORKERS ON MEDICARE HEALTH PLAN OPTIONS, INCLUDING PART D DRUG PLANS THROUGH TOWN HALL MEETINGS IN YONKERS VIA THE CONSUMER ENROLLMENT COUNSELING PROJECT.

Funded Amount:

$2,500

Requested By:

SPANO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

MEDICARE RIGHTS CENTER, INC.
520 8TH AVENUE, NORTH WING, 3RD FLOOR
NEW YORK, NY  10018
(212) 204–6289

Name of Project Director:

LOIS STEINBERG

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE WESTCHESTER RESIDENTS ABOUT CHANGES IN MEDICARE, INCLUDING MEDICARE PART D.

Funded Amount:

$5,000

Requested By:

LATIMER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

MEDICARE RIGHTS CENTER, INC.
520 EIGHTH AVENUE, NORTH WING, 3RD FLOOR
NEW YORK, NY  10018
(212) 869−3850

Name of Project Director:

DEANE BEEBE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE CONSUMER ENROLLMENT COUNSELING PROJECT TO EDUCATE AND COUNSEL OLDER AND DISABLED NEW YORKERS ABOUT MEDICARE OPTIONS, AND TO ASSIST WITH ENROLLMENT.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

MEDICARE RIGHTS CENTER, INC.
1460 BROADWAY
NEW YORK, NY  10036
(212) 869-3850

Name of Project Director:

JOE BAKER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF A HOTLINE, AS WELL AS FOR CONSUMER GUIDES REGARDING MEDICARE INSURANCE OPTIONS.

Funded Amount:

$12,000

Requested By:

SILVER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

MERCY CARE OF THE ADIRONDACKS
185 OLD MILITARY ROAD
LAKE PLACID, NY 12946
(518) 523–1401

Name of Project Director:

DONNA BEALE

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS PROVIDED BY MERCY CARE OF THE ADIRONDACKS.

Funded Amount:

$5,000

Requested By:

SAYWARD

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

MERCY FLIGHT CENTRAL, INC.
4960 LIMELEDGE ROAD
MARCELLUS, NY 13108
(585) 396–0584

Name of Project Director:

PAUL HYLAND

Purpose of Project:

FUNDS WILL BE USED FOR CONTINUED SUPPORT OF THE COORDINATED
TRAUMA SYSTEM.

Funded Amount:

$2,500

Requested By:

CHRISTENSEN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

MERCY OUTREACH CENTER, INC.
142 WEBSTER AVENUE
ROCHESTER, NY  14609
(585) 288–2634

Name of Project Director:

ARLENE A. WILSON

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE TO PROVIDE PRIMARY HEALTH CARE SERVICES TO THE UNINSURED WORKING POOR WHO DO NOT QUALIFY FOR MEDICAID, MEDICARE OR CANNOT AFFORD TO PURCHASE INSURANCE THROUGH THEIR EMPLOYERS. FUNDS WILL ALLOW MERCY OUTREACH CENTER TO SERVE MORE CLIENTS, INCLUDING PROVIDING LIFE SAVING PRESCRIPTIONS.

Funded Amount:

$10,000

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

MILLARD FILLMORE SUBURBAN HOSPITAL
1540 MAPLE ROAD
WILLIAMSVILLE, NY 14221
(716) 568−3600

Name of Project Director:

CHRISTOPHER T. LANE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE INFANT HEARING SCREENING EQUIPMENT.

Funded Amount:

$30,000

Requested By:

HAYES

Name of Administering State Agency:

DEPARTMENT OF HEALTH
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

MINEOLA VOLUNTEER AMBULANCE CORPS, INC.
P.O. BOX 587
MINEOLA, NY 11501
(516) 248–0141

Name of Project Director:

THOMAS DEVANEY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATIONAL COSTS ASSOCIATED WITH PROVIDING EMERGENCY SERVICES TO COMMUNITY RESIDENTS.

Funded Amount:

$1,500

Requested By:

SCHIMEL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

MOMENTUM PROJECT, INC.
322 EIGHTH AVENUE, 3RD FLOOR
NEW YORK, NY 10011
(212) 691–8100

Name of Project Director:

DAWN BRYAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A VAST ARRAY OF SERVICES IN EIGHT LOCATIONS TO PEOPLE LIVING WITH HIV/AIDS.

Funded Amount:

$4,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

MOTHER’S CENTER OF THE SOUTH SHORE
164 GREEN AVENUE
SAYVILLE, NY 11782
(631) 563–6667

Name of Project Director:

CHRISTINE CUSACK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT FOR MOTHERS VIA LECTURES AND WORKSHOPS, AND TO SUPPORT THOSE DEALING WITH POSTPARTUM DEPRESSION.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

MOUNT VERNON NEIGHBORHOOD HEALTH CENTER, INC.
107 WEST FOURTH STREET
MOUNT VERNON, NY 10550
(914) 699−7200

Name of Project Director:

CAROLE MORRIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PRESCRIBED CRITICAL MEDICATION
FOR UNINSURED PATIENTS.

Funded Amount:

$10,000

Requested By:

PRETLOW

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NACHAS HEALTH AND FAMILY NETWORK, INC.
1310 48TH STREET
BROOKLYN, NY 11219
(718) 436–7373

Name of Project Director:

RABBI PINCHUS HOROWITZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE PAP SMEARS TO WOMEN WHO WOULD OTHERWISE BE UNABLE TO RECEIVE PREVENTIVE CARE.

Funded Amount:

$2,640

Requested By:

BRENNAN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NACHAS HEALTH AND FAMILY NETWORK, INC.
1310 48TH STREET, 4TH FLOOR
BROOKLYN, NY 11219
(718) 436−7373  Ext: 18

Name of Project Director:

RIZY HOROWITZ

Purpose of Project:

FUNDS WILL BE USED TO PERFORM OUTREACH IN THE COMMUNITY TO
PROMOTE HEALTH AWARENESS, EDUCATION AND SCREENINGS. NACHAS
WILL CONDUCT ANNUAL HEALTH FAIRS FOR SENIORS AND CHILDREN.

Funded Amount:

$35,000

Requested By:

HIKIND

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NACHAS HEALTH AND FAMILY NETWORK, INC.
1310 48TH STREET
BROOKLYN, NY  11219
(718) 436–7373

Name of Project Director:

RABBI PINCHOS D. HOROWITZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE IMMUNIZATIONS (I.E., HEPATITUS), FREE OR AT LOW COST TO NEEDY PEOPLE IN THE COMMUNITY, AS WELL AS EDUCATION AND REFERRALS TO HELP MEET THE HEALTH CARE NEEDS OF COMMUNITY RESIDENTS.

Funded Amount:

$44,000

Requested By:

SILVER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NATIONAL KIDNEY FOUNDATION
15 PRINCE STREET
ROCHESTER, NY 14607
(585) 697–0874

Name of Project Director:

JAN MILLER

Purpose of Project:

FUNDS WILL BE USED FOR AN ASSESSMENT PROGRAM.

Funded Amount:

$2,500

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NATIONAL KIDNEY FOUNDATION OF CENTRAL NEW YORK INC.
731 JAMES STREET, SUITE 200
SYRACUSE, NY 13203
(315) 476–0311

Name of Project Director:

MARY K. GILLIS

Purpose of Project:

FUNDS WILL BE USED FOR KIDNEY EARLY INTERVENTION PROGRAM (KEEP).

Funded Amount:

$2,500

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NATIONAL KIDNEY FOUNDATION OF UPSTATE NEW YORK, INC.
15 PRINCE STREET
ROCHESTER, NY  14607
(585) 697−0894

Name of Project Director:

ROSA M. LLOYD

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PUBLIC EDUCATION TO INCREASE AWARENESS OF THE RISK FACTORS ASSOCIATED WITH KIDNEY DISEASE. EARLY DETECTION IS ESSENTIAL IN PREVENTING KIDNEY FAILURE.

Funded Amount:

$6,000

Requested By:

GANTT

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NATIONAL KIDNEY REGISTRY
42 FIRE ISLAND AVENUE, P.O. BOX 460
BABYLON, NY 11702
(800) 936−1627  Ext: 706

Name of Project Director:

GARRET HIL

Purpose of Project:

FUNDS WILL BE USED TO HELP PAY FOR LIVING DONOR COSTS NOT COVERED BY INSURANCE.

Funded Amount:

$7,500

Requested By:

BOYLE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NATIONAL MARFAN FOUNDATION, INC.
22 MANHASSET AVENUE
PORT WASHINGTON, NY 11050
(516) 883−8712 Ext: 39

Name of Project Director:

CAROLYN LEVERING

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AN IN−SERVICE SCHOOL NURSE INITIATIVE, WHICH WILL EDUCATE SCHOOL−BASED PERSONNEL ABOUT MARFAN SYNDROME.

Funded Amount:

$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NEW ISLAND HOSPITAL
4295 HEMPSTEAD TURNPIKE
BETHPAGE, NY 11714
(516) 579–6000

Name of Project Director:

AARON E. GLATT

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT UPGRADES.

Funded Amount:

$3,000

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NEW YORK AIDS COALITION, INC.
231 WEST 29TH STREET, SUITE 1002
NEW YORK, NY 10001
(212) 629–3075

Name of Project Director:

AMY HERMAN

Purpose of Project:

FUNDS WILL BE USED TO ASSIST COMMUNITY–BASED ORGANIZATIONS IN THE TRANSITION TO MANAGED CARE.

Funded Amount:

$3,000

Requested By:

SILVER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NEW YORK CITY HEALTH AND HOSPITALS CORP.  
2601 OCEAN PARKWAY  
BROOKLYN, NY 11235  
(718) 616–4100

Name of Project Director:

PETER WOLF

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE HOSPITAL WAITING ROOM.

Funded Amount:

$4,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NEW YORK ORGAN DONOR NETWORK
132 WEST 31ST STREET, 11TH FLOOR
NEW YORK, NY 10001
(646) 291–4456

Name of Project Director:

JULIA RIVERA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A DONOR OUTREACH PROGRAM TO INCREASE NEW YORK STATE DONOR REGISTRATION THROUGH THE PRODUCTION, PRINTING AND DISTRIBUTION OF MAILINGS.

Funded Amount:

$5,000

Requested By:

BRODSKY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NORTH AREA VOLUNTEER AMBULANCE CORPS, INC.
P.O. BOX 215
NORTH SYRACUSE, NY 13212−0215
(315) 458−7514

Name of Project Director:

CHRISTOPHER BITNER

Purpose of Project:

FUNDS WILL BE USED FOR THE REPLACEMENT OF EXISTING OBSOLETE MONITOR−DEFIBRILLATORS USED ON AMBULANCES.

Funded Amount:

$20,000

Requested By:

STIRPE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NORTH FORK BREAST HEALTH COALITION, INC.
P.O. BOX 523
RIVERHEAD, NY 11901
(631) 208–8889

Name of Project Director:

ANN COTTEN–DEGRASSE

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE AND PROVIDE OUTREACH TO THE COMMUNITY INFORMING THEM ABOUT WOMEN’S BREAST HEALTH.

Funded Amount:

$5,000

Requested By:

ALESSI

Name of Administering State Agency:

DEPARTMENT OF HEALTH
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 TO SUPPORT THE DANCE THERAPY PROGRAM, INCLUDING COSTS FOR A CERTIFIED DANCE THERAPIST.

Funded Amount:

$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM
DIV. OF ADOLESCENT MEDICINE – 410 LAKEVILLE ROAD, SUITE 108
NEW HYDE PARK, NY 11040
(516) 465–3270

Name of Project Director:

DR. MARTIN FISHER

Purpose of Project:

FUNDS WILL BE USED TO SERVE ADOLESCENTS AND YOUTH IN THE FIVE TOWNS AND SURROUNDING COMMUNITIES ON LONG ISLAND. NURSE COORDINATORS VISIT SCHOOLS, PATIENTS RECEIVE COMPREHENSIVE MEDICAL AND PSYCHOLOGICAL EVALUATION AND APPROPRIATE TREATMENT.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION
125 COMMUNITY DRIVE
GREAT NECK, NY 11021
(516) 465–2573

Name of Project Director:

JOANN FLICK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE CHILD LIFE PROGRAM AT SCHNEIDER CHILDREN’S HOSPITAL, WHICH PROVIDES PEDIATRIC PATIENTS WITH EMOTIONAL SUPPORT AND SOCIAL PROGRAMMING ACTIVITIES TO HELP EASE ANXIETY ASSOCIATED WITH ILLNESS OR INJURY.

Funded Amount:

$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM, INC.
175 COMMUNITY DRIVE
GREAT NECK, NY 11021
(516) 465–3157

Name of Project Director:

GAYLE KOLIDAS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE INFORMATION ON HEALTH PROGRAMS AND SERVICES TO SENIORS IN THE COMMUNITY. PROGRAMS AND SERVICES ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

CARROZZA

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY, INC.
301 WASHINGTON AVENUE
ALBANY, NY 12206
(518) 463–1211

Name of Project Director:

CHRISTOPHER T. BURKE

Purpose of Project:

FUNDS WILL BE USED FOR A VISION SCREENING PROGRAM FOR CHILDREN.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NORTHERN LIVINGSTON COUNTY CHAPTER OF THE AMERICAN RED CROSS
6 COURT STREET, ROOM 108
GENESEO, NY 14454
(585) 243–7029

Name of Project Director:

CAROLYN LOWELL

Purpose of Project:

FUNDS WILL BE USED FOR HEALTH AND SAFETY EQUIPMENT.

Funded Amount:

$2,500

Requested By:

BURLING

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

NUTRITION AND FITNESS FOR A HEALTHY NEW YORK, INC.
99 TROY ROAD, SUITE 200
EAST GREENBUSH, NY 12061
(518) 533–7807

Name of Project Director:

HARRY DUNSKER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AND ADMINISTER THE COMMUNITY / CHILD FITNESS CHALLENGE PROGRAM AND TO PROMOTE PHYSICAL ACTIVITIES AND BETTER NUTRITION AMONG YOUNG NEW YORKERS.

Funded Amount:

$3,000

Requested By:

WEPRIN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ONONDAGA OSWEGO CHAPTER AMERICAN RED CROSS
129 WEST SECOND STREET
OSWEGO, NY 13126
(315) 234-2217

Name of Project Director:

KAREN FERGUSON

Purpose of Project:

FUNDS WILL BE USED FOR OSWEGO COUNTY BRANCH PROJECT.

Funded Amount:

$2,500

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

OUTREACH FOR BREAST HEALTH FOUNDATION CORPORATION
54 LINCOLN AVENUE
ISLIP TERRACE, NY 11752
(631) 581-4171

Name of Project Director:

MARY SOLOMAN

Purpose of Project:

FUNDS WILL BE USED TOWARD THE COST OF OPERATING/UPKEEP OF THE MAMMOGRAPHY VAN.

Funded Amount:

$5,000

Requested By:

BENEDETTO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:
OUTREACH FOR BREAST HEALTH FOUNDATION CORPORATION
54 LINCOLN AVENUE
ISLIP TERRACE, NY 11752
(631) 581–4171

Name of Project Director:
MARY SOLOMON

Purpose of Project:
FUNDS WILL BE USED TO SUPPORT A MOBILE MAMMOGRAPHY PROGRAM.

Funded Amount:
$5,000

Requested By:
ORTIZ

Name of Administering State Agency:
DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

PARK SLOPE VOLUNTEER AMBULANCE CORPS., INC.
478 BERGEN STREET
BROOKLYN, NY 11217
(917) 589–1111

Name of Project Director:

MATTHEW PINTCHIK

Purpose of Project:

Funds will be used to purchase needed supplies such as medical supplies, necessary fuel to run vehicles, and miscellaneous office supplies.

Funded Amount:

$4,000

Requested By:

MILLMAN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

PEGASUS THERAPEUTIC RIDING
310 PEACH LAKE ROAD
BREWSTER, NY 10509
(845) 669–8235

Name of Project Director:

JEAN SMITH

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS FOR SPECIAL NEEDS CHILDREN.

Funded Amount:

$10,000

Requested By:

BALL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

PERINTON ECUMENICAL MINISTRIES, INC.
1010 MOSELEY ROAD
FAIRPORT, NY 14450
(585) 223-6112

Name of Project Director:

GLENDA HASTINGS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF OPERATING EXPENSES FOR THE ADVENT HOUSE, INCLUDING STAFF AND VOLUNTEER TRAINING FOR THE PURPOSE OF PROVIDING DIRECT PATIENT CARE, STAFF DEVELOPMENT, SUPPLIES, SMALL BUILDING MAINTENANCE AND IMPROVEMENT. THE ADVENT HOUSE PROVIDES FREE HOUSING AND CARE TO TERMINALLY ILL PERSONS ON A NON-SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

KOON

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

PLANNED PARENTHOOD HUDSON PECONIC, INC.
4 SKYLINE DRIVE
HAWTHORNE, NY 10532
(914) 467−7300

Name of Project Director:

REINA SCHIFFRIN

Purpose of Project:

FUNDS WILL BE USED TO CONSTRUCT A NEW EXAM ROOM AND A CONFIDENTIAL PATIENT TESTING LAB AT THE WHITE PLAINS MEDICAL CENTER, 175 TARRYTOWN ROAD.

Funded Amount:

$10,000

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

PLANNED PARENTHOOD HUDSON PECONIC, INC.
4 SKYLINE DRIVE
HAWTHORNE, NY  10532
(914) 467−7300

Name of Project Director:

REINA SCHIFFRIN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A NEW DIGITAL BLOOD PRESSURE MACHINE, AS WELL AS TWO NEW COMPUTERS FOR FRONT DESK SERVICES.

Funded Amount:

$5,000

Requested By:

LATIMER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

PLANNED PARENTHOOD OF NASSAU COUNTY FOUNDATION
540 FULTON AVENUE
HEMPSTEAD, NY 11550
(516) 750–2600

Name of Project Director:

SHANNA SIEGEL

Purpose of Project:

FUNDS WILL BE USED FOR THE ACTIVITIES OF THE DEPARTMENT OF TRAINING AND EDUCATION, WHICH TEACHES THOUSANDS OF AT−RISK ADOLESCENTS AND THEIR FAMILIES ABOUT ISSUES SUCH AS PREGNANCY, DISEASE PREVENTION, RELATIONSHIPS AND SELF−ESTEEM.

Funded Amount:

$10,000

Requested By:

HOOPER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

PLANNED PARENTHOOD OF NASSAU COUNTY, INC.
540 FULTON AVENUE
HEMPSTEAD, NY 11550
(516) 750–2600

Name of Project Director:

JOANN SMITH

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE ACTIVITIES OF THE TEEN ADVOCATE PROJECT (TAP), A PEER EDUCATION PROGRAM.

Funded Amount:

$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

PLANNED PARENTHOOD OF NASSAU COUNTY, INC.
540 FULTON AVENUE
HEMPSTEAD, NY  11550
(516) 750–2600

Name of Project Director:

JOANN D. SMITH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MEDICALLY ACCURATE, AGE APPROPRIATE SEXUALITY EDUCATION WORKSHOPS FOR TEENS AND THEIR PARENTS.

Funded Amount:

$7,500

Requested By:

LAVINE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

PRASAD CHILDREN’S DENTAL HEALTH PROGRAM, INC.
465 BRICKMAN ROAD
HURLEYVILLE, NY 12747
(845) 434–0376

Name of Project Director:

DR. M. CECILIA ESCARRA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE DENTAL CARE TO MORE CHILDREN IN NEED.

Funded Amount:

$5,000

Requested By:

GUNTER–A

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

PREMIER HEALTHCARE, INC.
460 WEST 34TH STREET
NEW YORK, NY 10001
(212) 273−6188

Name of Project Director:

MARIO DAMANI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AN EAR WASH MACHINE AND DIGITAL BLOOD PRESSURE CUDDS.

Funded Amount:

$2,500

Requested By:

CARROZZA

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

PROTECT ALLERGIC KIDS
P.O. BOX 227
HOLTSVILLE, NY 11742
(631) 836−3004

Name of Project Director:

CRISTINA STAINKAMP

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A LAPTOP COMPUTER.

Funded Amount:

$1,000

Requested By:

MILLER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:
QUEENS LESBIAN & GAY COMMUNITY CENTER, INC.
76–11 37TH AVENUE
JACKSON HEIGHTS, NY  11372
(718) 429–5309

Name of Project Director:
CHARLES OBER

Purpose of Project:
FUNDS WILL BE USED FOR HEALTH AWARENESS PROGRAMS.

Funded Amount:
$3,000

Requested By:
LAFAYETTE

Name of Administering State Agency:
DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:
QUEENS LESBIAN & GAY COMMUNITY CENTER, INC.
76–11 37TH AVENUE
JACKSON HEIGHTS, NY 11372
(718) 429–5309

Name of Project Director:
LYNDSEY BENTON

Purpose of Project:
FUNDS WILL BE USED TO PROMOTE HEALTH AND SENSITIVITY EDUCATION.

Funded Amount:
$1,000

Requested By:
NOLAN

Name of Administering State Agency:
DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

QUEENS LESBIAN & GAY COMMUNITY CENTER, INC.
76–11 37TH AVENUE, SUITE 206
JACKSON HEIGHTS, NY 11372
(917) 848–2630

Name of Project Director:

CHARLES OBER

Purpose of Project:

FUNDS WILL BE USED FOR HEALTH AND EDUCATION PROGRAMS, AS WELL AS EDUCATIONAL WORKSHOPS AND SEMINARS.

Funded Amount:

$2,500

Requested By:

PERALTA

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

QUEENS SICKLE CELL ADVOCACY NETWORK, INC.
205–14 LINDEN BOULEVARD, SUITE 206
ST. ALBANS, NY  11412
(718) 712–0873

Name of Project Director:

GLORIA ROCHESTER

Purpose of Project:

FUNDS WILL BE USED TO SERVE AND SUPPORT VICTIMS AND THEIR FAMILIES SUFFERING FROM SICKLE CELL DISEASE AND OTHER CHRONIC CONDITIONS.

Funded Amount:

$6,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

QUEENS SICKLE CELL ADVOCACY NETWORK, INC.
205–14 LINDEN BOULEVARD, SUITE 206
ST. ALBANS, NY 11412
(718) 712–0873

Name of Project Director:

GLORIA ROCHESTER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADVOCACY AND SUPPORT SERVICES TO SICKLE CELL PATIENTS AND THEIR FAMILIES.

Funded Amount:

$15,000

Requested By:

CLARK

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

REFUAH HELPLINE, INC.
5904 13TH AVENUE
BROOKLYN, NY 11219
(718) 437–7474  Ext: 2

Name of Project Director:

SHUKY BERM AN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MEDICAL REFERRALS, EDUCATION, SUPPORT NETWORKS AND MORE, TO PEOPLE SUFFERING FROM ILLNESS. FUNDS WILL ALSO PROVIDE ACCESS TO THE MEDICAL RESOURCES AVAILABLE AND MATCH PATIENTS WITH AN APPROPRIATE MEDICAL PROFESSIONAL.

Funded Amount:

$34,000

Requested By:

HIKIND

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

RETIRED PROFESSIONAL FIRE FIGHTERS CANCER FUND, INC.
4 LORETTA DRIVE
BINGHAMTON, NY  13905
(607) 724−5351

Name of Project Director:

WILLIAM H. NEWLAND

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTER AND OFFICE EQUIPMENT, ENABLING THE CONTINUATION OF CANCER RESEARCH.

Funded Amount:

$5,000

Requested By:

LUPARDO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

RICHMOND COUNTY MEDICAL SOCIETY
460 BRIELLE AVENUE, ROOM 202
STATEN ISLAND, NY 10304
(718) 442−7267

Name of Project Director:

TERESA MINICHELLO

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH.

Funded Amount:

$5,000

Requested By:

TOBACCO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

RICHMOND COUNTY MEDICAL SOCIETY, INC.
460 BRIELLE AVENUE, ADMINISTRATION BUILDING ROOM 202
STATEN ISLAND, NY 10314
(718) 442–7267

Name of Project Director:

TERESA MINICHELLO

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP, PRODUCE, AND DISTRIBUTE INFORMATION ABOUT THE BENEFITS OF PREVENTATIVE MEDICINE. FUNDS WILL ALSO BE USED TO ENHANCE EDUCATION AND OPPORTUNITIES FOR COMMUNICATION AMONG PHYSICIANS AND HEALTH SYSTEMS.

Funded Amount:

$5,000

Requested By:

TITONE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

RIDGEWOOD VOLUNTEER AMBULANCE CORPS, INC.
P.O. BOX 863992
RIDGEWOOD, NY 11386
(347) 865–1062

Name of Project Director:

KEVIN MAHONEY

Purpose of Project:

FUNDS WILL BE USED FOR THE MAINTENANCE AND REPAIR OF THE AMBULANCE.

Funded Amount:

$1,250

Requested By:

NOLAN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ROCHESTER REHABILITATION CENTER
1000 ELMWOOD AVENUE
ROCHESTER, NY 14620
(585) 271–1894

Name of Project Director:

FRANK COGLIANDRO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AN OUTRIGGER CANOE.

Funded Amount:

$4,000

Requested By:

REILICH

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ROCHESTER REHABILITATION CENTER, INC.
1000 ELMWOOD AVENUE
ROCHESTER, NY 14620
(585) 271–2520

Name of Project Director:

LYNN BARBER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EQUIPMENT TO PHYSICALLY DISABLED INDIVIDUALS WHO ARE LEARNING HOW TO WORK.

Funded Amount:

$10,000

Requested By:

MORELLE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ROCKAWAY POINT VOLUNTEER EMERGENCY SERVICES, INC.
P.O. BOX 333
FORT TILDEN, NY  11695
(718) 474−2593

Name of Project Director:

MATTHEW PICCONE

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE THE QUALITY OF EMERGENCY SERVICES PROVIDED, AND GIVE PERSONS WHO HAVE MEDICAL PROBLEMS AND ARE SHUT−INS THE ABILITY TO SUMMON FOR MEDICAL HELP.

Funded Amount:

$4,000

Requested By:

PHEFFER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ROCKLAND AFTER SCHOOL PROGRAMS, INC.
465 VIOLA ROAD
SPRING VALLEY, NY 10977
(845) 577−6138

Name of Project Director:

KATRINA HERTZBERG

Purpose of Project:

FUNDS WILL BE USED TOWARD A PROGRAM TO PREVENT CHILDHOOD OBESITY AND REDUCE LONG−TERM CHRONIC DISEASE THROUGH PHYSICAL ACTIVITY AND TARGETED DIETARY PRACTICES.

Funded Amount:

$4,500

Requested By:

JAFFEE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ROTACARE, INC.
1220 FRONT STREET
UNIONDALE, NY 11553
(516) 539–9834

Name of Project Director:

DR. ROMAN URBANCZYK

Purpose of Project:

FUNDS WILL BE USED FOR HEALTH CARE SUPPORT SERVICES.

Funded Amount:

$3,500

Requested By:

MCKEVITT

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

SAMARITAN VILLAGE, INC.
138–02 QUEENS BOULEVARD
BRIARWOOD, NY  11435
(718) 206–2000

Name of Project Director:

RON SOLARZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF HEPATITUS C (HCV) TESTING, AND MEDICATIONS FOR TREATMENT OF PTSD NOT COVERED BY MEDICAID.

Funded Amount:

$7,500

Requested By:

SEMINERIO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

SEAFORD WELLNESS COUNCIL
3940 SUNSET AVENUE
SEAFORD, NY 11783
(516) 384−8536

Name of Project Director:

MICHAEL DSILVIO

Purpose of Project:

Funds will be used to continue their community programs.

Funded Amount:

$3,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

SEARCH AND CARE, INC.
1844 SECOND AVENUE
NEW YORK, NY 10128
(212) 289-5300

Name of Project Director:

BRIAN KRAVITZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CARE MANAGEMENT AND ASSISTANCE WITH ACCESS TO HEALTH SERVICES.

Funded Amount:

$2,500

Requested By:

BING

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

SEPHARDIC COMMUNITY YOUTH CENTER, INC.
1901 OCEAN PARKWAY
BROOKLYN, NY 11223
(718) 627−4300

Name of Project Director:

ILENE STAVRACH

Purpose of Project:

Funds will be used for Alzheimer group support for families. This program is open to all members of the community on a non−sectarian basis.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

SESAME FLYERS INTERNATIONAL, INC.
3510 CHURCH AVENUE
BROOKLYN, NY 11203
(718) 693–0500

Name of Project Director:

CURTIS NELSON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE EXPENSES OF THE HEALTH AND FITNESS PROGRAM.

Funded Amount:

$25,000

Requested By:

PERRY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

SHARE SELF-HELP FOR WOMEN WITH BREAST OR OVARIAN CANCER, INC.
1501 BROADWAY, SUITE 704A
NEW YORK, NY 10036
(212) 719-0364

Name of Project Director:

JUDITH MANELIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES TO THE COMMUNITY BY ANSWERING CALLS TO THE HOTLINE, OFFERING SUPPORT GROUPS AND EDUCATIONAL PROGRAMS, AND ASSISTING PATIENTS IN HOSPITAL CLINICS.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

SHARE SELF−HELP FOR WOMEN WITH BREAST OR OVARIAN CANCER, INC.
1501 BROADWAY, SUITE 704A
NEW YORK, NY 10036
(212) 937−5570

Name of Project Director:

ALICE YAKER

Purpose of Project:

FUNDS WILL BE USED FOR HOTLINES, SUPPORT GROUPS AND EDUCATIONAL PROGRAMS IN THE COMMUNITY AND ASSISTING PATIENTS IN HOSPITAL CLINICS.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

SHARE SELF-HELP FOR WOMEN WITH BREAST OR OVARIAN CANCER, INC.
1501 BROADWAY, SUITE 704A
NEW YORK, NY 10036
(212) 719-0364

Name of Project Director:

ALICE YAKAR

Purpose of Project:

FUNDS WILL BE USED FOR SERVICES THAT IMPROVE THE PHYSICAL, MENTAL, AND EMOTIONAL WELL-BEING OF WOMEN DIAGNOSED WITH BREAST OR OVARIAN CANCER.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

SOUTH NASSAU COMMUNITIES HOSPITAL
ONE HEALTHY WAY
OCEANSIDE, NY  11572
(516) 632−3000

Name of Project Director:

BLOSSOM REGAN

Purpose of Project:

FUNDS WILL BE USED FOR A FAMILY MEDICINE PERINATAL EDUCATION PROGRAM WHICH WILL PROVIDE FREE BILINGUAL SERVICES TO IMPROVE HEALTH OUTCOMES, FOR MOTHER AND NEWBORNS IN NASSAU COUNTY.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legislative Initiative Form

Legal Name, Address, and Telephone Number:

SOUTH NASSAU COMMUNITIES HOSPITAL
1 HEALTHY WAY
OCEANSIDE, NY 11572
(516) 632–3000

Name of Project Director:

JOSEPH QUAGLIATA

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT.

Funded Amount:

$3,000

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

SOUTHERN MADISON COUNTY VOLUNTEER AMBULANCE CORPS, INC.
P.O. BOX 453
HAMILTON, NY 13346
(315) 824−3333

Name of Project Director:

MICHAEL OGDEN

Purpose of Project:

Funds will be used to purchase and install a facility emergency back−up generator, switchgear and fuel supply to provide facility power and heat.

Funded Amount:

$10,000

Requested By:

MAGEE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

SPINA BIFIDA ASSOCIATION OF THE ALBANY/CAPITAL DISTRICT CHAPTER, INC.
123 SARATOGA ROAD
SCOTIA, NY 12302
(518) 399–9151

Name of Project Director:

KAREN WENTWORTH

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH COSTS ASSOCIATED WITH THE DISSEMINATION OF INFORMATION TO INDIVIDUALS WHO HAVE SPINA BIFIDA AND THEIR FAMILY MEMBERS, REGARDING PHYSICAL, SOCIAL, EMOTIONAL, EDUCATIONAL AND RECREATIONAL CONCERNS THROUGH NEWSLETTERS, E–NEWS ANNOUNCEMENTS, ETC.

Funded Amount:

$4,000

Requested By:

ORTIZ

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

SPORT FISHING ALLIANCE, LTD.
P.O. BOX 373
BABYLON, NY 11702
(631) 965–3884

Name of Project Director:

STEPHANIE MUSSO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A WEEKEND RETREAT FOR WOMEN WITH BREAST CANCER FOR SUPPORT, EDUCATION, AND A UNIQUE CURRICULUM UTILIZING FLY FISHING TO PROMOTE PHYSICAL AND MENTAL HEALTH.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ST. JOSEPH’S HOSPITAL HEALTH CENTER
301 PROSPECT AVENUE
SYRACUSE, NY  13203
(315) 703–2134  Ext: 2134

Name of Project Director:

MARY KREPPER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE MATERNAL CHILD HEALTH PLUS, REACH OUT AND READ, AND HEALTHY OUTCOMES IN PARENTING EXPERIENCE PROGRAMS.

Funded Amount:

$25,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

STATEN ISLAND HEART IMAGING FOUNDATION, INC.
2248 RICHMOND ROAD
STATEN ISLAND, NY 10306
(718) 351−5551

Name of Project Director:

DR. ANDREA WYNE

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH RUNNING A FREE MEDICAL CLINIC.

Funded Amount:

$5,000

Requested By:

CUSICK

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

SUMMER HOPE FOUNDATION
47 ADMIRAL LANE
HICKSVILLE, NY 11801
(516) 921–6082

Name of Project Director:

ED MOURADIAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT CANCER RESEARCH AND SUPPORT CANCER PATIENTS AND THEIR FAMILIES.

Funded Amount:

$2,000

Requested By:

WALKER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

SUNSET HOUSE, INC.
3746 SAINT PAUL BOULEVARD
ROCHESTER, NY  14617
(585) 467−3524

Name of Project Director:

LAURIE WITMEYER

Purpose of Project:

FUNDS WILL BE USED FOR HOUSE RENOVATIONS AND FURNISHINGS.

Funded Amount:

$5,000

Requested By:

MORELLE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

THE INSTITUTE FOR REPRODUCTIVE HEALTH ACCESS
427 BROADWAY, 3RD FLOOR
NEW YORK, NY 10013
(212) 343–0114

Name of Project Director:

KELLI CONLIN

Purpose of Project:

FUNDS WILL BE USED FOR SERVICES AND EXPENSES RELATED TO GENERAL OPERATING COSTS, INCLUDING BUT NOT LIMITED TO PROVIDING PROGRAMS THAT ENGAGE YOUNG ADULTS TO WORK TOWARD IMPROVING ACCESS TO REPRODUCTIVE HEALTH SERVICES.

Funded Amount:

$90,000

Requested By:

BING, BRODSKY, FARRELL, JR, GLICK, GOTTFRIED, MILLMAN, O’DONNELL, SILVER, WEINSTEIN, WRIGHT

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

THE NATIONAL BLACK LEADERSHIP COMMISSION ON AIDS
105 EAST 22ND STREET, SUITE 711
NEW YORK, NY 10010
(212) 614–0023

Name of Project Director:

C. VIRGINIA FIELDS

Purpose of Project:

FUNDS WILL BE USED FOR OPERATIONAL SERVICES AND EXPENSES, INCLUDING SUPPORT FOR THE NEW YORK CITY OFFICE AND PROGRAMS REGARDING HIV/AIDS IN THE COMMUNITY.

Funded Amount:

$179,000

Requested By:


Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

THROGGS NECK VOLUNTEER AMBULANCE CORP., INC.
3955 EAST TREMONT AVENUE, P.O. BOX 302
BRONX, NY 10465
(718) 430–9501

Name of Project Director:

JACK MCAROLE

Purpose of Project:

FUNDS WILL BE USED TO HELP DEFRAY THE COST OF INSURANCE LIABILITY.

Funded Amount:

$5,000

Requested By:

BENEDETTO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

THURSDAY’S CHILD, INC.
80 TERRY STREET
PATCHOGUE, NY 11772
(631) 447–5044

Name of Project Director:

GREGG NOONE

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH OPERATING EXPENSES, INCLUDING BUT NOT LIMITED TO PROVIDING PROGRAMMATIC SUPPORT TO THOSE AFFECTED AND INFECTED WITH HIV/AIDS.

Funded Amount:

$3,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

TO LIFE, INC.
410 KENWOOD AVENUE
DELMAR, NY 12054
(518) 439–5975

Name of Project Director:

CATHERINE W. BLACK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL FORUMS, PEER MENTORING, AND HEALTH FAIRS.

Funded Amount:

$10,000

Requested By:

CANESTRARI

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

TO LIFE, INC.
410 KENWOOD AVENUE
DELMAR, NY 12054
(518) 439–5975

Name of Project Director:

MARA GINSBERG

Purpose of Project:

FUNDS WILL BE USED TO HELP EXPAND ONGOING EDUCATION AND SUPPORT SERVICES TO WOMEN BATTLING BREAST CANCER.

Funded Amount:

$5,000

Requested By:

MCENENY, REILLY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

TO LIFE! GREATER ACCESS THROUGH EDUCATION (G.A.T.E) PROGRAM
410 KENWOOD AVENUE
DELMAR, NY 12054
(518) 439–5975

Name of Project Director:

MARA GINSBERG

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE COMPREHENSIVE EDUCATION AND SUPPORT SERVICES SPECIFICALLY TAILORED TO BREAST CANCER PATIENTS AND THEIR FAMILIES.

Funded Amount:

$40,000

Requested By:

CANESTRARI

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

TOWN OF GEDDES
1000 WOODS ROAD
SOLVAY, NY 13209
(315) 468–2528

Name of Project Director:

E. ROBERT CZAPLICKI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AED’S FOR POLICE VEHICLES AND OTHER BUILDINGS IN THE TOWN OF GEDDES.

Funded Amount:

$25,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

TOWN OF GEORGETOWN
ROUTE 26
GEORGETOWN, NY 13072
(315) 837-4722

Name of Project Director:

RUSSELL HAMMOND

Purpose of Project:

FUNDS WILL BE USED TOWARD REPLACING THE AMBULANCE WITH A NEW 4500 GMC 4WD AMBULANCE.

Funded Amount:

$10,000

Requested By:

MAGEE

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

TOWN OF GREENBURGH
177 HILLSIDE AVENUE
GREENBURGH, NY 10607
(914) 993−1501

Name of Project Director:

JOHN KAPIRA

Purpose of Project:

FUNDS WILL BE USED TO HELP FUND ONE LIFE PAK 12 DEFIBRILLATOR, AS THE TOWN’S LIFE PAK 10S ARE OBSOLETE, DUE TO A MARCH 2007 CHANGE OF PROTOCOLS.

Funded Amount:

$15,000

Requested By:

BRODSKY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

TOWN OF THOMPSON
4052 ROUTE 42
MONTECELLO, NY 12701
(845) 794−2500

Name of Project Director:

HON. TONY CELLINI

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF AN ALL TERRAIN VEHICLE FOR THE ROCK HILL AMBULANCE CORPS, TO BE USED FOR SEARCH AND RESCUE.

Funded Amount:

$7,000

Requested By:

GUNTHER−A

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

TRAINING FOR LIFE, INC.
40 EXCHANGE PLACE, SUITE 302
NEW YORK, NY  10005
(877) 876–4543  Ext: 201

Name of Project Director:

SCOTT CARUTHERS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND REPLACE AN AUTOMATED EXTERNAL DEFIBRILLATOR (AED) WITH ALL REQUIRED MATERIALS, PHYSICIAN OVERSIGHT AND REGISTRATION OF THE AED WITH LOCAL EMS AS PER NEW YORK STATE LAW. FUNDS WILL ALSO BE USED FOR CPR AND AED TRAINING FOR A GROUP OF UP TO TEN RESPONDERS AT A LOCATION IN BAY RIDGE.

Funded Amount:

$2,500

Requested By:

HYER–SPENCER

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

UCP OF NASSAU COUNTY, INC.
380 WASHINGTON AVENUE
ROOSEVELT, NY 11575
(516) 378−2000  Ext: 210

Name of Project Director:

ROBERT MCGUIRE

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC OPERATIONS.

Funded Amount:

$5,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

UNITED CEREBRAL PALSY, INC.
22 JERICHO TURNPIKE, SUITE 103
MINEOLA, NY 11501
(516) 294–5100

Name of Project Director:

ERNOTS T. BARTOL

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT UPGRADES.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

UNITED HOSPICE OF ROCKLAND, INC.
11 STOKUM LANE
NEW CITY, NY 10956
(845) 634–4974

Name of Project Director:

AMY STERN

Purpose of Project:

FUNDS WILL BE USED TO OFFER A RESIDENTIAL ENVIRONMENT FOR SERIOUSLY ILL INDIVIDUALS WHO CANNOT REMAIN IN THEIR OWN HOMES.

Funded Amount:

$7,500

Requested By:

ZEBROWSKI–K

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

UPSTATE CEREBRAL PALSY AND HANDICAPPED ASSOCIATION OF THE GREATER UTICA AREA, INC.
1020 MARY STREET
UTICA, NY 13501
(315) 724–6907

Name of Project Director:

LOUIS B. TEHAN

Purpose of Project:

FUNDS WILL BE USED TO ESTABLISH A SCHOOL-BASED HEALTH CENTER AT JAMES H. DONOVAN MIDDLE SCHOOL IN UTICA.

Funded Amount:

$50,000

Requested By:

DESTITO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

US CATHOLIC CONFERENCE MERCY HOME FOR CHILDREN, INC.
243 PROSPECT PARK WEST
BROOKLYN, NY 11215
(718) 832−1075

Name of Project Director:

SISTER CAROLINE TWEEDY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT TO FAMILIES THROUGH THE RESPITE PROGRAM, INCLUDING TRANSPORTATION TO PROGRAMS AND 7 HOURS OF ACTIVITY EVERY SATURDAY. PROGRAMS ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$3,500

Requested By:

MILLMAN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

VARNA COMMUNITY ASSOCIATION, INC.
943 DRYDEN ROAD – P.O. BOX 4771
ITHACA, NY 14852
(607) 272–2658

Name of Project Director:

DAWN POTTER

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A 40KW MULTI–FUEL GENERATOR. WORKING WITH TOMPKINS COUNTY RED CROSS, VARNA COMMUNITY CENTER HAS BECOME AN EMERGENCY SHELTER.

Funded Amount:

$20,000

Requested By:

LIFTON

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

VISIONS SERVICES FOR THE BLIND AND VISUALLY IMPAIRED
500 GREENWICH STREET, 3RD FLOOR
NEW YORK, NY 10013
(212) 625−1616

Name of Project Director:
RUTH SCHLOSSMAN

Purpose of Project:
FUNDS WILL BE USED FOR ADAPTED TECHNOLOGY PROGRAMS AND
SOCIAL AND EMPLOYMENT SERVICES FOR THE BLIND.

Funded Amount:
$2,500

Requested By:
CARROZZA

Name of Administering State Agency:
DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

VISIONS SERVICES FOR THE BLIND AND VISUALLY IMPAIRED
500 GREENWICH STREET, 3RD FLOOR
NEW YORK, NY 10013
(212) 625–1616 Ext: 117

Name of Project Director:

DAWN SUVINO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CLIENTS WITH ACCESS TO INFORMATION THROUGH BRAILLE, E-MAIL AND LARGE PRINT, AND FOR OFFICE TRAINING IN COMPUTER TECHNOLOGY USING ADAPTIVE SOFTWARE, AND ACCOMMODATE CLIENTS WHO ALSO HAVE HEARING LOSS.

Funded Amount:

$4,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

VISIONS SERVICES FOR THE BLIND AND VISUALLY IMPAIRED
500 GREENWICH STREET, 3RD FLOOR
NEW YORK, NY  10013
(212) 625–1616

Name of Project Director:

NANCY D. MILLER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COMMUNITY OUTREACH, VISION
REHABILITATION AND MOBILITY TRAINING, ADAPTED TECHNOLOGY
PROGRAMS, AND SOCIAL AND EMPLOYMENT SERVICES FOR THE BLIND
RESIDENTS OF HARLEM AND NORTHERN MANHATTAN.

Funded Amount:

$7,500

Requested By:

WRIGHT

Name of Administering State Agency:

DEPARTMENT OF HEALTH
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

VOLUNTEER HEART RESUSCITATION UNIT AND AMBULANCE CORPS OF
STATEN ISLAND
P.O. BOX 060252
STATEN ISLAND, NY 10306
(718) 979–5850

Name of Project Director:

PAUL CANNAVO

Purpose of Project:

FUNDS WILL BE USED TOWARDS THE INSURANCE COSTS OF EMERGENCY
VEHICLES (AMBULANCES) WHICH RESPOND TO MEDICAL CALLS ON
STATEN ISLAND, AS WELL AS TO PROVIDE MEDICAL COVERAGE AT
VARIOUS COMMUNITY EVENTS.

Funded Amount:

$5,000

Requested By:

CUSICK

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

WESTCHESTER COALITION FOR LEGAL ABORTION–CHOICE MATTERS, INC.
235 MAMARONECK AVENUE
WHITE PLAINS, NY 10605
(914) 946–5363

Name of Project Director:

CATHERINE LEDERER–PLASKETT

Purpose of Project:

FUNDS WILL BE USED TO INCREASE EMERGENCY CONTRACEPTION AWARENESS AND ACCESS IN WESTCHESTER COUNTY COMMUNITIES.

Funded Amount:

$10,000

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:
WESTCHESTER NY END−OF−LIFE COALITION, INC.
81 PONDFIELD ROAD, #135
BRONXVILLE, NY 10708
(914) 472−4729

Name of Project Director:
JANE NUSSBAUM

Purpose of Project:
FUNDS WILL BE USED TO DISTRIBUTE INFORMATIONAL MATERIALS, TRAIN VOLUNTEERS, CONDUCT INFORMATIONAL SESSIONS IN LIBRARIES, AND EDUCATE THE COMMUNITY ON END−OF−LIFE ISSUES SUCH AS HEALTH CARE PROXIES.

Funded Amount:
$10,000

Requested By:
BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:
DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

WESTERN TURNPIKE RESCUE SQUAD, INC.
200 CENTRE DRIVE
ALBANY, NY 12203
(518) 456–3600

Name of Project Director:

DREW CHESNEY

Purpose of Project:

FUNDS WILL BE USED TO HELP INSTITUTE THE ELECTRONIC PATIENT CARE REPORT PROGRAM.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

WHITE PLAINS HOSPITAL MEDICAL CENTER
41 EAST POST ROAD AND DAVIS AVENUE
WHITE PLAINS, NY  10601
(914) 681−1119

Name of Project Director:

RICHARD BIONDI

Purpose of Project:

FUNDS WILL BE USED FOR OUTREACH, TRAINING AND EDUCATION PROGRAMS THAT ADDRESS THE NURSING SHORTAGE BY RECRUITING AND SUPPORTING NURSING STUDENTS AND INTERESTED HIGH SCHOOL STUDENTS.

Funded Amount:

$6,000

Requested By:

BRADLEY, PAULIN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

WHITE PLAINS HOSPITAL MEDICAL CENTER
41 EAST POST ROAD AND DAVIS AVENUE
WHITE PLAINS, NY  10601
(914) 681−1119

Name of Project Director:

RICHARD BIONDI

Purpose of Project:

Funds will be used for outreach, training, and an education program that addresses the nursing shortage by recruiting and supporting nursing students, as well as promoting nursing as a career to high school students.

Funded Amount:

$6,000

Requested By:

BRADLEY, PAULIN

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

WHITESTONE COMMUNITY AMBULANCE SERVICE
12–15 150TH STREET
WHITESTONE, NY 11357
(718) 767–1000

Name of Project Director:

RALPH CEFALO

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF GENERAL MEDICAL EQUIPMENT.

Funded Amount:

$1,000

Requested By:

CARROZZA

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

WILLIAM F. RYAN COMMUNITY HEALTH CENTER, INC.
279 EAST 3RD STREET
NEW YORK, NY 10009
(212) 477–8866

Name of Project Director:

MARVA GREER

Purpose of Project:

FUNDS WILL BE USED TO REACH AND EDUCATE AN OLDER ADULT POPULATION WITH A COMPREHENSIVE HIV PREVENTION MESSAGE THAT IS AGE APPROPRIATE.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

WOODHAVEN–RICHMOND HILL VOLUNTEER AMBULANCE CORPS., INC.
78–15 JAMAICA AVENUE
WOODHAVEN, NY 11421
(718) 296–9000

Name of Project Director:

THOMAS MEEHAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS FOR INSURANCE FOR TWO AMBULANCES, AND FOR COSTS ASSOCIATED WITH MAINTAINING THE HEADQUARTERS.

Funded Amount:

$5,000

Requested By:

SEMINERIO

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

WYOMING COMMUNITY HOSPITAL
400 NORTH MAIN STREET
WARSAW, NY 14569
(585) 786–2233

Name of Project Director:

RONALD J. KRAWIEC

Purpose of Project:

FUNDS WILL BE USED FOR CAPITAL EXPANSION.

Funded Amount:

$15,000

Requested By:

BURLING

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ZAP (ZERO ADOLESCENT PREGNANCY) PROGRAM
60 CENTRAL AVENUE
CORTLAND, NY 13045
(607) 758-5586

Name of Project Director:

ELAINE LAMBERT

Purpose of Project:

FUNDS WILL BE USED TO TRAIN PEER EDUCATORS AND PROVIDE INFORMATION AND SUPPORT, HELPING TEENS TO MAKE HEALTHY CHOICES AND POSITIVE BEHAVIOR.

Funded Amount:

$10,000

Requested By:

LIFTON

Name of Administering State Agency:

DEPARTMENT OF HEALTH
Legal Name, Address, and Telephone Number:

ACTORS FUND OF AMERICA, INC.
729 SEVENTH AVENUE, 10TH FLOOR
NEW YORK, NY 10019
(212) 221–7300

Name of Project Director:

JOSEPH P. BENINCASA

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATING EXPENSES OF THE ACTOR’S WORK PROGRAM, WHICH ASSISTS ENTERTAINMENT PROFESSIONALS IN ACQUIRING SKILLS NECESSARY TO ACHIEVE MEANINGFUL FULL−TIME EMPLOYMENT.

Funded Amount:

$50,000

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF LABOR
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

BADEN STREET SETTLEMENT
152 BADEN STREET
ROCHESTER, NY 14605
(585) 325–4910

Name of Project Director:

RON THOMAS

Purpose of Project:

FUNDS WILL BE USED FOR A MULTI–COMPONENT CAREER PREPARATORY PROGRAM DESIGNED TO EXPOSE YOUTH TO APPRENTICEABLE OCCUPATIONS THROUGH WORK–BASED LEARNING.

Funded Amount:

$280,200

Requested By:

GANTT, JOHN

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

BADEN STREET SETTLEMENT OF ROCHESTER, INC.
152 BADEN STREET
ROCHESTER, NY  14605
(585) 325–4910

Name of Project Director:

RON THOMAS

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE AND DEVELOP YOUTH PROGRAMS INCLUDING, LIFE SKILLS AND A YOUTH ENRICHMENT PROGRAM.

Funded Amount:

$75,000

Requested By:

GANTT

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

BUSINESS OUTREACH CENTER NETWORK, INC.
85 SOUTH OXFORD STREET
BROOKLYN, NY 11217
(718) 624–9115

Name of Project Director:

NANCY CARIN

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH, INTENSIVE CARE BUSINESS TRAINING, AND ONE–ON–ONE BUSINESS COUNSELING.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

CAPITAL REGION WORKFORCE DEVELOPMENT CENTER, INC.
24 FOURTH STREET
TROY, NY 12180
(518) 272–3500

Name of Project Director:

GENE RODRIGUEZ

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE ASSISTING YOUTH IN OBTAINING THEIR GEDS, PROVIDING JOB TRAINING AND APPRENTICESHIP PROGRAMS.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

CENTER FOR THE WOMEN OF NEW YORK
120–55 QUEENS BOULEVARD, ROOM 209
KEW GARDENS, NY 11424
(718) 793–0672

Name of Project Director:

ANN JAWIN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES OF THE JOB SERVICE PROGRAM FOR THE DIVERSIFIED NEEDS OF THE UNEMPLOYED.

Funded Amount:

$20,000

Requested By:

CARROZZA

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

CENTER FOR URBAN REHABILITATION AND EMPOWERMENT (CURE), INC.
470 NEPPERHAN AVENUE
YONKERS, NY  10701
(914) 290–2365

Name of Project Director:

ANDREW SIMMONS

Purpose of Project:

FUNDS WILL BE USED FOR THE JOB TRAINING PROGRAM FOR LOCAL RESIDENTS INTERESTED IN CONSTRUCTION TRADES.

Funded Amount:

$4,500

Requested By:

SPANO

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

CENTRAL NEW YORK LABOR AGENCY, INC.
270 GENESEE STREET
UTICA, NY 13502
(315) 735–6101

Name of Project Director:

DEBRA C. HAGENBUCH

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATION OF THE CENTRAL NEW YORK LABOR AGENCY, WHICH SUPPORTS VARIOUS LABOR ACTIVITIES THROUGHOUT THE MOHAWK VALLEY.

Funded Amount:

$50,000

Requested By:

DESTITO

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

CENTRAL NEW YORK LABOR COUNCIL
270 GENESSEE STREET
UTICA, NEW YORK 13502
(315) 735−6101

Name of Project Director:

PATRICK COSTELLO

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE OPERATIONS AND SERVICES PROVIDED TO THE LABOR FORCE OF ONEIDA AND HERKIMER COUNTIES.

Funded Amount:

$10,000

Requested By:

DESTITO

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

CHINESE–AMERICAN PLANNING COUNCIL, INC.
150 ELIZABETH STREET
NEW YORK, NY  10012
(212) 941−0920

Name of Project Director:

ALLEN COHEN

Purpose of Project:

FUNDS WILL BE USED FOR THE WORKFORCE DEVELOPMENT PROGRAM, INCLUDING ESL INSTRUCTION, COUNSELING, JOB DEVELOPMENT AND JOB PLACEMENT, AND JOB READINESS SKILLS.

Funded Amount:

$255,000

Requested By:

SILVER, YOUNG

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

CONSORTIUM FOR WORKER EDUCATION
275 7TH AVENUE, 27TH FLOOR
NEW YORK, NY 10001
(212) 647−1900

Name of Project Director:

JOE MCDERMOTT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PROGRAMS FOR ADULTS TO OBTAIN OR RETAIN EMPLOYMENT OR IMPROVE THEIR WORK SKILLS CAPACITY OR TO ENHANCE THEIR OPPORTUNITIES FOR INCREASED EARNINGS AND ADVANCEMENT.

Funded Amount:

$18,200

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

CONSORTIUM FOR WORKER EDUCATION
275 7TH AVENUE, 27TH FLOOR
NEW YORK, NY 10001
(212) 647–1900

Name of Project Director:

JOE MCDERMOTT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PROGRAMS FOR ADULTS TO OBTAIN OR RETAIN EMPLOYMENT OR IMPROVE THEIR WORK SKILLS CAPACITY OR TO ENHANCE THEIR OPPORTUNITIES FOR INCREASED EARNINGS AND ADVANCEMENT.

Funded Amount:

$8,000

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

CORNELL UNIVERSITY, ILR, INSTITUTE FOR WOMEN AND WORK
16 EAST 34TH STREET, 4TH FLOOR
NEW YORK, NY  10016
(212) 340−2836

Name of Project Director:

DR. FRANCINE MOCCIO

Purpose of Project:

FUNDS WILL BE USED TO ENCOURAGE AND FACILITATE RESEARCH RELATED TO RE−ENTRY OF WOMEN INTO THE WORKPLACE, AS WELL AS FOR THE DISSEMINATION OF FINDINGS TO POLICYMAKERS AND SCHOLARS.

Funded Amount:

$100,000

Requested By:

ARROYO, CARROZZA, CHRISTENSEN, CLARK, DESTITO, EDDINGTON, FIELDS, GLICK, GORDON−D, HYER−SPENCER, JAFFEE, LIFTON, MILLMAN, NOLAN, PHEFFER, ROBINSON, SCHIMEL, WEINSTEIN, YOUNG

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

CROWN HEIGHTS JEWISH COMMUNITY COUNCIL, INC.
387 KINGSTON AVENUE
BROOKLYN, NY 11225
(718) 778–8808

Name of Project Director:

CHAYA UMINER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE VOCATIONAL TRAINING FOR BOTH YOUTH AND ADULTS IN THE COMMUNITY.

Funded Amount:

$15,000

Requested By:

CAMARA

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

DISPLACED HOMEMAKERS
STATE CAMPUS, BUILDING 12
ALBANY, NY 12240
(518) 457−6620

Name of Project Director:

CHRIS BURNS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT DISPLACED HOMEMAKER CENTERS, WHICH ASSISTS WOMEN WITH RE−ENTRY INTO THE WORKFORCE, IN MOST INSTANCES DUE TO DIVORCE OR WIDOWHOOD. THE PROGRAM PROVIDES LONG−TERM ASSISTANCE TO PROVIDE WOMEN WITH THE SKILLS AND SUPPORT NECESSARY TO FIND EMPLOYMENT.

Funded Amount:

$3,171,000

Requested By:

ABBATE, BING, BRADLEY, BRENNAN, BRODSKY, CARROZZA, COOK, DELMONTE, DESTITO, EDDINGTON, HOYT, JAFFEE, JOHN, LATIMER, LIFTON, MAGEE, MARKEY, MCEHENY, NOLAN, PAULIN, PEOPLES, PERRY, PHEFFER, PRETLOW, REILLY, ROSENTHAL, SCHIMMINGER, SCHROEDER, WEINSTEIN, YOUNG, ZEBROWSKI−K

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

DRESS FOR SUCCESS
32 EAST 31ST STREET
NEW YORK, NY  10016
(718) 949–7179

Name of Project Director:

JOI GORDON

Purpose of Project:

FUNDS WILL BE USED TO EXPAND JOB PREPARATION, EMPLOYMENT RETENTION AND CAREER DEVELOPMENT PROGRAMS AND SERVICES OFFERED TO THE FAR ROCKAWAY COMMUNITY.

Funded Amount:

$15,000

Requested By:

TITUS

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

FORT GREENE STRATEGIC NEIGHBORHOOD ACTION PARTNERSHIP, INC.
322 MYRTLE AVENUE
BROOKLYN, NY 11205
(718) 694-6957

Name of Project Director:

GEORGIANNA GLOSE

Purpose of Project:

FUNDS WILL BE USED TO ASSIST PARTICIPANTS DEVELOPING SMALL BUSINESSES, FINDING WORK, RESUME WRITING, AND LEARNING HOW TO USE THE INTERNET.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

GAY MEN’S HEALTH CRISIS, INC.
119 WEST 24TH STREET
NEW YORK, NY 10011
(212) 367-1045

Name of Project Director:

DARYL COCHRANE

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE WORKFORCE DEVELOPMENT PROGRAMMING THROUGH SUPPORT OF EMPLOYMENT COUNSELING, JOB READINESS AND PLACEMENT ASSISTANCE FOR PEOPLE LIVING WITH HIV/AIDS.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

GENERAL SOCIETY OF MECHANICS AND TRADESMEN OF THE CITY OF NEW YORK
20 WEST 44TH STREET
NEW YORK, NY 10036
(212) 840−1840

Name of Project Director:

GILLES MESROBIAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE EDUCATIONAL PROGRAMS FOR INDIVIDUALS IN THE BUILDING TRADES.

Funded Amount:

$5,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

GRAND STREET SETTLEMENT, INC.
80 PITT STREET
NEW YORK, NY 10002
(212) 674–1740

Name of Project Director:

MARGARITA ROSA

Purpose of Project:

FUNDS WILL BE USED TO OPERATE THE YOUTH OPPORTUNITIES PROGRAM AND TO UPDATE THE COMPUTER CENTER.

Funded Amount:

$87,000

Requested By:

GLICK, SILVER

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

GUIDANCE CENTER, INC.
70 GRAND STREET
NEW ROCHELLE, NY 10801
(914) 636-4440 Ext: 265

Name of Project Director:

AMY GELLES

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTERS FOR USE IN THE VOCATIONAL SERVICES PROGRAMS, WHICH HELP INDIVIDUALS WITH DISABILITIES FIND AND MAINTAIN JOBS.

Funded Amount:

$5,000

Requested By:

PAULIN

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

HENRY STREET SETTLEMENT
265 HENRY STREET
NEW YORK, NY 10002
(212) 766-9200

Name of Project Director:

VERONA MIDDLETON-JETER

Purpose of Project:

FUNDS WILL BE USED FOR A MULTI-COMPONENT CAREER PREPARATOR
PROGRAM DESIGNED TO EXPOSE YOUTH TO APPRENTICEABLE
OCCUPATIONS THROUGH WORKBASED LEARNING.

Funded Amount:

$155,747

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF LABOR
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

HOPE PROGRAM, INC.
ONE SMITH STREET
BROOKLYN, NY 11201
(718) 852–9307 Ext: 17

Name of Project Director:

BARBARA EDWARDS DELSMAN

Purpose of Project:

FUNDS WILL BE USED TO EMPOWER INDIVIDUALS LIVING IN POVERTY TO ACHIEVE ECONOMIC SELF SUFFICIENCY THROUGH JOB READINESS INSTRUCTION, WORK INTERNSHIPS, COMPUTER TRAINING AND GED CLASSES.

Funded Amount:

$4,500

Requested By:

MILLMAN

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

INSTITUTE FOR WOMEN AND WORK, CORNELL UNIVERSITY
16 EAST 34TH STREET, 4TH FLOOR
NEW YORK, NY 10016
(212) 340–2836

Name of Project Director:

FRANCINE MOCCIO

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP AND PRODUCE AN ENVIRONMENTAL SCAN DOCUMENTING THE ECONOMIC STATUS, AND HEALTH CARE REFORM CONCERNS OF IMMIGRANT WORKING WOMEN WHO WERE DIRECTLY AFFECTED BY THE TRAGIC EVENTS OF THE 9/11 WORLD TRADE CENTER DISASTER. RESULTS AND RECOMMENDATIONS FOR NEEDED PROGRAMS AND REFORMS WILL BE DISSEMINATED TO EDUCATORS, HEALTH CARE REFORM ADVOCATES, WORKING FAMILY ADVOCATES, IMMIGRANT WOMEN’S RIGHT’S ORGANIZATIONS, EMPLOYERS AND THE GENERAL PUBLIC.

Funded Amount:

$5,000

Requested By:

NOLAN

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

LA ASOCIACION BENEFICA CULTURAL FATHER BILLINI
25–28 89TH STREET
JACKSON HEIGHTS, NY  11369
(718) 651–8427

Name of Project Director:

ANA LOPEZ

Purpose of Project:

FUNDS WILL BE USED TO TEACH SCHOOL−TO−WORK SKILLS IN ORDER TO PREPARE PARTICIPANTS FOR THE WORKFORCE.

Funded Amount:

$5,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:
LAGUARDIA COMMUNITY COLLEGE
29−10 THOMSON AVENUE
LONG ISLAND CITY, NY 11101
(718) 482−5347

Name of Project Director:
ADJOA GZISA

Purpose of Project:
FUNDS WILL BE USED FOR A MULTI−COMPONENT CAREER PREPARATORY PROGRAM DESIGNED TO EXPOSE YOUTH TO APPRENTICEABLE OCCUPATIONS THROUGH WORKBASED LEARNING.

Funded Amount:
$141,061

Requested By:
JOHN

Name of Administering State Agency:
DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

LIFELINE MEDIATION CENTER, INC.
615 MIDDLE COUNTRY ROAD
MIDDLE ISLAND, NY 11953
(631) 205–5054

Name of Project Director:

JOE LECCI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES AND MATERIALS ASSOCIATED WITH THE JUBILEE JOBS EMPLOYMENT PROGRAM WHERE HIGH SCHOOL STUDENTS CAN BUILD EMPLOYMENT SKILLS.

Funded Amount:

$5,000

Requested By:

ALESSI

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

MOUNT VERNON YOUTH BUREAU
ONE ROOSEVELT SQUARE
MOUNT VERNON, NY 10550
(914) 665−2344

Name of Project Director:

DIANE SOTINO

Purpose of Project:

FUNDS WILL BE USED FOR YOUTH EMPLOYMENT OPPORTUNITIES.

Funded Amount:

$20,000

Requested By:

PRETLOW

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

NEW YORK COMMITTEE FOR OCCUPATIONAL SAFETY & HEALTH, INC.
116 JOHN STREET
NEW YORK, NY  10038
(212) 227–6440

Name of Project Director:

JOEL SHUFRO

Purpose of Project:

FUNDS WILL BE USED FOR THE DEVELOPMENT OF MATERIALS, CURRICULUM AND PUBLIC INFORMATION ABOUT WORKPLACE HAZARDS AND MEANS OF ELIMINATING HAZARDS AVAILABLE TO MEMBERS OF THE PUBLIC.

Funded Amount:

$300,000

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

OPPORTUNITIES FOR A BETTER TOMORROW, INC.
783 FOURTH AVENUE
BROOKLYN, NY 11232
(718) 369−0303

Name of Project Director:

RANDY PEERS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH MAINTAINING THE QUALITY OF THE JOB−TRAINING PROGRAM, WHICH PROVIDES EDUCATIONAL TRAINING FOR YOUTH IN THE COMMUNITY WHO HAVE DROPPED OUT OF SCHOOL, AS WELL AS ASSISTING COMMUNITY RESIDENTS TRANSITIONING FROM WELFARE TO WORK.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

PROJECT CARE OF BROOKLYN, INC.
164 CLYMER STREET
BROOKLYN, NY 11211
(718) 387–4500

Name of Project Director:

ISAAC BRAUNER

Purpose of Project:

FUNDS WILL BE USED TO ASSIST PROJECT CARE’S JOB PLACEMENT PROGRAM, WHICH OFFERS JOB COUNSELING, INTENSIVE SKILLS INSTRUCTION, AND JOB DEVELOPMENT.

Funded Amount:

$3,000

Requested By:

LENTOL

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

RESEARCH FOUNDATION OF SUNY
P.O. BOX 9
ALBANY, NY 12201
(518) 434–7050

Name of Project Director:

BONNY BOICE

Purpose of Project:

FUNDS WILL BE USED FOR A MULTI-COMPONENT CAREER PREPARATORY PROGRAM DESIGNED TO EXPOSE YOUTH TO APPRENTICEABLE OCCUPATIONS THROUGH WORKBASED LEARNING.

Funded Amount:

$208,700

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

ROBERT F. WAGNER LABOR ARCHIVES
70 WASHINGTON SQUARE SOUTH, 10TH FLOOR
NEW YORK, NY  10012
(212) 998–2630

Name of Project Director:

DR. MICHAEL NASH

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE SEARCH FOR HISTORICALLY SIGNIFICANT RECORDS DOCUMENTING THE HISTORY OF LABOR IN NEW YORK CITY AND NEW YORK STATE.

Funded Amount:

$28,000

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

SOUTHEAST BRONX NEIGHBORHOOD CENTERS, INC.
955 TINTON AVENUE
BRONX, NY 10456
(718) 542–2727

Name of Project Director:

ROGER SAM

Purpose of Project:

FUNDS WILL BE USED FOR A MULTI–COMPONENT CAREER PREPARATORY PROGRAM DESIGNED TO EXPOSE YOUTH TO APPRENTICEABLE OCCUPATIONS THROUGH WORKBASED LEARNING.

Funded Amount:

$208,700

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

STATEN ISLAND EMPLOYMENT EDUCATION CONSORTIUM, INC.
28 BAY STREET
STATEN ISLAND, NY 10301
(718) 816–6700

Name of Project Director:

WILLIAM DIMPEL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE VOCATIONAL TRAINING AND JOB PLANNING FOR LOW-INCOME INDIVIDUALS ON STATEN ISLAND.

Funded Amount:

$5,000

Requested By:

TITONE

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

SYRACUSE MODEL NEIGHBORHOOD FACILITY, INC
401 SOUTH AVENUE
SYRACUSE, NY 13204
(315) 474–6823

Name of Project Director:

JESSE DOWDELL

Purpose of Project:

FUNDS WILL BE USED FOR A MULTI–COMPONENT CAREER PREPARATORY PROGRAM DESIGNED TO EXPOSE YOUTH TO APPRENTICEABLE OCCUPATIONS THROUGH WORKBASED LEARNING.

Funded Amount:

$186,896

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:
THE HARRY VAN ARSDALE SCHOOL FOR LABOR STUDIES
325 HUDSON STREET, 6TH FLOOR
NEW YORK, NY 10013
(212) 647−7801

Name of Project Director:
MICHAEL MERRIL

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE EXPANDED EDUCATIONAL OPPORTUNITIES FOR WORKERS IN THE BOROUGHS OF STATEN ISLAND AND MANHATTAN.

Funded Amount:
$7,500

Requested By:
JOHN

Name of Administering State Agency:
DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

THE MOUNT SINAI − IRVING J. SELIKOFF CENTER
1 GUSTAVE L. LEVY PLACE, P.O. BOX 1057
NEW YORK, NY 10029
(212) 241−7811

Name of Project Director:

STEPHEN LEVIN

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE NETWORK OF OCCUPATIONAL MEDICINE CLINICS INTO HOSPITAL−BASED PROGRAMS. CLINICS PROVIDE DIAGNOSTIC EVALUATIONS, SCREENINGS, TREATMENTS, REFERRAL AND EDUCATIONAL SERVICES FOR CURRENT AND RETIRED WORKERS.

Funded Amount:

$175,000

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

UNITED JEWISH COUNCIL OF THE EAST SIDE, INC.
500–A GRAND STREET
NEW YORK, NY  10002
(212) 460–5730

Name of Project Director:

JOEL KAPLAN

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN CAREER GUIDANCE AND COUNSELING, RESUME DEVELOPMENT, AND TO PROVIDE INFORMATION AND OUTREACH REGARDING EMPLOYMENT OPPORTUNITIES. FUNDS MAY ALSO BE USED FOR TRANSPORTATION FOR SENIORS, YOUTH ACTIVITIES AND TRANSITIONAL BENEFITS COUNSELING. SERVICES ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$198,000

Requested By:

SILVER

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK
184 ELDRIDGE STREET
NEW YORK, NY  10002
(212) 674−9120

Name of Project Director:

MICHAEL ZISSE

Purpose of Project:

FUNDS WILL BE USED FOR THE TALENT SEARCH BRIDGE PROGRAM TO HELP MAINTAIN ONGOING SUMMER COMPONENTS INCLUDING EDUCATIONAL ENHANCEMENT CLASSES AND WORK EXPERIENCE. IN ADDITION, FUNDS WILL BE USED TO STRENGTHEN YEAR−ROUND SERVICES TO JHS STUDENTS, INCLUDING YOUTH LEADERSHIP AND WORK EXPERIENCES.

Funded Amount:

$103,000

Requested By:

GLICK, SILVER

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

URBAN LEAGUE OF ROCHESTER, N.Y., INC.
265 N. CLINTON AVENUE
ROCHESTER, NY  14605
(585) 325–6530

Name of Project Director:

WILLIAM CLARK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOUTH EMPLOYMENT PROGRAMS.

Funded Amount:

$25,000

Requested By:

GANTT

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

UTICA DISLOCATED WORKER
STATE CAMPUS, BUILDING 12
ALBANY, NY 12240
(518) 457–6620

Name of Project Director:

CHRIS BURNS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE UTICA DISLOCATED WORKER ASSISTANCE PROGRAM, WHICH IS A REGIONALLY BASED PROGRAM THAT COORDINATES WORKFORCE SYSTEM EFFORTS TO EXPEDITE PLACEMENTS AND TRAINING OF DISLOCATED WORKERS IN CONJUNCTION WITH THE WORKFORCE DEVELOPMENT INSTITUTE.

Funded Amount:

$490,000

Requested By:

DESTITO, JOHN

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

WESTCHESTER–PUTNAM COUNTIES CONSORTIUM FOR WORKER EDUCATION AND TRAINING, INC.
20 SOUTH BROADWAY, SUITE #1201
YONKERS, NY 10701
(914) 709-1373

Name of Project Director:

LUCY REDZEPOSKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TRAINING PROGRAMS FOR CONSTRUCTION JOURNEY WORKERS IN NEED OF UPGRADING SKILLS IN NEW YORK CITY, WESTCHESTER AND PUTNAM COUNTIES.

Funded Amount:

$5,000

Requested By:

SPANO

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

WESTERN NEW YORK COUNCIL ON OCCUPATIONAL SAFETY AND HEALTH, INC.
2494 MAIN STREET, SUITE 438
BUFFALO, NY  14214
(716) 833–5416

Name of Project Director:

ROGER COOK

Purpose of Project:

FUNDS WILL BE USED TO ORGANIZE MONTHLY PROGRAMS PUT ON BY THE JOINT BUFFALO AFL–CIO/WNYCOSH SAFETY AND HEALTH COMMITTEE AND TO RESEARCH AND ANALYZE OSHA DATA TO CREATE REPORTS ON INJURY AND FATALITIES AT CONSTRUCTION SITES.

Funded Amount:

$1,600

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

WESTERN NEW YORK COUNCIL ON OCCUPATIONAL SAFETY AND HEALTH, INC.
2495 MAIN STREET, SUITE 438
BUFFALO, NY 14214
(716) 833–5416

Name of Project Director:

ROGER COOK

Purpose of Project:

FUNDS WILL BE USED TO ORGANIZE MONTHLY PROGRAMS PUT ON BY THE JOINT BUFFALO AFL-CIO/WNYCOSH SAFETY AND HEALTH COMMITTEE AND TO RESEARCH AND ANALYZE OSHA DATA TO CREATE REPORTS ON INJURY AND FATALITIES AT CONSTRUCTION SITES.

Funded Amount:

$3,400

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

WESTERN NEW YORK WORKFORCE DEVELOPMENT CENTER
3871 HARLEM ROAD
BUFFALO, NY 14215
(716) 833−9540

Name of Project Director:

JOHN KACZOROWSKI

Purpose of Project:

FUNDS WILL BE USED FOR COMPUTER TRAINING CLASSES.

Funded Amount:

$5,000

Requested By:

QUINN

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

YWCA OF WESTERN NEW YORK
190 FRANKLIN AVENUE
BUFFALO, NY 14202
(716) 852–6120

Name of Project Director:

ROSA REYEA

Purpose of Project:

FUNDS WILL BE USED FOR A MULTI–COMPONENT CAREER PREPARATORY PROGRAM DESIGNED TO EXPOSE YOUTH TO APPRENTICEABLE OCCUPATIONS THROUGH WORKBASED LEARNING.

Funded Amount:

$186,896

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF LABOR
Legal Name, Address, and Telephone Number:

112TH PRECINCT COMMUNITY COUNCIL CORP.
C/O 112 PRECINCT, 68–40 AUSTIN STREET
FOREST HILLS, NY 11375
(718) 520–9311

Name of Project Director:

HEIDI CHAIN

Purpose of Project:

FUNDS WILL BE USED TO PRODUCE AND DISTRIBUTE A COMMUNITY NEWSLETTER.

Funded Amount:

$3,000

Requested By:

HEVESI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

2011 WORLD POLICE & FIRE GAMES AND MEMORIAL, INC.
1285 AVENUE OF THE AMERICAS, 35TH FLOOR
NEW YORK, NY  10019
(212) 554–4470

Name of Project Director:

GEORGE LENCE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE PRINTING OF MATERIALS TO PROMOTE AND GENERATE AWARENESS AND SUPPORT FOR THE 2011 NEW YORK WORLD POLICE AND FIRE GAMES, WHICH WILL PROVIDE SPORTS EVENTS AND A TEN YEAR REMEMBRANCE OF SEPTEMBER 11, 2001 AROUND THE FIVE BOROUGHS.

Funded Amount:

$2,500

Requested By:

BING

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

2ND BATTALION FIRE DISTRICT
340 PINE STREET
FREEPORT, NY  11520
(516) 322−3299

Name of Project Director:

DONALD ROWAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMMUNICATION EQUIPMENT FOR THE FIRE DISTRICT.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ADVERTISING COUNCIL OF ROCHESTER, INC.
274 NORTH GOODMAN STREET, SUITE B269
ROCHESTER, NY  14607
(585) 442–0200

Name of Project Director:

TODD BUTLER

Purpose of Project:

FUNDS WILL BE USED TO INCREASE NOT FOR PROFIT CAPABILITIES THROUGH STRATEGIC ROUNDTABLES, BRAND DEVELOPMENT WORKSHOPS, COMMUNICATIONS PLAN DEVELOPMENT, ETC.

Funded Amount:

$10,000

Requested By:

MORELLE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

AFFILIATED BROOKHAVEN CIVIC ORGANIZATION  
P.O. BOX 339  
MEDFORD, NY 11763  
(631) 281–7145

Name of Project Director:

NEAL LEWIS

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP THE ORGANIZATION’S MEMBERSHIP THROUGH MAILINGS AND NEWSLETTERS INFORMING THE COMMUNITY OF CRITICAL LOCAL ISSUES.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

AFRICAN AMERICAN CHAMBER OF COMMERCE OF WESTCHESTER AND ROCKLAND COUNTIES, INC.
100 STEVENS AVENUE, SUITE 202
MOUNT VERNON, NY 10550
(914) 699–9050

Name of Project Director:

ROBIN DOUGLAS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH EDUCATING AND FACILITATING THE GROWTH OF MINORITY BUSINESSES BY HOSTING A NUMBER OF HOW−TO−DO BUSINESS WORKSHOPS FOR THE BUSINESS COMMUNITY.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ALBANY CEMETERY ASSOCIATION
ALBANY RURAL CEMETERY, CEMETERY AVENUE
ALBANY, NY 12204
(518) 463–7017

Name of Project Director:

MICHAEL R. HUXLEY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THIS HISTORIC CEMETERY’S NEED TO REPAIR TWO ROAD BRIDGES.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ALBANY COUNTY
112 STATE STREET
ALBANY, NY  12207
(518) 447−7168

Name of Project Director:

MIKE FRANCHINI

Purpose of Project:

FUNDS WILL BE USED FOR HIGHWAY BEAUTIFICATION IN COEYMANS AND/OR BETHLEHEM.

Funded Amount:

$5,000

Requested By:

GORDON−T

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ALBANY DIOCESAN CEMeteries
48 CEMETERY AVENUE
MENANDS, NY 12204
(518) 463−0134  Ext: 110

Name of Project Director:

MOLLY NICOL

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN EFFORTS TO RESTORE AND PRESERVE
THE HISTORIC FOUNDERS HILL SECTION OF THE CEMETERY.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

DEPARTMENT OF STATE
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 GIORDANO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FIRE PREVENTION EQUIPMENT.

Funded Amount:

$2,000

Requested By:

SCHIMEL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ALBION FIRE DEPARTMENT
108 NORTH PLATT STREET
ALBION, NY 14411
(585) 589–9176  Ext: 123

Name of Project Director:

ERIC BRADSHAW

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE TWELVE FIRE DEPARTMENT HELMETS.

Funded Amount:

$2,000

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ALLIANCE FOR DOWNTOWN NEW YORK, INC.
120 BROADWAY, SUITE 3340
NEW YORK, NY 10271
(212) 566–6700

Name of Project Director:

BILL BERNSTEIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT DOWNTOWN TOURISM.

Funded Amount:

$100,000

Requested By:

GLICK, SILVER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ALLIANCE FOR DOWNTOWN NEW YORK, INC.
120 BROADWAY, SUITE 3340
NEW YORK, NY 10271
(212) 566–6700

Name of Project Director:

BILL BERNSTEIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT FREE CONCERTS IN CITY HALL PARK IN LOWER MANHATTAN.

Funded Amount:

$100,000

Requested By:

GLICK, SILVER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ALLIANCE FOR DOWNTOWN NEW YORK, INC.
120 BROADWAY, SUITE 3340
NEW YORK, NY 10271
(212) 835–2777

Name of Project Director:

BILL BERNSTEIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A BIKE PROGRAM, WHICH WILL PROVIDE ACCESS TO ADULT AND CHILDRENS' BICYCLES, WITHOUT COST, AROUND THE HUDSON RIVER PARK BIKE PATH.

Funded Amount:

$88,000

Requested By:

GLICK, SILVER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ALLIANCE FOR DOWNTOWN NEW YORK, INC.
120 BROADWAY, SUITE 3340
NEW YORK, NY 10271
(212) 566–6700

Name of Project Director:

BILL BERNSTEIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A BUSINESS TO BUSINESS MARKETING AND BRANDING PROGRAM.

Funded Amount:

$100,000

Requested By:

GLICK, SILVER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ALTON FIRE DEPARTMENT
8593 YORK SETTLEMENT ROAD
SODUS, NY 14551
(585) 739–9870

Name of Project Director:

RONALD SEDORE

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A RESCUE BOAT.

Funded Amount:

$9,000

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

AMERICAN ASSOCIATION OF RUSSIAN–SPEAKING ATTORNEYS, INC.  
C/O BORIS PALANT, P.C. – 299 BROADWAY, SUITE 605  
NEW YORK, NY 10007  
(917) 226–6405

Name of Project Director:

ILYA NOVOLASTOVSKY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AWARENESS AND ASSISTANCE CONCERNING SOME LOCAL RIGHTS AMONG RUSSIAN–AMERICANS, A LARGE ETHNIC UNDERSERVED POPULATION, IN THE NEW YORK CITY AREA.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGS.
30 NORTH UNION STREET, SUITE 204
ROCHESTER, NY  14607
(585) 263–2650

Name of Project Director:

ARON REINA

Purpose of Project:

FUNDS WILL BE USED FOR A NEW MONUMENT TO REPLACE A HEADSTONE TO HONOR FALLEN AND INJURED WORKERS.

Funded Amount:

$40,000

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

AMERICAN LEGION NORTHPORT, POST 694
1 LESTER COURT
EAST NORTHPORT, NY 11731
(631) 266–2580

Name of Project Director:

MARIO BUONPONE

Purpose of Project:

FUNDS WILL BE USED FOR VETERANS’ GOLF COURSE IMPROVEMENTS.

Funded Amount:

$4,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

AMERICAN LEGION POST 1779 CONESUS
MARSHALL ROAD
CONESUS, NY 14435
(585) 346–3144

Name of Project Director:

STEVE MARTUCIO

Purpose of Project:

FUNDS WILL BE USED TOWARDS THE DRILLING OF WELL, PUMP, PIPE AND ELECTRICAL WIRING.

Funded Amount:

$1,000

Requested By:

ERRIGO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

AMERICAN LEGION POST 353, CORNWALL
P.O. BOX 353
CORNWALL, NY 12518
(845) 534−3137

Name of Project Director:

JAMES KLINE

Purpose of Project:

FUNDS WILL BE USED FOR BUILDING ENHANCEMENTS AND IMPROVEMENTS, WHICH IS USED BY COMMUNITY GROUPS.

Funded Amount:

$2,500

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS OF NORTHEASTERN NEW YORK
33 EVERETT ROAD
ALBANY, NY 12205
(518) 458–8111

Name of Project Director:

GARY STRIAR

Purpose of Project:

FUNDS WILL BE USED TO MAKE THREE ENTRANCES TO THE BUILDING HANDICAPPED ACCESSIBLE.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS–OSWEGO COUNTY
129 WEST SECOND STREET
OSWEGO, NY 13126
(315) 343–0967

Name of Project Director:

KAREN FERGUSON

Purpose of Project:

FUNDS WILL BE USED FOR THE OSWEGO COUNTY BRANCH OFFICE RELocation.

Funded Amount:

$2,500

Requested By:

TOWNSEND

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ANGOLA VOLUNTEER FIRE DEPARTMENT
41 COMMERCIAL STREET
ANGOLA, NY 14006
(716) 549–3022

Name of Project Director:

ANDREW POULSON

Purpose of Project:

FUNDS WILL BE USED FOR A NEW COMPUTER SYSTEM.

Funded Amount:

$5,000

Requested By:

QUINN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ASIAN AMERICANS FOR EQUALITY, INC.
108 NORFOLK STREET
NEW YORK, NY 10002
(212) 979–8381

Name of Project Director:

CHRISTOPHER KUI

Purpose of Project:

FUNDS WILL BE USED TO CREATE A STOREFRONT TECHNOLOGY CENTER TO GIVE LOCAL RESIDENTS IN CHINATOWN/LOWER EAST SIDE ACCESS TO INFORMATION AND OPPORTUNITIES AVAILABLE THROUGH COMPUTER TECHNOLOGY.

Funded Amount:

$117,500

Requested By:

SILVER, YOUNG

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW
2–4 NEVINS STREET, 2ND FLOOR
BROOKLYN, NY 11217
(718) 246–7900

Name of Project Director:

BERTHA LEWIS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ACTIVITIES FOR LOW INCOME
INDIVIDUALS WITH VARIOUS HOUSING ISSUES, INCLUDING BUT NOT
LIMITED TO FORECLOSURE COUNSELING.

Funded Amount:

$100,000

Requested By:

ARROYO, AUBRY, BENJAMIN, BOYLAND, CAMARA, CLARK, COOK, DIAZ–L,
DIAZ–R, ESPAILLAT, FARRELL, JR, GANTT, GORDON–D, GREENE, HEASTIE,
HOOPER, JEFFRIES, ORTIZ, PEOPLES, PERALTA, PERRY, POWELL,
PRETLOW, RAMOS, RIVERA–J, RIVERA–N, ROBINSON, SCARBOROUGH,
SILVER, TITUS, TOWNS, WRIGHT, YOUNG

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN)
2–4 NEVINS STREET
BROOKLYN, NY 11217
(718) 246–7900

Name of Project Director:

BERTHA LEWIS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A PROGRAM THAT ASSISTS LOW TO MODERATE INCOME FAMILIES IN OBTAINING THE FEDERAL AND STATE EARNED INCOME TAX CREDIT.

Funded Amount:

$10,000

Requested By:

GREENE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN)
2–4 NEVINS STREET, 2ND FLOOR
BROOKLYN, NY 11217
(718) 246–7900 Ext: 218

Name of Project Director:

VICTORIA ROMANO

Purpose of Project:

FUNDS WILL BE USED FOR OUTREACH WITH EITC APPLICATION ASSISTANCE AND OTHER CHILD TAX CREDITS TO THE UNDERSERVED COMMUNITIES IN MANHATTAN COUNTY.

Funded Amount:

$3,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN)
2–4 NEVINS STREET, 2ND FLOOR
BROOKLYN, NY 11217
(718) 246–7900 Ext: 202

Name of Project Director:

BERTH LEWIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE TAX PREPARATION AND OUTREACH WITH EITC APPLICATION ASSISTANCE TO UNDERSERVED COMMUNITIES IN MANHATTAN COUNTY.

Funded Amount:

$10,000

Requested By:

POWELL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN)
2–4 NEVINS STREET, 2ND FLOOR
BROOKLYN, NY 11217
(718) 246–7900

Name of Project Director:

BERTHA BEWIS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE INCOME TAX PREPARATION AND HEALTH CARE ENROLLMENT OUTREACH CAMPAIGN, AND FOR THE HOMEBUYERS SEMINARS AND COUNSELING SERVICES THAT WILL BE AVAILABLE TO THE RESIDENTS OF QUEENS COUNTY.

Funded Amount:

$7,000

Requested By:

COOK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN)
2–4 NEVINS STREET, 2ND FLOOR
BROOKLYN, NY 11217
(718) 246–7900

Name of Project Director:

BERTHA LEWIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOUR SEMINARS PER YEAR ABOUT HOME OWNERSHIP.

Funded Amount:

$5,000

Requested By:

ROBINSON

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN)
2–4 NEVINS STREET, 2ND FLOOR
BROOKLYN, NY 11217
(718) 246–7900

Name of Project Director:

BERTHA LEWIS

Purpose of Project:

FUNDS WILL BE USED FOR FREE TAX PREPARATION, ASSISTANCE WITH EITC APPLICATIONS, AND OUTREACH TO UNDERSERVED COMMUNITIES.

Funded Amount:

$2,500

Requested By:

PERRY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN)
2–4 NEVINS STREET, 2ND FLOOR
BROOKLYN, NY 11217
(718) 246–7939

Name of Project Director:

BERTHA LEWIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE UNDERSERVED COMMUNITIES INCOME TAX PREPARATION ASSISTANCE, HEALTHCARE ENROLLMENT OUTREACH, FORECLOSURE COUNSELING, AND HOMEBUYERS SEMINARS.

Funded Amount:

$4,000

Requested By:

CAMARA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN)
2–4 NEVINS STREET, 2ND FLOOR
BROOKLYN, NY 11217
(718) 246–7900

Name of Project Director:

BERTHA LEWIS

Purpose of Project:

FUNDS WILL BE USED TO ENSURE THAT LOW–INCOME FAMILIES IN NEW YORK CITY TAKE ADVANTAGE AND ARE AWARE OF THE EARNED INCOME TAX CREDIT AND PUBLIC HEALTH INSURANCE PROGRAMS.

Funded Amount:

$10,000

Requested By:

JEFFRIES

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN)
2–4 NEVINS STREET
BROOKLYN, NY 11217
(718) 246–7900 Ext: 202

Name of Project Director:

BERTHA LEWIS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST ASSOCIATED WITH TAX SEMINARS REGARDING THE EITC, AS WELL AS COUNSELING AND HOMEBUYERS SEMINARS TO PREVENT FORECLOSURES AND PROVIDE ASSISTANCE TO AT–RISK HOMEOWNERS.

Funded Amount:

$5,000

Requested By:

TOWNS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN)
2–4 NEVINS STREET
BROOKLYN, NY 11217
(718) 246–7900 Ext: 202

Name of Project Director:

BERTHA LEWIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SEMINARS ON FORECLOSURES AND HOMEBUYING.

Funded Amount:

$5,000

Requested By:

PHEFFER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ASTORIA RESTORATION ASSOCIATION
31–28 DITMARS BOULEVARD
ASTORIA, NY 11105
(718) 726–0034

Name of Project Director:

CATHERINE PIECORE

Purpose of Project:

FUNDS WILL BE USED TO BEAUTIFY THE QUEENS COMMUNITY COMMERCIAL STRIP AND TO ASSIST RESIDENTS WITH APPLICATIONS FOR STATE AND FEDERAL ASSISTANCE.

Funded Amount:

$5,000

Requested By:

GIANARIS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ATLANTIC BEACH FIRE DISTRICT
ONE RESCUE ROAD, P.O. BOX 95
ATLANTIC BEACH, NY 11509
(516) 371-2348

Name of Project Director:

JULIAN GOLDSTEIN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMMUNICATION EQUIPMENT FOR THE RESCUE UNIT.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BARNARD EXEMPT FIREMEN’S ASSOCIATION
139 COUNTRY LANE
ROCHESTER, NY 14626
(585) 227−4936

Name of Project Director:

RICHARD DAVIS

Purpose of Project:

FUNDS WILL BE USED FOR A HANDICAP UNI−SEX RESTROOM.

Funded Amount:

$5,000

Requested By:

REILICH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BARNARD FIRE DISTRICT
3084 DEWEY AVENUE
ROCHESTER, NY 14626
(585) 336–1113

Name of Project Director:

JAMES GALLAGHER

Purpose of Project:

FUNDS WILL BE USED FOR A THERMAL IMAGING CAMERA SYSTEM.

Funded Amount:

$8,000

Requested By:

REILICH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BAY RIDGE 5TH AVENUE DISTRICT MANAGEMENT ASSOCIATION, INC.
464 BAY RIDGE AVENUE
BROOKLYN, NY 11220
(718) 238–8181

Name of Project Director:

JAMES F. CLARK

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES TO BE USED TO KEEP THE COMMUNITY CLEAN AND SAFE. FUNDS WILL ALSO BE USED FOR UPKEEP OF THE WEBSITE.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BAY SHORE FIRE DEPARTMENT
195 5TH AVENUE
BAY SHORE, NY 11706
(631) 665−4227

Name of Project Director:

BRYAN BUTLER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE DIVE RESCUE EQUIPMENT.

Funded Amount:

$17,000

Requested By:

BOYLE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BAYPORT CIVIC ASSOCIATION, INC.
P.O. BOX 95
BAYPORT, NY 11705
(631) 472-0999

Name of Project Director:

ROBERT E. DRAFFIN

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE ORGANIZATION’S NEWSLETTER, IN ORDER TO COMMUNICATE ISSUES AND NEWS OF THE COMMUNITY AND RESIDENTS.

Funded Amount:

$2,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BAYPORT HERITAGE ASSOCIATION
P.O. BOX 4
BAYPORT, NY 11705
(631) 472-4625

Name of Project Director:

JAMES E. CORNELL

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND INSTALL A ROAD ENTRY SIGN NOTING HISTORICAL INFORMATION ON THE MEADOWCRAFT ESTATE; AND TO PURCHASE AND INSTALL AN IDENTIFICATION SIGN ON THE HOUSE.

Funded Amount:

$2,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BAYPORT–BLUE POINT CHAMBER OF COMMERCE
P.O. BOX 201
BAYPORT, NY 11705
(631) 472–3018

Name of Project Director:

SET NEEDLEMAN

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF COMMUNITY PLANTERS; A BANNER FOR THE 2008 COMMUNITY EXPO; AND WELCOME SIGNS ON EACH END OF TWO COMMUNITIES OF BAYPORT AND BLUE POINT.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BAYPORT–BLUE POINT CHAMBER OF COMMERCE
P.O. BOX 201
BAYPORT, NY  11705
(516) 639–1116

Name of Project Director:

SETH NEEDLEMAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE BANNERS, PLANTERS, AND PLANTINGS; TO PROMOTE THE CHAMBER THROUGH MAILINGS; AND TO UPDATE AND IMPROVE THE CHAMBER’S WEB SITE.

Funded Amount:

$5,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BAYSIDE BUSINESS ASSOCIATION, INC.
214–01 NORTHERN BOULEVARD
BAYSIDE, NY 11361
(718) 229–4700

Name of Project Director:

JUDY LIMPERT

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET OPERATIONAL COSTS OF THE COMMUNITY REVITALIZATION AND BEAUTIFICATION PROJECTS.

Funded Amount:

$13,500

Requested By:

CARROZZA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BELLEVUE FIRE DISTRICT #9
511 COMO PARK BOULEVARD
CHEEKTOWAGA, NY  14227
(716) 685–3011

Name of Project Director:

JOHN J. MCFARLAND

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AN ALL TERRAIN VEHICLE IN ORDER TO FIGHT FIRES AND DEAL WITH FIRST AID CALLS AT THE REINSTEIN WOODS NATURE PRESERVE.

Funded Amount:

$6,500

Requested By:

GABRYSZAK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BELLMORE FIRE DEPARTMENT
2262 CENTRE AVENUE
BELLMORE, NY 11710
(516) 221-4418

Name of Project Director:

CORNELIUS MAGUIRE

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC OPERATIONS.

Funded Amount:

$2,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE USA
25 SOUTH ALLEN STREET
ALBANY, NY 12208
(518) 489–0699

Name of Project Director:

ROBERT CANTWELL

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND INSTALL A HANDICAP LIFT AT
THE ALBANY LODGE. THIS FACILITY PROVIDES SERVICES AND COMMUNITY
EVENTS OPEN TO ALL IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BERGEN BASIN COMMUNITY DEVELOPMENT CORPORATION, INC.
P.O. BOX 340265
BROOKLYN, NY  11234
(718) 444–0101

Name of Project Director:

PAUL CURIALE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOR STAFFING AND ONGOING SUPPORT TO EXPAND EFFORTS IN PROVIDING HUMAN SERVICES, ECONOMIC DEVELOPMENT AND HOUSING SUPPORT.

Funded Amount:

$37,500

Requested By:

MAISEL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BERLIN VOLUNTEER FIRE DEPARTMENT
P.O. BOX 1
BERLIN, NY 12022
(518) 658–9397

Name of Project Director:

WALLY O’NEIL

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT UPGRADE.

Funded Amount:

$5,000

Requested By:

MCDONALD

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BETHPAGE AMERICAN LEGION
10 WASHINGTON STREET
BETHPAGE, NY 11714
(516) 681−0376

Name of Project Director:

ALFRED RICHERT

Purpose of Project:

FUNDS WILL BE USED FOR MAINTENANCE TO BETHPAGE VFW IN ORDER TO PROVIDE RESIDENTS WITH FACILITIES FOR EVENTS AND PUBLIC EMERGENCIES.

Funded Amount:

$5,000

Requested By:

CONTE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BETHPAGE FIRE DEPARTMENT JUNIORS
DUNN HASSETT PLAZA
BETHPAGE, NY 11714
(917) 763–7489

Name of Project Director:

FRANK CEGLIO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE NECESSARY GEAR FOR THE FIRE DEPARTMENT.

Funded Amount:

$5,000

Requested By:

CONTE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BIG MOOSE AMBULANCE COMPANY, INC.
1449 BIG MOOSE ROAD
EAGLE BAY, NY 13331
(315) 357–2080

Name of Project Director:

ROBERT VANSLYKE

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A DIGITAL CELL PHONE, A
COMPUTER AND SOFTWARE.

Funded Amount:

$4,000

Requested By:

BUTLER–M

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BILTMORE SHORES CIVIC ASSOCIATION
32 FRANKEL ROAD
MASSAPEQUA, NY 11758
(516) 798-0155

Name of Project Director:

PHILIP HEALEY

Purpose of Project:

FUNDS WILL BE USED FOR THE SUPPORT OF PROGRAMS.

Funded Amount:

$1,500

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BINGHAMTON LOCAL DEVELOPMENT CORPORATION
CITY CALL GOVERNMENT PLAZA−44 HAWLEY STREET
BINGHAMTON, NY  13901
(607) 772−7161

Name of Project Director:

ARTHUR AND CAMILLE JONES

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF BRONZE PLAQUES DESCRIBING HISTORICAL EVENTS AND PEOPLE.

Funded Amount:

$5,000

Requested By:

LUPARDO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BLUEPOINT FIRE DISTRICT
205 BLUE POINT AVENUE
BLUE POINT, NY  11715
(631) 363–2005

Name of Project Director:

WALTER DUNN

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF SAFETY EQUIPMENT TO AID THE FIRE DEPARTMENT.

Funded Amount:

$2,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BOERUM HILL ASSOCIATION, INC.
110 HOYT STREET
BROOKLYN, NY  11217
(917) 833–6960

Name of Project Director:

HOWARD KOLINS

Purpose of Project:

FUNDS WILL BE USED TO INCREASE OUTREACH EFFORTS IN ORDER TO BETTER INFORM AND UPDATE COMMUNITY RESIDENTS ON ISSUES AFFECTING THEIR NEIGHBORHOOD.

Funded Amount:

$3,500

Requested By:

MILLMAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BOHEMIA CIVIC ASSOCIATION, INC.
P.O. BOX 63
BOHEMIA, NY 11716
(631) 563–9673

Name of Project Director:

JERRY O’CONNOR

Purpose of Project:

FUNDS WILL BE USED FOR THE PRINTING AND MAILING OF THE MONTHLY NEWSLETTER, AS WELL AS FOR SUPPLIES FOR MONTHLY GENERAL MEETINGS.

Funded Amount:

$2,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BOHEMIA HISTORICAL SOCIETY
P.O. BOX 67
BOHEMIA, NY 11716
(631) 567−1095

Name of Project Director:

JUDY PEDMAULT

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A PROFESSIONAL SIGN THAT WILL ENHANCE THE BOHEMIA HISTORICAL SOCIETY’S PREMISES AND IMPROVE VISIBILITY.

Funded Amount:

$3,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BREEZY POINT CIVIC ASSOCIATION
P.O. BOX 90
MASSAPEQUA PARK, NY 11762
(516) 798–2178

Name of Project Director:

BILL MANTON

Purpose of Project:

FUNDS WILL BE USED FOR THE SUPPORT OF PROGRAMS.

Funded Amount:

$1,500

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

BRENTWOOD CHAMBER OF COMMERCE, INC.
P.O. BOX 41
BRENTWOOD, NY 11717
(631) 952–4223

Name of Project Director:

ANTHONY QUINTAL, JR.

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COST OF GENERAL OPERATING EXPENSES, INCLUDING, BUT NOT LIMITED TO POSTAGE, STATIONERY, MONTHLY NEWSLETTERS, ETC.

Funded Amount:

$3,000

Requested By:

RAMOS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BROAD CHANNEL VOLUNTEERS, INC.
15 NOEL ROAD
BROAD CHANNEL, NY 11693
(718) 474−6888

Name of Project Director:

ED O'HARE

Purpose of Project:

FUNDS WILL BE USED TO HELP DEFRAY THE GENERAL OPERATING EXPENSES OF THE CORPS, AND ALSO TO ASSIST IN THE PURCHASE OF VITAL EQUIPMENT FOR LIFE−SAVING EFFORTS OF THE VOLUNTEER ORGANIZATION.

Funded Amount:

$4,000

Requested By:

PHEFFER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BROADALBIN KENNYETTO FIRE COMPANY, INC.
14 PINE STREET, P.O. BOX 295
BROADALBIN, NY 12025
(518) 848−4031

Name of Project Director:

ARCHIE ROSE

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF AUTOMATED EXTERNAL DEFIBRILLATORS, ACCESSORIES, MEDICAL TRACKING AND CPR/AED TRAINING FOR FOUR YEARS.

Funded Amount:

$7,000

Requested By:

BUTLER−M

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BROCKPORT FIRE DEPARTMENT
38 MARKET STREET, P.O. BOX 254
BROCKPORT, NY 14420
(585) 637–1030

Name of Project Director:

CHRIS MARTIN

Purpose of Project:

FUNDS WILL BE USED FOR HURST TOLL UPGRADES/MODIFICATIONS.

Funded Amount:

$9,000

Requested By:

REILICH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BROOKLYN 13 CERT
1201 SURF AVENUE
BROOKLYN, NY 11224
(718) 266−3001

Name of Project Director:

CHARLES REICHEITHAL

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EMERGENCY RESPONSE EQUIPMENT. BROOKLYN 13 PROVIDES YOUTH AND SENIOR PROGRAMS TO THE COMMUNITY.

Funded Amount:

$3,000

Requested By:

BROOK−KRASNYY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BROOKLYN BAR ASSOCIATION VOLUNTEER LAWYERS PROJECT, INC.
123 REMSEN STREET, 2ND FLOOR
BROOKLYN, NY 11201
(718) 624-5446

Name of Project Director:

JEANNIE COSTELLO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LEGAL REPRESENTATION TO UNDERSERVED RESIDENTS OF BROOKLYN.

Funded Amount:

$6,000

Requested By:

MILLMAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BROOKLYN LEGAL SERVICES CORP A
256–260 BROADWAY
BROOKLYN, NY  11211
(718) 487–2300

Name of Project Director:

MARTIN S. NEEDLEMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LEGAL SERVICES TO INDIGENT MEMBERS OF THE COMMUNITY.

Funded Amount:

$2,500

Requested By:

PERRY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BROOME COUNTY PLANNING DEPARTMENT
P.O. BOX 1766, BROOME CO. OFFICE BLDG., 44 HAWLEY STREET
BINGHAMTON, NY  13902
(607) 778−6488

Name of Project Director:

GAIL DOMIN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE TABLES, BENCHES, PLANTERS AND TRASH RECEPTACLES FOR THE UNDER UTILIZED COMMON AREA ON THE COURTHOUSE LAWN.

Funded Amount:

$20,000

Requested By:

LUPARDO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BUFFALO NIAGARA INTERNATIONAL TRADE FOUNDATION
661 DELAWARE AVENUE
BUFFALO, NY 14202
(716) 852–7160

Name of Project Director:

CHRIS JOHNSTON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT "A PROACTIVE APPROACH TO ACCELERATING UPSTATE NEW YORK’S COMPETITIVENESS IN THE GLOBAL ECONOMY" PROJECT.

Funded Amount:

$10,000

Requested By:

DELMONTE, GABRYSZAK, HOYT,PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BUFFALO URBAN RENEWAL AGENCY
CITY HALL, ROOM 920, 65 NIAGARA SQUARE
BUFFALO, NY  14202
(716) 851−5035

Name of Project Director:

MAWUSI U. WATSON

Purpose of Project:

FUNDS WILL BE USED TO INITIATE A COMMISSION WHICH WILL COMPLEMENT URBAN RENEWAL PLANNING FOR THE REVITALIZATION OF THE MICHIGAN AVENUE AFRICAN AMERICAN HERITAGE CORRIDOR.

Funded Amount:

$70,000

Requested By:

PEOPLES

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

BURNT HILLS FIRE DEPARTMENT
P.O. BOX 315
BURNT HILLS, NY 12027
(518) 399–8912

Name of Project Director:

DAVID BEVINS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A GEAR–WASHER EXTRACTOR TO COMPLY WITH NAPA RECOMMENDATIONS.

Funded Amount:

$9,000

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

C. J. FOLGER HOOK AND LADDER CO. #1
207 GENESSEE STREET
GENEVA, NY 14456
(315) 789–6305

Name of Project Director:

BRUCE MOORE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A THERMAL IMAGING CAMERA.

Funded Amount:

$9,000

Requested By:

KOLB

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:
CAPITAL DISTRICT WOMEN’S BAR ASSOCIATION LEGAL PROJECT, INC.
6 EXECUTIVE PARK DRIVE
ALBANY, NY 12203
(518) 435−1770

Name of Project Director:
LISA A. FRISCH

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE THE MOST CURRENT LEGAL RESEARCH MATERIALS FOR STAFF AND PRO BONO ATTORNEYS WHEN PROVIDING FREE REPRESENTATION TO VICTIMS OF DOMESTIC VIOLENCE.

Funded Amount:
$5,000

Requested By:
MCENENY

Name of Administering State Agency:
DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CARIBBEAN WOMEN’S HEALTH ASSOCIATION, INC.  
100 PARKSIDE AVENUE  
BROOKLYN, NY  11226  
(718) 826–2942

Name of Project Director:  

DR. MARCO A. MASON

Purpose of Project:  

FUNDS WILL BE USED TO CONDUCT A CITIZENSHIP INITIATIVE TO ASSIST IMMIGRANTS IN ATTAINING CITIZENSHIP STATUS.

Funded Amount:  

$5,000

Requested By:  

ROBINSON

Name of Administering State Agency:  

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CARIBBEAN WOMEN'S HEALTH ASSOCIATION, INC.
100 PARKSIDE AVENUE, 4TH FLOOR
BROOKLYN, NY 11226
(718) 826-2942 Ext: 15

Name of Project Director:

DR. MARILYN JOHN

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT A CITIZENSHIP INITIATIVE TO ASSIST IMMIGRANTS IN ATTAINING U.S. CITIZENSHIP STATUS AND REGISTERING TO VOTE.

Funded Amount:

$5,000

Requested By:

PERRY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CARMEN ROAD CIVIC ASSOCIATION
P.O. BOX 228
MASSAPEQUA, NY 11758
(516) 797−1514

Name of Project Director:

EROLD BERNARD

Purpose of Project:

FUNDS WILL BE USED FOR THE SUPPORT OF PROGRAMS.

Funded Amount:

$1,500

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CASTLETON FIRE COMPANY
11 GREEN AVENUE
CASTLETON, NY 12033
(518) 732-4342

Name of Project Director:

MATTHEW CARNER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A GENERATOR FOR THE FIRE COMPANY.

Funded Amount:

$7,000

Requested By:

GORDON-T

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CATSKILL ELKS LODGE
45 NORTH JEFFERSON STREET, P.O. BOX 417
CATSKILL, NY 12414
(518) 943–2067

Name of Project Director:

DON PEARCE

Purpose of Project:

FUNDS WILL BE USED FOR WORK ON PARKING LOT, WHICH IS USED BY COMMUNITY GROUPS.

Funded Amount:

$7,250

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CCAN
SEVENTH STREET, SUITE 00
GARDEN CITY, NY 11530
(516) 747–2966

Name of Project Director:

CYNTHIA SCOTT

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF ANTI–PREDATOR ASSISTANCE PROGRAM.

Funded Amount:

$5,000

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CENTER FOR COURT INNOVATION
520 8TH AVENUE
NEW YORK, NY  10018
(718) 474–2168

Name of Project Director:

GREG BERMAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATIONAL EXPENSES OF THE FAR ROCKAWAY YOUTH COURT, WHICH TEACHES STUDENTS THE LEGAL PROCESS, AND TRAINS THEM TO CONDUCT LEGAL PROCEEDINGS, AND WORK IN CONJUNCTION WITH THE DISTRICT ATTORNEY’S OFFICE AND LOCAL PRECINCTS.

Funded Amount:

$2,000

Requested By:

TITUS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CENTEREACH CIVIC ASSOCIATION, INC.
P.O. BOX 35
CENTEREACH, NY 11720
(631) 471–2031

Name of Project Director:

DIANE CAUDULLO

Purpose of Project:

FUNDS WILL BE USED TO CLEAN UP LONG, OVERGROWN AND NEGLECTED PATCHES OF GREEN AREAS, WHICH WILL REQUIRE SOME USE OF PROFESSIONAL LANDSCAPERS TO ADDRESS THOSE NEEDS.

Funded Amount:

$2,500

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CENTERPORT HARBOR CIVIC ASSOCIATION
P.O. BOX 332
CENTERPORT, NY 11721
(631) 261−5898

Name of Project Director:

GLORIA WERTHEIMER

Purpose of Project:

FUNDs WILL BE USED FOR COMMUNITY PARK DEVELOPMENT.

Funded Amount:

$4,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CENTERVILLE–CEDAR GROVE FIRE COMPANY
P.O. BOX 84
SAUGERTIES, NY 12477
(845) 246–4739

Name of Project Director:

RANDALL RICKS

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING EXPENSES AND EQUIPMENT.

Funded Amount:

$1,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CENTRAL ASTORIA LOCAL DEVELOPMENT COALITION, INC.
28–27 STEINWAY STREET
ASTORIA, NY  11103
(718) 721–8252

Name of Project Director:

MARIE TORNIALI

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE THE CLEANLINESS OF BUSINESS DISTRICTS IN ASTORIA.

Funded Amount:

$10,000

Requested By:

GIANARIS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHAMBER OF COMMERCE OF NEW ROCHELLE
459 MAIN STREET
NEW ROCHELLE, NY 10801
(914) 632–5700

Name of Project Director:

DENISE LALLY

Purpose of Project:

FUNDS WILL BE USED FOR PLANTERS, PLANTINGS, AND LANDSCAPING TO ENHANCE THE QUALITY OF LIFE AND PROMOTE BUSINESS DEVELOPMENT IN THE CITY OF NEW ROCHELLE.

Funded Amount:

$5,000

Requested By:

PAULIN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHAMBER OF COMMERCE OF NIAGARA, INC.
6311 INDUCON CORPORATE DRIVE
SANBORN, NY 14132
(716) 285–9141

Name of Project Director:

DEANNA ALTERIO BRENKEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE NEWSLETTERS AND BROCHURES, WHICH WILL PROMOTE THE CHAMBER’S WORK. THE CHAMBER WILL REINFORCE THEIR COMMITMENT TO REVITALIZE DEVELOPMENT IN THE NIAGARA REGION.

Funded Amount:

$5,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHAMBER OF COMMERCE OF NIAGARA, INC.
6311 INDUCON CORP. DRIVE
SANBORN, NY  14132
(916) 285−9141

Name of Project Director:

DEANNA ALTERIO BRENNEN

Purpose of Project:

FUNDS WILL BE USED TO REVAMP THE CURRENT INTERNET MARKETING METHODS.

Funded Amount:

$6,000

Requested By:

DELMONTE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHAMBER OF COMMERCE OF THE GREATER RONKONKOMAS, INC.
P.O. BOX 2546
RONKONKOMA, NY 11779
(631) 471–0302

Name of Project Director:

BRIDGET SALMAGGI

Purpose of Project:

FUNDS WILL BE USED FOR BEAUTIFICATION BY PROVIDING ELECTRIC ON STREET POLES; STARTING AN ANTI–LITTER CAMPAIGN AND FOR CONTACT WITH THE LOCAL HIGH SCHOOLS TO ENCOURAGE STUDENTS NOT TO LITTER ON THE AREAS OF THE ISLAND THE CHAMBER MAINTAINS.

Funded Amount:

$2,500

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHAMBER OF COMMERCE OF ULSTER COUNTY, INC.
51 ALBANY AVENUE
KINGSTON, NY 12401
(845) 338−5100

Name of Project Director:

WARD TODD

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE DEVELOPMENT OF A WEB SITE.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHAMBER OF COMMERCE OF WASHINGTON HEIGHTS, INC.
751 WEST 183RD STREET
NEW YORK, NY 10033
(212) 928–6595

Name of Project Director:

RITA KATERMAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF PRINTING A GUIDE BOOK FOR WASHINGTON HEIGHTS AND INWOOD.

Funded Amount:

$4,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHARLES SALK MANHATTAN BRONX CHAPTER #23
28–29 38TH STREET
LONG ISLAND CITY, NY  11103
(718) 835–3689

Name of Project Director:

BARRY ROCK

Purpose of Project:

FUNDS WILL BE USED TOWARD COSTS OF PRINTING AND DISTRIBUTING AN INFORMATIONAL NEWSLETTER.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHARLESTON VOLUNTEER FIRE DEPARTMENT
26 UPPER PROSPECT STREET
FONDA, NY 12608
(518) 853−1779

Name of Project Director:

CARRIE NEWKIRK

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE DRILLING OF A NEW WELL TO PROVIDE NON−CONTAMINATED WATER.

Funded Amount:

$2,400

Requested By:

AMEDORE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHERRY GROVE COMMUNITY ASSOCIATION, INC.
P.O. BOX 4024
CHERRY GROVE, NY 11782
(212) 873–1088

Name of Project Director:

CHARLES ISOLA

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE COMMUNICATION IN CHERRY GROVE IN FIRE ISLAND BY INSTALLING HIGH−SPEED INTERNET SERVICES AT THE CGCAI’S TWO PROPERTIES. FUNDS WILL ALSO BE USED FOR ACQUIRING A LAPTOP COMPUTER WITH SOFTWARE FOR FINANCIAL RECORD KEEPING AND A PRINTER.

Funded Amount:

$2,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHERRY VALLEY COMMUNITY FACILITIES CORPORATION
P.O. BOX 66
CHERRY VALLEY, NY 13320
(607) 547−5301

Name of Project Director:

FLOYD S. DUBBEN, JR.

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH HALLWAY CONSTRUCTION.

Funded Amount:

$5,000

Requested By:

BUTLER−M

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHESTER CIVIC IMPROVEMENT ASSOCIATION, INC.
BAYCHESTER STATION, P.O. BOX 32
BRONX, NY 10469
(718) 231–6624

Name of Project Director:

JENE TUTORA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EMERGENCY RESPONSE SYSTEMS.

Funded Amount:

$5,000

Requested By:

RIVERA–N

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHESTER CIVIC IMPROVEMENT ASSOCIATION, INC.
1589 WARING AVENUE
BRONX, NY 10469
(917) 295-5916

Name of Project Director:

GENE TOTURO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FIRST ALERT SERVICES TO SENIOR CITIZENS.

Funded Amount:

$1,000

Requested By:

BENEDETTI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHINATOWN TRADE COUNCIL
225 WEST 34TH STREET
NEW YORK, NY 10122
(212) 563-5052

Name of Project Director:

CHARLES PEI WANG

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE AND MARKET NEW YORK–MANUFACTURED APPAREL IN THE ASIAN–MARKET.

Funded Amount:

$38,000

Requested By:

SILVER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHINESE IMMIGRANTS SERVICE, INC.
133–54 41ST AVENUE, 4TH FLOOR
FLUSHING, NY 11355
(718) 353–0195

Name of Project Director:

CHUN SHA

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS WHICH ASSIST NEW IMMIGRANTS IN FLUSHING, QUEENS.

Funded Amount:

$5,000

Requested By:

YOUNG

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHOCONUT CENTER VOLUNTEER FIRE COMPANY, INC.
1011 MIDDLE STELLA IRELAND ROAD
BINGHAMTON, NY  13905
(607) 797−0914

Name of Project Director:

RANDY SHEAR

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF AN R.I.T. PACK FOR THE FIRE COMPANY.

Funded Amount:

$2,500

Requested By:

LUPARDO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CISNEVISION, INC.
49 WEST 225TH STREET
BRONX, NY 10463
(718) 562–3865

Name of Project Director:

CHARITO D. CISNEROS

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP NEWS AND INFORMATION CONTENT FOR A SPANISH LANGUAGE MEDIA PROJECT.

Funded Amount:

$10,000

Requested By:

RIVERA–J

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF AMSTERDAM
61 CHURCH STREET
AMSTERDAM, NY 12010
(518) 842–5250

Name of Project Director:

ELAINE BOISVERT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOR FUNDING AND MAINTENANCE OF HANGING BASKETS FOR DOWNTOWN.

Funded Amount:

$3,500

Requested By:

AMEDORE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF AMSTERDAM
1 GUY PARK AVENUE EXTENSION
AMSTERDAM, NY 12010
(518) 843−1313

Name of Project Director:

MICHAEL DEPASQUALE

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EMERGENCY MEDICAL DEFIBRILLATORS.

Funded Amount:

$5,000

Requested By:

AMEDORE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF AUBURN
MEMORIAL CITY HALL, 24 SOUTH STREET
AUBURN, NY 13021
(315) 255–4104

Name of Project Director:

MAYOR MICHAEL QUILL

Purpose of Project:

FUNDS WILL BE USED FOR PARKS AND RECREATION.

Funded Amount:

$10,000

Requested By:

FINCH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF BATAVIA
ONE BATAVIA CITY CENTRE
BATAVIA, NY 14020
(585) 345–6330

Name of Project Director:

JASON MOLINO

Purpose of Project:

FUNDS WILL BE USED FOR PORTABLE RADIOS FOR EACH POLICE OFFICER.

Funded Amount:

$6,000

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF BINGHAMTON−OFFICE OF PARKS AND RECREATION
CITY HALL, GOVERNMENT PLAZA − 44 HAWLEY STREET
BINGHAMTON, NY  13901
(607) 797−2307

Name of Project Director:

CAROL QUINLIVAN−SCHAUM

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE PING PONG TABLES, POOL TABLES, PURCHASE A TV, DVD AND TV CART, AND TO PURCHASE SEWING MACHINES FOR SENIOR CENTERS.

Funded Amount:

$5,000

Requested By:

LUPARDO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF HUDSON FIRE DEPARTMENT
520 WARREN STREET
HUDSON, NY 12534
(518) 858–8443

Name of Project Director:

PAUL BEAUMONT

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A LAPTOP COMPUTER.

Funded Amount:

$1,500

Requested By:

MOLINARO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF JOHNSTOWN
33–41 EAST MAIN STREET
JOHNSTOWN, NY 12095
(518) 736–4012

Name of Project Director:

SARAH J. SLINGERLAND

Purpose of Project:

FUNDS WILL BE USED TOWARD EVENTS DURING JOHNSTOWN’S 250TH ANNIVERSARY CELEBRATION.

Funded Amount:

$7,500

Requested By:

BUTLER–M

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF LACKAWANNA
714 RIDGE ROAD, ROOM 301
LACKAWANNA, NY 14218
(716) 827−6464

Name of Project Director:

NORMAN POLANSKI

Purpose of Project:

FUNDS WILL BE USED FOR A FORENSIC BUILDING SCIENCE AND MICROBIOLOGICAL INVESTIGATION OF THE BASEMENT VAULTS IN THE CITY HALL THAT PRESENT A SERIOUS HEALTH CONCERN.

Funded Amount:

$2,200

Requested By:

QUINN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF LOCKPORT
ONE LOCKS PLAZA
LOCKPORT, NY 14094
(716) 439−6665

Name of Project Director:

MAYOR MICHAEL TUCKER

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A NEW VEHICLE FOR THE CITY OF LOCKPORT POLICE DEPARTMENT FOR LICENSE READING PURPOSES.

Funded Amount:

$16,000

Requested By:

COLE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF NEW ROCHELLE FIRE DEPARTMENT
90 BEAUFORT PLACE
NEW ROCHELLE, NY 10801
(914) 654–2212

Name of Project Director:

RAYMOND KIERNAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE TWO THERMAL IMAGING CAMERAS TO AID IN FIRE RESCUES.

Funded Amount:

$15,000

Requested By:

LATIMER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF NORTH TONAWANDA
216 PAYNE AVENUE
NORTH TONAWANDA, NY 14120
(716) 695−8540

Name of Project Director:

HON. LARRY SOOS

Purpose of Project:

FUNDS WILL BE USED TO REPLACE GUTTERS, DOWNSPOUTS AND DRAINAGE AT THE CITY MARKET PAVILLION.

Funded Amount:

$14,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF RENSSELAER
62 WASHINGTON STREET
RENSSELAER, NY 12144
(518) 462-4266

Name of Project Director:

MAUREEN G. NARDACCI

Purpose of Project:

FUNDS WILL BE USED BY THE CITY CLERK’S OFFICE TO UPDATE THE OUTDATED COMPUTER SYSTEM FOR THEIR RECORDS MANAGEMENT PROGRAM.

Funded Amount:

$3,000

Requested By:

CANESTRARI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF ROCHESTER
30 CHURCH STREET
ROCHESTER, NY 14614
(585) 475−7028  Ext: 7045

Name of Project Director:

CHARLES REEVES

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE CLARISSA STREET REUNION.

Funded Amount:

$5,000

Requested By:

GANTT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF ROCHESTER—DEPARTMENT OF ENVIRONMENTAL SERVICES
CITY HALL, 30 CHURCH STREET, ROOM 300B
ROCHESTER, NY  14614
(585) 428–6855

Name of Project Director:

PAUL HOLAHAN

Purpose of Project:

FUNDS WILL BE USED FOR GRAFFITI REMOVAL IN THE CITY OF ROCHESTER IN ORDER TO PREVENT CRIMINAL ACTIVITY AND THE BLIGHT THAT GRAFFITI CAUSES IN THE CITY NEIGHBORHOODS, INCLUDING THE DETERIORATION OF A NEIGHBORHOOD AND INCREASED GANG ACTIVITY.

Funded Amount:

$80,000

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF SYRACUSE
233 EAST WASHINGTON STREET, CITY HALL, ROOM 203
SYRACUSE, NY  13202
(315) 473–4330

Name of Project Director:

PATRICK DRISCOLL

Purpose of Project:

FUNDS WILL BE USED FOR COMPUTER AND EXERCISE EQUIPMENT. TABLES AND CHAIRS WILL ALSO BE PURCHASED FOR THE CECILE CENTER.

Funded Amount:

$5,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF TONAWANDA
200 NIAGARA STREET
TONAWANDA, NY 14150
(716) 695–8645

Name of Project Director:

HON. RONALD PILOZZI

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE THE ELECTRICAL SERVICE IN GATEWAY PARK.

Funded Amount:

$10,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF TONAWANDA
200 NIAGARA STREET
TONAWANDA, NY 14150
(716) 695–8645

Name of Project Director:

HON. RONALD PILOZZI

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE THE UNDERWATER SQUAD BUILDING LOCATED IN VETERANS PARK.

Funded Amount:

$10,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CITY OF YONKERS
40 SOUTH BROADWAY – CITY HALL
YONKERS, NY  10701
(914) 377–6160

Name of Project Director:

JAMES LA PERCHE

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATION OF
THE SPRAIN LAKE CIVIC ASSOCIATION, INCLUDING, BUT NOT LIMITED TO
PRINTING/DISTRIBUTING NEWSLETTERS/LITERATURE, RENTAL FEES,
SUPPLIES, ETC.

Funded Amount:

$1,000

Requested By:

SPANO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CIVIC ASSOCIATION SERVING HARLEMS, INC.
356 WEST 123RD STREET
NEW YORK, NY  10027
(212) 864–5850

Name of Project Director:

JOSEPH KELLY

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE COMMUNITY AWARENESS OF CIVIC ISSUES THROUGH SEMINARS SUCH AS HOW GOVERNMENT FUNCTIONS AND THE AGENCIES, AS WELL AS THE SERVICES THEY PROVIDE TO THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

WRIGHT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CLAY VOLUNTEER FIRE DEPARTMENT, INC.
4383 ROUTE 31
CLAY, NY 13041
(315) 652–4242

Name of Project Director:

KENNETH J. STACH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE BAIL-OUT EQUIPMENT FOR FIREFIGHTERS INCLUDING 45 BAILOUT BAGS AND ROPES. FUNDS WILL ALSO BE USED TO PROVIDE RELIABLE PERSONAL LIGHTS FOR EACH RIDING INTERIOR POSITION STREAMLIGHT SURVIVOR LED LIGHTS AND CHARGERS.

Funded Amount:

$5,000

Requested By:

STIRPE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CLAYVILLE FIRE DEPARTMENT
2246 ONEIDA STREET
CLAYVILLE, NY 13322
(315) 839–5277

Name of Project Director:

WAYNE INGLIS

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF THREE DEFIBRILLATORS.

Funded Amount:

$3,000

Requested By:

TOWNSEND

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

CLIFTON PARK–HALFMOON FIRE DISTRICT #1
38 OLD ROUTE 146
CLIFTON PARK, NY 12065
(518) 371–8400

Name of Project Director:

JOHN VAN CHANCE, JR.

Purpose of Project:

FUNDS WILL BE USED TO REPLACE FACE MASKS FOR FIREFIGHTERS, WHICH NOW FEATURE INCREASED VISIBILITY BY IMPROVING DOWNWARD AND PERIPHERAL VISION.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

COALITION AGAINST LINCOLN WEST, INC.
P.O. BOX 230078
NEW YORK, NY 10023
(212) 580–9319

Name of Project Director:

BATYA LEWTON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A PROJECT TO EXAMINE STREET TYPOLOGY AND INJURY/FATALITY CRASH STATISTICS TO IDENTIFY WHY CERTAIN LOCATIONS IN MANHATTAN'S UPPER WEST SIDE ARE DANGEROUS FOR PEDESTRIANS.

Funded Amount:

$7,500

Requested By:

ROSENTHAL

Name of Administering State Agency:

DEPARTMENT OF STATE
Cohoes Local Development Corporation
184–190 Remsen Street
Cohoes, NY 12047
(518) 238–2232

Diane Conroy Lacivita

Funds will be used to assist with costs associated with the Cohoes Farmers Market sponsoring the City to Farm Fest in June in the City of Cohoes. Entertainment, advertisement, hands on exhibits, etc., will be provided.

$4,000

Canestrari

Department of State
Legal Name, Address, and Telephone Number:

COLLEGE OF SAINT ROSE
432 WESTERN AVENUE
ALBANY, NY 12203
(518) 337–4853

Name of Project Director:

DENIS FOLEY

Purpose of Project:

FUNDS WILL BE USED TO EXCAVATE A CANAL SITE FOR THE PURPOSE OF DETERMINING THE LOCATION AND CONDITION OF LOCK 53.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

COLLINS CENTER VOLUNTEER FIRE COMPANY  
3514 MAIN STREET, P.O. BOX 461  
COLLINS CENTER, NY 14035  
(716) 680–2456

Name of Project Director:

ANDREW HUSUL

Purpose of Project:

FUNDS WILL BE USED FOR TRAINING OF NEW VOLUNTEER FIREFIGHTERS.

Funded Amount:

$1,000

Requested By:

QUINN

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

COMMITTEE FOR AN INCORPORATED VILLAGE, INC.
P.O. BOX 54
FARMINGVILLE, NY 11738
(631) 732–4405

Name of Project Director:

DEL DEMARINO

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE RESIDENTS, WITHIN THE PROPOSED BOUNDRIES, ON INCORPORATION THROUGH MAILINGS (I.E. PROVIDING EDUCATIONAL MATERIALS, BROCHURES AND LITERATURE), AND PUBLIC MEETINGS.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

COMMUNITY ADVOCACY CENTER, INC.
657 FAIRVIEW AVENUE
RIDGEWOOD, NY  11385
(718) 760–8558

Name of Project Director:

INGRID PERRAZZO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS, LEGAL AWARENESS CLINICS, AND ACCESS TO GOVERNMENT WEBSITES TO OLDER ADULTS IN ORDER TO AVOID LEGAL PROBLEMS.

Funded Amount:

$2,000

Requested By:

MARKEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

COMMUNITY ADVOCACY CENTER, INC.
657 FAIRVIEW AVENUE
RIDGEWOOD, NY 11385
(718) 760–8558

Name of Project Director:

JAMES LISA

Purpose of Project:

FUNDS WILL BE USED TO HELP AVOID LEGAL PROBLEMS BY IDENTIFYING LEGAL OPPORTUNITIES AND ESTABLISHING COMMUNITY LEGAL EDUCATION PROGRAMS IN SENIOR CENTERS SO THAT OLDER QUEENS RESIDENTS ARE AWARE OF THEIR RIGHTS AND ENTITLEMENTS.

Funded Amount:

$1,000

Requested By:

PHEFFER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

COMMUNITY BOARD 8
1291 ST. MARKS AVENUE
BROOKLYN, NY 11213
(718) 467–5574

Name of Project Director:

DORIS ALEXANDER

Purpose of Project:

Funds will be used to offset the costs of a zoning study for Crown Heights, to find better uses of the land and what type of development would benefit the community.

Funded Amount:

$4,500

Requested By:

CAMARA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:
COMMUNITY CARE DEVELOPMENT PROJECT, INC.
97–11 SPRINGFIELD BOULEVARD
QUEENS VILLAGE, NY 11429
(718) 465–1716

Name of Project Director:
SHIRLEY ALEXANDER

Purpose of Project:
FUNDS WILL BE USED TO SUPPORT THE WALK−IN SERVICE AND REFERRAL CENTER, WHICH ALSO SERVES AS A CONDUIT AND FUND MANAGER FOR SMALL GRANT NFP ORGANIZATIONS THAT PROVIDE YOUTH AND COMMUNITY SERVICES.

Funded Amount:
$196,500

Requested By:
CLARK

Name of Administering State Agency:
DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

COMMUNITY COALITION INITIATIVES & ACTIONS AND ORLEANS
P.O. BOX 463
ALBION, NY 14411
(585) 589–6750

Name of Project Director:

HENRY SMITH

Purpose of Project:

FUNDS WILL BE USED FOR A TWO DAY TRIP TO NYC TO VISIT UNITED NATIONS.

Funded Amount:

$2,000

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CORTLAND DOWNTOWN PARTNERSHIP, INC.
P.O. BOX 224
CORTLAND, NY 13045
(607) 342–6460

Name of Project Director:

LLOYD PURDY

Purpose of Project:

FUNDS WILL BE USED TO REPLACE AGING PHYSICAL STREET SCAPE; PROMOTE BUSINESS DEVELOPMENT; ERECT BUSINESS DIRECTORY MAPS; INSTALL LED LIGHTING AND HISTORIC ENVIRONMENT ELEMENTS.

Funded Amount:

$12,000

Requested By:

LIFTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

COUNCIL FOR A CLEANER CHINATOWN, INC.
194 GRAND STREET, SUITE 328
NEW YORK, NY 10013
(212) 226-3821

Name of Project Director:

BILL LAM

Purpose of Project:

FUNDS WILL BE USED TO ACHIEVE A CLEANER AND MORE BEAUTIFUL CHINATOWN THROUGH SELF-POLICING BY COMMUNITY BUSINESSES AND RESIDENTS, A VIGOROUS VOLUNTEER EFFORT, AND STRONG ENFORCEMENT BY CITY AND STATE AGENCIES. THE PROGRAM WILL EDUCATE THE COMMUNITY AND INVOLVE RESIDENTS, SCHOOLS, AND BUSINESSES WHO PARTICIPATE.

Funded Amount:

$13,000

Requested By:

SILVER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

COUNCIL MANAGEMENT COMPANY, INC.
80 MAIDEN LANE, 21ST FLOOR
NEW YORK, NY 10038
(212) 453–9500

Name of Project Director:

HERB FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET ONGOING COSTS OF ORGANIZATION PROGRAMS AND OPERATION. SOCIAL SERVICES TO NEEDY CHILDREN, FAMILIES AND THE ELDERLY WILL BE PROVIDED AND WILL INCLUDE, BUT NOT BE LIMITED TO CRISIS INTERVENTION, HOUSING SUPPORT TO SPECIAL NEEDS POPULATIONS, EMPLOYMENT TRAINING, JOB DEVELOPMENT, ETC. IN ADDITION, FUNDS WILL BE USED FOR FACILITIES MANAGEMENT OF NEARLY 1,000 UNITS OF SPECIAL NEEDS HOUSING.

Funded Amount:

$160,000

Requested By:

ABBATE, BENEDETTO, BING, BRENNAN, BROOK−Krasny, CANESTRARI, CLARK, Cym Browitz−S, DINOWITZ, FARRELL, JR, GLICK, GOTTFRIED, HIKIND, HOYT, MAISEL, MAYERSOHN, MILLMAN, O’DONNELL, PHEFFER, RIVERA−N, ROSENTHAL, SILVER, WEINSTEIN, WEPRIN, YOUNG

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

COUNCIL OF JEWISH ORGANIZATIONS OF FLATBUSH, INC.
1550 CONEY ISLAND AVENUE
BROOKLYN, NY  11230
(718) 377–2900

Name of Project Director:

RABBI YEACHEZKEL PIKUS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ASSISTANCE AND SERVICES TO SMALL BUSINESSES IN SOUTHERN BROOKLYN. SERVICES PROVIDED INCLUDE FINANCIAL AND BUSINESS PLANNING WORKSHOPS, ASSISTANCE IN OBTAINING PERMITS AND LICENSES, TRAINING EMPLOYEES, ETC. SERVICES ARE PROVIDED ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

COLTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

COUNCIL OF NEIGHBORHOOD ORGANIZATIONS, INC.
3911 FORT HAMILTON PARKWAY
BROOKLYN, NY 11218
(718) 853–0100

Name of Project Director:

VINCENT ACCETTA

Purpose of Project:

FUNDS WILL BE USED TO PRINT, PUBLISH AND DISTRIBUTE THE MONTHLY NEWSLETTER.

Funded Amount:

$33,000

Requested By:

HIKIND

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CRANESVILLE VOLUNTEER FIRE DEPARTMENT
223 SWART HILL ROAD
AMSTERDAM, NY 12010
(518) 627-0008

Name of Project Director:

REBECCA DELISA

Purpose of Project:

FUNDS WILL BE USED FOR PURCHASE OF PAGERS AND BACK-UP BATTERIES.

Funded Amount:

$2,500

Requested By:

AMEDORE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CRITTENDEN VOLUNTEER FIRE DEPARTMENT, INC.
13415 GENESEE STREET
ALDEN, NY 14004
(716) 542−7138

Name of Project Director:

MATTHEW WIATROWSKI

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EMERGENCY SUPPLIES SUCH AS GENERATORS, HANDHELD RADIOS AND COTS ETC.

Funded Amount:

$7,000

Requested By:

COLE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CROWN HEIGHTS NORTH ASSOCIATION, INC.
986 STERLING PLACE
BROOKLYN, NY 11216
(718) 774-3834

Name of Project Director:

DEBORAH YOUNG

Purpose of Project:

FUNDS WILL BE USED FOR GRAFFITI CLEANING AND THE REVITALIZATION OF A MERCHANT STRIP.

Funded Amount:

$30,000

Requested By:

CAMARA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CUBAN CIVIC CLUB, INC.
1805 FIFTH AVENUE
BAY SHORE, NY 11706
(917) 975–1532

Name of Project Director:

GERARDO SANTOS D.

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF PROMOTING AND OPERATING COMMUNITY EVENTS AND FOR THE PROMOTION OF CULTURAL AWARENESS.

Funded Amount:

$3,000

Requested By:

RAMOS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

DANIEL GOHO POST #87
P.O. BOX 306
DANSVILLE, NY 14437
(585) 734–2791

Name of Project Director:

EARL B. CHAPMAN

Purpose of Project:

FUNDS WILL BE USED FOR BUILDING RENOVATIONS WHICH IS USED FOR COMMUNITY EVENTS.

Funded Amount:

$5,000

Requested By:

BURLING

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

DAVIS PARK FIRE DEPARTMENT, INC.
P.O. BOX 702
PATCHOGUE, NY  11772
(631) 597−6024

Name of Project Director:

LLOYD NEVALA

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT TO AID THE FIRE DEPARTMENT.

Funded Amount:

$2,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

DEER PARK LIONS CLUB
569 ACORN STREET, SUITE 1
DEER PARK, NY 11729
(631) 667–3769

Name of Project Director:

TIM ENRIGHT

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT FOR COMMUNITY.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

DISABLED AMERICAN VETERANS
79 MIDDLEVILLE ROAD
NORTHPORT, NY 11768
(631) 924−6676

Name of Project Director:

DENNIS KRULDER

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING COMMUNITY PROGRAMS.

Funded Amount:

$1,500

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

DOE FUND, INC.
232 EAST 84TH STREET
NEW YORK, NY 10028
(212) 628-5207

Name of Project Director:

JOANNA WEST

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES TO KEEP NEIGHBORHOODS CLEAN WHILE OFFERING EMPLOYMENT OPPORTUNITIES TO THE UNEMPLOYED, ENABLING THE PROGRAM TO CONTINUE ON AND AROUND WHITEPLAINS ROAD.

Funded Amount:

$50,000

Requested By:

HEASTIE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

DOE FUND, INC.
232 EAST 84TH STREET
NEW YORK, NY 10028
(646) 672–4227

Name of Project Director:

JOANNA WEST

Purpose of Project:

FUNDS WILL BE USED FOR THE READY, WILLING AND ABLE PROGRAM WHERE PARTICIPANTS LEARN JOB SKILLS, WHILE CLEANING UP THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

KELLNER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

DOE FUND, INC.
232 E. 84TH STREET
NEW YORK, NY 10028
(212) 628−5207

Name of Project Director:

JOANNA WEST

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A PROGRAM WHEREBY RECOVERING
SUBSTANCE ABUSERS CLEAN THE STREETS AND SIDEWALKS OF THE
FOREST HILLS BUSINESS DISTRICT.

Funded Amount:

$5,000

Requested By:

HEVESI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

DOE FUND, INC.
232 EAST 84TH STREET
NEW YORK, NY 10028
(212) 628−5207

Name of Project Director:

GEORGE MCDONALD

Purpose of Project:

FUNDS WILL BE USED FOR A STREET CLEANING OPERATION ALONG WITH OVERALL CLEANING MAINTENANCE OF THE STREETS IN DIFFERENT AREAS OF THE COMMUNITY.

Funded Amount:

$60,000

Requested By:

PERALTA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

DONGAN HILLS UNITED CIVIC ASSOCIATION
407 NORTH RAILROAD AVENUE
STATEN ISLAND, NY  10304
(718) 667−3864

Name of Project Director:

JULIA KOSINSKI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MATERIALS AND OFFSET THE COSTS OF COMMUNITY OUTREACH EFFORTS FOR EMERGENCY PREPAREDNESS AND COMMUNITY SAFETY PROGRAMMING.

Funded Amount:

$1,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

DOWNTOWN/WATERFRONT BUSINESS IMPROVEMENT DISTRICT, INC. OF YONKERS
4 HUDSON STREET
YONKERS, NY  10701
(914) 969–6660

Name of Project Director:

STEVE SANSONE

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH DOWNTOWN YONKERS SIDEWALK SALE EVENTS BY PROVIDING ENTERTAINMENT, BANNERS, AND PURCHASE OF A TENT.

Funded Amount:

$4,500

Requested By:

PRETLOW, SPANO

Name of Administering State Agency:

DEPARTMENT OF STATE
DUTCH KILLS CIVIC ASSOCIATION, INC.
41-20 29TH STREET
LONG ISLAND CITY, NY 11101
(718) 786-2049

GERALD WALSH

FUNDS WILL BE USED FOR MONTHLY MEETINGS, NEWSLETTER, COMMUNITY PRESENTATIONS, AND OPERATING EXPENSES.

$1,000

NOLAN

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

EAGLE ASSOCIATION OF CENTRAL NEW YORK, INC.
215 ONTARIO PLACE
LIVERPOOL, NY   13088
(315) 457−4097

Name of Project Director:

ANTHONY NESCI

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE PHASE III OF THE VETERANS MEMORIAL AT THE NEW YORK STATE FAIR. A NEW SECTION WILL BE DEDICATED TO FIREFIGHTERS.

Funded Amount:

$10,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

EAST 86TH STREET MERCHANTS/RESIDENTS ASSOCIATION, INC.
225 EAST 79TH STREET, SUITE 13B
NEW YORK, NY 10075
(212) 861–7464

Name of Project Director:

ELAINE M. WALSH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ACTIVITIES INCLUDING EDUCATING AND ENGAGING RESIDENTS, MERCHANTS, AND LANDLORDS TO CONTINUE BEAUTIFICATION PROJECTS.

Funded Amount:

$7,500

Requested By:

KELLNER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

EAST 86TH STREET MERCHANTS/RESIDENTS ASSOCIATION, INC.
225 EAST 79TH STREET, SUITE 13B
NEW YORK, NY 10075
(212) 861−7464

Name of Project Director:

ELAINE WALSH

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE QUALITY OF LIFE AND BEAUTIFICATION OF THE COMMUNITY, BY PLANTING, STREET CLEANINGS, ETC., THROUGHOUT THE COMMUNITY.

Funded Amount:

$2,500

Requested By:

BING

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

EAST AREA VOLUNTEER EMERGENCY SERVICE, INC.
P.O. BOX 34
EAST SYRACUSE, NY 13057
(315) 263–1696

Name of Project Director:

VINCENT STEVENSON

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF A CHEVROLET TAHOE AND TRAILER FOR CARDIAC REHABILITATION AND SURVEILLANCE.

Funded Amount:

$11,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

EAST AREA VOLUNTEER EMERGENCY SERVICE, INC.
6440 NEW VENTURE GEAR DRIVE
EAST SYRACUSE, NY 13057
(315) 437–0939

Name of Project Director:

BRIAN FALISE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A VEHICLE AND TRAILER TO SUPPORT FIREFIGHTERS REHAB AT EMERGENCY, TRAINING, HAZMAT INCIDENCES.

Funded Amount:

$10,000

Requested By:

STIRPE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

EAST AVON FIRE DEPARTMENT
1615 WEST HENRIETTA ROAD
AVON, NY 14414
(585) 455-4086

Name of Project Director:

JEFFREY FAUGH

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF PROTECTIVE EQUIPMENT.

Funded Amount:

$5,000

Requested By:

BURLING

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

EAST BRENTWOOD FIRE DEPARTMENT
26 FULTON STREET
EAST BRENTWOOD, NY 11717
(631) 273–4560

Name of Project Director:

CHIEF NICK GRAMMENOS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE E−PCR TABLETS TO PROVIDE SECURITY AND CONFIDENTIALITY TO BOTH PATIENTS AND RECORDS DEPARTMENTS.

Funded Amount:

$15,000

Requested By:

RAMOS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

EAST BUSHWICK COMMUNITY COALITION
61 COOPER STREET
BROOKLYN, NY 11207
(718) 628–3012

Name of Project Director:

FRANK BOSWELL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TRAINING AND SEMINARS ON COMMUNITY REVITALIZATION.

Funded Amount:

$5,000

Requested By:

TOWNS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

EAST DURHAM FIRE COMPANY
P.O. BOX 92
EAST DURHAM, NY 12423
(518) 634–7132

Name of Project Director:

AL SCHMIDT

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT.

Funded Amount:

$4,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

EAST END LIGHTHOUSES, INC.
P.O. BOX 21
GREENPORT, NY 11944
(631) 477–4121

Name of Project Director:

MERLIN WIGGIN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATION AND OUTREACH TO THE COMMUNITY ON THE PRESERVATION AND MAINTENANCE OF EAST END, OFF–SHORE LIGHTHOUSES.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

EAST GLENVILLE FIRE DISTRICT #3
433 SARATOGA ROAD
GLENVILLE, NY 12302
(518) 399–1641

Name of Project Director:

ARNOLD BRISCOE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE PERSONAL PROTECTIVE EQUIPMENT FOR 40 FIREFIGHTERS.

Funded Amount:

$10,000

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:
EAST MEADOW KIWANIS CLUB
NC LEGISLATURE, 1 WEST STREET
MINEOLA, NY 11501
(516) 571−6213

Name of Project Director:
ELIZABETH FRIES

Purpose of Project:
FUNDS WILL BE USED FOR COMMUNITY EVENTS AND PROGRAMS.

Funded Amount:
$5,000

Requested By:
MCKEIVITT

Name of Administering State Agency:
DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

EDGETWATER PARK VOLUNTEER HOSE CO. NO. 1, INC.
THE MANSION EDGWEATER PARK
BRONX, NY 10465
(718) 863–7452

Name of Project Director:

BRIAN KELLY

Purpose of Project:

FUNDS WILL BE USED TO REPLACE AND UPDATE EXISTING EQUIPMENT.

Funded Amount:

$5,000

Requested By:

BENEDETTO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

EL CENTRO HISPANO, INC.
346 SOUTH LEXINGTON AVENUE
WHITE PLAINS, NY   10606
(914) 289–0550

Name of Project Director:

ISABEL VILLAR

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE INFORMATION ABOUT JOB OPPORTUNITIES, RENTAL HOUSING, CONSUMER EDUCATION, NUTRITION, HEALTH, IMMIGRANT ISSUES, LEGAL COUNSELING AND OTHER SERVICES.

Funded Amount:

$5,000

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ELMIRA HEIGHTS FIRE DEPARTMENT
215 ELMWOOD AVENUE
ELMIRA HEIGHTS, NY 14903
(607) 733–6580

Name of Project Director:

CHIEF LOCKER

Purpose of Project:

FUNDS WILL BE USED FOR A THERMAL IMAGING CAMERA SYSTEM.

Funded Amount:

$18,000

Requested By:

O’MARA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ELWOOD TAX PAYERS
15 TIDEWAY
E. NORTHPORT, NY 11731
(631) 368-6069

Name of Project Director:

MARY JANE MACKEY

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

EMERALD ISLE IMMIGRATION CENTER, INC.
59–26 WOODSIDE AVENUE
WOODSIDE, NY 11377
(718) 478–5502

Name of Project Director:

SIOBHAN DENNEHY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES TO IMMIGRANTS, INCLUDING BUT NOT LIMITED TO, IMMIGRATION INFORMATION, ASSISTANCE WITH OBTAINING CITIZENSHIP AND EMPLOYMENT, COMPUTER TRAINING, HEALTH AWARENESS, COLLEGE INFORMATION, AND SENIOR SERVICES.

Funded Amount:

$8,000

Requested By:

MARKEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

EMERALD ISLE IMMIGRATION CENTER, INC.
59–26 WOODSIDE AVENUE
WOODSIDE, NY 11377
(718) 478–5502

Name of Project Director:

SIOBHAN DENNEHY

Purpose of Project:

FUNDS WILL BE USED FOR CITIZENSHIP AND EMPLOYMENT PROGRAMS.

Funded Amount:

$1,500

Requested By:

LAFAYETTE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

EMERALD ISLE IMMIGRATION CENTER, INC.
59-26 WOODSIDE AVENUE
WOODSIDE, NY 11377
(718) 478-5502

Name of Project Director:

SIOBHAN DENNEHY

Purpose of Project:

FUNDS WILL BE USED FOR IMMIGRATION SERVICES INCLUDING TELEPHONE HOTLINE, INFORMATION NEWSLETTER, AND PUBLIC SEMINARS THAT INCLUDE JOB FAIRS, CITIZENSHIP DRIVES, EMPLOYMENT, COMPUTER TRAINING, AND EDUCATIONAL SERVICES.

Funded Amount:

$2,500

Requested By:

NOLAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

EMPIRE JUSTICE CENTER, INC.
1 WEST MAIN STREET
ROCHESTER, NY  14614
(585) 454−4060

Name of Project Director:

BRYAN HETHERINGTON

Purpose of Project:

FUNDS WILL BE USED FOR RESEARCH, OUTREACH AND EDUCATIONAL ACTIVITIES FOCUSED ON CURBING INSURANCE REDLINING.

Funded Amount:

$25,000

Requested By:

GANTT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ENDWELL FIRE DISTRICT
3508 COUNTRY CLUB ROAD
ENDWELL, NY 13760
(607) 785−0985

Name of Project Director:

CHIEF JOHN RUCK

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EMERGENCY RESCUE ROPE SYSTEMS IN ORDER TO BE IN COMPLIANCE WITH THE NEW STATE LAW.

Funded Amount:

$5,000

Requested By:

LUPARDO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ENFIELD VOLUNTEER FIRE COMPANY, INC.
172 ENFIELD MAIN ROAD
ITHACA, NY 14850
(607) 273-8256

Name of Project Director:

SEAN OWENS

Purpose of Project:

FUNDS WILL BE USED TO REPLACE MALFUNCTIONING THERMAL IMAGING CAMERA.

Funded Amount:

$10,000

Requested By:

LIFTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ESNA–CERT CORPORATION
P.O. BOX 917, LENOX HILL STATION
NEW YORK, NY  10021
(212) 838−7289

Name of Project Director:

JAY SCHOFIELD

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE CERT OPERATION BAGS WHICH CONTAIN UNIFORMS, VESTS, GEAR, HARD HATS, GLOVES, MASKS, AND OTHER EMERGENCY SUPPLIES, WHICH WILL ASSIST THE ESNA IN PROVIDING EMERGENCY SERVICES TO THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

BING

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FAIR HARBOR FIRE DISTRICT
P.O. BOX 5492
BAYSHORE, NY 11706
(631) 583–8743

Name of Project Director:

JULIUS LOKIN

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF PAGERS FOR FIREFIGHTERS.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FAMILIES UNITED FOR RACIAL AND ECONOMIC EQUALITY, INC.
81 WILLOUGHBY STREET, SUITE 701
BROOKLYN, NY 11201
(718) 852-2960

Name of Project Director:

VALERY JEAN

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP PROGRAMS FOR LOW-INCOME FAMILIES IN THE COMMUNITY ON LEADERSHIP, AND EDUCATE THEM ON ISSUES OF THE STATE, NATION AND THEIR OWN LOCAL ISSUES.

Funded Amount:

$4,000

Requested By:

CAMARA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FARMINGTON VOLUNTEER FIRE ASSOCIATION, INC.
P.O. BOX 25117
FARMINGTON, NY 14425
(315) 986-2219

Name of Project Director:

LOUIS DIGIOIA

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE COMMUNICATION SYSTEM.

Funded Amount:

$8,000

Requested By:

ERRIGO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FARMINGVILLE FIRE DEPARTMENT, INC.
780 HORSEBLOCK ROAD
FARMINGVILLE, NY 11738
(631) 732-6611

Name of Project Director:

JOHN CAPUTO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT TO ASSIST THE FIRE DEPARTMENT (SCOTT BREATHING APPARATUS).

Funded Amount:

$5,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FATHER'S CLUB FOR PATCHOGUE – MEDFORD SCHOOL SPORTS, INC.
P.O. BOX 783
MEDFORD, NY 11763
(631) 475–8749

Name of Project Director:

FRANK FREN

Purpose of Project:

FUNDS WILL BE USED TO ESTABLISH THE LT. MICHAEL MURPHY MEMORIAL AT PATCHOGUE MEDFORD HIGH SCHOOL.

Funded Amount:

$1,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FEDERATION TO PRESERVE THE GREENWICH VILLAGE WATERFRONT AND GREAT PORT, INC.
332 BLEECKER STREET, G47
NEW YORK, NY 10014
(212) 924–5652

Name of Project Director:

CAROL FEINMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT RESEARCH LEADING TO NEIGHBORHOOD TOURS AND PAMPHLETS DETAILING THE HISTORIC SIGNIFICANCE OF GREENWICH VILLAGE, AND TO PROVIDE OUTREACH TO BLOCK ASSOCIATIONS AND NEIGHBORHOOD GROUPS.

Funded Amount:

$8,000

Requested By:

GLICK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FLATBUSH DEVELOPMENT CORPORATION
1616 NEWKIRK AVENUE
BROOKLYN, NY 11226
(718) 859-3800

Name of Project Director:

AGA TROJNIAK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE INDIVIDUAL COUNSELING AND GROUP ORGANIZING ASSISTANCE TO AREA RESIDENTS IN NEED OF HOUSING AND IMMIGRATION SERVICES.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FLATBUSH DEVELOPMENT CORPORATION
1616 NEWKIRK AVENUE
BROOKLYN, NY 11226
(718) 859–3800

Name of Project Director:

ROBIN REDMOND

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL, HOUSING, COMMUNITY REVITALIZATION PROGRAMS AND MATERIALS, AS WELL AS TO PURCHASE SMART BOARDS FOR LOCAL CLASSROOMS.

Funded Amount:

$45,000

Requested By:

JACOBS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FLATBUSH DEVELOPMENT CORPORATION
1616 NEWKIRK AVENUE
BROOKLYN, NY 11226
(718) 859–3800

Name of Project Director:

SUSAN SEIGEL

Purpose of Project:

FUNDS WILL BE USED TO ATTRACT CORPORATE INVESTMENT THROUGH NEWSLETTERS, NEIGHBORHOOD DIRECTORIES, AND ADVERTISING.

Funded Amount:

$10,000

Requested By:

BRENNAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FLORIDA VOLUNTEER FIRE DEPARTMENT
703 THAYER ROAD
AMSTERDAM, NY 12010
(518) 887–2926

Name of Project Director:

GUY J. ROBATAILLE

Purpose of Project:

FUNDS WILL BE USED TO REPLACE OUTDATED EQUIPMENT.

Funded Amount:

$2,000

Requested By:

AMEDORE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FLUSHING CHINESE BUSINESS ASSOCIATION, INC.
40–48 MAIN STREET, SUITE 302
FLUSHING, NY  11354
(718) 353–2320

Name of Project Director:

PETER KOO

Purpose of Project:

FUNDS WILL BE USED TO ORGANIZE ACTIVITIES AND SERVICES TO PROMOTE MULTICULTURAL ACTIVITIES, AS WELL AS TO BUILD BRIDGES BETWEEN THE COMMUNITY AND GOVERNMENT AGENCIES.

Funded Amount:

$2,500

Requested By:

YOUNG

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FOREST HILLS CHAMBER OF COMMERCE OF QUEENS, INC.
P.O. BOX 751123
FOREST HILLS, NY 11375
(718) 268-6565

Name of Project Director:

LESLIE BROWN

Purpose of Project:

FUNDS WILL BE USED TO MAINTAIN AND FURTHER DEVELOP THE WEBSITE.

Funded Amount:

$2,000

Requested By:

HEVESI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FOREST HILLS COMMUNITY AND CIVIC ASSOCIATION, INC.
P.O. BOX 754053
FOREST HILLS, NY 11375
(718) 263–7636

Name of Project Director:

BARBARA STUCHINSKI

Purpose of Project:

FUNDS WILL BE USED FOR THE PRODUCTION AND DISTRIBUTION OF A COMMUNITY OUTREACH NEWSLETTER.

Funded Amount:

$3,000

Requested By:

HEVESI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FOREVER ELMWOOD CORPORATION
890 ELMWOOD AVENUE
BUFFALO, NY 14222
(716) 881–0707

Name of Project Director:

JUSTIN AZZARELLA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS FOR CREATING A MARKETING STRATEGY FOR BUFFALO’S ELMWOOD VILLAGE, AS WELL AS THE COSTS ASSOCIATED WITH THE OPERATIONS OF THE CORPORATION.

Funded Amount:

$10,000

Requested By:

HOYT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FORT GREENE PARK CONSERVANCY, INC.
85 SOUTH OXFORD STREET
BROOKLYN, NY 11217
(718) 596-0899

Name of Project Director:

RUTH LEARNARD GOLDSTEIN

Purpose of Project:

FUNDS WILL BE USED FOR THE DEVELOPMENT COSTS OF A MONUMENT IN HONOR OF THE PRISON SHIP MARTYRS.

Funded Amount:

$4,000

Requested By:

LENTOL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

FULTON KIWANIS CLUB
172 SOUTH FIRST STREET
FULTON, NY 13069
(315) 592−7432

Name of Project Director:

HON. JOHN KRUK

Purpose of Project:

FUNDS WILL BE USED FOR FIELD IMPROVEMENTS, WHICH IS USED BY COMMUNITY GROUPS.

Funded Amount:

$14,000

Requested By:

BARCLAY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

G. PAUL BETTINGER AMERICAN LEGION POST 1308
P.O. BOX 651
PINE BUSH, NY 12566
(845) 744–3014

Name of Project Director:

GEORGE LOW

Purpose of Project:

FUNDS WILL BE USED FOR BUILDING AND ROOF REPAIRS, WHICH IS USED BY COMMUNITY GROUPS.

Funded Amount:

$3,000

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GAINESVILLE RESCUE SQUAD
P.O. BOX 353
GAINESVILLE, NY 14066
(585) 993–8110

Name of Project Director:

C. MICHAEL HORTON

Purpose of Project:

FUNDS WILL BE USED FOR EMERGENCY EQUIPMENT.

Funded Amount:

$2,500

Requested By:

BURLING

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GALWAY VOLUNTEER FIRE COMPANY
P.O. BOX 151
GALWAY, NY 12074
(518) 378–3970

Name of Project Director:

BOB SCHLUETER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A NEW 4X4 UTILITY VEHICLE AND ASSOCIATED EQUIPMENT TO REPLACE A 1995 CHEVY SUBURBAN.

Funded Amount:

$15,000

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GARDEN CITY PARK CIVIC ASSOCIATION
P.O. BOX 239
NEW HYDE PARK, NY 11040
(212) 885–0879

Name of Project Director:

PAUL NOETZEL

Purpose of Project:

FUNDS WILL BE USED FOR A BIRD SANCTUARY/PASSIVE PARK.

Funded Amount:

$5,000

Requested By:

MCKEVITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GAY MEN’S HEALTH CRISIS, INC.
119 WEST 24TH STREET
NEW YORK, NY  10011
(212) 367−1045

Name of Project Director:

DARYL COCHRANE

Purpose of Project:

FUNDS WILL BE USED TO MAINTAIN AND ENHANCE LEGAL SERVICES FOR PEOPLE WITH HIV/AIDS.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GENESEE/WYOMING DISTRICT OF THE NEW YORK STATE MASONS
100 GENESEE STREET
ATTICA, NY 14011
(585) 591−1023

Name of Project Director:

KEITH COUNTERMINE

Purpose of Project:

FUNDS WILL BE USED FOR VIDEOTAPING EQUIPMENT.

Funded Amount:

$1,000

Requested By:

BURLING

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GERRITSEN BEACH FIRE VOLUNTEERS, INC.
52 SEBA AVENUE
BROOKLYN, NY 11229
(718) 332-5859

Name of Project Director:

ARTHUR DEMELLO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT FOR THE VOLUNTEER FIREFIGHTERS.

Funded Amount:

$1,500

Requested By:

MAISEL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GERRY VOLUNTEER FIRE DEPARTMENT  
P.O. BOX 182  
GERRY, NY 14740  
(716) 985-5952

Name of Project Director:

SAMUEL ARCADIPANE, JR.

Purpose of Project:

FUNDS WILL BE USED FOR A SPECIAL OPERATIONS UTILITY VEHICLE.

Funded Amount:

$14,000

Requested By:

GIGLIO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GLASCO FIRE COMPANY
P.O. BOX 157
GLASCO, NY 12432
(845) 246–9600

Name of Project Director:

TONY GALLO

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING EXPENSES AND EQUIPMENT.

Funded Amount:

$4,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GLENVILLE FIRE DISTRICT 7
5 AIRPORT ROAD
GLENVILLE, NY 12302
(518) 377-7269

Name of Project Director:

NORMAN PETRICCA

Purpose of Project:

FUNDS WILL BE USED FOR A PARTIAL FUNDING FOR THE PROCUREMENT OF A CREW CAB PICK UP TRUCK TO REPLACE 12 YEAR OLD VEHICLE.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GOOD−WILL FIRE DISTRICT
1 SOUTH PLANK ROAD
NEWBURGH, NY 12550
(845) 561−2585

Name of Project Director:

JOHN A. CONNER

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUED UPGRADES TO THE GOOD WILL FIRE DISTRICT.

Funded Amount:

$7,500

Requested By:

KIRWAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GOODWILL INDUSTRIES OF WESTERN NEW YORK, INC.
1119 WILLIAM STREET
BUFFALO, NY  14206
(716) 854–3494

Name of Project Director:

FLORENCE M. CONTI

Purpose of Project:

FUNDS WILL BE USED FOR THE MAINTENANCE AND REVITALIZATION OF SENeca STREET, KEEPING IT GREEN AND CLEAN.

Funded Amount:

$10,000

Requested By:

SCHROEDER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GORDON HEIGHTS FIRE DISTRICT
P.O. BOX 26
MIDDLE ISLAND, NY 11953
(631) 698−6303

Name of Project Director:

CINDY WILLIAMS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SAFETY EQUIPMENT FOR THE FIRE DEPARTMENT.

Funded Amount:

$2,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GOWANDA VOLUNTEER FIRE COMPANY
27 EAST MAIN STREET
GOWANDA, NY 14070
(716) 532−5009

Name of Project Director:

DON OFFHAUS

Purpose of Project:

FUNDS WILL BE USED FOR AN EMERGENCY SERVICES FACILITY.

Funded Amount:

$5,000

Requested By:

GIGLIO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GRAFTON VOLUNTEER FIRE COMPANY  
P.O. BOX 134  
GRAFTON, NY 12082  
(518) 812–3220

Name of Project Director:

JIM GOYER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE NEW RADIOS AND AIR PACKS.

Funded Amount:

$5,000

Requested By:

MCDONALD

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:
GRAND GORGE CIVIC CENTER
TOWN OF ROXBURY, P.O. BOX 189
ROXBURY, NY 12474
(607) 326–7641

Name of Project Director:
THOMAS HYNES

Purpose of Project:
FUNDS WILL BE USED FOR THE PURCHASE OF FURNITURE.

Funded Amount:
$3,000

Requested By:
CROUCH

Name of Administering State Agency:
DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GRAND GORGE FIRE DISTRICT
P.O. BOX 5
GRAND GORGE, NY 12434
(607) 775–3128

Name of Project Director:

THOMAS E. MINER

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF AN EMERGENCY GENERATOR.

Funded Amount:

$10,000

Requested By:

CROUCH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:
GRAND ISLAND FIRE COMPANY
2275 BASELINE ROAD
GRAND ISLAND, NY  14072
(716) 773–4334

Name of Project Director:
GREGORY BUTCHER

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE SUPPORT FOR THE GRAND ISLAND FIRE COMPANY, INCLUDING BUT NOT LIMITED TO THE PURCHASE OF EQUIPMENT AND OTHER MATERIALS.

Funded Amount:
$5,000

Requested By:
HOYT

Name of Administering State Agency:
DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GRANT CITY CIVIC ASSOCIATION, INC.
72 GREELEY AVENUE
STATEN ISLAND, NY  10306
(718) 979–0173

Name of Project Director:

ELENA BRADY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MATERIALS, OFFSET THE COSTS OF COMMUNITY OUTREACH EFFORTS FOR EMERGENCY PREPAREDNESS, AND COMMUNITY SAFETY PROGRAMMING.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GRANT FERRY ASSOCIATION
220 GRANT STREET
BUFFALO, NY 14213
(716) 597-4387

Name of Project Director:

ROBERT FRANKE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE COMMERCIAL DISTRICT REVITALIZATION AND FOR THE PUBLIC ART PROJECT REFLECTING ON DIVERSITY.

Funded Amount:

$5,000

Requested By:

HOYT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GRASMERE CIVIC ASSOCIATION, INC.
690 WEST FINGERBOARD ROAD
STATEN ISLAND, NY 10305
(347) 564–1809

Name of Project Director:

ALYCE S. ARNIOTES

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH FOR EMERGENCY PREPAREDNESS, COMMUNITY SAFETY PROGRAMMING, AND FOR THE PURCHASE OF MATERIALS FOR THE PROGRAM.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GREAT RIVER FIRE DISTRICT
P.O. BOX 537, RIVER ROAD
GREAT RIVER, NY 11739
(631) 277–5437

Name of Project Director:

HAROLD SUNDIN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A NEW OUTBOARD MOTOR FOR DEPARTMENT’S FIRE BOAT.

Funded Amount:

$7,500

Requested By:

BOYLE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GREATER BINGHAMTON SCORE, CHAPTER 217
1005 BEECHWOOD LANE
VESTAL, NY  13850
(607) 748–8900

Name of Project Director:

WILLIAM RITTER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE WORKSHOP MATERIALS AND ADVERTISING MATERIALS IN ORDER TO EXTEND SUPPORT TO NEW AND EXISTING BUSINESSES.

Funded Amount:

$4,000

Requested By:

LUPARDO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GREATER CALVERTON CIVIC ASSOCIATION, INC.
156 YOUNGS AVENUE, P.O. BOX 33
CALVERTON, NY 11933
(631) 369–8237

Name of Project Director:

REX FARR

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP THE ORGANIZATION’S MEMBERSHIP THROUGH MAILINGS AND NEWSLETTERS INFORMING THE COMMUNITY OF CRITICAL LOCAL ISSUES.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GREATER RIDGEWOOD RESTORATION CORPORATION
68−56 FOREST AVENUE
RIDGEWOOD, NY  11385
(718) 366−8721

Name of Project Director:

ANGELA MIRABILE

Purpose of Project:

FUNDS WILL BE USED FOR THE REMOVAL OF GRAFFITI IN THE COMMUNITY.

Funded Amount:

$2,500

Requested By:

MARKEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GREATER RIDGEWOOD RESTORATION CORPORATION  
68−56 FOREST AVENUE  
RIDGEWOOD, NY  11385  
(718) 366−8721

Name of Project Director:

ANGEL MIRABILE

Purpose of Project:

FUNDS WILL BE USED TO OPERATE A GRAFFITI REMOVAL PROGRAM.

Funded Amount:

$8,000

Requested By:

HEVESI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:
GREATER SAYVILLE CHAMBER OF COMMERCE, INC.
P.O. BOX 235
SAYVILLE, NY 11782
(631) 567−5257

Name of Project Director:
KAY CAMERON

Purpose of Project:
FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF SEASONAL ORNAMENTATION AND LIGHTING.

Funded Amount:
$10,000

Requested By:
FIELDS

Name of Administering State Agency:
DEPARTMENT OF STATE
GREATER SOUTH BUFFALO CHAMBER OF COMMERCE, INC.
2019 SENECA STREET
BUFFALO, NY 14210
(716) 824–9942

DEVON DONOVAN

FUNDS WILL BE USED FOR PROMOTIONAL AND MARKETING MATERIALS, TO BE DISTRIBUTED AMONG THE COMMUNITY.

$7,100

SCHROEDER

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GREECE VOLUNTEER AMBULANCE
867 LONG POND ROAD
ROCHESTER, NY 14612
(585) 227–2073

Name of Project Director:

MIKE SHANNON

Purpose of Project:

FUNDS WILL BE USED FOR MEDICAL SUPPLIES AND TO REPLACE EQUIPMENT.

Funded Amount:

$3,000

Requested By:

REILICH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GREENE COUNTY EMERGENCY MANAGEMENT
25 VOLUNTEER DRIVE
CAIRO, NY 12413
(518) 622−3643

Name of Project Director:

JOHN FARRELL

Purpose of Project:

FUNDS WILL BE USED FOR PURCHASE AND INSTALLATION OF DRY HYDRANTS.

Funded Amount:

$2,450

Requested By:

LOPEZ−P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GREENLAWN CIVIC ASSOCIATION
P.O. BOX 332
GREENLAWN, NY 11740
(631) 262–1459

Name of Project Director:

WALTER RABE

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATIONS.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GREENWICH VFW POST #7291
ABEEL AVENUE
GREENWICH, NY 12834
(518) 692-7612

Name of Project Director:

MIKE BITTEL

Purpose of Project:

FUNDS WILL BE USED TO REPLACE FIRE ALARM SYSTEM FOR BUILDING USED BY COMMUNITY GROUPS.

Funded Amount:

$4,000

Requested By:

MCDONALD

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GREENWICH VILLAGE CHAMBER OF COMMERCE, INC.
853 BROADWAY, SUITE 801
NEW YORK, NY 10003
(212) 255-5852

Name of Project Director:

DIRK MCCALL

Purpose of Project:

FUNDS WILL BE USED FOR A PUBLICATION AND THE DESIGN OF A NEIGHBORHOOD MAP AND GUIDE FOR THE VILLAGE, CHELSEA, SOHO, NOHO AND EAST VILLAGE TOURISM PROMOTION MATERIALS.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:
GROVELAND VOLUNTEER FIRE DEPARTMENT INC.
7428 STATE ROUTE 63, P.O. BOX 49
GROVELAND, NY 14462
(585) 243–2997

Name of Project Director:
MILLIE ATEN

Purpose of Project:
FUNDS WILL BE USED FOR COMMUNICATIONS EQUIPMENT.

Funded Amount:
$2,000

Requested By:
BURLING

Name of Administering State Agency:
DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

GUTHER BROS. POST 420 VFW, INC.
10 KNIGHT WAY
SARATOGA SPRINGS, NY 12866
(518) 584–4737

Name of Project Director:

JAMES COYNE

Purpose of Project:

FUNDS WILL BE USED TO INSTALL A PAD AND GENERATOR FOR ELECTRICAL POWER.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HAGERMAN FIRE DEPARTMENT
510 OAKDALE AVENUE
EAST PATCHOGUE, NY
(631) 654–2790

Name of Project Director:

RANDY MILLER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SAFETY EQUIPMENT FOR THE FIRE DEPARTMENT.

Funded Amount:

$3,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HALESITE FIRE DISTRICT
ONE NEW YORK AVENUE
HALESITE, NY 11743
(631) 427–1910

Name of Project Director:

LAURENCE NORTHCOTE

Purpose of Project:

FUNDS WILL BE USED FOR PURCHASE OF NEW PAGERS.

Funded Amount:

$5,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HALFMOON–WATERFORD FIRE DISTRICT 1
P.O. BOX 276
WATERFORD, NY 12188
(518) 371–7571

Name of Project Director:

FRANK TIRONI, JR.

Purpose of Project:

FUNDS WILL BE USED TO HELP DEFRAY EXPENSES RELATED TO REPLACEMENT OF WATER RESCUE EQUIPMENT.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HAMILTON COUNTY EMERGENCY MANAGEMENT
P.O. BOX 44
LAKE PLEASANT, NY 12108
(518) 548–6223

Name of Project Director:

JAY GRIFFIN

Purpose of Project:

FUNDS WILL BE USED FOR A THERMAL IMAGING CAMERA SYSTEM.

Funded Amount:

$10,000

Requested By:

SAYWARD

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HAMLIN VOLUNTEER AMBULANCE
1483 LAKE ROAD
HAMLIN, NY 14464
(585) 259–2683

Name of Project Director:

STEVEN C. KONDOLF

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE RESCUE EQUIPMENT AND FOR COMMUNICATIONS LAPTOP ON AMBULANCES.

Funded Amount:

$4,000

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:
HANDICAPPED CHILDREN'S ASSOCIATION OF SOUTHERN NEW YORK, INC.
18 BROAD STREET
JOHNSON CITY, NY  13790
(607) 798–7117

Name of Project Director:
STEPHEN SANO

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE SAFE WHEELCHAIR AND WALKER ACCESSIBLE PLAYGROUND EQUIPMENT.

Funded Amount:
$5,000

Requested By:
LUPARDO

Name of Administering State Agency:
DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HARBOR GREEN CIVIC ASSOCIATION
P.O. BOX 57
MASSAPEQUA PARK, NY 11762
(516) 797–4377

Name of Project Director:

MARK SNYDER

Purpose of Project:

FUNDS WILL BE USED FOR THE SUPPORT OF PROGRAMS.

Funded Amount:

$1,500

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HELL’S KITCHEN NEIGHBORHOOD ASSOCIATION, INC.
454 WEST 35TH STREET
NEW YORK, NY 10001
(212) 714–0186

Name of Project Director:

KATHLEEN TREAT

Purpose of Project:

FUNDS WILL BE USED TO PLANT AND SAFEGUARD A THOUSAND STREET TREES IN CLINTON/HELL’S KITCHEN.

Funded Amount:

$2,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HENRY STREET SETTLEMENT
265 HENRY STREET
NEW YORK, NY  10002
(212) 766−9200

Name of Project Director:

VEORONA JEETER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TECHNICAL ASSISTANCE AND AWARD GRANTS TO TENANT ASSOCIATIONS AT NEW YORK CITY HOUSING AUTHORITY (NYCHA) PROJECTS ON THE LOWER EAST SIDE OF MANHATTAN.

Funded Amount:

$62,000

Requested By:

SILVER

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

HEWLETT FIRE DEPARTMENT
25 FRANKLIN AVENUE
HEWLETT, NY 11557
(516) 374–4280

Name of Project Director:

BENJAMIN MOLENO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND SUPPLIES FOR THE FIRE DEPARTMENT.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HI–TOR ANIMAL CARE CENTER, INC.
P.O. BOX 270
POMONA, NY 10970
(845) 354–7900

Name of Project Director:

ROBERTA BANGS

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE AIR CIRCULATION AND VENTILATION IN THE BUILDING.

Funded Amount:

$10,000

Requested By:

ZEBROWSKI–K

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

HIAS, INC.
333 SEVENTH AVENUE, 16TH FLOOR
NEW YORK, NY 10001
(212) 613–1300

Name of Project Director:

GENE BORSH

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE NEW YORK’S RUSSIAN–SPEAKING COMMUNITY ABOUT ACTIVE PARTICIPATION IN CIVIC LIFE AND DEVELOP THEIR LEADERSHIP SKILLS IN ORDER TO BUILD WORKING RELATIONSHIPS BETWEEN THIS COMMUNITY AND LOCAL ELECTED OFFICIALS, ETC. PROGRAMS ARE PROVIDED ON A NON–SECTARIAN BASIS.

Funded Amount:

$6,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:
HIAS, INC.
333 SEVENTH AVENUE, 16TH FLOOR
NEW YORK, NY 10001
(212) 613–1351

Name of Project Director:
GENE BORSH

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE THE RUSSIAN–SPEAKING COMMUNITY IN NEW YORK WITH TOOLS THAT WILL FACILITATE ITS ENGAGEMENT IN SOCIAL AND CIVIC LIFE IN THE UNITED STATES BY DEVELOPING SKILLS IN LEADERSHIP, COMMUNITY ORGANIZING, AND CIVIC PARTICIPATION. SERVICES ARE PROVIDED ON A NON–SECTARIAN BASIS.

Funded Amount:
$6,500

Requested By:
WEINSTEIN

Name of Administering State Agency:
DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HIAS, INC.
333 7TH AVENUE, 16TH FLOOR
NEW YORK, NY  10001
(212) 613–1351

Name of Project Director:

GENE BORSH

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE CIVIC AND SOCIAL ACTIVITIES FOR PARTICIPANTS THROUGH EDUCATION, TRAINING, AND SHARING OF KNOWLEDGE AND RESOURCES. PROGRAM IS OPEN TO ALL WHO WISH TO JOIN ON A NON–SECTARIAN BASIS.

Funded Amount:

$12,000

Requested By:

COLTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HIGHLAND PARK COMMUNITY DEVELOPMENT CORPORATION
2730 ATLANTIC AVENUE
BROOKLYN, NY 11207
(718) 647–7728

Name of Project Director:

ROBERT SANTIAGO

Purpose of Project:

FUNDS WILL BE USED FOR A GRAFFITI CLEANING PROGRAM, INCLUDING MAINTENANCE IN BUSHWICK AND/OR CLEANING OF NEW GRAFFITI IN OTHER PARTS OF BROOKLYN.

Funded Amount:

$65,000

Requested By:

TOWNS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HOLBROOK CHAMBER OF COMMERCE, INC.
P.O. BOX 565
HOLBROOK, NY 11741
(631) 471–2725

Name of Project Director:

KEVIN GUILFOYLE

Purpose of Project:

FUNDS WILL BE USED FOR THE INSTALLATION OF BENCHES ON MAIN STREET AND UNION AVENUE.

Funded Amount:

$2,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HOLTSVILLE FIRE DEPARTMENT
1025 WAVERLY AVENUE
HOLTSVILLE, NY 11742
(631) 475–5238

Name of Project Director:

DAVID SHELTON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SAFETY EQUIPMENT FOR THE FIRE DEPARTMENT.

Funded Amount:

$2,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HONEOYE FALLS FIRE DEPARTMENT INC.
7 MONROE STREET
HONEOYE FALLS, NY 14472
(585) 624–1100

Name of Project Director:

BILL SOEHNK

Purpose of Project:

FUNDS WILL BE USED FOR A THERMAL IMAGING CAMERA.

Funded Amount:

$10,000

Requested By:

ERRIGO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HOOSICK AREA CHURCH ASSOCIATION
P.O. BOX 1
HOOSICK FALLS, NY 12090
(518) 862−1090

Name of Project Director:

GARY STRUBEL

Purpose of Project:

FUNDS WILL BE USED FOR A NEW FACILITY, 26 JOHN STREET, WHICH WILL BE USED FOR COMMUNITY OUTREACH.

Funded Amount:

$5,000

Requested By:

MCDONALD

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HUMANE SOCIETY OF LIVINGSTON COUNTY  
P.O. BOX 233  
AVON, NY 14414  
(585) 234–2828

Name of Project Director:

CHARLENE SINCLAIR

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$1,000

Requested By:

BURLING

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HUMANE SOCIETY OF LIVINGSTON COUNTY
P.O. BOX 233
AVON, NY 14414
(585) 234–2828

Name of Project Director:

CHARLENE SINCLAIR

Purpose of Project:

FUNDS WILL BE USED TO EXPAND SERVICES.

Funded Amount:

$1,000

Requested By:

ERRIGO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

HUMANE SOCIETY OF YATES COUNTY
1216 ROUTE 14A
PENN YAN, NY 14527
(315) 536-6094

Name of Project Director:

DONALD CASS

Purpose of Project:

FUNDS WILL BE USED FOR THE CONSTRUCTION OF AN ANIMAL SHELTER.

Funded Amount:

$6,000

Requested By:

BACALLES

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

IMMIGRATION ADVOCACY SERVICES, INC.
24–40 STEINWAY STREET
ASTORIA, NY 11103
(718) 956–8218

Name of Project Director:

ANTONIO MELONI

Purpose of Project:

FUNDS WILL BE USED TO HELP INDIVIDUALS ATTAIN CITIZENSHIP AND RESIDENCY.

Funded Amount:

$3,000

Requested By:

GIANARIS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

INC. VILLAGE OF MASSAPEQUA PARK
VILLAGE HALL, 151 FRONT STREET
MASSAPEQUA PARK, NY 11762
(516) 799–0211

Name of Project Director:

JAMES ALTADONNA

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF DEFIBRILLATORS AND TRAINING.

Funded Amount:

$5,000

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

INCORPORATED VILLAGE OF AMITYVILLE  
C/O AMITYVILLE FIRE DEPARTMENT, P.O. BOX 725  
AMITYVILLE, NY 11701  
(631) 264–6000

Name of Project Director:

RUSSELL SAWYER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A THERMAL IMAGING CAMERA AND TURNOUT BOOTS FOR VOLUNTEER FIREFIGHTERS.

Funded Amount:

$25,000

Requested By:

SWEENEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

INTERCESSION COMMUNITY SERVICE COUNCIL, INC.  
550 WEST 155TH STREET  
NEW YORK, NY  10032  
(212) 283–6200

Name of Project Director:

REV. GERALD W. KEUCHER

Purpose of Project:

FUNDS WILL BE USED TO REPAIR AND RENOVATE THE COMMUNITY  
ACTIVITY BUILDING’S COMMON AREAS, INCLUDING THE KITCHEN.  
PROGRAMS ARE OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$75,000

Requested By:

FARRELL, JR

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

INTERLAKEN FIRE DEPARTMENT
8487 ROUTE 96
INTERLAKEN, NY 14847
(607) 532–4300

Name of Project Director:

JAMES WYCKOFF

Purpose of Project:

FUNDS WILL BE USED FOR A THERMAL IMAGING CAMERA.

Funded Amount:

$5,000

Requested By:

KOLB

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS
P.O. BOX 2085
MOUNT VERNON, NY  10551
(914) 664–4401

Name of Project Director:

NOAH LIGHTY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE ESCAPE DEVICE EQUIPMENT, WHICH WILL BE USED DURING EMERGENCIES BY FIREFIGHTERS TO RESCUE VICTIM’S THROUGH WINDOWS OF A BURNING BUILDING.

Funded Amount:

$7,000

Requested By:

PRETLOW

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

INTERNATIONAL DREAM TEAM CHRISTIAN ASSOCIATION, INC.
P.O. BOX 1446
CENTRAL ISLIP, NY 11722
(631) 761–6057

Name of Project Director:

KIMBERLY GRANT

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATING AND MAINTENANCE COSTS ASSOCIATED WITH COMMUNITY BUSINESS AND DEVELOPMENT PROGRAMS, SUCH AS POSTAGE, NEWSLETTERS, OFFICE STATIONERY, AND GENERAL OFFICE EXPENSES. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

RAMOS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

INWOOD COMMUNITY SERVICES, INC.
651 ACADEMY STREET
NEW YORK, NY 10034
(212) 942-0043

Name of Project Director:

ANDRES L. EDWARD

Purpose of Project:

FUNDS WILL BE USED FOR ISHAM PARK, 215TH STEPS BEAUTIFICATION AND HORTICULTURE PROGRAMS FOR LOCAL YOUTH AND ADULTS. FUNDS WILL ALSO BE USED FOR MAINTENANCE OF THE BRUCE REYNOLDS MEMORIAL.

Funded Amount:

$8,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

    INWOOD FIRE DEPARTMENT
    188 DOUGHTY BOULEVARD
    INWOOD, NY 11096
    (516) 239-4324

Name of Project Director:

    THOMAS PANDOLFO

Purpose of Project:

    FUNDS WILL BE USED TO PURCHASE FIREFIGHTING MATERIALS AND EQUIPMENT.

Funded Amount:

    $5,000

Requested By:

    WEISENBERG

Name of Administering State Agency:

    DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ISLAND PARK VOLUNTEER FIRE DEPARTMENT
127 LONG BEACH ROAD
ISLAND PARK, NY 11558
(516) 432−0738

Name of Project Director:

GOMIE PERSAUD

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FIREFIGHTING EQUIPMENT AND SUPPLIES.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ITHACA BREAST CANCER ALLIANCE
612 WEST SENECA STREET
ITHACA, NY 14850
(607) 277−0960

Name of Project Director:

SHAWN GALBREATH

Purpose of Project:

FUNDS WILL BE USED TO REPLACE 50 YEAR OLD WINDOWS WITH ENERGY EFFICIENT−UPGRADED, ENVIRONMENTALLY FRIENDLY WINDOWS.

Funded Amount:

$26,000

Requested By:

LIFTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

JACKSON HEIGHTS ACTION GROUP, INC.
P.O. BOX 853
JACKSON HEIGHTS, NY 11372
(718) 476–9188

Name of Project Director:

RALPH MORENO

Purpose of Project:

FUNDS WILL BE USED FOR GRAFFITI CLEAN-UPS WITHIN THE JACKSON HEIGHTS COMMUNITY, AND FOR THE PURCHASE OF CLEAN-UP MATERIALS AND OTHER CONSUMABLE SUPPLIES. FUNDS MAY ALSO BE USED FOR OFFSETTING SOME EXPENSES FOR THE CIVILIAN OBSERVATION PATROL, INCLUDING BUYING JACKETS, WALKIE TALKIES AND OTHER CONSUMABLE SUPPLIES.

Funded Amount:

$3,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

JAMAICA CHAMBER OF COMMERCE, INC.
90–25 161ST STREET, SUITE 505
JAMAICA, NY   11432
(718) 657–4800

Name of Project Director:

ROBERT RICHARDS

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATION OF THE JOB DEVELOPMENT PROGRAM AT JAMAICA CHAMBER, INCLUDING ON–THE–JOB TRAINING FOR RESIDENTS BETWEEN 18–28 YEARS OF AGE, SUPPORT STAFF, EQUIPMENT AND SUPPLIES, ETC.

Funded Amount:

$20,000

Requested By:

COOK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

JEFFERSON COUNTY SPCA
25056 WATER STREET EXTENSION
WATERTOWN, NY 13601
(315) 782−3260

Name of Project Director:

LINDA MILES

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING OPERATIONAL EXPENSES.

Funded Amount:

$5,000

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

JOINT BELLEROSE BUSINESS DISTRICT DEVELOPMENT CORPORATION
50 SUPERIOR ROAD
BELLEROSE VILLAGE, NY 11001
(718) 343–8830

Name of Project Director:

JAMES TRENT

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE ECONOMIC GROWTH IN THE
DOWNTOWN BELLEROSE BUSINESS DISTRICT. THE MAJOR FOCUS OF THIS
EFFORT WILL BE ON GRAFFITI REMOVAL IN THE COMMUNITY.

Funded Amount:

$10,000

Requested By:

CLARK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

JUVENILE FIRE INTERVENTION RESPONSE EDUCATION PROGRAM OF WESTERN NEW YORK, INC.
2252 WILLIAM STREET
CHEEKTOWAGA, NY 14206
(716) 896−1113

Name of Project Director:

MICHELLE BLISS

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE SURVIVING JUVENILE FIRE INTERVENTION PROGRAMS.

Funded Amount:

$2,500

Requested By:

GABRYSZAK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

KATONAH FIRE DEPARTMENT
65 BEDFORD ROAD
KATONAH, NY  10536
(914) 232–4570

Name of Project Director:

HARRY ROSENBLUM

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SEVERAL SETS OF TURN OUT GEAR TO BETTER PROTECT FIREFIGHTERS DURING INCIDENTS.

Funded Amount:

$4,000

Requested By:

BRADLEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

KEW GARDENS HILLS COMMUNITY FOUNDATION, INC.
P.O. BOX 670085
FLUSHING, NY 11367
(718) 263–1760

Name of Project Director:

PATRICIA DOLAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE KEW GARDENS HILLS HOMEOWNERS CIVIC ASSOCIATION. IN ADDITION TO BASIC OPERATING EXPENSES, FUNDS WILL BE USED FOR COMMUNITY EVENTS SUCH AS CONCERTS AND GRAFFITI REMOVAL.

Funded Amount:

$2,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

KEW GARDENS HILLS COMMUNITY FOUNDATION, INC.
P.O. BOX 670085
FLUSHING, NY 11367
(718) 263-1760

Name of Project Director:

PATRICIA DORAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE BEAUTIFICATION IMPROVEMENTS IN VARIOUS PUBLIC SPACES IN KEW GARDEN HILLS.

Funded Amount:

$1,500

Requested By:

LANCMAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

KINDERHOOK REFORMED CHURCH
P.O. BOX 638
KINDERHOOK, NY 12106
(518) 758–6401

Name of Project Director:

JIM DUNHAM

Purpose of Project:

FUNDS WILL BE USED TO CREATE A PARKING AREA AND FOR GROUNDS MAINTENANCE OF THE PUBLIC CEMETERY WHERE PRESIDENT MARTIN VAN BUREN IS BURIED.

Funded Amount:

$7,500

Requested By:

GORDON–T

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

KINESTHETIC INTELLIGENCE PLUS
207 FLEETS COVE ROAD
HUNTINGTON, NY 11731
(631) 385−7646

Name of Project Director:

DAFINA SOLTES STEIN

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

KIRKVILLE FIRE COMPANY, INC.
P.O. BOX 6
KIRKVILLE, NY 13082
(315) 656–3093

Name of Project Director:

JEFF ZACHARIAS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A LIGHT RESCUE TRUCK FOR EMERGENCY MEDICAL SERVICE CALLS AND BRUSH FIRES.

Funded Amount:

$5,000

Requested By:

STIRPE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

KIWANIS CLUB OF GREECE
81 SHERRI ANN LANE
ROCHESTER, NY 14626
(585) 723–1225

Name of Project Director:

JOE CIMINO

Purpose of Project:

FUNDS WILL BE USED FOR A FISHING DERBY FOR CHALLENGED YOUTH.

Funded Amount:

$1,000

Requested By:

REILICH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

KNIGHTS OF COLUMBUS
755 ERIE AVENUE
NORTH TONAWANDA, NY 14120
(716) 693−5470

Name of Project Director:

KENNETH SLIWINSKI

Purpose of Project:

FUNDS WILL BE USED TO REPLACE EXTERIOR DOORS, GUTTERS AND DOWNSPOUTS AND TO ACQUIRE A NEW PUBLIC ADDRESS SYSTEM FOR A FACILITY THAT IS USED BY COMMUNITY GROUPS AND AREA RESIDENTS ON A NON−SECTARIAN BASIS.

Funded Amount:

$12,500

Requested By:

SCHIMMINGHER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

KNIGHTS OF COLUMBUS FARMINGDALE COUNCIL, NO. 2204
1 MORTON STREET, P.O. BOX 507
FARMINGDALE, NY 11735
(631) 755–2204

Name of Project Director:

PATRICK FLANNERY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL MATERIALS TO SERVICE SENIOR CITIZENS, PHYSICALLY CHALLENGED AND YOUTH.

Funded Amount:

$5,000

Requested By:

CONTE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

KNIGHTS OF COLUMBUS FATHER THOMAS A. JUDGE #6893
P.O. BOX 1151
EAST NORTHPORT, NY 11731
(631) 261–2201

Name of Project Director:

ANTHONY D’ANGELIS

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

    KNIGHTS OF COLUMBUS OUR LADY OF THE ROSARY #4428
    759 LONG ISLAND AVENUE
    DEER PARK, NY 11729
    (631) 595–2012

Name of Project Director:

    JOHN LAZAR

Purpose of Project:

    FUNDS WILL BE USED FOR COMMUNITY OUTREACH.

Funded Amount:

    $1,000

Requested By:

    RAIA

Name of Administering State Agency:

    DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LACKAWANNA FIRE DEPARTMENT
1630 ABBOTT ROAD
LACKAWANNA, NY 14218
(716) 827–6436

Name of Project Director:

RALPH GALANTI, III

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A GENERATOR.

Funded Amount:

$5,000

Requested By:

QUINN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LAKE DELTA VOLUNTEER FIRE DEPARTMENT, INC.
P.O. BOX 596
ROME, NY 13440
(315) 337–2809

Name of Project Director:

EDWARD DAVIS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A HIGH EFFICIENCY NATURAL GAS FURNACE AND HIGH EFFICIENCY, ON-DEMAND HOT WATER HEATER, TO MAKE NECESSARY CAPITAL IMPROVEMENTS TO THE FIRE STATION AND ITS CONCESSION STAND.

Funded Amount:

$15,000

Requested By:

DESTITO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LAKE ONTARIO COASTAL INITIATIVE
55 ST. PAUL BOULEVARD
ROCHESTER, NY 14604
(585) 394–5030

Name of Project Director:

STEPHAN LEWANDOWSKI

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH AND SUPPORT.

Funded Amount:

$4,000

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LAKE RONKONKOMA CIVIC ORGANIZATION, INC.
P.O. BOX 2916
LAKE RONKONKOMA, NY 11779
(631) 736–0626

Name of Project Director:

KEN KELLAHER

Purpose of Project:

FUNDS WILL BE USED FOR THE PRODUCTION AND DISTRIBUTION OF THE COMMUNITY NEWSLETTER TO INFORM RESIDENTS OF ISSUES, AND ALSO TO INCREASE THE MEMBERSHIP BASE.

Funded Amount:

$3,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LAKE SHORE FIRE DISTRICT
1 LONG POND ROAD
ROCHESTER, NY 14612
(585) 723–8425

Name of Project Director:

JARED MEEKER

Purpose of Project:

FUNDS WILL BE USED FOR A COMPOSITE TELECRIB STABILIZATION SYSTEM.

Funded Amount:

$8,000

Requested By:

REILICH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LANCASTER AREA CHAMBER OF COMMERCE, INC.
P.O. BOX 284, 41 CENTRAL AVENUE
LANCASTER, NY 14086
(716) 681–9755

Name of Project Director:

KATHY KONST

Purpose of Project:

FUNDS WILL BE USED TOWARD COSTS OF WEB−HOSTING AND INTERNET MAINTENANCE FOR THE "DESTINATION LANCASTER FREE WI−FI HOT SPOT".

Funded Amount:

$2,500

Requested By:

GABRYSZAK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LATIN AMERICAN IMMIGRANT ALLIANCE
37-47 76TH STREET
JACKSON HEIGHTS, NY 11372
(718) 424-2057

Name of Project Director:

MONICA IVULICH

Purpose of Project:

Funds will be used for the development of women’s issues through workshops and seminars, as well as the purchase of equipment and supplies.

Funded Amount:

$10,000

Requested By:

PERALTA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LAWRENCE FIRE DEPARTMENT
75 WASHINGTON AVENUE
LAWRENCE, NY  11559
(516) 569−0042  Ext: 10

Name of Project Director:

MICHAEL SASSO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND SUPPLIES NEEDED FOR FIREFIGHTING.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LEGAL AID SOCIETY
111 LIVINGTON STREET
BROOKLYN, NY  11201
(718) 422−2765

Name of Project Director:

PATRICIA A. BATH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE LEGAL SERVICES IN HOUSING, HEALTH BENEFITS AND DOMESTIC VIOLENCE MATTERS FOR POOR FAMILIES IN BROOKLYN.

Funded Amount:

$4,000

Requested By:

MILLMAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LEGAL AID SOCIETY OF NORTHEASTERN NY, INC.
55 COLVIN AVENUE
ALBANY, NY 12206
(518) 462-2922

Name of Project Director:

LILLIAN M. MOY

Purpose of Project:

FUNDS WILL BE USED FOR THE SUPPORT OF GENERAL CIVIC LEGAL SERVICES TO LOW INCOME RESIDENTS OF THE REGION.

Funded Amount:

$5,000

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LEGAL INFORMATION FOR FAMILIES TODAY
350 BROADWAY, SUITE 400
NEW YORK, NY 10013
(646) 613–9633  Ext: 201

Name of Project Director:

MELISSA M. BECK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE CREATION OF A NEW RESOURCE LIBRARY FOR THE FAMILY LEGAL CLinic, INCLUDING BUT NOT LIMITED TO THE PURCHASE OF DESK TOP COMPUTERS, PRINTERS, AND IMPORTANT WRITTEN MATERIALS TO BRING THE LIBRARY TO FULL SCALE.

Funded Amount:

$2,500

Requested By:

KELLNER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LEGAL INFORMATION FOR FAMILIES TODAY
350 BROADWAY, SUITE 400
NEW YORK, NY 10013
(646) 613-9633  Ext: 201

Name of Project Director:

MELISSA BECK

Purpose of Project:

FUNDS WILL BE USED TO DISTRIBUTE LEGAL RESOURCE GUIDES TO FAMILIES WITH LIMITED ENGLISH PROFICIENCY AND GUIDES TO COVER A WIDE RANGE OF FAMILY AND CRIMINAL LAW TOPICS AND OTHER RELEVANT INFORMATION.

Funded Amount:

$3,500

Requested By:

MILLMAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LEGAL INFORMATION FOR FAMILIES TODAY
350 BROADWAY, SUITE 400
NEW YORK, NY 10013
(646) 613–9633  Ext: 201

Name of Project Director:

MELISSA M. BECK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE CREATION OF A NEW RESEARCH LIBRARY, AND FOR THE PURCHASE OF NEW COMPUTERS, PRINTERS, AND WRITTEN MATERIALS TO BRING LIBRARY TO FULL-SCALE.

Funded Amount:

$4,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LEGAL INFORMATION FOR FAMILIES TODAY
350 BROADWAY, SUITE 400
NEW YORK, NY 10013
(646) 613−9633 Ext: 201

Name of Project Director:

MELISSA M. BECK

Purpose of Project:

FUNDS WILL BE USED FOR THE CREATION OF A NEW RESOURCE LIBRARY PROVIDING TECHNOLOGICAL AND LEGAL TOOLS FOR PARTICIPANTS TO ACCESS.

Funded Amount:

$3,000

Requested By:

GLICK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LEGAL INFORMATION FOR FAMILIES TODAY
350 BROADWAY, SUITE 400
NEW YORK, NY  10013
(646) 613–9633

Name of Project Director:

MELISSA BECK

Purpose of Project:

FUNDS WILL BE USED FOR THE CREATION OF A RESOURCE LIBRARY FOR
THE FAMILY LEGAL CENTER FOR NON-CUSTODIAL FATHERS.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LEGAL INFORMATION FOR FAMILIES TODAY
350 BROADWAY, SUITE 400
NEW YORK, NY 10013
(646) 613-9633

Name of Project Director:

MELISSA BECK

Purpose of Project:

FUNDS WILL BE USED TO CREATE A RESOURCE LIBRARY FOR FAMILY LEGAL CENTER, WHICH WILL PROVIDE NON–CUSTODIAL FATHERS WITH TOOLS TO REPRESENT THEMSELVES IN FAMILY COURT, ENHANCE RELATIONSHIPS WITH CHILDREN, AND SECURE TOOLS TO ACHIEVE ECONOMIC SELF–SUFFICIENCY.

Funded Amount:

$7,500

Requested By:

BING

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LEGAL INFORMATION FOR FAMILIES TODAY
350 BROADWAY, SUITE 400
NEW YORK, NY 10013
(646) 613−9633  Ext: 201

Name of Project Director:

MELISSA M. BECK

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF INFORMATION SITES LOCATED IN FAMILY COURTS, WHICH PROVIDE LEGAL INFORMATION, GUIDANCE, AND REFERRALS FOR NEIGHBORHOOD−BASED SOCIAL AND LEGAL SERVICE ORGANIZATIONS.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LEGAL OUTREACH, INC.
402 WEST 145TH STREET
NEW YORK, NY 10031
(212) 690–9989

Name of Project Director:

JAMES B. O'NEAL

Purpose of Project:

FUNDS WILL BE USED TO PREPARE YOUTH FROM UNDERSERVED COMMUNITIES TO COMPETE AT HIGH ACADEMIC LEVELS AND TO PREPARE THEM FOR COLLEGE BY EXPOSING THEM TO INTENSIVE LEGAL AND EDUCATIONAL PROGRAMS.

Funded Amount:

$6,000

Requested By:

WRIGHT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LEGAL SERVICES FOR NEW YORK CITY
350 BROADWAY, 6TH FLOOR
NEW YORK, NY 10013
(212) 431−7200

Name of Project Director:

JULIE HALL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE FAMILY ADVOCACY PROJECT, WHICH PROVIDES LEGAL SERVICES TO LOW−INCOME RESIDENTS OF MANHATTAN IN THE AREAS OF HOUSING, BENEFITS, FAMILY, HEALTH, SSI, EMPLOYMENT, IMMIGRATION, AND CONSUMER LAW.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LEGAL SERVICES OF THE HUDSON VALLEY
90 MAPLE AVENUE
WHITE PLAINS, NY 10601
(914) 949–1305

Name of Project Director:

BARBARA FINKELSTEIN

Purpose of Project:

Funds will be used for technological upgrades and for building repairs for the White Plains office at 90 Maple Avenue.

Funded Amount:

$10,000

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LEVITTOWN FIRE DEPARTMENT
120 GARDINERS AVENUE
LEVITTOWN, NY 11756
(516) 731−5800

Name of Project Director:

CHIEF GEORGE W. ANDERSON

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC OPERATIONS.

Funded Amount:

$2,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LIDO AND POINT LOOKOUT FIRE DISTRICT
102 LIDO BOULEVARD
POINT LOOKOUT, NY  11569
(516) 432–6645

Name of Project Director:

TERRI RYAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FIREFIGHTING EQUIPMENT AND MATERIALS.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LIVING RESOURCES CORPORATION
300 WASHINGTON AVENUE EXTENSION
ALBANY, NY 12203
(518) 218-0000 Ext: 4320

Name of Project Director:

KIM DARLING

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AUTOMATIC EXTERNAL DEFIBRILLATORS FOR EACH OF THE RESIDENCES TO PROVIDE HEALTH ASSISTANCE.

Funded Amount:

$3,600

Requested By:

AMEDORE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LOCUST VALLEY FIRE DEPARTMENT
228 BUCKRAM ROAD
LOCUST VALLEY, NY 11560
(516) 676–0560

Name of Project Director:

PATRICK VISSICHELLI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AUTOMATIC EXTERNAL DEFIBRILLATORS. HEART START MODEL FR2 TO BE USED ON THE FIRST RESPONSE VEHICLES.

Funded Amount:

$4,000

Requested By:

WALKER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LONG BEACH FIRE DEPARTMENT
1 WEST CHESTER STREET
LONG BEACH, NY 11561
(516) 431−2434

Name of Project Director:

STEVEN FRAISER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FIRE PROTECTION EQUIPMENT AND MATERIALS.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LONG HILL VOLUNTEER FIRE DEPARTMENT
3513 LONG HILL ROAD
VENICE CENTER, NY 13147
(315) 730–3430

Name of Project Director:

STEPHEN FEDRIZZI

Purpose of Project:

FUNDS WILL BE USED GETTING THE RESCUE TRUCK IN SERVICE.

Funded Amount:

$5,000

Requested By:

FINCH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LONG ISLAND MASTERWORKS
P.O. BOX 458
NORTHPORT, NY 11768
(631) 262–0200

Name of Project Director:

JERENE WEITMAN

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LOWER NIAGARA RIVER REGION CHAMBER OF COMMERCE, INC.
100 NORTH THIRD STREET
LEWISTON, NY 14092
(716) 754–9500

Name of Project Director:

SANDY HAYS MIERS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FULL COLOR MARKETING BROCHURES FOR THE CHAMBER.

Funded Amount:

$2,500

Requested By:

DELMONTE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

LOYAL ORDER OF MOOSE: HUNTINGTON LODGE 318
631 PULASKI ROAD, P.O. BOX 282
GREENLAWN, NY 11740
(631) 757−2777

Name of Project Director:

STEPHEN GABRIEL, JR.

Purpose of Project:

FUNDS WILL BE USED FOR UPGRADES TO THE LODGE FACILITIES FOR THE USE FOR COMMUNITY ACTIVITIES.

Funded Amount:

$5,000

Requested By:

CONTE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MAHOPAC AMERICAN LEGION
15 BLOOMER ROAD
MAHOPAC, NY 10541
(914) 804–0918

Name of Project Director:

KEN CARROLL

Purpose of Project:

FUNDS WILL BE USED FOR REPAIRS ON BUILDING/IMPROVEMENTS IN KITCHEN USED BY COMMUNITY GROUPS.

Funded Amount:

$2,000

Requested By:

BALL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MAHOPAC VFW
1 PLEASANT ROAD
LAKE PEEKSKILL, NY 10537
(845) 526-2603

Name of Project Director:

CHARLIE MONTE

Purpose of Project:

FUNDS WILL BE USED FOR SEA WALL AND STRUCTURAL REPAIRS.

Funded Amount:

$14,000

Requested By:

BALL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MALDEN–WEST CAMP FIRE COMPANY
P.O. BOX 173
MALDEN–ON–HUDSON, NY 12453
(845) 246–3287

Name of Project Director:

RICHARD PESCE

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING EXPENSES AND EQUIPMENT.

Funded Amount:

$1,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MAMARONECK TOWN FIRE DEPARTMENT
205 WEAVER STREET
MAMARONECK, NY  10538
(914) 834−2438

Name of Project Director:

DAVID COMMENDER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FIREFIGHTING EQUIPMENT, PROTECTIVE EQUIPMENT, AND RADIOS FOR THE FIRE DEPARTMENT.

Funded Amount:

$15,000

Requested By:

LATIMER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MANOR PARK CIVIC ASSOCIATION
P.O. BOX 581
MASTIC, NY 11950
(631) 281−7145

Name of Project Director:

NEAL LEWIS

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP THE ORGANIZATION’S MEMBERSHIP THROUGH MAILINGS AND NEWSLETTERS INFORMING THE COMMUNITY OF CRITICAL LOCAL ISSUES.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MASPETH CHAMBER OF COMMERCE, INC.
P.O. BOX 780265
MASPETH, NY  11378
(718) 779−1111

Name of Project Director:

JIM O’KANE

Purpose of Project:

FUNDS WILL BE USED FOR THE GRAND AVENUE BEAUTIFICATION PROGRAM INCLUDING PLANTING, MAINTENANCE AND CLEAN−UP.

Funded Amount:

$45,000

Requested By:

MARKEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MAYNARD VOLUNTEER FIRE DEPARTMENT, INC.
P.O. BOX 377
MARCY, NY 13403
(315) 732–8181

Name of Project Director:

WILLIAM J. GAGNON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE UP–TO–DATE PORTABLE RADIOS CAPABLE OF TRANSMITTING AND RECEIVING MESSAGES TO ALLOW BETTER COMMUNICATION DURING FIRE AND EMERGENCY SERVICE CALLS.

Funded Amount:

$5,000

Requested By:

DESTITO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MEADOWMERE FIRE DEPARTMENT
14 MEYER AVENUE
LAWRENCE, NY 11559
(516) 239–3088

Name of Project Director:

SCOTT HOWIE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FIREFIGHTING EQUIPMENT AND SUPPLIES.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MECHANICSTOWN FIRE DISTRICT
22 VICTORY STREET
MIDDLETOWN, NY 10940
(845) 342-0128

Name of Project Director:

JOE ANDREA

Purpose of Project:

FUNDS WILL BE USED FOR FIRE EQUIPMENT.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MEDFORD CHAMBER OF COMMERCE
P.O. BOX 926
MEDFORD, NY  11763
(631) 654–8446

Name of Project Director:

JAMES GUBITOSI

Purpose of Project:

FUNDS WILL BE USED TOWARD BUILDING RENOVATIONS, AND FOR THE PURCHASE OF OFFICE FURNITURE AND EQUIPMENT.

Funded Amount:

$5,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MEDFORD FIRE DISTRICT
171 OREGON AVENUE
MEDFORD, NY 11763
(631) 475–0413

Name of Project Director:

MICHAEL BARRY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SAFETY EQUIPMENT FOR THE FIRE DEPARTMENT.

Funded Amount:

$6,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MEDFORD TAXPAYERS AND CIVIC ASSOCIATION, INC.
P.O. BOX 267
MEDFORD, NY  11763
(631) 475–4783

Name of Project Director:

DON SEUBERT

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE UPKEEP OF THE GARDENS PLANTED BY THE ASSOCIATION, INCLUDING THE PURCHASE OF EQUIPMENT.

Funded Amount:

$1,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MEDFORD TAXPAYERS AND CIVIC ASSOCIATION, INC.
P.O. BOX 267
MEDFORD, NY  11763
(631) 475–4783

Name of Project Director:

NERINA SPERL

Purpose of Project:

FUNDS WILL BE USED TO BEAUTIFY THE MEDFORD AREA INCLUDING THE PURCHASE OF PLANTERS, HANGING BASKETS, FLOWERS AND BENCHES. FUNDS WILL ALSO BE USED TO DISSEMINATE A NEWSLETTER INCLUDING THE COST OF PRINTING AND POSTAGE.

Funded Amount:

$5,000

Requested By:

EDDINGTONT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MELROSE FIRE COMPANY, INC.
P.O. BOX 58
MELROSE, NY 12121
(518) 235–9860

Name of Project Director:

DARLENE VAN WERT

Purpose of Project:

FUNDS WILL BE USED TO REPLACE THE EXISTING FURNACE AT THE FIRE HOUSE.

Funded Amount:

$7,000

Requested By:

GORDON–T

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MERCY FLIGHT CENTRAL
2420 BRICKYARD ROAD
CANANDAIGUA, NY 14424
(585) 396−0584

Name of Project Director:

PAUL HYLAND

Purpose of Project:

FUNDS WILL BE USED FOR OPERATIONAL EXPENSES OF MERCY FLIGHT CENTRAL.

Funded Amount:

$5,000

Requested By:

ERRIGO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MERCY FLIGHT CENTRAL
2420 BRICKYARD ROAD
CANANDAIGUA, NY 14424
(585) 396–0584

Name of Project Director:

PAUL HYLAND

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING AMBULANCE SERVICE.

Funded Amount:

$10,000

Requested By:

KOLB

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MERCY FLIGHT CENTRAL
2420 BRICKYARD ROAD
CANADAIGUA, NY 14424
(585) 396−0584

Name of Project Director:

PAUL HYLAND

Purpose of Project:

FUNDS WILL BE USED FOR OPERATIONAL EXPENSES OF MERCY FLIGHT CENTRAL.

Funded Amount:

$5,000

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MERRICK FIRE DEPARTMENT
P.O. BOX 235, 2075 MEADOWBROOK ROAD
MERRICK, NY 11566
(516) 223−1501

Name of Project Director:

CHIEF KEVIN STEPPE

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC OPERATIONS

Funded Amount:

$2,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MAIDEN LANE – 21ST FLOOR
NEW YORK, NY  10038
(212) 453–9500

Name of Project Director:

HERB FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SOCIAL SERVICE PROGRAMS,
INCLUDING CASE MANAGEMENT, CRISIS INTERVENTION, FOOD VOUCHERS,
ETC. IN THE BORO PARK, BROOKLYN COMMUNITY. PROGRAMS ARE OPEN
TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$98,000

Requested By:

ABBATE, BENEDETTO, BING, BRENNAN, BROOK−KRASNY, CANESTRARI,
CLARK, CYMBROWITZ−S, DINOWITZ, FARRELL, JR, GLICK, GOTTFRIED,
HIKIND, HOYT, MAISEL, MAYERSOHN, MILLMAN, O’DONNELL, PHEFFER,
RIVERA−N, ROSENTHAL, SILVER, WEINSTEIN, WEPRIN, YOUNG

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MFY LEGAL SERVICES, INC.
299 BROADWAY
NEW YORK, NY 10007
(212) 417–3700

Name of Project Director:

JEANETTE ZELHOF

Purpose of Project:

FUNDS WILL BE USED FOR CIVIL LEGAL SERVICES TO HELP MANHATTAN SENIORS AND LOW INCOME/WORKING POOR FAMILIES FACING HOUSING EVICTIONS, AS WELL AS WORKPLACE PROBLEMS SUCH AS LOSS OF EMPLOYMENT AND UNPAID WAGES.

Funded Amount:

$4,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MFY LEGAL SERVICES, INC.
299 BROADWAY
NEW YORK, NY 10007
(212) 417–3700

Name of Project Director:

JEANETTE ZELHOF

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LEGAL SERVICES TO LOW–INCOME NEW YORKERS.

Funded Amount:

$5,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MFY LEGAL SERVICES, INC.
299 BROADWAY
NEW YORK, NY 10007
(212) 417–3731

Name of Project Director:

DOLORES SCHAEFER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE NEIGHBORHOOD PRESERVATION PROJECT, WHICH PROVIDES FREE LEGAL ASSISTANCE TO MANHATTAN RESIDENTS ON HOUSING ISSUES, AND ASSISTANCE WITH INCOME MAINTENANCE ISSUES AND PROGRAMS.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MFY LEGAL SERVICES, INC.
299 BROADWAY, 4TH FLOOR
NEW YORK, NY  10007
(212) 417−3700

Name of Project Director:

JEANETTE ZELHOF

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES FOR THE ON−SITE SOCIAL WORK UNIT, AND TO MAINTAIN A LEGAL LIBRARY.

Funded Amount:

$5,000

Requested By:

O'DONNELL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MIDDLE COUNTRY COALITION FOR SMART GROWTH, INC.
P.O. BOX 503
CENTEREACH, NY 11720
(631) 697-7220

Name of Project Director:

KEVIN MCCORMACK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ADMINISTRATIVE COSTS AND PUBLIC OUTREACH SERVICES OF THE COALITION, WHICH WORKS WITH A BROAD COALITION OF COMMUNITY GROUPS DEDICATED TO THE REVITALIZATION OF THE NYS ROUTE 25 MIDDLE COUNTRY COMMERCIAL CORRIDOR.

Funded Amount:

$4,000

Requested By:

INGLEBRIGHT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MIDDLE COUNTRY COALITION FOR SMART GROWTH, INC.
101 EASTWOOD BOULEVARD, P.O. BOX 503
CENTEREACH, NY 11720
(631) 697-7220

Name of Project Director:

KEVIN MCCORMACK

Purpose of Project:

FUNDS WILL BE USED FOR: COMMUNITY OUTREACH TO INFORM RESIDENTS; BEAUTIFICATION; AND TO PROVIDE AN INFORMATION SOURCE TO DISPLAY ALL COMMUNITY MESSAGES.

Funded Amount:

$2,500

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MIDDLE ISLAND FIRE DISTRICT
31 ARNOLD DRIVE
MIDDLE ISLAND, NY 11953
(631) 924–3116

Name of Project Director:

WALTER OLSZEWSKI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SAFETY EQUIPMENT FOR THE FIRE DEPARTMENT.

Funded Amount:

$3,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MIDDLE VILLAGE CHAMBER OF COMMERCE, INC.
75-25 METROPOLITAN AVENUE
MIDDLE VILLAGE, NY 11379
(718) 894-7272

Name of Project Director:

TANN BROSCHANT

Purpose of Project:

FUNDS WILL BE USED TOWARD COMMUNITY PROJECTS AND EVENTS INCLUDING A SPRING FESTIVAL.

Funded Amount:

$2,000

Requested By:

HEVESI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MIDLAND BEACH CIVIC ASSOCIATION, INC.
1036 OLYMPIA BOULEVARD
STATEN ISLAND, NY  10306
(718) 979–0364

Name of Project Director:

YASMIN AMMIRATO

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH EFFORTS FOR EMERGENCY PREPAREDNESS, COMMUNITY SAFETY PROGRAMMING, AND THE PURCHASE OF MATERIALS FOR THE PROGRAM.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MIDWOOD DEVELOPMENT CORPORATION
1416 AVENUE M
BROOKLYN, NY 11230
(718) 376–0999

Name of Project Director:

LINDA GOODMAN

Purpose of Project:

FUNDS WILL BE USED FOR ESL CLASSES, HOUSING ASSISTANCE AND SENIOR CITIZEN PARTICIPATION PROGRAMS, AS WELL AS COMMUNITY PROGRAMS.

Funded Amount:

$32,500

Requested By:

JACOBS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MOHAWK FIRE DEPARTMENT
28 COLUMBIA STREET
MOHAWK, NY 13350
(315) 866-4350

Name of Project Director:

CHRIS EDICK

Purpose of Project:

FUNDS WILL BE USED TOWARDS THE COST OF 20 EMERGENCY RESPONSE PAGERS.

Funded Amount:

$7,500

Requested By:

BUTLER–M

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MONROE VILLAGE ASSOCIATION
415 PARK AVENUE
ROCHESTER, NY 14607
(585) 244–3352

Name of Project Director:

DAVID DWORKIN

Purpose of Project:

FUNDS WILL BE USED FOR INFRASTRUCTURE IMPROVEMENTS FOR VILLAGE SQUARE.

Funded Amount:

$25,000

Requested By:

ERRIGO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MOSHOLU JEROME EAST GUN HILL ROAD DISTRICT MANAGEMENT ASSOCIATION
3400 RESERVOIR OVAL EAST
BRONX, NY 10467
(718) 324−4946

Name of Project Director:

ROBERTO S. GARCIA

Purpose of Project:

FUNDS WILL BE USED TO HELP SPONSOR A STREET FAIR TO PROMOTE THE BUSINESSES WITHIN THE JEROME−GUN HILL BUSINESS IMPROVEMENT DISTRICT.

Funded Amount:

$5,000

Requested By:

DINOWITZ

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MOUNT SINAI CIVIC ASSOCIATION
P.O. BOX 339
MOUNT SINAI, NY 11766
(631) 331−9320

Name of Project Director:

NEAL LEWIS

Purpose of Project:

Funds will be used to develop the organization’s membership through mailings and newsletters informing the community of critical local issues.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MT. LODGE PARK FIRE COMPANY
26 FELTER HILL ROAD
MONROE, NY 10950
(845) 742–0765

Name of Project Director:

CHIEF JAMES GROVER

Purpose of Project:

FUNDS WILL BE USED FOR FIRE HOUSE PARKING LOT IMPROVEMENT.

Funded Amount:

$2,500

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MT. MARION FIRE COMPANY INC.
P.O. BOX 75
MT. MARION, NY 12456
(845) 246-2290

Name of Project Director:

JOHN HEPPNER

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING EXPENSES AND EQUIPMENT.

Funded Amount:

$1,000

Requested By:

LOPEZ-P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MUMFORD FIRE DEPARTMENT, INC.
P.O. BOX 477, 1013 MAIN STREET
MUMFORD, NY  14511
(585) 538–2330

Name of Project Director:

DAN CHAPMAN

Purpose of Project:

FUNDS WILL BE USED TO REINSTALL AN OLD SIREN TO A NEW POLE AND NEW CONTROLLER (ACTIVATION DEVICE) SO THE FIRE DEPARTMENT IS ABLE TO NOTIFY THE PUBLIC WHEN RESPONDING, AS WELL AS FOR CIVIL DEFENSE WARNINGS.

Funded Amount:

$5,600

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

MUNNSVILLE VOLUNTEER FIRE COMPANY
MAIN STREET
MUNNSVILLE, NY 13409
(315) 495-6546

Name of Project Director:

RICHARD SNIDER

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF THE JAWS OF LIFE WITH POWER UNIT.

Funded Amount:

$10,000

Requested By:

MAGEE

Name of Administering State Agency:

DEPARTMENT OF STATE
MURRAY HILL COMMITTEE, INC.
36 EAST 36TH STREET
NEW YORK, NY 10016
(212) 243-0202

ED CURTIN

FUNDS WILL BE USED FOR TRASH RECEPTICLE REPAIRS AND REPLACEMENT, TREE BED MAINTENANCE, AND A COMMUNITY NEWSLETTER.

$3,000

GOTTFRIED

DEPARTMENT OF STATE
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:

$3,000

Requested By:

SCHIMEL

Name of Administering State Agency:

DEPARTMENT OF STATE
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:

LOIS SCHWAEBER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LEGAL ADVOCACY, CONSULTATION AND REPRESENTATION FOR VICTIMS OF DOMESTIC VIOLENCE.

Funded Amount:

$1,000

Requested By:

LAVINE

Name of Administering State Agency:

DEPARTMENT OF STATE
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:

ALANA PETROCELLI

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PHASE I OF THE MUSEUM EXPANSION.

Funded Amount:

$1,500

Requested By:

SCHIMELE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NASSAU COUNTY FIREFIGHTERS MUSEUM AND EDUCATION CENTER
ONE DAVIS DRIVE
GARDEN CITY, NY 11530
(516) 572−4177  Ext: 4

Name of Project Director:

FRANK SARACINO

Purpose of Project:

FUNDS WILL BE USED TO TEACH THE PUBLIC HOW TO PREVENT INJURIES AND SAVE LIVES.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NASSAU SHORES CIVIC ASSOCIATION
P.O. BOX 171
MASSAPEQUA, NY 11758
(516) 799–4951

Name of Project Director:

WALLY D’AMATO

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF PROGRAMS.

Funded Amount:

$1,500

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NEIGHBORHOOD TECHNICAL ASSISTANCE CLINIC
544 MACDONOUGH STREET
BROOKLYN, NY 11233
(718) 455–3784

Name of Project Director:

VALERIE OLIVER–DURRAH

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE THE OUTCOMES OF COMMUNITY BASED SOCIAL INVESTMENT THROUGH TECHNICAL ASSISTANCE AND TRAINING SERVICES.

Funded Amount:

$6,500

Requested By:

ROBINSON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NEIGHBORS AGAINST GARBAGE, INC.
101 KENT AVENUE
BROOKLYN, NY  11211
(718) 384–2248

Name of Project Director:

PETER GILLESPIE

Purpose of Project:

FUNDS WILL BE USED TO HELP ORGANIZE THE COMMUNITY ON CERTAIN LOCAL PROJECTS THROUGH THE PRINTING OF LITERATURE AND OTHER MATERIALS.

Funded Amount:

$3,000

Requested By:

LENTOL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NEW GROUND
P.O. BOX 840
WANTAGH, NY 11793
(516) 459–2453

Name of Project Director:

JO–ANN HERTZMAN

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NEW HYDE PARK FIRE DEPARTMENT
1555 JERICHO TURNPIKE
NEW HYDE PARK, NY 11040
(516) 354–8761

Name of Project Director:

JOHN DIVELLO

Purpose of Project:

FUNDS WILL BE USED FOR FIRE FIGHTING EQUIPMENT.

Funded Amount:

$7,500

Requested By:

MCKEVITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NEW YORK CHARIOTS OF FIRE
41 SALEM RIDGE DRIVE
HUNTINGTON, NY 11743
(631) 236−9099

Name of Project Director:

TONY NUSSBACHER

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NEW YORK LEGAL ASSISTANCE GROUP, INC.
450 WEST 33RD STREET
NEW YORK, NY 10001
(212) 613-5000

Name of Project Director:

YISROEL SCHULMAN

Purpose of Project:

FUNDS WILL BE USED TO OFFER LEGAL SERVICES TO LOW INCOME IMMIGRANTS RESIDING IN THE COMMUNITY. LEGAL SERVICES INCLUDE ADVOCACY, DIRECT REPRESENTATION AND IMPACT LITIGATION, AS WELL AS AIDING ACCESS TO PUBLIC BENEFITS.

Funded Amount:

$5,000

Requested By:

COLTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NEW YORK LEGAL ASSISTANCE GROUP, INC.
450 WEST 33RD STREET, 11TH FLOOR
NEW YORK, NY 10001
(212) 613−5000

Name of Project Director:

YISROEL SCHULMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EMERGENCY LEGAL SERVICES TO VICTIMS OF DOMESTIC VIOLENCE.

Funded Amount:

$44,000

Requested By:

SILVER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NEW YORK STATE ASSOCIATION OF BLACK WOMEN OWNED ENTERPRISES
730 FULTON AVENUE
HEMPSTEAD, NY  11550
(516) 485–5900

Name of Project Director:

GINA SALTER PARKER

Purpose of Project:

FUNDS WILL BE USED TO ADVOCATE, NETWORK, IDENTIFY AND PROVIDE BUSINESS/TECHNICAL RESOURCES, EQUAL ACCESS TO FINANCIAL ASSISTANCE AND ACCESS TO GOVERNMENT, AS WELL AS, PRIVATE SECTOR PROCUREMENT FOR MEMBERS.

Funded Amount:

$10,000

Requested By:

HOOPER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NEWSTEAD FIRE COMPANY, INC.
5691 CUMMINGS ROAD
AKRON, NY 14001
(716) 553–8742

Name of Project Director:

STEVE YOUNG

Purpose of Project:

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A TRAINING FACILITY.

Funded Amount:

$5,000

Requested By:

COLE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NIAGARA COUNTY VOLUNTEER FIREMEN’S ASSOCIATION, INC.
P.O. BOX 231
SANBORN, NY 14132
(716) 433−1308

Name of Project Director:

ED TASE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF FIREMEN ATTENDING AND PARTICIPATING IN THE 2009 CONVENTION.

Funded Amount:

$5,000

Requested By:

DELMONTE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NIAGARA FALLS FIRE DEPARTMENT
3115 WALNUT AVENUE
NIAGARA FALLS, NY 14301
(716) 286-4725

Name of Project Director:

WILLIAM MACKAY

Purpose of Project:

FUNDS WILL BE USED TOWARD THE CREATION OF AN ATHLETIC FACILITY FOR DEPARTMENT USE.

Funded Amount:

$8,100

Requested By:

DELMONTE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NICOLE PAULTRE BELL "WHEN ITS REAL, IT’S FOREVER FUND", INC.
191 BEACH 27TH STREET
FAR ROCKAWAY, NY  11691
(347) 926−4276

Name of Project Director:

NICOLE PAULTRE BELL

Purpose of Project:

FUNDS WILL BE USED TO MOBILIZE NEIGHBORS, COMMUNITY BASED ORGANIZATIONS AND OTHER COMMUNITY PARTNERS TO IMPROVE THE STREETS, FOSTERING COMMUNITY PRIDE AND OWNERSHIP.

Funded Amount:

$3,000

Requested By:

TITUS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NORTH AMHERST VOLUNTEER FIRE COMPANY
2200 TONAWANDA CREEK ROAD
AMHERST, NY 14228
(716) 863-2697

Name of Project Director:

JOSEPH ROZBICKI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND INSTALL AN EMERGENCY GENERATOR SYSTEM.

Funded Amount:

$45,000

Requested By:

HAYES

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NORTH AMITYVILLE COMMUNITY ECONOMIC COUNCIL, INC.
P.O. BOX 785
AMITYVILLE, NY 11701
(631) 842-5376

Name of Project Director:

ROSEMARIE DEARING

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES FOR THE ECONOMIC DEVELOPMENT AND EDUCATION PROGRAMS IN NORTH AMITYVILLE.

Funded Amount:

$10,000

Requested By:

SWEENEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NORTH BAILEY VOLUNTEER FIRE COMPANY
966 SWEET HOME ROAD
AMHERST, NY 14226
(716) 435–9896

Name of Project Director:

DAVID HUMBERT

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A SELF−CONTAINED BREATHING APPARATUS AND TRUCK EQUIPMENT.

Funded Amount:

$25,000

Requested By:

HAYES

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NORTH BELLMORE AMERICAN LEGION POST 1749 INC.
P.O. BOX 559
NORTH BELLMORE, NY 11710
(516) 785−7220

Name of Project Director:

COMMANDER FRANK COLON, JR.

Purpose of Project:

FUNDS WILL BE USED FOR BUILDING REPAIRS AND IMPROVEMENTS, WHICH IS USED BY COMMUNITY GROUPS.

Funded Amount:

$5,000

Requested By:

MCKEVITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NORTH BELLMORE FIRE DEPARTMENT
821 NEWBRIDGE ROAD
NORTH BELLMORE, NY 11710
(516) 409-4700

Name of Project Director:

CHIEF MICHAEL BOLAND

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC OPERATIONS.

Funded Amount:

$2,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NORTH COUNTRY HOME SERVICES
25 CHURCH STREET
SARANAC LAKE, NY 12983
(518) 891−5611

Name of Project Director:

REBECCA LEAHY

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF GENERATOR TO PROVIDE EMERGENCY POWER TO HOME HEALTHCARE BUILDING

Funded Amount:

$10,000

Requested By:

DUPREY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NORTH FORK CHAMBER OF COMMERCE, INC.
P.O. BOX 1415
SOUTHOLD, NY 11971
(631) 465-3161

Name of Project Director:

JOE CORSO

Purpose of Project:

FUNDS WILL BE USED TO INCREASE MEMBERSHIP DEVELOPMENT AND PROGRAM PARTICIPATION THROUGH COMMUNITY OUTREACH OF SERVICES OFFERED TO THE COMMUNITY.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NORTH GREECE FIRE DISTRICT
1766 LATTA ROAD
ROCHESTER, NY 14612
(585) 227–4669

Name of Project Director:

FRANK LOMBARDO

Purpose of Project:

FUNDS WILL BE USED FOR A PORTABLE PA SYSTEM.

Funded Amount:

$2,500

Requested By:

REILICH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NORTH MASSAPEQUA CIVIC ASSOCIATION
P.O. BOX 1035
NORTH MASSAPEQUA, NY 11758
(516) 799–8071

Name of Project Director:

ROSE HOBBINS

Purpose of Project:

FUNDS WILL BE USED FOR THE SUPPORT OF PROGRAMS.

Funded Amount:

$1,500

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NORTH PATCHOGUE FIRE DISTRICT  
33 DAVIDSON AVENUE  
PATCHOGUE, NY 11772  
(631) 475−1788

Name of Project Director:

JOHN C. DREWS, III

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT TO AID THE FIRE DEPARTMENT.

Funded Amount:

$2,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NORTH WARREN EMERGENCY SQUAD
P.O. BOX 323
CHESTERTOWN, NY 12817
(518) 494-4317

Name of Project Director:

KEVIN WHITE

Purpose of Project:

FUNDS WILL BE USED FOR TURNOUT GEAR.

Funded Amount:

$10,000

Requested By:

SAYWARD

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NORTH WINTON VILLAGE ASSOCIATION, INC.
P.O. BOX 10835  
ROCHESTER, NY  14610  
(585) 482–2898

Name of Project Director:

MARILYN SCHUTTE

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE INSTALLING STREET LIGHTS AND BANNERS ALONG WINTON ROAD, MAIN STREET, AND MERCHANTS ROAD.

Funded Amount:

$7,500

Requested By:

MORELLE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NORTHFIELD COMMUNITY LDC OF STATEN ISLAND, INC.
160 HEBERTON AVENUE
STATEN ISLAND, NY 10302
(718) 442−7351  Ext: 23

Name of Project Director:

JOAN CATALANO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROGRAMS, WHICH STIMULATE ECONOMIC AND COMMUNITY DEVELOPMENT.

Funded Amount:

$3,000

Requested By:

TITONE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NORTHPORT CHORALE
P.O. BOX 55
NORTHPORT, NY 11768
(631) 754–3144

Name of Project Director:

LINDA MCMULLEN

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NOTH MERRICK FIRE DEPARTMENT
2095 CAMP AVENUE
NORTH MERRICK, NY 11566
(516) 623-5448

Name of Project Director:

CHIEF JOSEPH VICARIO

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC OPERATIONS.

Funded Amount:

$2,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

NOYAC CIVIC COUNCIL
P.O. BOX 2565
SAG HARBOR, NY 11963
(631) 725–3869

Name of Project Director:

CHUCK NEUMAN

Purpose of Project:

FUNDS WILL BE USED FOR A COMPUTER INFORMATION PRESENTATION SYSTEM.

Funded Amount:

$1,000

Requested By:

THIELE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

OAK HILL–DURHAM FIRE COMPANY
P.O. BOX 51
OAK HILL, NY 12460
(518) 239–6714

Name of Project Director:

PETER WEAVER

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT AND OPERATING COSTS.

Funded Amount:

$4,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

OAKDALE CHAMBER OF COMMERCE
1311 MONTAUK HIGHWAY
OAKDALE, NY 11769
(631) 750–1717

Name of Project Director:

RON BEATTIE

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A COMPUTER AND FOR THE CREATION OF A WEBSITE FOR CHAMBER PURPOSES, AS WELL AS ECONOMIC DEVELOPMENT.

Funded Amount:

$3,000

Requested By:

FIELDS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

OAKWOOD CIVIC ASSOCIATION OF STATEN ISLAND, INC.
162 MALONE AVENUE
STATEN ISLAND, NY  10306
(917) 620–5940

Name of Project Director:

JOHN LAFEMINA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MATERIALS, OFFSET THE COSTS OF COMMUNITY OUTREACH EFFORTS FOR EMERGENCY PREPAREDNESS, AND COMMUNITY SAFETY PROGRAMMING.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

OCEANIC HOOK AND LADDER CO. 1
4010 VICTORY BOULEVARD
STATEN ISLAND, NY 10314
(718) 761–4246

Name of Project Director:

FRANK PETERS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT OPERATING EXPENSES OF THE FIRE DEPARTMENT.

Funded Amount:

$3,000

Requested By:

CUSICK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

OLD TOWN CIVIC ASSOCIATION, INC.
121 PARKINSON AVENUE
STATEN ISLAND, NY  10305
(718) 981–9755

Name of Project Director:

DR. VICTOR DOLAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MATERIALS, OFFSET THE COSTS OF COMMUNITY OUTREACH EFFORTS FOR EMERGENCY PREPAREDNESS, AND COMMUNITY SAFETY PROGRAMMING.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ONEIDA COUNTY VOLUNTEER FIREMEN’S ASSOCIATION, INC.
10 BERMUDA ROAD
WHITESBORO, NY 13492
(315) 266–3441

Name of Project Director:

BRIAN F. MCQUEEN

Purpose of Project:

FUNDS WILL BE USED TO COVER EXPENSES RELATED TO THE ANNUAL CHILDREN’S FIRE AND LIFE SAFETY EXPO HELD IN MARCY WHICH EDUCATES STUDENTS ABOUT THE DANGERS OF FIRES AND WAYS THEY CAN LIVE SAFER LIVES.

Funded Amount:

$10,000

Requested By:

DESTITO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

OPERATION OSWEGO COUNTY
44 WEST BRIDGE STREET
OSWEGO, NY 13126
(315) 343–1545

Name of Project Director:

MICHAEL TREADWELL

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC EXPENSES.

Funded Amount:

$33,600

Requested By:

BARCLAY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ORANGE COUNTY LAND TRUST
P.O. BOX 2442
MIDDLETOWN, NY  10940
(845) 343–0840

Name of Project Director:

JIM DELAUNE

Purpose of Project:

Funds will be used to create two kiosks located at Lower Bashakill and Laurel Hill, as well as for trail maintenance.

Funded Amount:

$5,000

Requested By:

GUNTER–A

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

OTISVILLE FIRE DEPARTMENT
60 STATE STREET
OTISVILLE, NY 10963
(845) 469−4911

Name of Project Director:

ANTHONY COPPOLA, SR.

Purpose of Project:

FUNDS WILL BE USED FOR FIRE EQUIPMENT.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

OUTSIDE FIRE PROTECTION DISTRICT #3
2 MAIN STREET, P.O. BOX 189
HARPURSVILLE, NY 13787
(607) 761−5504

Name of Project Director:

JEFFREY BUCKLER

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A BREATHING AIR COMPRESSOR.

Funded Amount:

$20,000

Requested By:

CROUCH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

OWLS HEAD–MT. VIEW VolUNTEER FIRE DEPARTMENT, INC.
46 RAGGED LAKE ROAD, P.O. BOX 26
OWLS HEAD, NY 12969
(518) 483–5240

Name of Project Director:

SCOTT A. HARWOOD

Purpose of Project:

FUNDS WILL BE USED TOWARD A GARAGE TO ACCOMMODATE FIRE AND RESCUE EQUIPMENT.

Funded Amount:

$5,000

Requested By:

DUPREY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

PANDA TV 23
6 MONTGOMERY STREET
TIVOLI, NY 12583
(845) 757–2632

Name of Project Director:

KATHLEEN HAMMER

Purpose of Project:

FUNDS WILL BE USED FOR COSTS OF ADDITIONAL EQUIPMENT.

Funded Amount:

$2,000

Requested By:

MOLINARO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

PARK SLOPE CIVIC COUNCIL, INC.
357 NINTH STREET
BROOKLYN, NY  11215
(718) 832–8227

Name of Project Director:

KEN FREEMAN

Purpose of Project:

FUNDS WILL BE USED TO INSTALL PUBLIC RECYCLING CONTAINERS AT BUSY INTERSECTIONS IN PARK SLOPE.

Funded Amount:

$4,000

Requested By:

MILLMAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

PARK SLOPE CIVIC COUNCIL, INC.
357 9TH STREET
BROOKLYN, NY  11215
(718) 832–8227

Name of Project Director:

KEN FREEMAN

Purpose of Project:

FUNDS WILL BE USED TO PRODUCE A COMMEMORATIVE CALENDAR CELEBRATING FIFTY YEARS OF HISTORIC HOUSE TOURS BY THE COUNCIL.

Funded Amount:

$2,000

Requested By:

BRENNAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

PEARL RIVER CHAMBER OF COMMERCE
P.O. BOX 829
PEARL RIVER, NY 10965
(845) 735–5324

Name of Project Director:

MICHAEL O’SULLIVAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LANDSCAPING PROJECTS IN DOWNTOWN COMMERCIAL AREAS OF PEARL RIVER TO CREATE A MORE ATTRACTIVE APPEARANCE FOR TOURISTS AND CONSUMERS.

Funded Amount:

$7,000

Requested By:

JAFFEE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

PENFIELD FIRE COMPANY, INC.
1838 PENFIELD ROAD
PENFIELD, NY 14526
(585) 586–2413

Name of Project Director:

THOMAS E. DZIURA

Purpose of Project:

FUNDS WILL BE USED FOR THE REPLACEMENT OF 12 SETS OF PERSONAL PROTECTIVE FIRE TURNOUT GEAR, DUE TO FABRIC FATIGUE OR CONTAMINATION.

Funded Amount:

$18,000

Requested By:

KOON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

PHELPS FIRE DEPARTMENT
P.O. BOX 81
PHELPS, NY 14532
(315) 548–3864

Name of Project Director:

JOHN DOLE

Purpose of Project:

FUNDS WILL BE USED FOR FACILITY IMPROVEMENTS.

Funded Amount:

$10,000

Requested By:

KOLB

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

PHILLIPSPORT COMMUNITY CENTER ASSOCIATION, INC.
P.O. BOX 828, 657 RED HILL ROAD
PHILLIPSPORT, NY 12769
(212) 662–9978

Name of Project Director:

ROBERT SPEZIALE

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE THE FACILITY TO MEET ADA STANDARDS; AS WELL AS FOR ELECTRICAL AND HVAC UPGRADES.

Funded Amount:

$7,000

Requested By:

GUNTHER–A

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

PINE ISLAND AMBULANCE CORPS
P.O. BOX 264
PINE ISLAND, NY 10969
(845) 258–4122

Name of Project Director:

KELLY LEE PIKUL

Purpose of Project:

FUNDS WILL BE USED FOR EMERGENCY SERVICE EQUIPMENT.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

PLAYWRIGHTS HORIZONS, INC.
416 WEST 42ND STREET
NEW YORK, NY 10036
(212) 564–1235

Name of Project Director:

LESLIE MARCUS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF THE PLAYWRIGHTS HORIZON THEATER SCHOOL.

Funded Amount:

$55,000

Requested By:

GOTTFRIED, MORELLE, SILVER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

PLUMB BEACH CIVIC ASSOCIATION OF SHEEPSHEAD BAY, INC.
2814 FORD STREET
BROOKLYN, NY 11235
(718) 891–8400

Name of Project Director:

KATHY FLYNN

Purpose of Project:

FUNDS WILL BE USED FOR THE WAR VETERANS MEMORIAL.

Funded Amount:

$4,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

POINT BREEZE VOLUNTEER FIRE DEPARTMENT, INC.
ONE FIREMAN'S PLAZA
BREEZY POINT, NY 11697
(718) 634–7967

Name of Project Director:

JOHN INGRAM

Purpose of Project:

FUNDS WILL BE USED TOWARDS THE PURCHASE OF EQUIPMENT AND TO HELP OFFSET THE GENERAL OPERATING EXPENSES OF THE VFD.

Funded Amount:

$4,000

Requested By:

PHEFFER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

POMPEY HILL VOLUNTEER FIRE DEPARTMENT, INC.
7407 ACADEMY STREET
POMPEY, NY 13138
(315) 677–3212

Name of Project Director:

DENNIS M. SMITH

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE FOUR AUTOMATED EXTERNAL DEFIBRILLATORS IN FIRE CHIEF’S VEHICLE TO BIPHASIC PEDIATRIC UNITS.

Funded Amount:

$5,000

Requested By:

STIRPE

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

PORT BYRON FIRE DEPARTMENT
P.O. BOX 367
PORT BYRON, NY 13140
(315) 776–8670

Name of Project Director:

COREY ROOKER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A THERMAL IMAGING CAMERA.

Funded Amount:

$10,000

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

PORT HENRY FIRE DEPARTMENT
14 CHURCH STREET
LAKE PLACID, NY 12946
(518) 546−7053

Name of Project Director:

JAMES HUGHES

Purpose of Project:

FUNDS WILL BE USED FOR A THERMAL IMAGING CAMERA SYSTEM.

Funded Amount:

$9,500

Requested By:

SAYWARD

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

PUBLIC UTILITY LAW PROJECT OF NEW YORK, INC.
194 WASHINGTON AVENUE, SUITE 420
ALBANY, NY 12210
(518) 449−3375  Ext: 113

Name of Project Director:

GERALD A. NORLANDER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE REPRESENTATION OF LOW INCOME AND RURAL CONSUMERS IN UTILITY, TELECOMMUNICATIONS AND ENERGY−RELATED MATTERS.

Funded Amount:

$505,000

Requested By:

BRODSKY, CAHILL, DESTITO, PHEFFER, WEINSTEIN, WRIGHT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

PUTNAM LAKE AM VETS
PUTNAM LAKE VFW FAIRFIELD DRIVE
PUTNAM LAKE, NY 12563
(845) 279–4122

Name of Project Director:

HARVEY STRODE

Purpose of Project:

FUNDS WILL BE USED FOR REPAIRS ON BUILDING IN PUTNAM LAKE USED BY COMMUNITY GROUPS.

Funded Amount:

$2,000

Requested By:

BALL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

QUEENS LEGAL SERVICES CORPORATION  
89–00 SUTPHIN BOULEVARD, SUITE 206  
JAMAICA, NY 11435  
(718) 657–8611

Name of Project Director:

CARL O. CALLENDER, ESQ.

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE LOW INCOME TAXPAYER CLINIC OF QLSC, WHICH ASSISTS NON–ENGLISH SPEAKING, LOW INCOME WORKERS PURSUING EMPLOYMENT LAW ISSUES, INCLUDING WAGE AND HOUR CLAIMS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

QUEENS LEGAL SERVICES CORPORATION
89-00 SUTPHIN BOULEVARD
JAMAICA, NY 11435
(718) 657-8611

Name of Project Director:

CARL O. CALLENDER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LEGAL SERVICES TO CLIENTS THROUGHOUT QUEENS COUNTY.

Funded Amount:

$40,000

Requested By:

COOK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

RED CROSS OF GREATER NY
BUILDING 2104, WEST POINT HIGHWAY
WEST POINT, NY 10996
(845) 938–4100

Name of Project Director:

MICHELLE STROM

Purpose of Project:

FUNDS WILL BE USED FOR PURCHASE OF FIRST AID KITS AND GO BAGS.

Funded Amount:

$5,000

Requested By:

BALL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

RENSSELAER COUNTY
1600 7TH AVENUE
TROY, NY 12180
(518) 270–2912

Name of Project Director:

KATHLEEN JIMINO

Purpose of Project:

FUNDS WILL BE USED TOWARD THE CREATION OF A WWII MEMORIAL FOR THE TROY WATERFRONT.

Funded Amount:

$5,000

Requested By:

GORDON−T

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

RENSSELAER COUNTY ARC
79 102ND STREET, 3RD FLOOR
TROY, NY 12180
(518) 274–3110

Name of Project Director:

JAMES FLANIGAN

Purpose of Project:

FUNDS WILL BE USED FOR A NEW TRAINING FACILITY.

Funded Amount:

$5,000

Requested By:

MCDONALD

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

RENSSELAER COUNTY REGIONAL CHAMBER OF COMMERCE
255 RIVER STREET
TROY, NY 12180
(518) 274−7020

Name of Project Director:

LINDA HILLMAN

Purpose of Project:

FUNDS WILL BE USED TO TRAIN FUTURE LEADERS OF THE REGIONAL BUSINESS COMMUNITY. THE LEADERSHIP INSTITUTE IS A SKILLS−BASED LEADERSHIP PROGRAM AND THE FUNDS WILL ENHANCE THE CURRENT OFFERINGS THROUGH EDUCATIONAL ITEMS AND MATERIALS.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

RESERVE HOSE COMPANY 1 OF THE TOWN OF WEST SENECA
2400 BERG ROAD
WEST SENECA, NY 14218
(716) 675-1122

Name of Project Director:

DON MENDOLA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EQUIPMENT TO VOLUNTEERS TO IMPROVE EFFECTIVENESS.

Funded Amount:

$10,000

Requested By:

SCHROEDER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

RICHMOND ENGINE CO. NO. 1
3664 RICHMOND ROAD
STATEN ISLAND, NY 10306
(917) 836-6447

Name of Project Director:

ROBERT COGHLAN

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATING EXPENSES INCLUDING GAS AND ELECTRIC, IN ORDER TO KEEP THE FIRE COMPANY OPERATING.

Funded Amount:

$3,000

Requested By:

CUSICK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

RIDGE ROAD FIRE DISTRICT
1299 LONG POND ROAD
ROCHESTER, NY 14626
(585) 227−2123

Name of Project Director:

BUD PHILLIPS

Purpose of Project:

FUNDS WILL BE USED TO REPLACE DEFIBRILLATORS.

Funded Amount:

$8,000

Requested By:

REILICH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

RIDGEWOOD BUSHWICK SENIOR CITIZENS COUNCIL, INC.
555 BUSHWICK AVENUE
BROOKLYN, NY  11206
(718) 821–0254  Ext: 110

Name of Project Director:

CHRISTIANA FISHER

Purpose of Project:

FUNDS WILL BE USED TO CREATE AN INFORMATION SHARING NETWORK AMONG LATINOS AND OTHER PEOPLE OF COLOR TO EMPOWER, EDUCATE AND DEVELOP LEADERSHIP. THIS IS ACCOMPLISHED THROUGH MONTHLY MEETINGS AND EDUCATIONAL CONFERENCES.

Funded Amount:

$50,000

Requested By:

LOPEZ–V

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

RIDGEWOOD PROPERTY OWNERS AND CIVIC ASSOCIATION, INC.
P.O. BOX 860077
RIDGEWOOD, NY 11386
(718) 802–5078

Name of Project Director:

PAUL KERZNER

Purpose of Project:

FUNDS WILL BE USED FOR MONTHLY MEMBERSHIP MEETINGS INCLUDING, BUT NOT LIMITED TO, NOTIFICATIONS ABOUT THE MEETINGS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

RIVERDALE JEWISH COMMUNITY COUNCIL, INC.
C/O RIVERDALE YM–YWHA, 5625 ARLINGTON AVENUE
BRONX, NY 10471
(718) 548–8200  Ext: 217

Name of Project Director:

DEVORIE GOLDHAIR

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS FOR A COMMUNITY CONCERT.

Funded Amount:

$5,000

Requested By:

DINOWITZ

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ROBERSON MEMORIAL, INC.
30 FRONT STREET
BINGHAMTON, NY 13905
(607) 772-0660 Ext: 231

Name of Project Director:

TERRY MCDONALD

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SOFTWARE IN ORDER TO MAKE A DIGITIZED DATA BASE FOR ROBERSON’S COLLECTIONS, WHICH INCLUDE ARTWORK, ARTIFACTS, SPECIMENS AND AUDIO/VIDEO RECORDINGS.

Funded Amount:

$10,000

Requested By:

LUPARDO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ROCKY POINT CIVIC ASSOCIATION
P.O. BOX 341
ROCKY POINT, NY 11778
(631) 946–0092

Name of Project Director:

NEAL LEWIS

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP THE ORGANIZATION’S MEMBERSHIP THROUGH MAILINGS AND NEWSLETTERS INFORMING THE COMMUNITY OF CRITICAL LOCAL ISSUES.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ROME FIRE DEPARTMENT  
CITY HALL, 198 NORTH WASHINGTON STREET  
ROME, NY 13440  
(315) 339-7677

Name of Project Director:

HON. JAMES BROWN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TEN LAPTOP COMPUTERS TO BETTER ENHANCE COMMUNICATION ABILITY AND SAFETY FOR FIRST RESPONDERS USING EMERGENCY VEHICLES IN THE CITY OF ROME.

Funded Amount:

$35,000

Requested By:

DESTITO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ROOSEVELT ISLAND RESIDENTS ASSOCIATION (RIRA)
P.O. BOX 341, ROOSEVELT ISLAND STATION
ROOSEVELT ISLAND, NY 10044
(212) 935–7534

Name of Project Director:

MATTHEW M. KATZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES OF THE ASSOCIATION IN ORDER TO CARRY OUT ITS ACTIVITIES, WHICH BENEFIT THE RESIDENTS OF ROOSEVELT ISLAND.

Funded Amount:

$4,000

Requested By:

KELLNER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ROTARY CLUB OF IRONDEQUOIT, INC.
125 EASTMAN ESTATES
ROCHESTER, NY 14622
(585) 224–5819

Name of Project Director:

THERESE CORRIGAN–BASTUK

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN THE BUILDING OF A PLAYGROUND DESIGNED FOR HANDICAPPED CHILDREN.

Funded Amount:

$10,000

Requested By:

MORELLE

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ROUNDABOUT THEATRE COMPANY, INC.
231 WEST 39TH STREET, SUITE 1200
NEW YORK, NY  10018
(212) 719–9393

Name of Project Director:

JULIA C. LEVY

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMMING.

Funded Amount:

$55,000

Requested By:

FARRELL, JR, SILVER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ROXBURY VOLUNTEER EMERGENCY SERVICES, INC.
42 STATE ROAD
ROCKAWAY POINT, NY 11697
(718) 945−2678

Name of Project Director:

PAUL HEDDESON

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN THE PURCHASES OF VITAL EQUIPMENT FOR LIFE−SAVING EFFORTS OF THIS VOLUNTEER ORGANIZATION.

Funded Amount:

$4,000

Requested By:

PHEFFER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

RYE MERCHANT ASSOCIATION
4 PURCHASE STREET
RYE, NY  10580
(914) 921−5950

Name of Project Director:

CAI PALMER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND MAINTAIN A SOLAR POWERED TRASH COMPACTOR.

Funded Amount:

$5,000

Requested By:

LATIMER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SAINT AGNES CEMETERY
48 CEMETERY AVENUE
MENANDS, NY 12204
(518) 463–0134

Name of Project Director:

MOLLY NICOL

Purpose of Project:

FUNDS WILL BE USED TO RESTORE AND PRESERVE THE HISTORIC
FOUNDERS HILL SECTION.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SALISBURY MILLS FIRE COMPANY
2128 ROUTE 94, P.O. BOX 433
SALISBURY MILLS, NY 12577
(845) 496–3521

Name of Project Director:

JOHN MCCABE

Purpose of Project:

FUNDS WILL BE USED FOR AUDIO/VIDEO EQUIPMENT AND FIRE PREVENTION PROGRAMS.

Funded Amount:

$2,500

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SARATOGA BRIDGES (ARC)
16 SARATOGA BRIDGES BOULEVARD
BALLSTON SPA, NY 12020
(518) 587−0723

Name of Project Director:

VALERIE MURATORI

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES

Funded Amount:

$15,000

Requested By:

MCDONALD

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SARATOGA P.L.A.N., INC.
112 SPRING STREET, ROOM 202
SARATOGA SPRINGS, NY 12866
(518) 587−5554  Ext: 4

Name of Project Director:

LAUREN WELLES

Purpose of Project:

FUNDS WILL BE USED FOR PROJECT MANAGEMENT WORK WITH LANDOWNERS TO CONSERVE LAND FOR FARMLAND/OPEN SPACE IN WATERFORD, THEREBY ADVANCING THE VILLAGE’S SMART GROWTH BALANCE.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SAUGERTIES FIRE DEPARTMENT
43 PARTITION STREET
SAUGERTIES, NY 12477
(845) 246–9701

Name of Project Director:

BRIAN MARTIN

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING EXPENSES AND EQUIPMENT.

Funded Amount:

$1,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SAUGERTIES VFW
25 LODGE ROAD
SAUGERTIES, NY 12477
(845) 246−5300

Name of Project Director:

CLARENCE GARDNER

Purpose of Project:

FUNDS WILL BE USED FOR FACILITY IMPROVEMENTS, WHICH IS USED BY COMMUNITY GROUPS.

Funded Amount:

$2,000

Requested By:

LOPEZ−P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SAXTON/ASBURY–KATSBAAN FIRE COMPANY
3853 ROUTE 32
SAUGERTIES, NY 12477
(845) 246–6096

Name of Project Director:

TERRANCE VALK

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING EXPENSES AND EQUIPMENT.

Funded Amount:

$1,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SCHUYLER HILL CIVIC ASSOCIATION, INC.
3087 MITCHELL PLACE
BRONX, NY  10465
(718) 822–6212

Name of Project Director:

ROBERT KURZ

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF A DEFIBRILLATOR.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SCHUYLER VOLUNTEER FIRE COMPANY, INC.
252 WINDFALL ROAD
UTICA, NY 13502
(315) 723-0106

Name of Project Director:

ROBERT RESKA

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF TURNOUT SAFETY GEAR.

Funded Amount:

$7,500

Requested By:

BUTLER–M

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SEAFORD FIRE DEPARTMENT
2170 SOUTHARD AVENUE
SEAFORD, NY 11783
(516) 679-2623

Name of Project Director:

CHIEF PAUL LOCHNER

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC OPERATIONS.

Funded Amount:

$2,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SEPTEMBER 11 FAMILY GROUP
328 NEPTUNE AVENUE
BROOKLYN, NY 11235
(917) 771–1709

Name of Project Director:

LARRY SAVINKIM

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH A SEPTEMBER 11 MEMORIAL, WHICH IS HELD AT ARTHUR PARK. FUNDS WILL ALSO BE USED FOR UPKEEP ON THE MEMORIAL SQUARE.

Funded Amount:

$3,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION
100 STATE STREET, #410
ROCHESTER, NY  14614
(585) 263-6473

Name of Project Director:

LARRY FELDMAN

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE AND EXPAND UPON WORKSHOPS IN ROCHESTER.

Funded Amount:

$2,000

Requested By:

MORELLE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SERVICE CORPS OF RETIRED EXECUTIVES ASSOCIATION
100 STATE STREET, #410
ROCHESTER, NY  14614
(585) 263–6473

Name of Project Director:

LARRY FELDMAN

Purpose of Project:

FUNDS WILL BE USED FOR EXPANSION OF VOLUNTEER SERVICES TO MORE CLIENTS VIA PROACTIVE OUTREACH, OFFERING CONFIDENTIAL, NO–COST COUNSELING AND LOW–COST EDUCATIONAL PROGRAMS TO NEW AND EXISTING SMALL BUSINESS OWNERS.

Funded Amount:

$5,000

Requested By:

KOON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

   SHAKER ROAD LOUDONVILLE FIRE DEPARTMENT, INC.
   550 ALBANY SHAKER ROAD
   LOUDONVILLE, NY 12211
   (518) 458–1352

Name of Project Director:

   DANIEL FARRELL

Purpose of Project:

   FUNDS WILL BE USED FOR THE PURCHASE OF AN AUTOMATED EXTERNAL DEFIBRILLATOR.

Funded Amount:

   $2,800

Requested By:

   REILLY

Name of Administering State Agency:

   DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SHOREHAM CIVIC ASSOCIATION
P.O. BOX 944
SHOREHAM, NY 11786
(631) 744-2385

Name of Project Director:

KEVIN WARD

Purpose of Project:

FUNDS WILL BE USED FOR MEMBERSHIP DEVELOPMENT THROUGH MAILINGS AND NEWSLETTERS INFORMING THE COMMUNITY OF CRITICAL LOCAL ISSUES.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SHOREVILLE PARK CIVIC ASSOCIATION
P.O. BOX 53
MASSAPEQUA, NY 11758
(516) 541–3517

Name of Project Director:

ANTHONY MANOUGIAN

Purpose of Project:

FUNDS WILL BE USED FOR THE SUPPORT OF PROGRAMS.

Funded Amount:

$1,500

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SILVER LAKE FIRE DISTRICT
26 MALTESE DRIVE
MIDDLETOWN, NY 10940
(845) 343–7131

Name of Project Director:

DERRICK HAMMOND

Purpose of Project:

FUNDS WILL BE USED FOR FIRE EQUIPMENT.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SIR WILLIAM JOHNSON VOLUNTEER FIRE COMPANY, INC.
102 COUNTY HIGHWAY 131
JOHNSTOWN, NY 12095
(518) 762–1220

Name of Project Director:

LELAND F. HULBERT

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A TRAILER THAT CAN BE CONVERTED TO CARRY EXTRA FIRE EQUIPMENT.

Funded Amount:

$3,000

Requested By:

BUTLER–M

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SMITHFIELD VOLUNTEER FIRE DEPARTMENT
P.O. BOX 115
PETERBORO, NY 13134
(315) 396–1039

Name of Project Director:

GLEN MINCKLER

Purpose of Project:

Funds will be used to purchase rescue rams, vent saw, halligan bars, closet hook, flat head axes, hoses, gated wye, and a foam eductor.

Funded Amount:

$15,000

Requested By:

MAGEE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SON’S OF ITALY CONSTANTINO BRUMIDI LODGE #2211
2075 DEER PARK AVENUE
DEER PARK, NY 11729
(631) 242-5492

Name of Project Director:

SONNY MARIGLIANO

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SOUTH BEACH CIVIC ASSOCIATION, INC.
24 CAMBRIA STREET
STATEN ISLAND, NY 10305
(718) 720−5199

Name of Project Director:

JOSEPH McALLISTER

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH FOR EMERGENCY PREPAREDNESS AND COMMUNITY SAFETY PROGRAMMING, AS WELL AS, FOR THE PURCHASE OF MATERIALS FOR THE PROGRAM.

Funded Amount:

$1,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SOUTH BROOKLYN LEGAL SERVICES, INC.
105 COURT STREET
BROOKLYN, NY 11201
(718) 237–5500

Name of Project Director:

CHIP GRAY

Purpose of Project:

FUNDS WILL BE USED TO PREVENT HOMELESSNESS BY PREVENTING EVICTIONS, PRESERVE FAMILIES BY KEEPING KIDS OUT OF FOSTER CARE, AND TO REMEDY DOMESTIC VIOLENCE BY REPRESENTING VICTIMS.

Funded Amount:

$5,500

Requested By:

MILLMAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SOUTH BROOKLYN LEGAL SERVICES, INC.
105 COURT STREET
BROOKLYN, NY 11201
(718) 237−5500

Name of Project Director:

JOHN GRAY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LEGAL SERVICES TO INDIGENT COMMUNITY MEMBERS.

Funded Amount:

$9,000

Requested By:

BRENNAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:
SOUTH BROOKLYN LEGAL SERVICES, INC.
105 COURT STREET
BROOKLYN, NY 11201
(718) 237−5500

Name of Project Director:
CHIP GRAY

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE LEGAL SERVICES TO LOW−INCOME FAMILIES TO PREVENT THEM FROM LOSING THEIR HOMES AND TO ADDRESS NEEDS ARISING FROM DOMESTIC ABUSE.

Funded Amount:
$7,500

Requested By:
JACOBS

Name of Administering State Agency:
DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SOUTH BROOKLYN LOCAL DEVELOPMENT CORPORATION
268 SMITH STREET
BROOKLYN, NY  11231
(718) 852−0328

Name of Project Director:

BETTE STOLTZ

Purpose of Project:

FUNDS WILL BE USED TO WORK WITH LOCAL MERCHANTS IN CREATING A BUSINESS IMPROVEMENT DISTRICT.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SOUTH END IMPROVEMENT CORPORATION
38 CATHERINE STREET
ALBANY, NY 12202
(518) 436–8777

Name of Project Director:

YOLANDA MOTT

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A NEW COPIER, OFFICE COMPUTER AND OFFICE SUPPLIES.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SOUTH FALLSBURG FIRE DISTRICT
P.O. BOX 1075
SO. FALLSBURG, NY  12779
(845) 434–6161

Name of Project Director:

RICH LEVINE

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF TURNOUT GEAR FOR FIREFIGHTERS.

Funded Amount:

$5,000

Requested By:

GUNThER–A

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SOUTH FARMINGDALE FIRE DEPARTMENT
819 SOUTH MAIN STREET
SOUTH FARMINGDALE, NY 11735
(516) 694−5053

Name of Project Director:

KEVIN MCCLOREY

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT UPGRADES.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SOUTH HEMPSTEAD CIVIC ASSOCIATION
555 MAY STREET
SOUTH HEMPSTEAD, NY 11550
(516) 385–5712

Name of Project Director:

KATHY SPATZ

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY ENHANCEMENT.

Funded Amount:

$5,000

Requested By:

BARRA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SOUTH HEMPSTEAD FIRE DEPARTMENT
649 WILLIS STREET
SOUTH HEMPSTEAD, NY 11550
(516) 351–1052

Name of Project Director:

MICHAEL SPATZ

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT/SUPPLIES

Funded Amount:

$5,000

Requested By:

BARRA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SOUTHSIDE MISSION OF TRANSFIGURATION CHURCH
280 MARCY AVENUE
BROOKLYN, NY 11211
(718) 782-8181

Name of Project Director:

JOHN MULHURN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE IMMIGRATION AND REFUGEE ASSISTANCE, LEGAL REPRESENTATION AND ADVOCACY. PROGRAM OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

LOPEZ-V

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SPCA OF WESTCHESTER
SPCA OF WESTCHESTER 590 NORTH STATE ROAD
BRIARCLIFF MANOR, NY 105410
(914) 941–2896 Ext: 12

Name of Project Director:

SHANNON LAUKHUF

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF 2-WAY RADIO FOR HUMANE LAW ENFORCEMENT DIVISION.

Funded Amount:

$3,000

Requested By:

BALL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SPEEDSVILLE COMMUNITY ASSOCIATION
262 DIAMOND ROAD
BERKSHIRE, NY 13736
(607) 657–8379

Name of Project Director:

DON BARBER

Purpose of Project:

FUNDS WILL BE USED FOR UPGRADES TO THE COMMUNITY HALL, INCLUDING FOUNDATION REPAIR AND PLUMBING UPGRADES.

Funded Amount:

$3,000

Requested By:

LIFTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SPENCERPORT FIRE DISTRICT
P.O. BOX 359
SPENCERPORT, NY 14559
(585) 509–5757

Name of Project Director:

JOE MUNIZ

Purpose of Project:

FUNDS WILL BE USED FOR VEHICLE EXHAUST FIREFIGHTER HEALTH AND SAFETY INITIATIVE.

Funded Amount:

$8,000

Requested By:

REILICH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SPENCERPORT KIWANIS CLUB
2041 MANITAU ROAD
SPENCERPORT, NY 14559
(585) 352–3441  Ext: 125

Name of Project Director:

KEITH RYAN

Purpose of Project:

FUNDS WILL BE USED FOR CANAL DAYS OPERATIONAL EXPENSES.

Funded Amount:

$1,000

Requested By:

REILICH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SPENCERPORT VOLUNTEER AMBULANCE, INC.
116 LYELL AVENUE
SPENCERPORT, NY 14559
(585) 734–7038

Name of Project Director:

MICHAEL BOVE

Purpose of Project:

FUNDS WILL BE USED FOR A NEW STRETCHER.

Funded Amount:

$5,000

Requested By:

REILICH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SPRINGFIELD FIRE DEPARTMENT
P.O. BOX 360
SPRINGFIELD, NY 13468
(315) 858–2311

Name of Project Director:

ALAN MANIKIS

Purpose of Project:

FUNDS WILL BE USED FOR ROOF REPAIRS, NEW FURNACE FOR TWO FIRE STATIONS.

Funded Amount:

$5,000

Requested By:

BUTLER−M

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SS CYRIL & METHODIUS
98 EASTWOOD AVENUE
DEER PARK, NY 11729
(631) 667–7371

Name of Project Director:

RONALD F. PULICE

Purpose of Project:

FUNDS WILL BE USED FOR SENIOR CLUB.

Funded Amount:

$2,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ST. LAWRENCE COUNTY UNDERWATER RECOVERY TEAM
P.O. BOX 352
HANNAWA FALLS, NY 13647
(315) 265−3392

Name of Project Director:

JANET BROWN

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF AN AIR BOAT.

Funded Amount:

$5,000

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

ST. REGIS FALLS VOLUNTEER FIRE DEPARTMENT, INC.
P.O. BOX 177
ST. REGIS FALLS, NY 12980
(518) 856–0073

Name of Project Director:

WILBUR C. BAILEY

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF TWO CARDIAC DEFIBRILLATOR MONITORS FOR AMBULANCES.

Funded Amount:

$10,000

Requested By:

DUPREY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

STANWIX HEIGHTS VFD
6580 BARTLETT ROAD
ROME, NY 13440
(315) 337–7310

Name of Project Director:

GRACE TOWNSEND

Purpose of Project:

FUNDS WILL BE USED FOR A NEW SECURITY SYSTEM.

Funded Amount:

$2,000

Requested By:

TOWNSEND

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

STATEN ISLAND ECONOMIC DEVELOPMENT CORPORATION
900 SOUTH AVENUE, SUITE 402
STATEN ISLAND, NY 10314
(718) 477-1400

Name of Project Director:

CESAR J. CLARO

Purpose of Project:

FUNDS WILL BE USED FOR A NEW PROGRAM GEARED TOWARDS CREATING AN UMBRELLA GROUP FOR WOMEN OWNED FIRMS. FUNDS WILL ALSO BE USED TO ORGANIZE EDUCATIONAL SEMINARS AND WORKSHOPS FOCUSING ON RELEVANT ISSUES.

Funded Amount:

$20,000

Requested By:

HYER-SPENCER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

STATEN ISLAND FLEET WEEK
455 FRONT AVENUE
STATEN ISLAND, NY 10304
(718) 698–3443

Name of Project Director:

VITO GIOBBIE

Purpose of Project:

FUNDS WILL BE USED FOR SUPPORT OF FLEET WEEK SERVICES FOR OUR TROOPS.

Funded Amount:

$1,000

Requested By:

TOBACCO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

STATEN ISLAND PROJECT HOME FRONT
471 BEAMENT AVENUE
STATEN ISLAND, NY 10310
(866) 689–7474

Name of Project Director:

JOHN T. SEMICH

Purpose of Project:

FUNDS WILL BE USED FOR POSTAGE EXPENSES TO SEND U.S. MILITARY TROOPS PACKAGES OVERSEAS.

Funded Amount:

$2,000

Requested By:

TOBACCO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

STEPHEN SIKORA POST 1322, INC.
950 PAYNE AVENUE
NORTH TONAWANDA, NY 14120
(716) 693–1740

Name of Project Director:

DAVID JAKUBASZEK

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH INTERIOR AND EXTERIOR BUILDING RENOVATIONS. THE FACILITY IS USED THROUGHOUT THE YEAR BY THE COMMUNITY FOR PROGRAMS AND EVENTS THAT ARE OPEN TO THE GENERAL PUBLIC.

Funded Amount:

$10,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

STILLWATER FIRE DEPARTMENT
P.O. BOX 411
STILLWATER, NY 12170
(518) 664−3343

Name of Project Director:

SHANE MAHAR

Purpose of Project:

FUNDS WILL BE USED FOR HISTORIC PRESERVATION−1871 BUTTON.

Funded Amount:

$5,000

Requested By:

MCDONALD

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

STOCKPORT VOLUNTEER FIRE COMPANY NO. 1
PO. BOX 158
COLUMBIAVILLE, NY 12050
(518) 828−5957

Name of Project Director:

MARK KRIZAR

Purpose of Project:

FUNDS WILL BE USED TO ACQUIRE BASIC RESCUE TOOLS.

Funded Amount:

$5,000

Requested By:

MOLINARO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

STUYVESANT FALLS FIRE DISTRICT
P. O. BOX 72
STUYVESANT FALLS, NY 12174
(518) 265−9370

Name of Project Director:

CHRISTOPHER BORTUGNO

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF FIREFMATIC EQUIPMENT.

Funded Amount:

$5,000

Requested By:

GORDON−T

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SUFFOLK COMMUNITY COUNCIL, INC.
180 OSER AVENUE, SUITE 850
HAUPPAUGE, NY 11788
(631) 434–9277

Name of Project Director:

JUDITH PANULLO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROJECT ACCESSIBLE, LONG ISLAND’S EFFORTS TO PROMOTE THE USE OF UNIVERSAL DESIGN PRINCIPLES IN ALL NEW AND RENOVATED BUILDINGS TO INCREASE ACCESSIBILITY FOR THE DISABLED AND OPTIONS FOR THE AGING.

Funded Amount:

$1,500

Requested By:

 ENGLEBRIGHT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SUFFOLK COMMUNITY COUNCIL, INC.
180 OSER AVENUE, SUITE 850
HAUPPAUGE, NY 11788
(631) 434-9277

Name of Project Director:

JUDY PANNULLO

Purpose of Project:

FUNDS WILL BE USED TO INCREASE ACCESSIBILITY THROUGH THE PROMOTION AND USE OF UNIVERSAL DESIGN. FUNDS WILL BE USED FOR COMMUNITY EDUCATION TO INCREASE AWARENESS OF THE BENEFIT OF UNIVERSAL DESIGN.

Funded Amount:

$2,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SUFFOLK COUNTY SPCA
363 ROUTE 111, SUITE 5
SMITHTOWN, NY 11787
(631) 382–7722

Name of Project Director:

CHIEF ROY GROSS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A NEW LIGHT BAR AND ELECTRONIC EQUIPMENT FOR NEW VAN.

Funded Amount:

$2,000

Requested By:

BOYLE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SULLIVAN ALLIANCE FOR SUSTAINABLE DEVELOPMENT
P.O. BOX 77
HURLEYVILLE, NY 12747
(845) 565−2737

Name of Project Director:

DICK RIESLING

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ENERGY AUDITS, CONSERVATION ASSESSMENTS, AS WELL AS RENEWABLE ENERGY DESIGN SERVICES TO FARMS AND FARMERS.

Funded Amount:

$5,000

Requested By:

GUNTHER−A

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SULLIVAN COUNTY BUREAU OF FIRE
100 NORTH STREET, P.O. BOX 5012
MONTICELLO, NY 12701
(845) 794–3000 Ext: 3100

Name of Project Director:

RICHARD MARTINKOVIC

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SEARCH AND RESCUE EQUIPMENT FOR THE BUREAU OF FIRE.

Funded Amount:

$10,000

Requested By:

GUNTHER–A

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SULLIVAN COUNTY VISITORS ASSOCIATION
100 NORTH STREET – GOVERNMENT CENTER
MONTICELLO, NY 12701
(845) 794–3000 Ext: 5010

Name of Project Director:

ROBERT BYRON LOCKWOOD

Purpose of Project:

FUNDS WILL BE USED FOR ON-LINE MARKETING AND FOR WEBSITE IMPROVEMENTS, ENABLING EASIER ACCESS TO INFORMATION, ACTIVITIES AND SERVICES.

Funded Amount:

$6,000

Requested By:

GUNTHER–A

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SUNNYSIDE CHAMBER OF COMMERCE
P.O. BOX 4399
SUNNYSIDE, NY 11104
(718) 899–8404

Name of Project Director:

JOHN VOGT

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE CHAMBER’S EFFORTS TO DEVELOP BUSINESS IN THE COMMUNITY, INCLUDING, BUT NOT LIMITED TO, OFFSET COSTS FOR UPGRADE OF THE WEBSITE AND NEWSLETTER. FUNDS WILL ALSO BE USED FOR NETWORKING EVENTS SUCH AS TOURS, SPECIAL EVENTS, AND OTHER ACTIVITIES TO INCREASE PUBLIC AWARENESS ABOUT SUNNYSIDE.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

SUNSET PARK BUSINESS IMPROVEMENT DISTRICT
476 51ST STREET, 2ND FLOOR
BROOKLYN, NY  11220
(718) 439–7767

Name of Project Director:

RENEE GIORDANO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE 15-BLOCK STREET FESTIVAL EVENT, SUCH AS PROVIDING ENTERTAINMENT, REFRESHMENTS, ETC.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TANNERSVILLE FIRE & RESCUE
P.O. BOX 530, 73 SUNSET AVENUE
TANNERSVILLE, NY 12485
(518) 589–5980

Name of Project Director:

STEPHEN TUOMEY

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT/COMMUNICATION DEVICES.

Funded Amount:

$2,500

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

THE HUNTINGTON FREEDOM CENTER
159 RAILROAD STREET
HUNTINGTON STATION, NY 11746
(631) 421−5058

Name of Project Director:

LAFLORENCE GRANT

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

THE SAMUEL F. VILAS HOME
61 BEEKMAN STREET
PLATTSBURGH, NY 12901
(518) 563–4960

Name of Project Director:

BRENDA STILES

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF A COMMUNICATION SYSTEM.

Funded Amount:

$9,000

Requested By:

DUPREY

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

THORNWOOD–HAWTHERNE CHAMBER OF COMMERCE, INC.
P.O. BOX 66
THORNWOOD, NY 10594
(914) 747–0202

Name of Project Director:

PHILLIP GRIMALDI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND INSTALL CLOCKS IN DOWNTOWN THORNWOOD AND AT THE HAWTHORNE TRAIN STATION.

Funded Amount:

$10,000

Requested By:

BRODSKY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

THREE VILLAGE COMMUNITY TRUST, INC.
P.O. BOX 2596
SETAUKET, NY  11733
(631) 689–0225

Name of Project Director:

CYNTHIA BARNES

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE SETAUKET–PORT JEFFERSON GREENWAY TRAIL, INCLUDING, BUT NOT LIMITED TO, BROCHURE PUBLICATIONS, VEGETATION PLANTINGS AND PHONE SERVICE FOR A PROBLEM HOTLINE ($3,000). FUNDS WILL ALSO BE USED FOR GENERAL OPERATING EXPENSES INCLUDING PRINTING, MAILING, EQUIPMENT AND UTILITIES ($3,000).

Funded Amount:

$6,000

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

THROOP FIRE DEPARTMENT
7159 BEECH TREE ROAD
AUBURN, NY 13021
(315) 246–3984

Name of Project Director:

FRANK MORGENTHALER

Purpose of Project:

FUNDS WILL BE USED TO UPDATE COMMUNICATION RADIOS.

Funded Amount:

$5,000

Requested By:

KOLB

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

THURMAN VOLUNTEER FIRE COMPANY
P.O. BOX 115
THURMAN, NY 12910
(518) 623–9649

Name of Project Director:

BARBARA BAKER

Purpose of Project:

FUNDS WILL BE USED FOR A THERMAL IMAGING CAMERA SYSTEM.

Funded Amount:

$10,000

Requested By:

SAYWARD

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF ALDEN PARKS AND RECREATION
3311 WENDE ROAD
ALDEN, NY 14004
(716) 937−9286

Name of Project Director:

RONALD SMITH

Purpose of Project:

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A NEW INTER−SEASONAL ROLLER/ICE SKATING RINK IN THE ALDEN TOWN PARK.

Funded Amount:

$12,500

Requested By:

COLE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF AMHERST
55583 MAIN STREET
WILLIAMSVILLE, NY 14221
(716) 631−7021

Name of Project Director:

SUSAN K. JAROS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A DATACARD PHOTO ID SYSTEM FOR TOWN CLERKS OFFICE.

Funded Amount:

$12,000

Requested By:

HAYES

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF ANDES
580 MAIN STREET
ANDES, NY 13731
(845) 676-4791

Name of Project Director:

MARTIN DONNELLY

Purpose of Project:

FUNDS WILL BE USED FOR TOWN HALL RENOVATION.

Funded Amount:

$10,000

Requested By:

CROUCH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF ATTICA
9 WATER STREET
ATTICA, NY 14011
(585) 591–2920

Name of Project Director:

DOUGLAS PATTI

Purpose of Project:

FUNDS WILL BE USED FOR COMPUTER EQUIPMENT.

Funded Amount:

$5,000

Requested By:

BURLING

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF BARRE
14317 WEST BARRE ROAD
ALBION, NY 14411
(585) 589–5100 Ext: 6

Name of Project Director:

MARK CHAMBERLAIN

Purpose of Project:

FUNDS WILL BE USED FOR PARK IMPROVEMENTS.

Funded Amount:

$2,000

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF BARTON
304 ROUTE 17C
WAVERLY, NY 14892
(607) 565–9265

Name of Project Director:

GILBERT SMITH

Purpose of Project:

FUNDS WILL BE USED FOR TOWN ROAD IMPROVEMENTS.

Funded Amount:

$10,000

Requested By:

O’MARA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF BERGEN
P.O. BOX 249, 135 LAKE AVENUE
BERGEN, NY 14416
(585) 494–1121

Name of Project Director:

DONALD S. CUNNINGHAM

Purpose of Project:

FUNDS WILL BE USED FOR TULLY BUILDING RESTORATION PROJECT.

Funded Amount:

$2,000

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF BETHEL
P.O. BOX 300
WHITE LAKE, NY 12786
(845) 583–4350

Name of Project Director:

DANIEL STURM

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE STREETSCAPE PROJECT, INCLUDING THE PURCHASE AND INSTALLATION OF GATES FOR VETERANS PARK AND BETWEEN LAKE BUILDINGS, PLANTERS WITH EVERGREENS, HANGING BASKETS, ET.AL.

Funded Amount:

$8,000

Requested By:

GUNTHER–A

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF BLOOMING GROVE
6 HORTON ROAD, P.O. BOX 358
BLOOMING GROVE, NY 10914
(845) 496–5223

Name of Project Director:

HON. CHARLES BOHAN

Purpose of Project:

FUNDS WILL BE USED FOR SOFTBALL FIELDS.

Funded Amount:

$10,000

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF BOSTON
8500 BOSTON STATE ROAD
BOSTON, NY 14025
(716) 941–6518

Name of Project Director:

HON. WILLIAM EAGAN

Purpose of Project:

FUNDS WILL BE USED FOR UPGRADES AND REPAIRS OF RECREATIONAL FACILITIES.

Funded Amount:

$7,500

Requested By:

QUINN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF BUSTI
121 CHAUTAUQUA AVENUE
LAKEWOOD, NY  14750
(716) 763–8561

Name of Project Director:

KATHLEEN ALLEN SULLIVAN

Purpose of Project:

FUNDS WILL BE USED TO ASSIST THE TOWN IN COMPLETING THE WATER PROJECT ON SOUTH MAIN STREET.

Funded Amount:

$15,000

Requested By:

PARMENT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF BUTLER HIGHWAY DEPARTMENT
4576 BUTLER CENTER ROAD
WOLCOTT, NY 14590
(315) 594-9001

Name of Project Director:

PHIL WAGNER

Purpose of Project:

FUNDS WILL BE USED TO REPLACE WOOD AND OIL HEATING SYSTEM AT THE HIGHWAY GARAGE.

Funded Amount:

$7,500

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF BUTTERNUTS
P.O. BOX 318
GILBERTSVILLE, NY 13776
(607) 783–2127

Name of Project Director:

KEITH LILLEY

Purpose of Project:

FUNDS WILL BE USED FOR REPAIRS ON HIGHWAY GARAGE.

Funded Amount:

$8,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF CAMBRIA
4160 UPPER MOUNTAIN ROAD
SANBORN, NY 14132
(716) 731−9352

Name of Project Director:

WRIGHT ELLIS

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF A NEW TOWN HALL SIGN.

Funded Amount:

$10,000

Requested By:

DELMONTE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF CAMPBELL HALL
18 BULL ROAD
CAMPBELL HALL, NY 10916
(845) 427−2424

Name of Project Director:

ROBERT S. JANKOWSKI

Purpose of Project:

FUNDS WILL BE USED FOR HAMPTONBURG FIRE DISTRICT.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF CHARLTON
784 CHARLTON ROAD
CHARLTON, NY 12019
(518) 384–0152 Ext: 207

Name of Project Director:

ALAN GRATTIDGE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AN EMERGENCY GENERATOR FOR THE MUNICIPAL WATER SYSTEM.

Funded Amount:

$12,000

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF CHEEKTOWAGA
3301 BROADWAY
CHEEKTOWAGA, NY  14227
(716) 686−3465

Name of Project Director:

EARL LODER

Purpose of Project:

FUNDS WILL BE USED TO EQUIP A TRAILER FOR 50 SPECIAL NEEDS COTS, 150 REGULAR COTS AND FOR THE SUPPORT OF THE SHELTER PROGRAM, THE EMERGENCY OPERATIONS CENTER AND THE COMMUNITY EMERGENCY RESPONSE TEAM.

Funded Amount:

$18,000

Requested By:

GABRYSZAK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF CHEEK TOWAGA
3301 BROADWAY
CHEEK TOWAGA, NY 14227
(716) 686-3465

Name of Project Director:

HON. MARY HOLTZ

Purpose of Project:

FUNDS WILL BE USED FOR THE DEMOLITION OF A DERELICT STRUCTURE.

Funded Amount:

$13,000

Requested By:

GABRYSZAK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF CHENANGO
1529 NY ROUTE 12
BINGHAMTON, NY 13901
(607) 648−4809

Name of Project Director:

BRIAN CURTIS

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A GENERATOR AND EQUIPMENT.

Funded Amount:

$12,000

Requested By:

CROUCH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF CHESTER
1786 KINGS HIGHWAY
CHESTER, NY 10918
(845) 469–7000

Name of Project Director:

HON. STEVE NEUHAUS

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND EQUIPMENT FOR THE CHESTER LITTLE LEAGUE.

Funded Amount:

$5,000

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF CHESTER
1786 KINGS HIGHWAY
CHESTER, NY 10918
(845) 469–7000

Name of Project Director:

HON. STEVE NEUHAUS

Purpose of Project:

FUNDS WILL BE USED FOR ROAD SIGNAGE.

Funded Amount:

$5,000

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF CLARENDON
P.O. BOX 145, 16385 CHURCH STREET
CLARENDON, NY 14429
(585) 638-6371

Name of Project Director:

RICHARD MOY

Purpose of Project:

FUNDS WILL BE USED FOR THE RESTORATION OF HILLSIDE CEMETERY.

Funded Amount:

$2,000

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF CLARKSON
P.O. BOX 858, 3710 LAKE ROAD
CLARKSON, NY 14430
(585) 637−1131

Name of Project Director:

PAUL KIMBALL

Purpose of Project:

FUNDS WILL BE USED FOR THE REHABILITATION OF FOUNDATION AND WALLS TO COBBLESTONE BUILDING.

Funded Amount:

$5,000

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF COCHECTON
3454 RT. 55, P.O. BOX 300
WHITE LAKE, NY 12786
(845) 583–4350

Name of Project Director:

SAL INDELICATO

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF LAND FOR TOWN PURPOSES.

Funded Amount:

$10,000

Requested By:

GUNther–A

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF COLONIE
MEMORIAL TOWN HALL, P.O. BOX 508
NEWTONVILLE, NY 12128
(518) 783–2728

Name of Project Director:

HON. PAULA MAHAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS FOR CONSTRUCTION OF A VETERANS MEMORIAL TO HONOR TOWN VETERANS FOR THEIR COURAGE AND SACRIFICE.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF CONCORD
86 FRANKLIN STREET, P.O. BOX 368
CONCORD, NY 14141
(716) 592–4946

Name of Project Director:

HON. GARY EPPOLITO

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A NEW COMPUTER SERVER.

Funded Amount:

$5,000

Requested By:

QUINN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF CONKLIN
P.O. BOX 182, 1271 CONKLIN ROAD
CONKLIN, NY 13748
(607) 775–4114

Name of Project Director:

DEBORAH PRESTON

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT.

Funded Amount:

$5,000

Requested By:

CROUCH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:
TOWN OF CORNWALL
183 MAIN STREET
CORNWALL, NY 12518
(845) 534–3760

Name of Project Director:
HON. KEVIN QUIGLEY

Purpose of Project:
FUNDS WILL BE USED FOR REHABILITATION OF MUNICIPAL POOL.

Funded Amount:
$7,500

Requested By:
CALHOUN

Name of Administering State Agency:
DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF CRAWFORD
62 MAIN STREET, P.O. BOX 109
PINE BUSH, NY 12566
(845) 744–5010

Name of Project Director:

HON. CHARLES CARNES

Purpose of Project:

FUNDS WILL BE USED FOR MAIN STREET AND BONIFACE DRIVE REDEVELOPMENT.

Funded Amount:

$10,000

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF EDEN
2795 CHURCH STREET
EDEN, NY 14057
(716) 992–3408

Name of Project Director:

HON. GLENN NELLS

Purpose of Project:

FUNDS WILL BE USED FOR RENOVATIONS OF THE FORMER HOME OF ASA WARREN AS PART OF THE TOWN’S DEVELOPMENT.

Funded Amount:

$5,250

Requested By:

QUINN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF ELBRIDGE
5 ROUTE 1, P.O. BOX 568
JORDAN, NY 13080
(315) 689-9031

Name of Project Director:

HON. GEORGE BETTS

Purpose of Project:

FUNDS WILL BE USED FOR IMPROVEMENTS TO THE ELBRIDGE RURAL CEMETERY.

Funded Amount:

$2,000

Requested By:

BARCLAY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF ESSEX
P.O. BOX 355
ESSEX, NY 12936
(518) 063–4288

Name of Project Director:

CAROL LAPINE

Purpose of Project:

FUNDS WILL BE USED FOR A PLAYGROUND.

Funded Amount:

$5,000

Requested By:

SAYWARD

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF FISHKILL
807 ROUTE 52
FISHKILL, NY 12524
(845) 831-7800  Ext: 3309

Name of Project Director:

PAM GARNOT

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A FREEZER, GAS RANGE, REFRIGERATOR ETC. FOR TOWN RECREATION BUILDING.

Funded Amount:

$5,000

Requested By:

MILLER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF FORESTPORT
P.O. BOX 137
FORESTPORT, NY 13338
(315) 392−2801

Name of Project Director:

WILLIAM HASENAUER

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH FUEL COSTS FOR SENIOR AND CHILDREN'S PROGRAMS.

Funded Amount:

$2,500

Requested By:

TOWNSEND

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF GAINES
14087 RIDGE ROAD
ALBION, NY 14411
(585) 589−4592

Name of Project Director:

RICHARD DECARLO

Purpose of Project:

FUNDS WILL BE USED FOR ENTRANCE SIGNS.

Funded Amount:

$2,000

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF GALWAY
P.O. BOX 219, 5910 SACANDAGA ROAD
GALWAY, NY 12074
(518) 882–1347

Name of Project Director:

DONNA SOWLE

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE EXISTING PROGRAMS AND CREATE NEW PROGRAMS FOR THE GENERAL YOUTH POPULATION AND YOUTH AT RISK.

Funded Amount:

$7,000

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF GENESEO
119 MAIN STREET
GENESEO, NY 14454
(585) 243–0722

Name of Project Director:

FELICISIMO L. MANAPOL

Purpose of Project:

FUNDS WILL BE USED FOR MATERIALS FOR GATEWAY DISTRICT.

Funded Amount:

$2,000

Requested By:

BURLING

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF GENEVA
3750 COUNTY ROAD 6
GENEVA, NY 14456
(315) 789–3922

Name of Project Director:

MARY LUCKERN

Purpose of Project:

FUNDS WILL BE USED FOR THE SHELL/TURK ROAD WATER PROJECT.

Funded Amount:

$10,000

Requested By:

KOLB

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF GERMAN FLATTS
66 EAST MAIN STREET
MOHAWK, NY 13407
(315) 866−4960

Name of Project Director:

FRANK SPATTO

Purpose of Project:

FUNDS WILL BE USED FOR A NEW HEATING SYSTEM AND FURNACE FOR THE TOWN HALL.

Funded Amount:

$9,000

Requested By:

BUTLER−M

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF GERMANTOWN
50 PALATINE PARK ROAD
GERMANTOWN, NY 12526
(518) 537-6687

Name of Project Director:

ROY BROWN

Purpose of Project:

FUNDS WILL BE USED FOR ECONOMIC DEVELOPMENT.

Funded Amount:

$10,200

Requested By:

LOPEZ–P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF GLENVILLE
18 GLENRIDGE ROAD
GLENVILLE, NY 12302
(518) 382−1406

Name of Project Director:

RICHARD LECLAIR

Purpose of Project:

FUNDS WILL BE USED TO FUND A LEAF PICK−UP AND BULK PICK−UP PROGRAM.

Funded Amount:

$10,000

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

TOWN OF GOSHEN
41 WEBSTER AVENUE, P.O. BOX 217
GOSHEN, NY 10924
(845) 294–6250

Name of Project Director:

SUPERVISOR BLOOMFIELD

Purpose of Project:

FUNDS WILL BE USED FOR DPW TRUCK.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF HAMLIN
1658 LAKE ROAD
HAMLIN, NY 14464
(585) 964−8981

Name of Project Director:

DENNIS ROACH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A STANDBY GENERATOR TO SUPPORT EMERGENCY OPERATIONS CENTER.

Funded Amount:

$3,000

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF HANNIBAL
P.O. DRAWER B
HANNIBAL, NY 13074
(315) 564–6037

Name of Project Director:

RON GREENLEAF

Purpose of Project:

FUNDS WILL BE USED FOR THE HANNIBAL CENTER CEMETERY FENCE.

Funded Amount:

$6,500

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF HECTOR
NYS ROUTE 227
BURDETT, NY 14818
(607) 546–5286

Name of Project Director:

BENJAMIN DICKENS

Purpose of Project:

FUNDS WILL BE USED FOR TOWN ROAD IMPROVEMENTS.

Funded Amount:

$10,000

Requested By:

O’MARA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF HERKIMER
114 NORTH PROSPECT STREET
HERKIMER, NY 13350
(315) 866–8104

Name of Project Director:

DOMINIC FRANK

Purpose of Project:

FUNDS WILL BE USED FOR TOWN OFFICE RENOVATIONS.

Funded Amount:

$4,000

Requested By:

BUTLER–M

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF HYDE PARK
4383 ALBANY POST ROAD
HYDE PARK, NY 12538
(845) 229−5111

Name of Project Director:

POMPEY DELAFIELD

Purpose of Project:

FUNDS WILL BE USED FOR THE REPLACEMENT OF WINDOWS FOR THE TOWN HIGHWAY DEPARTMENT.

Funded Amount:

$8,000

Requested By:

MILLER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF IRONDEQUOIT
1280 TITUS AVENUE
ROCHESTER, NY 14617
(585) 336-6085

Name of Project Director:

MITCHELL ROWE

Purpose of Project:

FUNDS WILL BE USED TO MAKE CAPITAL IMPROVEMENTS TO THE STREETSCAPE AT THE TITUS–COOPER–HUDSON INTERSECTION.

Funded Amount:

$10,000

Requested By:

MORELLE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF ISLIP
655 MAIN STREET
ISLIP, NY 11751
(631) 224−5500

Name of Project Director:

PHIL NOLAN

Purpose of Project:

FUNDS WILL BE USED TO HELP FUND THE TOWN’S YOUTH SUMMER DAY PROGRAM.

Funded Amount:

$20,000

Requested By:

BOYLE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF KENDALL
1873 KENDALL ROAD
KENDALL, NY 14476
(585) 659–8201

Name of Project Director:

WILLIAM VICK

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE ENERGY EFFICIENCY OF THE HIGHWAY BUILDING.

Funded Amount:

$3,500

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF LAGRANGE
120 STRINGHAM ROAD
LAGRANGEVILLE, NY 12540
(845) 452–1830

Name of Project Director:

JON WAGNER

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF VARIOUS FURNISHINGS FOR THE MEETING ROOM.

Funded Amount:

$4,000

Requested By:

MILLER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF LANCASTER
21 CENTRAL AVENUE
LANCASTER, NY  14086
(716) 683–1610

Name of Project Director:

RONALD RUFFINO, SR.

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A CAST BRONZE BELL FOR A BELL TOWER, TO COMMEMORATE THE TOWN’S 175TH ANNIVERSARY CELEBRATION.

Funded Amount:

$15,000

Requested By:

GABRYSZAK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF LEE
P.O. BOX 191
LEE CENTER, NY 13363
(315) 336–3438

Name of Project Director:

KEVIN GALLAGHER

Purpose of Project:

FUNDS WILL BE USED FOR PLUMBING COSTS FOR NEW BATHROOMS AT THE TOWN PARK.

Funded Amount:

$2,500

Requested By:

TOWNSEND

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

TOWN OF LOCKPORT
6560 DYSINGER ROAD
LOCKPORT, NY 14094
(716) 439–9520

Name of Project Director:

SUPERVISOR MARC SMITH

Purpose of Project:

FUNDS WILL BE USED FOR THE DEVELOPMENT OF A JOURNEY OF TOTAL WELLNESS WALKING TRAIL AT DAY ROAD PARK THROUGH THE INSTALLATION OF STATE–OF–THE–ART LIFE TRAIL STATIONS.

Funded Amount:

$10,000

Requested By:

COLE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF LOCKPORT
6560 DYSINGER ROAD
LOCKPORT, NY 14094
(716) 439–9520

Name of Project Director:

SUPERVISOR MARC SMITH

Purpose of Project:

FUNDS WILL BE USED FOR THE TOWN'S FLIGHT OF FIVE WINE PROGRAM FOR PROMOTION OF WINERIES IN EASTERN NIAGARA COUNTY.

Funded Amount:

$2,500

Requested By:

COLE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF LYONS  
43 PHELPS STREET  
LYONS, NY 14489  
(315) 946-6252

Name of Project Director:

JAMES FABINO

Purpose of Project:

FUNDS WILL BE USED FOR METEORLOGICAL TEST STATIONS.

Funded Amount:

$9,000

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF MAINE
776 POLLARD HILL ROAD
JOHNSON CITY, NY 13790
(607) 778–8922

Name of Project Director:

ERNEST PALMER

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A PAGODA.

Funded Amount:

$5,000

Requested By:

FINCH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF MANLIUS
301 BROOKLEA DRIVE
FAYETTEVILLE, NY 13066
(315) 637−3414

Name of Project Director:

DAVID TESSIER

Purpose of Project:

FUNDS WILL BE USED TO CENTRALIZE AND DIGITALLY STORE CODE ENFORCEMENT DATA FOR FOUR MUNICIPALITIES.

Funded Amount:

$10,000

Requested By:

STIRPE

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

TOWN OF MEXICO
P.O. BOX 309
MEXICO, NY 13114
(315) 963–7564

Name of Project Director:

SUSAN LINERODE

Purpose of Project:

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A SKATE PARK.

Funded Amount:

$8,000

Requested By:

BARCLAY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF MONROE FIRE DEPARTMENT
526 ROUTE 17M
MONROE, NY 10950
(845) 782−5678

Name of Project Director:

CHIEF VINI TANKASALI

Purpose of Project:

FUNDS WILL BE USED FOR FIRE EQUIPMENT.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF MONTGOMERY
110 BRACKEN ROAD
MONTGOMERY, NY 12549
(845) 457–2600

Name of Project Director:

HON. MICHAEL HAYES

Purpose of Project:

FUNDS WILL BE USED FOR SOFTWARE FOR TOWN COURT AND RECORDING EQUIPMENT FOR TOWN CLERK.

Funded Amount:

$7,500

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF MONTGOMERY
110 BRACKEN ROAD
MONTGOMERY, NY 12549
(845) 457–2600

Name of Project Director:

HON. AMOLIA MILLER

Purpose of Project:

FUNDS WILL BE USED FOR SENIOR INDEPENDENCE PROJECT.

Funded Amount:

$2,500

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF NAPOLI
4692 ALLEGANY ROAD
LITTLE VALLEY, NY 14755
(716) 938−6836

Name of Project Director:

EUGENE M. MILKS

Purpose of Project:

FUNDS WILL BE USED FOR HIGHWAY GARAGE BUILDING ADDITION.

Funded Amount:

$7,500

Requested By:

GIGLIO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF NELSON
4085 NELSON ROAD
CAZENOVIA, NY 13035
(315) 655−8582

Name of Project Director:

RICHARD D. WILLIAM

Purpose of Project:

FUNDS WILL BE USED TO INSTALL A DRILLED WELL, SUB−PUMP WELL CONTROLS AND HYDRANT TO PROVIDE PORTABLE WATER FOR THE PARK PAVILLION.

Funded Amount:

$7,500

Requested By:

MAGEE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF NEW BALTIMORE  
3809 COUNTY ROUTE 57  
HANNACROIX, NY 12087  
(518) 756–2079

Name of Project Director:

DAVID LOUIS

Purpose of Project:

FUNDS WILL BE USED TOWARD TOWN HALL IMPROVEMENTS AND/OR THE SHERIFF STATON.

Funded Amount:

$5,000

Requested By:

GORDON−T

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF NEW LEBANON
14755 ROUTE 22 NORTH, P.O. BOX 328
NEW LEBANON, NY 12125
(518) 794–8888

Name of Project Director:

MARGARET ROBERTSON

Purpose of Project:

FUNDS WILL BE USED TO MAKE HANDICAP ACCESSIBILITY IMPROVEMENTS AT THE TOWN HALL.

Funded Amount:

$5,000

Requested By:

GORDON–T

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF NEW WINDSOR
555 UNION AVENUE
NEW WINDSOR, NY 12553
(845) 563–4610

Name of Project Director:

HON. GEORGE GREEN

Purpose of Project:

FUNDS WILL BE USED FOR A LIGHT TOWER FOR THE POLICE DEPARTMENT.

Funded Amount:

$10,000

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF NEW WINDSOR
555 UNION AVENUE
NEW WINDSOR, NY 12553
(845) 563–4610

Name of Project Director:

HON. GEORGE GREEN

Purpose of Project:

FUNDS WILL BE USED FOR AN AUTOMATIC DEFIBRILLATOR FOR MT. AIRY PARK.

Funded Amount:

$2,000

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

TOWN OF NEWFANE
2896 TRANSIT ROAD
NEWFANE, NY 14108
(716) 778–8822

Name of Project Director:

HON. TIMOTHY HORANBURG

Purpose of Project:

FUNDS WILL BE USED TO ESTABLISH WIRELESS INTERNET ACCESS POINTS WITHIN THE NEWFANE BUSINESS DISTRICT.

Funded Amount:

$7,000

Requested By:

DELMONTE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF NORTH CASTLE
15 BEDFORD ROAD
ARMONK, NY 10504
(914) 273−3001

Name of Project Director:

BRUCE BARNARD

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF SOLAR COMPACTION SYSTEMS FOR THE COMMUNITY, WHICH WILL REDUCE THE NUMBER OF GARBAGE PICK−UPS NECESSARY, AND SHRINK FUEL COSTS AND EMISSIONS.

Funded Amount:

$10,000

Requested By:

BRADLEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF NORTH COLLINS
2500 SCHOOL STREET
NORTH COLLINS, NY 14111
(716) 337−2206

Name of Project Director:

HON. MARIAN VANNI

Purpose of Project:

FUNDS WILL BE USED FOR RENOVATING THE FORMER AMERICAN LEGION INTO A TOWN HALL.

Funded Amount:

$8,000

Requested By:

QUINN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF OTISCO
4801 OTISCO ROAD
TULLY, NY 13159
(315) 696–8651

Name of Project Director:

WAYNE AMATO

Purpose of Project:

FUNDS WILL BE USED FOR PLAYGROUND EQUIPMENT FOR THE OTISCO PARK AND AMBER COMMUNITY CENTER.

Funded Amount:

$5,000

Requested By:

KOLB

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF OYSTER BAY
54 AUDREY AVENUE
OYSTER BAY, NY 11771
(516) 624–6180

Name of Project Director:

JOHN KLEIN

Purpose of Project:

FUNDS WILL BE USED FOR THE MUSIC UNDER THE STARS PROGRAM.

Funded Amount:

$5,000

Requested By:

SALADINO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF OYSTER BAY
54 AUDREY AVENUE
OYSTER BAY, NY 11771
(516) 624−6180

Name of Project Director:

JON KLEIN

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL TOWN−WIDE PROGRAMS.

Funded Amount:

$15,000

Requested By:

WALKER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

    TOWN OF PELHAM
    34 FIFTH AVENUE
    PELHAM, NY 10803
    (914) 738-1021

Name of Project Director:

    JOE SOLIMINE

Purpose of Project:

    FUNDS WILL BE USED TO PURCHASE AND INSTALL LOCKERS FOR THE
    CHANGING QUARTERS OF THE COURT CONSTABLES.

Funded Amount:

    $10,000

Requested By:

    PAULIN

Name of Administering State Agency:

    DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF PORTLAND
87 WEST MAIN STREET
BROCTON, NY  14716
(716) 792–9613

Name of Project Director:

DANIEL SCHRANTZ

Purpose of Project:

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A NEW TOWN HIGHWAY GARAGE TO REPLACE THE FORMER BUILDING THAT WAS LOST TO FIRE.

Funded Amount:

$25,000

Requested By:

PARMENT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF POUGHKEEPSIE
33 MERRYWOOD ROAD
WAPPINGERS FALLS, NY 12590
(845) 297–1232

Name of Project Director:

JAY BAISLEY

Purpose of Project:

FUNDS WILL BE USED FOR RECREATION UPGRADES.

Funded Amount:

$12,500

Requested By:

MILLER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF PREBLE
7375 SON LAKE ROAD
TULLY, NY 13159
(315) 696-5549

Name of Project Director:

DEBRA BROCK

Purpose of Project:

FUNDS WILL BE USED FOR TOWN HALL IMPROVEMENTS AND LANDSCAPING.

Funded Amount:

$5,000

Requested By:

KOLB

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF RAMAPO
237 ROUTE 59
SUFFERN, NY 10901
(845) 357−5100

Name of Project Director:

CHRISTOPHER ST. LAWRENCE

Purpose of Project:

FUNDS WILL BE USED FOR TWO SIGNS AT JACOB SLOAT HOUSE.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

    TOWN OF ROSENDALE
    P.O. BOX 423
    ROSENDALE, NY  12472
    (845) 658–3159

Name of Project Director:

    PATRICK MCDONOUGH

Purpose of Project:

    FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE PLANTING
    OF TREES FOR AESTHETIC REASONS, CLEAN AIR ISSUES AND THE
    COMFORT OF PEDESTRIANS.

Funded Amount:

    $5,000

Requested By:

    CAHILL

Name of Administering State Agency:

    DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF ROTTERDAM
112 GORDON ROAD
SCHENECTADY, NY 12306
(518) 377–0939

Name of Project Director:

PAUL BAHRMANN

Purpose of Project:

FUNDS WILL BE USED FOR THE COST OF A SIGN TO DISPLAY COMMUNITY INFORMATION.

Funded Amount:

$3,000

Requested By:

AMEDORE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF RUSH
RUSH TOWN HALL, 5977 EAST HENRIETTA ROAD
RUSH, NY 14543
(585) 533–1312

Name of Project Director:

HON. WILLIAM UDICIOUS

Purpose of Project:

FUNDS WILL BE USED TO REPAIR THE DAM.

Funded Amount:

$120,000

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF RUSH
RUSH TOWN HALL, 5977 EAST HENRIETTA ROAD
RUSH, NY 14543
(585) 533–1312

Name of Project Director:

HON. WILLIAM UDICIOUS

Purpose of Project:

FUNDS WILL BE USED FOR MUNICIPAL ASSISTANCE, INCLUDING BUT NOT LIMITED TO REPAIRS OF THE TOWN OF RUSH DAM.

Funded Amount:

$40,000

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

TOWN OF SENECA
3675 FLINT ROAD
STANLEY, NY 14561
(585) 526–5251

Name of Project Director:

SUPERVISOR DONALD JENSEN II

Purpose of Project:

FUNDS WILL BE USED FOR A PUMP STATION WATER PROJECT.

Funded Amount:

$10,000

Requested By:

KOLB

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF SHANDAKEN
TOWN HALL, P.O. BOX 134
SHANDAKEN, NY 12480
(845) 688−7165

Name of Project Director:

HON. PETER DI SCLAFANI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AED DEVICES FOR THE SHANDAKEN TOWN HALL AND HIGHWAY GARAGE, IN ADDITION TO TOWN POLICE VEHICLES.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF SOUTHAMPTON
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968
(631) 283–6055

Name of Project Director:

LINDA KABOT

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST FOR TRAIN COMMUTER SYSTEM.

Funded Amount:

$25,000

Requested By:

THIELE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF SPAFFORD
2027 ROUTE 174
MARIETTA, NY 13110
(315) 480–1300

Name of Project Director:

JEFF IRELAND

Purpose of Project:

FUNDS WILL BE USED FOR CEMETARY REPAIRS.

Funded Amount:

$4,000

Requested By:

KOLB

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF SPRINGWATER
8022 SOUTH MAIN STREET
SPRINGWATER, NY 14560
(585) 669−2545

Name of Project Director:

KATHERINE BUSH

Purpose of Project:

FUNDS WILL BE USED FOR CARPETING OF TOWN HALL.

Funded Amount:

$12,000

Requested By:

ERRIGO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF STOCKHOLM
P.O. BOX 206
WINTHROP, NY 13697
(315) 389–5171

Name of Project Director:

NATHANIEL LAGARRY

Purpose of Project:

FUNDS WILL BE USED FOR IMPROVEMENTS TO THE BUCKTON TOWN HALL.

Funded Amount:

$2,500

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF STONY POINT
74 EAST MAIN STREET
STONY POINT, NY 10980
(845) 786–2716

Name of Project Director:

HON. PHIL MARINO

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A SENIOR BUS.

Funded Amount:

$10,000

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF TAGHKANIC
977 LIVINGSTON ROAD
ELIZAVILLE, NY 12523
(518) 851−9683

Name of Project Director:

BETTY YOUNG

Purpose of Project:

FUNDS WILL BE USED FOR SALT SHED.

Funded Amount:

$3,400

Requested By:

LOPEZ−P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF TONAWANDA
2911 DELAWARE AVENUE
KENMORE, NY 14217
(716) 877−8804

Name of Project Director:

DANIEL J. WILES

Purpose of Project:

FUNDS WILL BE USED TO REPAINT THE EXTERIOR OF THE BRIGHTON ARENA RECREATION FACILITY.

Funded Amount:

$25,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF TONAWANDA
2919 DELAWARE AVENUE
KENMORE, NY 14217
(716) 878−8804

Name of Project Director:

DANIEL J. WILES

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE CONSTRUCTION OF A MONUMENT AT KENNEY FIELD TO COMMEMORATE THE SACRIFICES OF U.S. MILITARY VETERANS WHO HAVE SERVED AND CONTINUE TO SERVE THEIR COUNTRY.

Funded Amount:

$5,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF TUPPER LAKE
120 DEMARS BOULEVARD
TUPPER LAKE, NY 12986
(518) 359–8370

Name of Project Director:

MICHAEL FRITTS

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF YOUTH RECREATION EQUIPMENT.

Funded Amount:

$10,000

Requested By:

DUPREY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF TUXEDO
ONE TEMPLE DRIVE
TUXEDO, NY 10987
(845) 351-2265

Name of Project Director:

PETER M. DOLAN

Purpose of Project:

FUNDS WILL BE USED FOR A WATERLESS BLOLET.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF VIENNA
P.O. BOX 250
NORTH BAY, NY 13123
(315) 245–2191

Name of Project Director:

NICOL BAKER

Purpose of Project:

FUNDS WILL BE USED FOR LANDSCAPING FOR TOWN HALL AND MEMORIAL PARK.

Funded Amount:

$5,000

Requested By:

TOWNSEND

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF WALWORTH
3600 LORRAINE DRIVE
WALWORTH, NY 14568
(315) 986–1400

Name of Project Director:

ROBERT PLANT

Purpose of Project:

FUNDS WILL BE USED FOR A WIRELESS CONNECTION FOR TOWN HALL TO HIGHWAY AND SEWER DEPARTMENTS.

Funded Amount:

$3,500

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF WAPPINGER
20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590
(845) 297–2744

Name of Project Director:

CHRISTOPHER COLSEY

Purpose of Project:

Funds will be used for mobile data terminals and all necessary equipment to install and operate them.

Funded Amount:

$14,000

Requested By:

MILLER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF WARWICK
132 KINGS HIGHWAY
WARWICK, NY 10990
(845) 986–1120

Name of Project Director:

SUPERVISOR SWEETON

Purpose of Project:

FUNDS WILL BE USED FOR OPEN SPACE.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF WEBSTER
1000 RIDGE ROAD
WEBSTER, NY 14580
(585) 315–8018

Name of Project Director:

MARK YEAGER

Purpose of Project:

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A FOOT/BIKE BRIDGE LINKING TRAILS ON OPPOSITE SIDES OF A POND/WETLANDS AREA, AS PART OF THE TOWN’S EFFORTS TO CREATE A COMPREHENSIVE AND CONNECTED TRAIL SYSTEM.

Funded Amount:

$25,000

Requested By:

KOON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF WESTMORELAND
P.O. BOX 310
WESTMORELAND, NY 13490
(315) 853–8001

Name of Project Director:

GREG SYDORIW

Purpose of Project:

FUNDS WILL BE USED FOR PARK IMPROVEMENTS.

Funded Amount:

$10,000

Requested By:

TOWNSEND

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF WILLING
1431 STATE ROUTE 19S
WELLSVILLE, NY 14895
(585) 593–3210

Name of Project Director:

DEBORAH J. BUCHHOLZ

Purpose of Project:

FUNDS WILL BE USED FOR A BACK–UP GENERATOR.

Funded Amount:

$7,500

Requested By:

GIGLIO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF WILSON
375 LAKE STREET, P.O. BOX 537
WILSON, NY  14172
(716) 751−6704

Name of Project Director:

JOSEPH A. JASTRZEMSKI

Purpose of Project:

FUNDS WILL BE USED TO REPAIR THE TOWN OF WILSON BOAT LAUNCH.

Funded Amount:

$12,000

Requested By:

DELMONTE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF WOODBURY
P.O. BOX 1004, 551 ROUTE 32
HIGHLAND MILLS, NY 10930
(845) 928−7578

Name of Project Director:

HON. JOHN P. BURKE

Purpose of Project:

FUNDS WILL BE USED FOR REPLACEMENT WINDOWS FOR SENIOR CENTER.

Funded Amount:

$5,000

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OF WOODSTOCK
45 COMEAU DRIVE
WOODSTOCK, NY  12498
(845) 679−2113  Ext: 7

Name of Project Director:

HON. JEFF MORAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH CONSTRUCTING A SUITABLE MEMORIAL HONORING THE LEGACY OF WOODSTOCK ACTIVIST JANE VANDEBOGART.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TOWN OWASCO
2 BRISTOL AVENUE
AUBURN, NY 13021
(315) 253–9021

Name of Project Director:

JOHN KLINK

Purpose of Project:

FUNDS WILL BE USED FOR A ELECTRONIC REMOTE WATER METER READER.

Funded Amount:

$4,000

Requested By:

KOLB

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

TUXEDO PARK FIRE DEPARTMENT
2 CONTRACTORS ROAD
TUXEDO PARK, NY 10987
(845) 351–2222

Name of Project Director:

GARDINER HEMPEL

Purpose of Project:

FUNDS WILL BE USED FOR ZODIAC RESCUE BOAT.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

U.S. AIR FORCE AUXILIARY CIVIL AIR PATROL
130 SICKER ROAD, BUILDING 301, ALBANY INTERNATIONAL AIRPORT
LATHAM, NY 12110
(518) 225–0442

Name of Project Director:

ANITA E. MARTIN

Purpose of Project:

FUNDS WILL BE USED TO ASSIST THE CIVIL AIR PATROL IN PURCHASING NEEDED COMMUNICATIONS EQUIPMENT.

Funded Amount:

$3,000

Requested By:

REILLY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

UNION CENTER FIRE COMPANY, INC.
P.O. BOX 8800
ENDWELL, NY  13762
(607) 748–1321

Name of Project Director:

BOB BEALO

Purpose of Project:

FUNDS WILL BE USED FOR THE UPGRADE OF THE FIRE COMPANY’S COMPUTER SYSTEM.

Funded Amount:

$4,000

Requested By:

LUPARDO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

UNITED FORTIES CIVIC ASSOCIATION, INC.
51–19 46TH STREET
WOODSIDE, NY 11377
(718) 784–8965

Name of Project Director:

CATHRYN KEESHAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE ASSOCIATION’S PROGRAMS TO INVOLVE RESIDENTS AND BUSINESSES IN COMMUNITY IMPROVEMENTS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

UNITED JEWISH COUNCIL OF THE EAST SIDE, INC.
500–A GRAND STREET
NEW YORK, NY 10002
(212) 460–5730

Name of Project Director:

JOEL KAPLAN

Purpose of Project:

FUNDS WILL BE USED FOR IN–STATE TRIPS, RECREATION AND EDUCATIONAL PROGRAMS TARGETING DISADVANTAGED SENIORS, ADOLESCENTS AND FAMILIES, AS WELL AS TO SUPPORT A PROGRAM THAT INFORMS SENIORS ABOUT LOWER EASTSIDE MERCHANTS. FUNDS ARE ALSO USED FOR A TELEPHONE REASSURANCE PROGRAM DURING EVENING HOURS TARGETING HOMEBOUND SENIORS AND FOR PROGRAM OUTREACH. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$309,000

Requested By:

SILVER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

UNITED JEWISH COUNCIL OF THE EAST SIDE, INC.
500–A GRAND STREET
NEW YORK, NY  10002
(212) 460–5730

Name of Project Director:

JOEL KAPLAN

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE IMPLEMENTATION OF AN ADVERTISING AND PUBLIC RELATIONS CAMPAIGN TO EXTOLL THE BENEFITS OF THE LOWER EAST SIDE. IN ADDITION, A LISTING SERVICE WILL BE CREATED TO MATCH INTERESTED BUYERS WITH THOSE PARTIES INTERESTED IN SELLING THEIR PROPERTY WITHIN THE LOWER EAST SIDE. SERVICES ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$186,000

Requested By:

SILVER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

UNITED STATEN ISLAND VETERANS ORGANIZATION
45 NEW LANE
STATEN ISLAND, NY 10305
(718) 981–6170

Name of Project Director:

JAMES A. HAYNES III

Purpose of Project:

FUNDS WILL BE USED FOR THE MEMORIAL TO HONOR ALL STATEN ISLAND VETERANS WHO HAVE SERVED TO PROTECT THE UNITED STATES, PAST AND PRESENT. THIS MEMORIAL WILL BE USED TO HELP EDUCATE ALL IN THE COMMUNITY.

Funded Amount:

$10,000

Requested By:

CUSICK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

UNITED STATEN ISLAND VETERANS ORGANIZATION, INC.
198 JUSTIN AVENUE
STATEN ISLAND, NY 10306
(718) 981−6170

Name of Project Director:

ANTHONY FANELLI

Purpose of Project:

FUNDS WILL BE USED TOWARDS THE ESTABLISHMENT OF A MONUMENT AT THE EXISTING MEMORIAL PARK AT CAMP POUCH. THE MONUMENT WOULD HONOR ALL VETERANS OF ALL BRANCHES OF SERVICE FROM THE COMMUNITY.

Funded Amount:

$1,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

UNITED STATES DISASTER RELIEF COMMAND
P.O. BOX 126
JERICHO, NY 11753
(516) 364−3444

Name of Project Director:

RAYMOND MASCOLO

Purpose of Project:

FUNDS WILL BE USED FOR RECRUITMENT, OPERATING EXPENSES.

Funded Amount:

$5,000

Requested By:

RAIA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

UNITY HOUSE OF TROY, INC.
33 SECOND STREET
TROY, NY 12180
(518) 274−2607

Name of Project Director:

CHRISTOPHER BURKE

Purpose of Project:

FUNDS WILL BE USED FOR THE LAW PROJECT TO ASSIST VICTIMS OF DOMESTIC VIOLENCE AND THEIR FAMILIES DEAL WITH A HOST OF LEGAL ISSUES BY PROVIDING LEGAL COUNSELING AND REPRESENTATION IN CIVIL MATTERS.

Funded Amount:

$10,000

Requested By:

CANESTRARI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

UNSUNG HEROES HELPING HEROES, INC.
P.O. BOX 20100
HUNTINGTON STATION, NY 11746
(631) 427−0259

Name of Project Director:

JOHN STERAZO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES, PROGRAM DEVELOPMENT, AND COMMUNITY OUTREACH FOR "9/11 RESPONDERS," THE RELIEF WORKERS WHO ASSISTED DURING THE 9/11 EMERGENCY.

Funded Amount:

$5,000

Requested By:

ALESSI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

UTICA FIRE DEPARTMENT
CITY HALL, 1 KENNEDY PLAZA
UTICA, NY 13501
(315) 792−0100

Name of Project Director:

HON. DAVID ROEFARO

Purpose of Project:

FUNDS WILL BE USED TO PLACE 10, FULLY−EQUIPPED LAPTOP COMPUTERS IN EMERGENCY RESPONSE VEHICLES USED BY PERSONNEL OF THE UTICA FIRE DEPARTMENT TO ENHANCE THE COMMUNICATIONS ABILITY AND SAFETY OF FIRST RESPONDERS USING EMERGENCY VEHICLES IN THE CITY OF UTICA.

Funded Amount:

$40,000

Requested By:

DESTITO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VALHALLA FIRE DISTRICT
P.O. BOX 228
VALHALLA, NY  10595
(914) 948–2272

Name of Project Director:

KENNETH HOFFARTH

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A ZODIAC INFLATABLE BOAT, TO ASSIST IN WATER RESCUES IN LOW–LYING AREAS VULNERABLE TO FLOODING.

Funded Amount:

$6,000

Requested By:

BRODSKY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VERONA FIRE DEPARTMENT
P.O. BOX 137, VOLUNTEER AVENUE
VERONA, NY 13478
(315) 363–6009

Name of Project Director:

ROBERT URTZ, III

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF MATERIALS NEEDED TO BUILD A NON–FIREF/MAZE/VENTILATING AUTO EXTRACTION TRAINING FACILITY TO BE USED BY 12 FIRE COMPANIES.

Funded Amount:

$15,000

Requested By:

MAGEE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VERONA FIRE DEPARTMENT
169 MAIN STREET
ONEIDA, NY 13431
(315) 363–2100

Name of Project Director:

ROBERT URTZ

Purpose of Project:

FUNDS WILL BE USED FOR FIRE TRAINING FACILITY IN WESTERN ONEIDA COUNTY.

Funded Amount:

$5,000

Requested By:

TOWNSEND

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VICTORY VOLUNTEER FIRE DEPARTMENT
12009 ROUTE 38
CATO, NY 13033
(315) 626−6866

Name of Project Director:

JAMES NODINE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FIRE SAFETY GEAR.

Funded Amount:

$10,000

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE ALLIANCE DISTRICT MANAGEMENT ASSOCIATION, INC.
8 EAST 8TH STREET
NEW YORK, NY 10003
(212) 777–2173

Name of Project Director:

HONI KLEIN

Purpose of Project:

FUNDS WILL BE USED FOR THE CREATION OF A NEW AND UPDATED WEBSITE INCLUDING UPDATING OF THE BUSINESS IMPROVEMENT DISTRICT MAP AND HISTORIC SITES.

Funded Amount:

$3,000

Requested By:

GLICK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF ALEXANDER
3323 BUFFALO STREET
ALEXANDER, NY 14005
(585) 591−1214

Name of Project Director:

RICHARD SCHARLAU

Purpose of Project:

FUNDS WILL BE USED FOR ENGINEERING FEES.

Funded Amount:

$2,500

Requested By:

BURLING

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF ANGOLA
41 COMMERCIAL STREET
ANGOLA, NY 14006
(716) 549–1126

Name of Project Director:

HON. HOWARD FRAWLEY

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE AND PLANTING OF 60 TREES THROUGHOUT THE VILLAGE.

Funded Amount:

$5,000

Requested By:

QUINN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF ARDSLEY
507 ASHFORD AVENUE
ARDSLEY, NY 10502
(914) 693–1550

Name of Project Director:

ARLENE WESTIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AND INSTALL PLANTINGS UNDERNEATH REVOLUTIONARY WAR INTERPRETIVE SIGNS, AND UNDER VILLAGE CLOCK. FUNDS WILL ALSO BE USED FOR A SPRINKLING SYSTEM UNDERNEATH THE CLOCK.

Funded Amount:

$4,000

Requested By:

BRODSKY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF BAYVILLE
34 SCHOOL STREET
BAYVILLE, NY 11709
(516) 628–1439

Name of Project Director:

HON. VICTORIA SIEGAL

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A SAND SIFTER.

Funded Amount:

$38,000

Requested By:

LAVINE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF BEMUS POINT – BEMUS POINT IMPROVEMENT CORP.
P.O. BOX 450
BEMUS POINT, NY 14712
(716) 386-4398

Name of Project Director:

HON. BRYAN DAHLBERG

Purpose of Project:

FUNDS WILL BE USED TO PLAN FOR STREETSCAPE IMPROVEMENTS IN THE VILLAGE OF BEMUS POINT.

Funded Amount:

$20,000

Requested By:

PARMENT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF BLASDELL
12 MIRIAM AVENUE
BLASDELL, NY 14219
(716) 822-1921

Name of Project Director:

HON. ERNEST JEWETT

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF THREE NEW COMPUTERS FOR THE POLICE DEPARTMENT.

Funded Amount:

$5,000

Requested By:

QUINN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF CAMBRIDGE
P.O. BOX 271
CAMBRIDGE, NY 12816
(518) 677–2622

Name of Project Director:

DEDE NASH

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT FOR THE VOLUNTEER FIRE DEPARTMENT AND GREENWICH POLICE DEPARTMENT.

Funded Amount:

$5,000

Requested By:

MCDONALD

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF COOPERSTOWN
22 MAIN STREET, P.O. BOX 346
COOPERSTOWN, NY 13326
(607) 547-2411

Name of Project Director:

TERI L. BAROWN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE RAFER TILES.

Funded Amount:

$7,500

Requested By:

MAGEE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF CORINTH
260 MAIN STREET
CORINTH, NY 12822
(518) 654–2012

Name of Project Director:

MAYOR BRAD WINSLOW

Purpose of Project:

FUNDS WILL BE USED FOR WASTE WATER MANAGEMENT.

Funded Amount:

$25,000

Requested By:

SAYWARD

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF DOBBS FERRY
112 MAIN STREET
DOBBS FERRY, NY 10522
(914) 231–8500

Name of Project Director:

SCOTT SESKIN

Purpose of Project:

FUNDS WILL BE USED TO HELP PURCHASE DECORATIVE STREET LIGHTS FOR THE VILLAGE’S BUSINESS DISTRICT.

Funded Amount:

$15,000

Requested By:

BRODSKY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:
VILLAGE OF ELLE NVILLE
2 ELTING COURT
ELLENVILLE, NY  12428
(845) 647−7080  Ext: 300

Name of Project Director:
ELLIOTT AUERBACH

Purpose of Project:
FUNDS WILL BE USED TO SUPPORT THE TRANSFORMATION OF BERME ROAD PARK INTO AN ENVIRONMENTALLY SENSITIVE PLAYGROUND FOR YOUTH AND THE COMMUNITY.

Funded Amount:
$5,000

Requested By:
CAHILL

Name of Administering State Agency:
DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF ELMSFORD
15 SOUTH STONE AVENUE
ELMSFORD, NY  10523
(914) 592–6555

Name of Project Director:

MICHAEL C. MILLS

Purpose of Project:

FUNDS WILL BE USED TO BUILD A SALT STORAGE AND LOADING SITE.

Funded Amount:

$10,000

Requested By:

BRODSKY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF FAIR HAVEN
P.O. BOX 614
FAIR HAVEN, NY 13064
(315) 947–5910

Name of Project Director:

WILLIAM MCVEA.

Purpose of Project:

FUNDS WILL BE USED FOR REPAIR OF WATERFRONT BOARDWALK.

Funded Amount:

$7,500

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF FAIRPORT FIRE DEPARTMENT  
27 EAST CHURCH STREET  
FAIRPORT, NY 14450  
(585) 223–9220

Name of Project Director:

DAVID COMPTON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A NEW BOAT, MOTOR, AND TRAILER, REPLACING A 20–YEAR OLD INFLATABLE RAFT, TO RESPOND TO AN INCREASING NUMBER OF EMERGENCY CALLS ON THE ERIE CANAL.

Funded Amount:

$19,000

Requested By:

KOON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF FALCONER
101 WEST MAIN STREET
FALCONER, NY 14733
(716) 665–4400

Name of Project Director:

DAVID KRIEG

Purpose of Project:

FUNDS WILL BE USED TO MAKE THE VILLAGE COMMUNITY BUILDING HANDICAPPED ACCESSIBLE.

Funded Amount:

$20,000

Requested By:

PARMENT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF FARNHAM  
526 COMMERCIAL STREET  
FARNHAM, NY 14061  
(716) 549–0890

Name of Project Director:

HON. TERRY CABER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A VETERAN’S MEMORIAL STONE FOR THE VILLAGE’S PARK.

Funded Amount:

$6,000

Requested By:

QUINN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF FAYETTEVILLE
425 EAST GENESEE STREET
FAYETTEVILLE, NY 13066
(315) 637−9864

Name of Project Director:

HON. MARK OLSON

Purpose of Project:

FUNDS WILL BE USED TO REPLACE THE ORIGINAL WINDOWS IN FIREHOUSE, WHICH ARE 50 YEARS OLD.

Funded Amount:

$15,000

Requested By:

STIRPE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF FLORIDA
P.O. BOX 505
FLORIDA, NY 10921
(848) 986–1120 Ext: 240

Name of Project Director:

MAYOR JAMES PAWLCZEK, SR.

Purpose of Project:

FUNDS WILL BE USED FOR HISTORIC PRESERVATION.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF FRANKLIN
P.O. BOX 133
FRANKLIN, NY 13775
(607) 829−5890

Name of Project Director:

JOHN CAMPBELL

Purpose of Project:

FUNDS WILL BE USED FOR PARKING LOT.

Funded Amount:

$1,250

Requested By:

LOPEZ−P

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF GOSHEN
276 MAIN STREET
GOSHEN, NY 10924
(845) 294–6750

Name of Project Director:

MAYOR WOHL

Purpose of Project:

FUNDS WILL BE USED FOR FLOODING IN PARK AND FARMER’S MARKET.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF GRANVILLE
P.O. BOX 208, 51 QUAKER STREET
GRANVILLE, NY 12832
(518) 642–2640

Name of Project Director:

JAY NILES

Purpose of Project:

FUNDS WILL BE USED FOR ECONOMIC DEVELOPMENT.

Funded Amount:

$10,000

Requested By:

MCDONALD

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF GREENWOOD LAKE
VILLAGE HALL P.O. BOX 7
GREENWOOD LAKE, NY 10925
(845) 477–9215

Name of Project Director:

BARBARA MOORE

Purpose of Project:

FUNDS WILL BE USED FOR FURNITURE FOR SENIOR CITIZEN CENTER.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF HAMBURG
100 MAIN STREET
HAMBURG, NY 14075
(716) 649−0200

Name of Project Director:

HON. TOM MOSES

Purpose of Project:

FUNDS WILL BE USED TO IMPLEMENT A WALK THE VILLAGE PROGRAM THAT PROMOTES TOURISM.

Funded Amount:

$7,000

Requested By:

QUINN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF HANNIBAL
824 COUNTY ROUTE 34
HANNIBAL, NY 13074
(315) 564–5037

Name of Project Director:
FRED KENT

Purpose of Project:
FUNDS WILL BE USED FOR TRAFFIC SPEED SIGNS.

Funded Amount:
$5,000

Requested By:
OAKS

Name of Administering State Agency:
DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF HARRIMAN
1 CHURCH STREET
HARRIMAN, NY 10926
(845) 783-4421

Name of Project Director:

MAYOR STEPHEN WELLE

Purpose of Project:

FUNDS WILL BE USED FOR EMERGENCY SERVICE EQUIPMENT.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF HARRIMAN
1 CHURCH STREET
HARRIMAN, NY 10926
(845) 783–4421

Name of Project Director:

MAYOR STEPHEN WELLE

Purpose of Project:

FUNDS WILL BE USED FOR FIRE DEPARTMENT.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF HAVERSTRAW
40 NEW MAIN STREET
HAVERSTRAW, NY 10927
(845) 429–0300

Name of Project Director:

EMMA L. VELEZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH A RECORDS MANAGEMENT SYSTEM THAT WILL FORMAT PAPER FILES INTO ELECTRONIC DOCUMENTS THAT CAN BE SEARCHED AND RETRIEVED QUICKLY.

Funded Amount:

$8,500

Requested By:

ZEBROWSKI–K

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF HIGHLAND FALLS
303 MAIN STREET
HIGHLAND FALLS, NY 10928
(845) 446–3400

Name of Project Director:

HON. JOSEPH D’ONOFRIO

Purpose of Project:

FUNDS WILL BE USED FOR SOFTWARE FOR NYS AUDIT COMPLIANCE AND CODE ENFORCEMENT.

Funded Amount:

$5,000

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF HIGHLAND FALLS
303 MAIN STREET
HIGHLAND FALLS, NY 10928
(845) 446–3400

Name of Project Director:

HON. JOSEPH D’ONOFRIO

Purpose of Project:

FUNDS WILL BE USED FOR SENIOR CITIZEN PROJECT.

Funded Amount:

$2,500

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF HIGHLAND FALLS
303 MAIN STREET
HIGHLAND FALLS, NY 10928
(845) 496–3400

Name of Project Director:

HON. JOSEPH D’ONOFRIO

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT FOR HIGHLAND FALLS FIRE DEPARTMENT.

Funded Amount:

$3,000

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF HILLBURN
31 MOUNTAIN AVENUE
HILLBURN, NY 10931
(845) 357–2036

Name of Project Director:

MAYOR MIELE

Purpose of Project:

FUNDS WILL BE USED FOR OPEN SPACE PRESERVATION.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF IRVINGTON
85 MAIN STREET
IRVINGTON, NY 10533
(914) 591–7403

Name of Project Director:

ED RITTER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF REPLACING THE OLD HURST TOOL "JAWS OF LIFE" VEHICLE EXTRICATION EQUIPMENT AT ENGINE 177.

Funded Amount:

$15,000

Requested By:

BRODSKY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF KIRYAS JOEL
P.O. BOX 566
MONROE, NY 10949
(845) 783–8300

Name of Project Director:

MOSES WITRIOL

Purpose of Project:

FUNDS WILL BE USED FOR EMERGENCY SERVICE EQUIPMENT.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF KIRYAS JOEL
P.O. BOX 566
MONROE, NY 10949
(845) 783–8300

Name of Project Director:

MOSES WITRIOL

Purpose of Project:

FUNDS WILL BE USED FOR EMERGENCY SERVICE.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF LEWISTON
145 NOAH FOURTH STREET, P.O. BOX 325
LEWISTON, NY 14092
(716) 754–8271

Name of Project Director:

HON. RICHARD F. SOLURI

Purpose of Project:

FUNDS WILL BE USED FOR A WINTER FESTIVAL TO PROMOTE TOURISM DURING TRADITIONALLY "OFF SEASON" PERIODS.

Funded Amount:

$5,000

Requested By:

DELMONTE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF LYNDONVILLE
2 SOUTH MAIN STREET, P.O. BOX 270
LYNDONVILLE, NY 14098
(585) 765-9385

Name of Project Director:

DEBRA MILLER

Purpose of Project:

FUNDS WILL BE USED FOR MAPPING OF WATER SYSTEMS AND WATER TREATMENT PLANT SITE.

Funded Amount:

$5,000

Requested By:

HAWLEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF MAMARONECK
123 MAMARONECK AVENUE
MAMARONECK, NY 10543
(914) 777-7703

Name of Project Director:

LEONARD M. VERRASTRO

Purpose of Project:

FUNDS WILL BE USED TO REPLACE VILLAGE TREES THAT WERE LOST TO TREE STORM DAMAGE AND DISEASE.

Funded Amount:

$10,000

Requested By:

LATIMER

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

VILLAGE OF MAYBROOK
109 MAIN STREET
MAYBROOK, NY 12543
(845) 427–2717

Name of Project Director:

HON. DENNIS LEAHY

Purpose of Project:

FUNDS WILL BE USED FOR COMPUTER AND EQUIPMENT FOR SENIOR CENTER.

Funded Amount:

$2,500

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

VILLAGE OF MERIDIAN
P.O. BOX 367
MERIDIAN, NY 13113
(315) 626–3223

Name of Project Director:

MARILYN COLE

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT AND VARIOUS NEEDS OF THE MERIDIAN VOLUNTEER FIRE DEPARTMENT.

Funded Amount:

$15,000

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF MINOA
240 NORTH MAIN STREET
MINOA, NY 13116
(315) 656–3100

Name of Project Director:

HON. RICHARD J. DONOVAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A CLEAR COMMAND COMMUNICATIONS SYSTEM TO ENHANCE FIREFIGHTER COMMUNICATION.

Funded Amount:

$10,000

Requested By:

STIRPE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF MOHAWK
28 COLUMBIA STREET
MOHAWK, NY 13407
(315) 866-4312

Name of Project Director:

IRENE SWEET

Purpose of Project:

FUNDS WILL BE USED FOR A RE‐SURVEY OF THE CORPORATE LINES OF THE VILLAGE OF MOHAWK.

Funded Amount:

$7,500

Requested By:

BUTLER–M

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF MONROE
7 STAGE ROAD
MONROE, NY 10950
(845) 783–0762

Name of Project Director:

MAYOR JOHN KARL

Purpose of Project:

FUNDS WILL BE USED FOR FIRE TRUCK.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF MONTEBELLO
1 MONTEBELLO ROAD
MONTEBELLO, NY 10901
(845) 368−2211

Name of Project Director:

MAYOR OPPENHEIM

Purpose of Project:

FUNDS WILL BE USED FOR FLAG POLES AND ELECTRICAL WORK.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF MONTGOMERY
133 CLINTON STREET, P.O. BOX 116
MONTGOMERY, NY 12549
(845) 457−9661

Name of Project Director:

HON. L. STEPHEN BRESCHIA

Purpose of Project:

FUNDS WILL BE USED FOR VETERANS MEMORIAL PARK PLAYGROUND EQUIPMENT.

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF NEW HEMPSTEAD
108 OLD SCHOOLHOUSE ROAD
NEW CITY, NY 10956
(845) 354−8100

Name of Project Director:

HON. LAWRENCE DESSAU

Purpose of Project:

FUNDS WILL BE USED TO REPAVE THE SECTION OF WAYNE ROAD THAT EXTENDS FROM PENNINGTON WAY TO MCNAMARA ROAD.

Funded Amount:

$15,000

Requested By:

ZEBROWSKI−K

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF NEW PALTZ
25 PLATTEKILL AVENUE, P.O. BOX 877
NEW PALTZ, NY  12561
(845) 255−0130

Name of Project Director:

HON. TERRY DUNGAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FIREFIGHTING EQUIPMENT, INCLUDING A GENERATOR AND OTHER ITEMS FOR THE FIRE DEPARTMENT.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF NORTH SYRACUSE
600 SOUTH BAY ROAD
NORTH SYRACUSE, NY 13212
(315) 458−0900

Name of Project Director:

MARK HOGAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE PURCHASE OF 40 ENERGY EFFICIENT, RECHARGEABLE STREAMLIGHT LED FLASHLIGHTS FOR EACH FIREFIGHTER AT THE VILLAGE OF NORTH SYRACUSE VOLUNTEER FIRE DEPARTMENT.

Funded Amount:

$5,000

Requested By:

STIRPE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF NORTH SYRACUSE
600 SOUTH BAY ROAD
NORTH SYRACUSE, NY 13212
(315) 458−0900

Name of Project Director:

HON. JOHN HEINDORF

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE NEW VILLAGE CENTER BY PROVIDING LANDSCAPING, BENCHES, WALKS, LIGHTS AND/OR SIGNS.

Funded Amount:

$10,000

Requested By:

STIRPE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF ORISKANY FALLS
185 NORTH MAIN STREET
ORISKANY FALLS, NY 13425
(315) 821–7275

Name of Project Director:

RUSSELL C. PETRIE

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A NEW PUMPER/TANKER TO REPLACE THE 25 YEAR OLD PUMPER/TANKER FOR THE VILLAGE OF ORISKANY FALLS' VOLUNTEER FIRE DEPARTMENT.

Funded Amount:

$14,000

Requested By:

MAGEE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF PATCHOGUE
14 BAKER STREET
PATCHOGUE, NY  11772
(631) 475–4300

Name of Project Director:

STEVE GILL

Purpose of Project:

FUNDS WILL BE USED TO RESTORE THE HISTORIC CEMETERIES LOCATED WITHIN THE VILLAGE OF PATCHOGUE.

Funded Amount:

$2,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF PELHAM
195 SPARKS AVENUE
PELHAM, NY  10803
(914) 738−2015

Name of Project Director:

RICH SLINGERLAND

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF FIRE DEPARTMENT ESCAPE ROPES AND EQUIPMENT PACKS. FUNDS WILL ALSO BE USED FOR THE PURCHASE OF NEW LOCKERS AND LOCKER ROOM EQUIPMENT FOR THE POLICE HEADQUARTERS.

Funded Amount:

$10,000

Requested By:

PAULIN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF PELHAM MANOR
4 PENFIELD PLACE
PELHAM MANOR, NY 10803
(914) 738–8820

Name of Project Director:

JOHN PIERPONT

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE THE TECHNOLOGY IN THE VILLAGE HALL, INCLUDING A NEW SERVER AND COMPUTERS.

Funded Amount:

$10,000

Requested By:

PAULIN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF PHOENIX
455 MAIN STREET
PHOENIX, NY 13135
(315) 695–3311

Name of Project Director:

JAMES HAYES

Purpose of Project:

FUNDS WILL BE USED FOR MAINTENANCE AND UPKEEP OF VILLAGE FISHING PIER.

Funded Amount:

$5,000

Requested By:

TOWNSEND

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF PULASKI
4917 JEFFERSON STREET, P.O. BOX 227
PULASKI, NY 13142
(315) 298–6637

Name of Project Director:

HON. ERNEST WHEELER

Purpose of Project:

FUNDS WILL BE USED FOR A PUBLIC ADDRESS SYSTEM.

Funded Amount:

$3,900

Requested By:

BARCLAY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF RED HOOK/VILLAGE OF TIVOLI
7467 SOUTH BROADWAY
RED HOOK, NY 12571
(845) 758–1081

Name of Project Director:

DAVID COHEN

Purpose of Project:

FUNDS WILL BE USED FOR TWO CATCH BASINS IN THE VILLAGE.

Funded Amount:

$5,000

Requested By:

MOLINARO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF RYE BROOK
938 KING STREET
RYE BROOK, NY 10573
(914) 937–7862

Name of Project Director:

FRED SEIFERT

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE THE VILLAGE’S REVERSE 911 SYSTEM TO BE ABLE TO NOTIFY MORE RESIDENTS IN A SHORTER PERIOD OF TIME DURING AN EMERGENCY.

Funded Amount:

$10,000

Requested By:

LATIMER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF SCOTIA–FIRE DEPARTMENT
148 MOHAWK AVENUE
SCOTIA, NY 12302
(518) 381–6114

Name of Project Director:

RICHARD KASKO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A MASIMO RAD–57 PULSE CO–OXIMETER TO MEASURE CARBON MONOXIDE EXPOSURE IN A PATIENT.

Funded Amount:

$4,000

Requested By:

TEDISCO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF SCOTTSVILLE  
22 MAIN STREET, P.O. BOX 36  
SCOTTSVILLE, NY 14546  
(585) 889–6050

Name of Project Director:

HON. MICHAEL SOUERS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTERS, PRINTERS AND SOFTWARE FOR THE WHEATLAND SENIOR CENTER.

Funded Amount:

$15,000

Requested By:

JOHN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF SHERBURNE
15 WEST STATE STREET
SHERBURNE, NY 13460
(607) 674–2300

Name of Project Director:

MAYOR WILLIAM ACEE

Purpose of Project:

FUNDS WILL BE USED FOR PADDLE FORD PARK PROJECT.

Funded Amount:

$10,000

Requested By:

FINCH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF SLOAN
425 REIMAN STREET
SLOAN, NY 14212
(716) 897−1560

Name of Project Director:

LEONARD SZYMANSKI

Purpose of Project:

FUNDS WILL BE USED TO DEMOLISH A BUILDING THAT IS A SAFETY HAZARD TO RESIDENTS, AS WELL AS AN EYESORE TO THE VILLAGE.

Funded Amount:

$6,500

Requested By:

GABRYSZAK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF SLOATSBURG
96 ORANGE TURNPIKE
SLOATSBURG, NY 10979
(845) 753–2727

Name of Project Director:

MAYOR CARL WRIGHT

Purpose of Project:

FUNDS WILL BE USED FOR LIGHT FIXTURES.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF SUFFERN
61 WASHINGTON AVENUE
SUFFERN, NY 10901
(845) 357–2600

Name of Project Director:

MAYOR JOHN KEEGAN

Purpose of Project:

FUNDS WILL BE USED FOR SUFFERN DAY.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF WAPPINGERS FALLS
2628 SOUTH AVENUE
WAPPINGERS FALLS, NY 12590
(845) 297–8773

Name of Project Director:

MAYOR MATT ALEXANDER

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF SURVEILLANCE SYSTEM INCLUDING CAMERAS AND OTHER NECESSARY EQUIPMENT.

Funded Amount:

$16,000

Requested By:

MILLER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF WARWICK
77 MAIN STREET, P.O. BOX 369
WARWICK, NY 10990
(845) 986–2031

Name of Project Director:

MAYOR NEWHARD

Purpose of Project:

FUNDS WILL BE USED FOR VILLAGE HALL.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF WEBSTER
28 WEST MAIN STREET
WEBSTER, NY  14580
(585) 265–3770

Name of Project Director:

JAKE SWINGLY

Purpose of Project:

FUNDS WILL BE USED FOR IMPROVEMENTS TO KENT DRIVE IN THE VILLAGE, INCLUDING MILLING AND PAVING.

Funded Amount:

$10,500

Requested By:

KOON

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VILLAGE OF YOUNGSTOWN  
240 LOCKPORT STREET, P.O. BOX 168  
YOUNGSTOWN, NY 14174  
(716) 745−7721

Name of Project Director:

HON. NEIL C. RIORDAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SHOTCRETE FOR THE LOWER BOAT RAMP AND FOR THE VIDEO SECURITY CAMERAS FOR THIS BORDER SITE.

Funded Amount:

$12,000

Requested By:

DELMONTE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

VOLUNTEER LEGAL SERVICES PROJECT OF MONROE COUNTY, INC.
ONE W. MAIN STREET, 5TH FLOOR
ROCHESTER, NY  14614
(585) 232–3051

Name of Project Director:

SHEILA GADDIS

Purpose of Project:

FUNDS WILL BE USED TO HELP PROVIDE PRO BONO LEGAL SERVICES TO LOW INCOME PEOPLE IN THE MONROE COUNTY AREA.

Funded Amount:

$15,000

Requested By:

GANTT

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WADING RIVER CEMETERY ASSOCIATION  
P.O. BOX 37  
WADING RIVER, NY 11792  
(631) 929–4370

Name of Project Director:

FREDERICK FINTER

Purpose of Project:

FUNDS WILL BE USED TO INSTALL A NEW ROAD ON THE EASTERN BORDER OF THE CEMETERY PROPERTY.

Funded Amount:

$5,000

Requested By:

ALESSI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WADING RIVER CIVIC ASSOCIATION
P.O. BOX 805
WADING RIVER, NY 11792
(631) 886–1014

Name of Project Director:

SID BAIL

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP THE ORGANIZATION’S MEMBERSHIP THROUGH MAILINGS AND NEWSLETTERS INFORMING THE COMMUNITY OF CRITICAL LOCAL ISSUES.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WALDEN FIRE DISTRICT #2
20 PINE RIDGE ROAD
CHEEK TOWAGA, NY 14211
(716) 897–1176

Name of Project Director:

RICHARD CHOJNACKI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE THREE AEDS TO HELP SAVE LIVES.

Funded Amount:

$4,500

Requested By:

GABRYSZAK

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WANDERERS REST HUMANE ASSOCIATION, INC.
P.O. BOX 535
CANASTOTA, NY 13032
(315) 697-2796

Name of Project Director:

JOHN WHITFORD

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A HVAC SYSTEM TO PROVIDE CLEAN FRESH AIR IN A CONTROLLED CLIMATE.

Funded Amount:

$10,000

Requested By:

MAGEE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WANTAGH FIRE DEPARTMENT
2995 JERUSALEM AVENUE
WANTAGH, NY 11793
(516) 785–0180

Name of Project Director:

GEORGE KRANT

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC OPERATIONS.

Funded Amount:

$2,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WATERFORD EMERGENCY TEAM, INC.
P.O. BOX 111
WATERFORD, NY 12188
(518) 237–9826

Name of Project Director:

RICHARD SCHOONMAKER

Purpose of Project:

FUNDS WILL BE USED TO UPDATE AND PURCHASE NEW EQUIPMENT FOR
SEARCH AND RESCUE, INCLUDING RADIOS, SEARCH EQUIPMENT AND
RESCUE/DIVING EQUIPMENT.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WAYNE ARC
150 VAN BUREN STREET
NEWARK, NY 14513
(315) 331–7741

Name of Project Director:

DAVID CALHOUN

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT FOR DAY PROGRAM.

Funded Amount:

$5,000

Requested By:

OAKS

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WAYNE HOSE COMPANY NO. 1, INC.
25 NORTH LIBERTY DRIVE
STONY POINT, NY 10980
(845) 786–3386

Name of Project Director:

CHIEF ADAM FEUER

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING OPERATIONAL EXPENSES.

Funded Amount:

$2,000

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WEBBS MILLS FIRE DEPARTMENT
1750 PENNSYLVANIA AVENUE
PINE CITY, NY 14871
(607) 733–7200

Name of Project Director:

CHIEF JASON HALM

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF BREATHING APPARATUS/FIRE RESCUE EQUIPMENT.

Funded Amount:

$20,000

Requested By:

O’MARA

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WEST CORNERS FIRE DISTRICT
500 DAY HOLLOW ROAD
ENDICOTT, NY  13760
(607) 748–2088

Name of Project Director:

DAVID THOMAS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A RIP AND RUN ALPHA NUMERIC SOFTWARE THAT WILL ALLOW COMMUNICATION BETWEEN FIREFIGHTERS AND CONNECT THE DISTRICT WITH BROOME COUNTY EMERGENCY SERVICES.

Funded Amount:

$5,000

Requested By:

LUPARDO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WEST HAMILTON BEACH VOLUNTEERS, INC.
102–33 DAVENPORT COURT
HOWARD BEACH, NY  11414
(718) 843–1716

Name of Project Director:

JONAH COHEN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH OPERATING THE WEST HAMILTON BEACH VOLUNTEER SERVICES AND PROGRAMS.

Funded Amount:

$4,000

Requested By:

PHEFFER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WESTERN FIRE DEPARTMENT
8606 LEWIS ROAD
WESTERNVILLE, NY 13485
(315) 827–4951

Name of Project Director:

MIKE ANANIA

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT.

Funded Amount:

$5,000

Requested By:

TOWNSEND

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WESTERN NEW YORK LAW CENTER, INC.
237 MAIN STREET, SUITE 1030
BUFFALO, NY  14203
(716) 855−0203

Name of Project Director:

KATHLEEN A LYNCH, ESQ.

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE "ANTI−FLIPPING" TASK FORCE, WHICH EXPOSES THE FRAUDULENT CLAIMS IN SELLING OF DELAPIDATED HOUSES.

Funded Amount:

$1,400

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

WESTERN NEW YORK LAW CENTER, INC.
237 MAIN STREET, SUITE 1030
BUFFALO, NY 14203
(716) 855–0203

Name of Project Director:

KATHLEEN A. LYNCH, ESQ.

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUED SUPPORT OF THE "ANTI–FLIPPING" TASK FORCE.

Funded Amount:

$3,200

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WESTERN NEW YORK LAW CENTER, INC.
237 MAIN STREET, SUITE 1030
BUFFALO, NY 14203
(716) 855−0203 Ext: 6

Name of Project Director:

KATHLEEN A. LYNCH, ESQ.

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE "ANTI−FLIPPING" TASK FORCE IN WESTERN NEW YORK.

Funded Amount:

$12,400

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

DEPARTMENT OF STATE
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

WESTMORELAND FIRE DEPARTMENT
P.O. BOX 478
WESTMORELAND, NY 13490
(315) 853–6884

Name of Project Director:

JIM KIMBALL

Purpose of Project:

FUNDS WILL BE USED FOR WIRING AND INSTALLATION OF GENERATOR.

Funded Amount:

$7,500

Requested By:

TOWNSEND

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WILLIAMSVILLE VOLUNTEER FIRE DEPARTMENT
5565 MAIN STREET
WILLIAMSVILLE, NY 14221
(716) 632–4070

Name of Project Director:

RICHARD J. MADDIGAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A THERMAL IMAGING CAMERA.

Funded Amount:

$12,000

Requested By:

HAYES

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WOLCOTTVILLE VOLUNTEER FIRE COMPANY
6337 WOLCOTTSVILLE ROAD, P.O. BOX 189
AKRON, NY 14001
(716) 542–4422

Name of Project Director:

CHIEF ROBERT BROFF

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE NEW FIREMATIC EQUIPMENT AND PROVIDE IMPROVEMENTS AT THE FIRE HALL.

Funded Amount:

$4,000

Requested By:

COLE

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WOMEN’S ENTERPRISE DEVELOPMENT CENTER, INC.
707 WESTCHESTER AVENUE, SUITE 213
WHITE PLAINS, NY 10604
(914) 948–6098

Name of Project Director:

ANN M. JANIAK

Purpose of Project:

FUNDS WILL BE USED TO UPDATE THE CENTER’S WEBSITE, PURCHASE OFFICE EQUIPMENT AND PRODUCE MATERIALS FOR TRAINING STAFF AND CLIENTS, WHICH WILL PROMOTE GROWTH AND DEVELOPMENT OF WOMEN.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WOODBURY FIRE COMPANY
455 ROUTE 32
HIGHLAND MILLS, NY 10930
(845) 928–6070

Name of Project Director:

DOMINICK PROZZILLO

Purpose of Project:

FUNDS WILL BE USED FOR PAGERS FOR FIRE PERSONNEL.

Funded Amount:

$5,000

Requested By:

CALHOUN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WOODLAWN HEIGHTS TAXPAYERS’ AND COMMUNITY ASSOCIATION, INC.
P.O. BOX 83
BRONX, NY 10470
(914) 961–3434

Name of Project Director:

MIKE EAGAN

Purpose of Project:

Funds will be used to assist Woodlawn residents in neighborhood beautification, traffic and pedestrian safety, and recreation.

Funded Amount:

$5,000

Requested By:

DINOWITZ

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WOODLAWN VOLUNTEER FIRE COMPANY
3281 LAKE SHORE ROAD
BLASDELL, NY 14219
(716) 824−2284

Name of Project Director:

JOHN KOLB

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FIRE AND RESCUE EQUIPMENT.

Funded Amount:

$7,500

Requested By:

QUINN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WOODMERE FIRE DEPARTMENT
20 IRVING PLACE
WOODMERE, NY  11598
(516) 374–0928

Name of Project Director:

DAVID MILLER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FIREFIGHTING EQUIPMENT AND SUPPLIES.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WOODSIDE ON THE MOVE, INC.
39-42 59TH STREET, SUITE 5
WOODSIDE, NY 11377
(718) 476-8449

Name of Project Director:

HEATHER STRAFTER

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE COMMUNITY DEVELOPMENT PROJECTS THAT INCLUDE, BUT ARE NOT LIMITED TO, PRESERVING AREA HOUSING STOCK, PROVIDING EDUCATIONAL AND RECREATIONAL OPPORTUNITIES TO LOCAL YOUTH, REVITALIZING THE LOCAL BUSINESS ENVIRONMENT AND PROMOTING CULTURAL PERFORMANCES.

Funded Amount:

$30,000

Requested By:

MARKEY

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WOODSIDE ON THE MOVE, INC.
39–42 59TH STREET, 2ND FLOOR
WOODSIDE, NY 11377
(718) 476–8449

Name of Project Director:

ROSA M. REYES

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS TO DEVELOP, PRESERVE, AND ENHANCE THE COMMUNITY AND NEIGHBORHOOD OF WOODSIDE.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WURTSBORO FIRE DEPARTMENT
P.O. BOX 457
WURTSBORO, NY 12790
(845) 888−5534

Name of Project Director:

PAUL M. CHAMPAGNE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE TURNOUT GEAR AND FIRE POLICE GEAR.

Funded Amount:

$5,000

Requested By:

GUNTHER−A

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WYOMING COUNTY SPCA
808 CREEK ROAD, ROUTE 98, P.O. BOX 151
ATTICA, NY 14011
(585) 591–3114

Name of Project Director:

MARCIA HYBACK

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$2,000

Requested By:

BURLING

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

WYOMING HOOK & LADDER CO., INC.
P.O. BOX 36, 26 MAPLE STREET
WYOMING, NY 14591
(585) 495–6262

Name of Project Director:

ROBERT B. BROWN

Purpose of Project:

FUNDS WILL BE USED FOR PROTECTIVE GEAR.

Funded Amount:

$5,000

Requested By:

BURLING

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:
YAPHANK FIRE DISTRICT
451 A MAIN STREET
YAPHANK, NY 11980
(631) 924–3200

Name of Project Director:
DONALD SCHARF

Purpose of Project:
FUNDS WILL BE USED TO PURCHASE SAFETY EQUIPMENT FOR THE FIRE DEPARTMENT.

Funded Amount:
$2,000

Requested By:
EDDINGTON

Name of Administering State Agency:
DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

YONKERS FIRE DEPARTMENT
5–7 NEW SCHOOL STREET
YONKERS, NY 10701
(914) 377–7505

Name of Project Director:

WILLIAM FITZPATRICK

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF A NEW FIRE RESCUE BOAT.

Funded Amount:

$50,000

Requested By:

SPANO

Name of Administering State Agency:

DEPARTMENT OF STATE
Legal Name, Address, and Telephone Number:

CHEMUNG COUNTY
203 LAKE STREET
ELMIRA, NY 14901
(607) 737–2912

Name of Project Director:

COUNTY EXECUTIVE TOM SANTULLI

Purpose of Project:

FUNDS WILL BE USED FOR COUNTY ROAD AND INFRASTRUCTURE IMPROVEMENTS FOR AIRPORT CORPORATE PARK.

Funded Amount:

$46,500

Requested By:

O’MARA

Name of Administering State Agency:

DEPARTMENT OF TRANSPORTATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:
ROCHESTER GENESEE REGIONAL TRANSPORTATION AUTHORITY
1372 EAST MAIN STREET
ROCHESTER, NY 14609
(585) 654–0612

Name of Project Director:
MARK AESCH

Purpose of Project:
FUNDS WILL BE USED TO OFFSET THE FARES RGRTA CHARGES FOR LIFELINE SERVICES FOR THE DISABLED.

Funded Amount:
$5,000

Requested By:
KOON

Name of Administering State Agency:
DEPARTMENT OF TRANSPORTATION
Legal Name, Address, and Telephone Number:

ROCHESTER GENESEE REGIONAL TRANSPORTATION AUTHORITY
1372 EAST MAIN STREET
ROCHESTER, NY 14609
(585) 654–0200

Name of Project Director:

MARK AESCH

Purpose of Project:

FUNDS WILL BE USED FOR STONEWOOD VILLAGE LIFT LINE.

Funded Amount:

$5,000

Requested By:

ERRIGO

Name of Administering State Agency:

DEPARTMENT OF TRANSPORTATION
Legal Name, Address, and Telephone Number:

TOWN OF CONSESUS HIGHWAY DEPARTMENT
5862 FEDERAL ROAD, BOX 190
CONESUS, NY 14435
(585) 346–5570

Name of Project Director:

STEPHEN MARTUCIO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A GENERATOR SYSTEM.

Funded Amount:

$14,000

Requested By:

ERRIGO

Name of Administering State Agency:

DEPARTMENT OF TRANSPORTATION
Legal Name, Address, and Telephone Number:

VILLAGE OF WILSON  
P.O. BOX 596  
WILSON, NY  14172  
(716) 751−6764

Name of Project Director:

HON. THOMAS BATEMAN

Purpose of Project:

FUNDS WILL BE USED TOWARD THE INSTALLATION OF A STOP LIGHT/STREET LIGHT.

Funded Amount:

$3,000

Requested By:

DELMONTE

Name of Administering State Agency:

DEPARTMENT OF TRANSPORTATION
Legal Name, Address, and Telephone Number:

102ND PRECINCT COMMUNITY COUNCIL
87-34 118TH STREET
RICHMOND HILL, NY  11418
(718) 805–3215

Name of Project Director:

MARIA A. THOMSON

Purpose of Project:

Funds will be used to offset costs of the annual Night Out Against Crime event.

Funded Amount:

$1,000

Requested By:

LANCMAN

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

114TH CIVILIAN OBSERVATION PATROL, INC.
31–38 29TH STREET
ASTORIA, NY  11106
(718) 728–8763

Name of Project Director:

BARBARA POLLACK

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF THE COUNCIL’S ANNUAL FELLOWSHIP BREAKFAST, WHICH GIVES THE COMMUNITY AN OPPORTUNITY TO MEET OFFICERS FROM THE PRECINCT AND DISCUSS ISSUES OF CONCERN. ADDITIONALLY, FUNDS WILL BE USED TO SUPPORT THE ANNUAL NIGHT OUT AGAINST CRIME.

Funded Amount:

$2,000

Requested By:

GIANARIS

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

114TH CIVILIAN OBSERVATION PATROL, INC.
31-38 29TH STREET
ASTORIA, NY  11106
(718) 728–8763

Name of Project Director:

BARBARA POLLACK

Purpose of Project:

FUNDS WILL BE USED FOR BUCKET-VEHICLE ASSISTED GRAFFITI REMOVAL.

Funded Amount:

$10,000

Requested By:

GIANARIS

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:
122ND PRECINCT COMMUNITY COUNCIL
2320 HYLAN BOULEVARD
STATEN ISLAND, NY  10306
(718) 987−7071

Name of Project Director:
DAVID BEAL

Purpose of Project:
FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE NATIONAL NIGHT OUT AGAINST CRIME PROGRAM, INCLUDING MATERIALS FOR YOUTH AND ADULTS TO LEARN ABOUT CRIME PREVENTION, CONSEQUENCES OF COMMITTING CRIMES, STRENGTHENING POLICE−COMMUNITY RELATIONS AND IMPROVING QUALITY OF LIFE AND SAFETY WITHIN THE COMMUNITY.

Funded Amount:
$2,000

Requested By:
HYER−SPENCER

Name of Administering State Agency:
DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

47TH PRECINCT COMMUNITY COUNCIL  
P.O. BOX 753147  
BRONX, NY 10475  
(718) 379−9662

Name of Project Director:

ELIZABETH GILL

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES FOR A PROJECT THAT WILL CREATE SAFER STREETS AND NEIGHBORHOODS BY UTILIZING VOLUNTEERS TO PATROL THE COMMUNITY AND ASSIST THE LOCAL AUTHORITIES WITH LOGISTICS.

Funded Amount:

$1,000

Requested By:

HEASTIE

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

63RD PRECINCT COMMUNITY COUNCIL
1844 BROOKLYN AVENUE
BROOKLYN, NY  11210
(718) 258-4411

Name of Project Director:

EMILY LOPEZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE UNIFORMS FOR THE EXPLORERS GROUP.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

67TH PRECINCT COMMUNITY COUNCIL
2820 SNYDER AVENUE
BROOKLYN, NY 11226
(718) 287–3235

Name of Project Director:

PAT REDDOCK

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE P.A.L. SUMMER SOFTBALL PROGRAM, AND FOR THE PURCHASE OF UNIFORMS FOR POLICE EXPLORERS.

Funded Amount:

$4,500

Requested By:

PERRY

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

68TH PRECINCT COMMUNITY COUNCIL
333 65TH STREET
BROOKLYN, NY 11220
(718) 439−4228

Name of Project Director:

ILENE SACCO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE NATIONAL NIGHT OUT AGAINST CRIME, INCLUDING MATERIALS FOR YOUTH AND ADULTS TO LEARN ABOUT CRIME PREVENTION, CONSEQUENCES OF COMMITTING CRIMES, STRENGTHENING POLICE−COMMUNITY RELATIONS AND IMPROVING QUALITY OF LIFE AND SAFETY WITHIN THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

76TH PRECINCT COMMUNITY COUNCIL
191 UNION STREET
BROOKLYN, NY 11231
(718) 834-3207

Name of Project Director:

JERRY ARMER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS FOR OUTREACH TO THE COMMUNITY BY THE COMMUNITY COUNCIL, INCLUDING BUT NOT LIMITED TO DEVELOPING MATERIALS, FLYERS/MAILERS, ETC.

Funded Amount:

$2,500

Requested By:

MILLMAN

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

81ST PRECINCT YOUTH COUNCIL
30 RALPH AVENUE
BROOKLYN, NY  11221
(718) 574−0433

Name of Project Director:

CYNTHIA HERRERA

Purpose of Project:

Funds will be used to give youth the opportunity to experience recreational, as well as cultural events that they might not otherwise be able to do, and to bridge the gap between youth and police officers.

Funded Amount:

$5,000

Requested By:

ROBINSON

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

ALFRED POLICE DEPARTMENT
7 WEST UNIVERSITY STREET
ALFRED, NY 14802
(607) 587−8878

Name of Project Director:

TIMOTHY J. O’GRADY

Purpose of Project:

FUNDS WILL BE USED FOR TRAINING AND EQUIPMENT.

Funded Amount:

$2,500

Requested By:

BURLING

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

ATHENS POLICE DEPARTMENT
2 FIRST STREET
ATHENS, NY 12015
(518) 945–2363

Name of Project Director:

THOMAS SOPRIS

Purpose of Project:

FUNDS WILL BE USED FOR A NEW COMPUTER.

Funded Amount:

$500

Requested By:

LOPEZ–P

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

BALDWINSVILLE POLICE DEPARTMENT
16 WEST GENESEE STREET
SYRACUSE, NY 13027
(315) 635-6806

Name of Project Director:

DAVID M. WARNER

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE COMPUTER EQUIPMENT AT THE POLICE STATION AND IN POLICE VEHICLES.

Funded Amount:

$10,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

BAYSWATER SECURITY PATROL
2911 BEACH CHANNEL DRIVE
FAR ROCKAWAY, NY 11691
(718) 327−7464

Name of Project Director:

MICHAEL GLINER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE SECURITY PATROL, WHICH ASSISTS THE COMMUNITY IN IMPROVING AND MAINTAINING A HIGHER QUALITY OF LIFE IN AND AROUND BAYSWATER, MAKING THE NEIGHBORHOOD A SAFER PLACE FOR RESIDENTS.

Funded Amount:

$3,000

Requested By:

PHEFFER

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

BIAS–HELP, INC.
60 ADAMS AVENUE
HAUPPAUGE, NY 11788
(631) 385–2451

Name of Project Director:

JEFF REYNOLDS

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE SERVICES AND EDUCATION REGARDING HATE CRIMES AND BULLYING.

Funded Amount:

$12,500

Requested By:

SWEENEY

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

BIAS−HELP, INC.
60 ADAMS AVENUE
HAUPPAUGE, NY 11788
(631) 479−6015

Name of Project Director:

JEFFREY L. REYNOLDS

Purpose of Project:

FUNDS WILL BE USED TOWARD CYBERBULLYING PREVENTION AND ANTI−VIOLENCE PROGRAMS, WHICH WILL PROVIDE SERVICES TO VICTIMS OF HATE CRIMES, AND EDUCATIONAL PROGRAMMING IN SCHOOLS.

Funded Amount:

$2,000

Requested By:

SCHIMEL

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
BIAS−HELP, INC.
60 ADAMS AVENUE
HAUPPAUGE, NY  11788
(631) 479–6015

JEFFREY REYNOLDS

FUNDS WILL BE USED FOR THE CYBERBULLYING PREVENTION PROGRAM.

$1,000

EDDINGTON

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

BROCKPORT POLICE DEPARTMENT
1 CLINTON STREET
BROCKPORT, NY 14420
(585) 637-1020  Ext: 42

Name of Project Director:

MARK PHILIPPY

Purpose of Project:

FUNDS WILL BE USED FOR SPEED SENTRY DEVICES.

Funded Amount:

$7,000

Requested By:

REILICH

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

BROOME COUNTY−SECURITY DIVISION
BROOME CO. OFFICE BLDG. − 44 HAWLEY STREET, (P.O. BOX 1766)
BINGHAMTON, NY 13901
(607) 778−2107

Name of Project Director:

JAMES D. DADAMIO

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE HARDWARE FOR TWO FORENSIC COMPUTERS.

Funded Amount:

$7,500

Requested By:

LUPARDO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

BROOME COUNTY−STOP DWI PROGRAM
P.O. BOX 1766, BROOME COUNTY COURTHOUSE
BINGHAMTON, NY  13902
(607) 778−2056

Name of Project Director:

JAMES MAY

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE AND SPONSOR THE ANNUAL CHRIS THATER MEMORIAL RACE.

Funded Amount:

$5,000

Requested By:

LUPARDO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

CENTER FOR COMMUNITY JUSTICE, INC.
144 BARRETT STREET
SCHENECTADY, NY 12305
(518) 346−1281

Name of Project Director:

LAURA ZELIGER

Purpose of Project:

FUNDS WILL BE USED FOR SAFETY AND FACILITY IMPROVEMENTS AND TRAINING FOR STAFF AND VOLUNTEERS.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

CHAUTAUQUA COUNTY SHERIFF’S OFFICE
BENTLEY SAFETY BLDG., 15 EAST CHAUTAUQUA STREET, P.O. BOX 128
MAYVILLE, NY 14757
(716) 753-4231

Name of Project Director:

JOSEPH GERACE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AED UNITS FOR SHERIFF’S ROAD
PATROL UNITS.

Funded Amount:

$30,000

Requested By:

PARMENT

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

CITY OF NEW YORK – NEW YORK CITY POLICE DEPARTMENT
ONE POLICE PLAZA – ROOM 1207
NEW YORK, NY 10038
(718) 383–3879

Name of Project Director:

TANIA HEDLUND

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A YOUTH COURT AND COMMUNITY JUSTICE PROGRAM. THIS PROGRAM WILL BE ADMINISTERED BY THE 94TH POLICE PRECINCT AND BROOKLYN LAW SCHOOL PROFESSORS.

Funded Amount:

$193,000

Requested By:

LENTOL

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

CITY OF NORWICH POLICE DEPARTMENT
18 EAST MAIN STREET
NORWICH, NY 13815
(607) 334−1212

Name of Project Director:

JOSEPH ANGELOINO

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A POLICE CAR.

Funded Amount:

$10,000

Requested By:

CROUCH

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
CITY OF UTICA
1 KENNEDY PLAZA
UTICA, NY 13502
(315) 792–0100

DANIEL LABELLA

Funds will be used toward the establishment of a public safety outreach center for community-based policing.

$4,000

DESTITO

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

CITY OF YONKERS POLICE DEPARTMENT
104 SOUTH BROADWAY
YONKERS, NY  10701
(914) 377–7375

Name of Project Director:

BETH BOVE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE NEW COMPUTER EQUIPMENT FOR THE YONKERS POLICE DEPARTMENT'S COMMUNITY AFFAIRS V.I.N. ETCHING PROGRAM.

Funded Amount:

$5,000

Requested By:

SPANO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

COMMUNITY OUTREACH CENTER, INC.
50 MELNICK DRIVE
MONSEY, NY  10952
(845) 356–9600

Name of Project Director:

RABBI JACOB HOROWITZ

Purpose of Project:

FUNDS WILL BE USED FOR THE NEIGHBORHOOD WATCH, TO WORK WITH LOCAL LAW ENFORCEMENT TO ENSURE SAFETY AND SECURITY.

Funded Amount:

$8,000

Requested By:

JAFFEE

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

CORRECTIONAL ASSOCIATION OF NEW YORK
2090 ADAM CLAYTON POWELL, JR. BOULEVARD, SUITE 200
NEW YORK, NY 10027
(212) 254–5700

Name of Project Director:

ROBERT GANGI

Purpose of Project:

FUNDS WILL BE USED TO STUDY ISSUES AFFECTING WOMEN IN THE NEW YORK STATE PRISON SYSTEM AND TO RECOMMEND POLICY CHANGES TO IMPROVE THE EFFECTIVENESS OF PROGRAMMING FOR WOMEN OFFENDERS.

Funded Amount:

$59,000

Requested By:

AUBRY

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

CORRECTIONAL ASSOCIATION OF NEW YORK
2090 ADAM CLAYTON POWELL, JR. BLVD, SUITE 200
NEW YORK, NY 10027
(212) 254–5700

Name of Project Director:

ROBERT GANGLI

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE OPERATION OF THE PRISON VISITING PROJECT, TO MONITOR THE CONDITIONS OF PRISONS IN NEW YORK STATE AND REPORT FINDINGS TO POLICYMAKERS AND THE PUBLIC.

Funded Amount:

$50,000

Requested By:

AUBRY

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

DUTCHESS COUNTY SHERIFF
150 NORTH HAMILTON STREET
POUGHKEEPSIE, NY 12601
(845) 486−3800

Name of Project Director:

KIRK A. IMPERATI

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF 5 TASERS.

Funded Amount:

$4,000

Requested By:

MILLER

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

DUTCHESS COUNTY SHERIFF’S OFFICE
NORTH HAMILTON STREET
POUGHKEEPSIE, NY 12601
(845) 486−3800

Name of Project Director:

UNDERSHERIFF KIRK IMPERATI

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF TWO MOUNTAIN BIKES FOR BIKE PATROLS.

Funded Amount:

$3,200

Requested By:

MOLINARO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

EAST AURORA/TOWN OF AURORA POLICE DEPARTMENT
571 MAIN STREET
EAST AURORA, NY 14052
(716) 652–1313

Name of Project Director:

CHIEF RONALD J. KROWKA

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A MOBILE LICENSE PLATE READER.

Funded Amount:

$9,000

Requested By:

COLE

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

EAST END COMMUNITY CENTER
46 ELM STREET
CORTLAND, NY  13045
(607) 428–0497

Name of Project Director:

JAMES C. NICHOLS

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE "SOUTH END COMMUNITY POLICING DETAIL."

Funded Amount:

$25,000

Requested By:

LIFTON

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

EAST FISHKILL POLICE DEPARTMENT
2468 ROUTE 52
HOPEWELL JUNCTION, NY 12533
(845) 221–2111

Name of Project Director:

BRIAN C. NICHOLS

Purpose of Project:

FUNDS WILL BE USED TO UPDATE THE POLICE DEPARTMENTS SIDE ARMS.

Funded Amount:

$4,700

Requested By:

MOLINARO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

FLATBUSH SHOMRIM SAFETY PATROL, INC.
2294 NOSTRAND AVENUE, SUITE 1000
BROOKLYN, NY 11210
(718) 338-9453

Name of Project Director:

CHAIM DEUTCH

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT FOR THE FLATBUSH SHOMRIM SAFETY PATROL.

Funded Amount:

$4,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

FLATBUSH SHOMRIM SAFETY PATROL, INC.
2294 NOSTRAND AVENUE, SUITE 1000
BROOKLYN, NY 11210
(718) 338-9453

Name of Project Director:

CHAIM DEUTSCH

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE QUALITY OF LIFE AND DETER CRIME FOR ALL IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

HIKIND

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

GENESEO POLICE DEPARTMENT
119 MAIN STREET
GENESEO, NY 14454
(585) 243–2420

Name of Project Director:

ERIC OSGANIAN

Purpose of Project:

FUNDS WILL BE USED FOR A POLICE DOG AND TRAINING.

Funded Amount:

$5,000

Requested By:

BURLING

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

GLEN COVE POLICE DEPARTMENT
ONE BRIDGE STREET
GLEN COVE, NY 11542
(516) 676-1000

Name of Project Director:

JOHN W. MANDATO

Purpose of Project:

FUNDS WILL BE USED TOWARD: ENHANCING TECHNOLOGY WITHIN THE DEPARTMENT; AND TRAINING FOR POLICE PERSONNEL IN ADVANCED SURVEILLANCE ($1000).

Funded Amount:

$4,875

Requested By:

LAVINE

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

GLENALE CIVILIAN OBSERVATION PATROL, INC.
70–24 MYRTLE AVENUE
GLENALE, NY  11385
(718) 487–1500

Name of Project Director:

FRANK KOTNICK

Purpose of Project:

FUNDS WILL BE USED TO SUPERVISE CONVICTED GRAFFITI VANDALS AND OTHER NON–VIOLENT CRIMINALS SENTENCED TO PERFORM COMMUNITY SERVICE. GCOP VOLUNTEERS SUPERVISE THE CLEANING AND PAINTING OF PUBLIC AND PRIVATE PROPERTIES UP TO FIVE DAYS A WEEK IN AND AROUND GLENALE. FUNDS WILL BE USED TO CONTINUE THE EXPANSION OF PATROLS AND REPAIR RADIOS.

Funded Amount:

$20,000

Requested By:

SEMINERIO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

GREATER RIDGEWOOD RESTORATION CORPORATION
68-56 FOREST AVENUE
RIDGEWOOD, NY 11385
(718) 366-8721

Name of Project Director:

ANGELA MIRABILE

Purpose of Project:

FUNDS WILL BE USED FOR CRIME PREVENTION PROGRAMS AND GRAFFITI REMOVAL.

Funded Amount:

$2,250

Requested By:

NOLAN

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

GREATER RIDGEWOOD RESTORATION CORPORATION
68-56 FOREST AVENUE
RIDGEWOOD, NY 11385
(718) 366-8721

Name of Project Director:

ANGELA MIRABILE

Purpose of Project:

FUNDS WILL BE USED TO COORDINATE A PROGRAM TO REMOVE GRAFFITI FROM NEIGHBORHOOD BUILDINGS USING CAUSTIC REMOVER AND HIGH WATER PRESSURE MACHINES. FUNDS WILL BE USED FOR THE COST OF PAINT.

Funded Amount:

$6,000

Requested By:

SEMINERIO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:
GREEN ISLAND POLICE DEPARTMENT
73 GEORGE STREET
GREEN ISLAND, NY 12183
(518) 273−2401

Name of Project Director:
HON. ELLEN MCNULTY−RYAN

Purpose of Project:
FUNDS WILL BE USED TO UPGRADE THE POLICE DEPARTMENT'S COMPUTER SYSTEM.

Funded Amount:
$6,000

Requested By:
CANESTRARI

Name of Administering State Agency:
DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

GREENPOINT OUTREACH PROJECT
117–11 MYRTLE AVENUE
RICHMOND HILL, NY 11418
(718) 847–9233

Name of Project Director:

NEIL J. SHEEHAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE DRUG AND ALCOHOL TREATMENT, PREVENTION, DIVERSION AND COUNSELING SERVICES TO INDIVIDUALS AND THEIR FAMILIES INVOLVED AND/OR AT RISK OF INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM.

Funded Amount:

$149,000

Requested By:

LENTOL

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

HEMPSTEAD VILLAGE POLICE DEPARTMENT
99 NICHOLS COURT, P.O. BOX 32
HEMPSTEAD, NY 11551
(516) 489−3400

Name of Project Director:

JOSEPH B. WING

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE 25 DEFIBRILLATORS FOR SAFETY ($1,000 EACH), WHICH WILL BE PLACED IN THE BUILDING AND PATROL VEHICLES FOR EMERGENCIES.

Funded Amount:

$25,000

Requested By:

HOOPER

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

HERKIMER COUNTY SHERIFF’S DEPARTMENT  
320 NORTH MAIN STREET  
HERKIMER, NY 13350  
(315) 867–1354

Name of Project Director:

CHRIS FARBER

Purpose of Project:

FUNDS WILL BE USED TOWARD IMPLEMENTING THE OFFENDER WATCH PROGRAM FOR HERKIMER COUNTY.

Funded Amount:

$7,500

Requested By:

BUTLER–M

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

HUDSON POLICE DEPARTMENT
427 WARREN STREET
HUDSON, NY 12534
(518) 828−3388

Name of Project Director:

ELLIS C. RICHARDSON

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT TO TRAIN AND OUTFIT THREE NEW OFFICERS OF THE HUDSON POLICE DEPARTMENT.

Funded Amount:

$3,500

Requested By:

MOLINARO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

KENSINGTON COMMUNITY ACTION FORCE, INC.
623 CORTELTOU ROAD
BROOKLYN, NY 11218
(718) 941–5500

Name of Project Director:

SIDNEY ZELMAN

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE RESIDENT AWARENESS OF THE BENEFITS OF COMMUNITY EFFORTS TO PREVENT CRIME.

Funded Amount:

$5,000

Requested By:

BRENNAN

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

LEGAL INFORMATION FOR FAMILIES TODAY  
350 BROADWAY, SUITE 400  
NEW YORK, NY  10013  
(646) 613–9633

Name of Project Director:

MELISSA BECK

Purpose of Project:

FUNDS WILL BE USED TO INCREASE ACCESS TO JUSTICE BY PROVIDING LEGAL INFORMATION ABOUT THE CRIMINAL JUSTICE SYSTEM, INCREASE ACCESS TO NEIGHBORHOOD AND COURT–BASED RESOURCES, AS WELL AS TO PROVIDE THOSE SERVED WITH PRACTICAL INFORMATION ABOUT THE OVERLAP BETWEEN FAMILY AND CRIMINAL COURT.

Funded Amount:

$10,000

Requested By:

LENTOL

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

LEWIS COUNTY SHERIFF'S OFFICE
P.O. BOX 233, OUTER STOWE STREET
LOWVILLE, NY 13367
(315) 376–3511

Name of Project Director:

MICHAEL TABOLT

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A FOUR–WHEEL DRIVE VEHICLE.

Funded Amount:

$22,000

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

LONG BEACH AUXILIARY POLICE
P.O. BOX 28
LONG BEACH, NY 11561
(516) 431–6868

Name of Project Director:

JOSHUA SUNQUIST

Purpose of Project:

FUNDS WILL BE USED TO RECRUIT NEW MEMBERS AND TO TRAIN ALL VOLUNTEERS ENSURING THE SAFETY OF THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

MITCHELL–LINDEN CIVIC ASSOCIATION
P.O. BOX 5481, LINDEN HILL STATION
FLUSHING, NY 11354
(718) 886–2138

Name of Project Director:

JUDY KARLIN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF OPERATING A CRIME PREVENTION PROGRAM.

Funded Amount:

$2,500

Requested By:

CARROZZA

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

MORRIS PARK COMMUNITY ASSOCIATION, INC.
1824 BRONXDALE AVENUE
BRONX, NY 10462
(718) 823–0596

Name of Project Director:

FRANK AGOVINO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT TO THE NEIGHBORHOOD PATROL BY PURCHASING POSTAGE, FLYERS, FLASHLIGHTS, EQUIPMENT, SUPPLIES AND THE USE OF PATROL RADIO TIME.

Funded Amount:

$3,000

Requested By:

RIVERA−N

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

NASSAU COUNTY AUXILIARY POLICE UNIT 109 OF FIVE TOWNS
1699 BROADWAY
HEWLETT, NY  11557
(516) 984–8854

Name of Project Director:

DANNY GLUCK

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT, MATERIALS AND UNIFORMS FOR VOLUNTEERS WHO PROTECT THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

NASSAU COUNTY AUXILIARY POLICE, WEST HEMPSTEAD UNIT 116
831 HEMPSTEAD AVENUE
WEST HEMPSTEAD, NY  11552
(516) 538–5800

Name of Project Director:

NEAL A. ROSENBLATT

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EMERGENCY SAFETY EQUIPMENT FOR THE LAKEVIEW PAL.

Funded Amount:

$5,000

Requested By:

HOOPER

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

NEIGHBORHOOD CRIME PREVENTION, INC.
82-17 153RD AVENUE, ROOM 209
HOWARD BEACH, NY 11414
(718) 641-4254

Name of Project Director:

PAM GOLDSTEIN

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET THE COSTS OF THE SECURITY PATROL IN LINDENWOOD VILLAGE TO ENSURE THE SAFETY OF COMMUNITY RESIDENTS.

Funded Amount:

$4,000

Requested By:

PHEFFER

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

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

Name of Project Director:

JACKIE HILLEY

Purpose of Project:

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

Funded Amount:

$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:
NIAGARA COUNTY SHERIFF’S DEPARTMENT
5526 NIAGARA STREET EXT, P.O. BOX 496
LOCKPORT, NY 14095
(716) 438−3370

Name of Project Director:
THOMAS BEILEIN

Purpose of Project:
FUNDS WILL BE USED TO PURCHASE UNIFORMS, RADIOS AND OTHER EQUIPMENT.

Funded Amount:
$6,000

Requested By:
DELMONTE

Name of Administering State Agency:
DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

NIAGARA FALLS BLOCK CLUB COUNCIL
P.O. BOX 2132
NIAGARA FALLS, NY   14302
(716) 285−3599

Name of Project Director:

SUZANNE SNEARS

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE DEVELOPMENT OF CRIME PREVENTION PROGRAMS IN THE COMMUNITY.

Funded Amount:

$10,000

Requested By:

DELMONTE

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

NORTH AMITYVILLE TAXPAYERS ASSOCIATION, INC.
P.O. BOX 761
AMITYVILLE, NY 11701
(631) 789–8869

Name of Project Director:

EARL WILLIAMS

Purpose of Project:

FUNDS WILL BE USED TOWARD COSTS ASSOCIATED WITH A NEIGHBORHOOD WATCH PROGRAM IN NORTH AMITYVILLE.

Funded Amount:

$15,000

Requested By:

SWEENEY

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

NORTHEAST BRONX ASSOCIATION, INC.
2325 VANCE STREET
BRONX, NY 10469
(718) 231–8569

Name of Project Director:

VINCENT PREZIOSO

Purpose of Project:

FUNDS WILL BE USED TO HELP LOWER CRIME BY REPORTING VIOLATIONS TO THE PRECINCT, AS WELL AS SERVING AS A DETERRENT TO QUALITY OF LIFE VIOLATIONS BY INCREASING ANTI–CRIME MEASURES.

Funded Amount:

$5,000

Requested By:

RIVERA–N

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

NOTTINGHAM ASSOCIATION, INC.
1545 EAST 22ND STREET
BROOKLYN, NY 11210
(718) 258-8348

Name of Project Director:

HELEN ROSEN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF MAINTENANCE FOR SECURITY EQUIPMENT.

Funded Amount:

$3,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

NOTTINGHAM ASSOCIATION, INC.
1545 E. 22ND STREET
BROOKLYN, NY 11210
(718) 258–8348

Name of Project Director:

HELEN ROSEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A NEIGHBORHOOD CAR PATROL IN THE COMMUNITY.

Funded Amount:

$3,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

OFFICE OF QUEENS DISTRICT ATTORNEY
125–01 QUEENS BOULEVARD
KEW GARDENS, NY 11415
(718) 286–6000

Name of Project Director:

JESSE SLIGH

Purpose of Project:

FUNDS WILL BE USED FOR A COLLABORATIVE INITIATIVE IN COMMUNITY DEALING WITH GANGS OR OTHER RELATED MATTERS THROUGH WORKSHOPS, SEMINARS, ETC.

Funded Amount:

$10,000

Requested By:

PERALTA

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

ONE STOP RICHMOND HILL COMMUNITY CENTER, INC.
110-08 JAMAICA AVENUE
RICHMOND HILL, NY  11418
(718) 849-3759

Name of Project Director:

SIMCHA WAISMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT COMMUNITY OUTREACH, ASSIST IN SOLVING PROBLEMS FOR THE RESIDENTS, HANDLING COMPLAINTS AND KEEPING THE BLOCK ASSOCIATION OFFICE FUNCTIONING.

Funded Amount:

$20,000

Requested By:

SEMINERIO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

ONTARIO COUNTY SHERIFFS OFFICE
74 ONTARIO STREET
CANANDAIGUA, NY 14424
(585) 394−4560

Name of Project Director:

SHERIFF PHIL POVERO

Purpose of Project:

FUNDS WILL BE USED FOR THE SEX OFFENDER WATCH SYSTEM.

Funded Amount:

$8,000

Requested By:

KOLB

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

ORLEANS COUNTY SHERIFF’S DEPARTMENT
13925 ROUTE 31, SUITE 400
ALBION, NY 14411
(585) 590–4135

Name of Project Director:

SCOTT HESS

Purpose of Project:

FUNDS WILL BE USED FOR PURCHASE OF DOCUMENT SCANNERS.

Funded Amount:

$1,500

Requested By:

HAWLEY

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

OTSEGO COUNTY SHERIFF'S DEPT.
172 CO. HIGHWAY 33W
COOPERSTOWN, NY 13326
(607) 547–4274

Name of Project Director:

RICHARD DEVLIN

Purpose of Project:

FUNDS WILL BE USED FOR PURCHASE OF OFFENDER WATCH SYSTEM.

Funded Amount:

$2,500

Requested By:

LOPEZ–P

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

OTSEGO COUNTY SHERIFF’S OFFICE
172 COUNTY HIGHWAY 33W
COOPERSTOWN, NY 13326
(607) 547−4271

Name of Project Director:

RICHARD DEVLIN, JR.

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF SOFTWARE FOR OFFENDER WATCH.

Funded Amount:

$5,000

Requested By:

MAGEE

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

POLICE ATHLETIC LEAGUE, INC.
34–1/2 E. 12TH STREET
NEW YORK, NY 10003
(718) 733–6748

Name of Project Director:

JENNY BONILLA

Purpose of Project:

FUNDS WILL BE USED FOR RECREATIONAL PROGRAMS AND COMMUNITY NEEDS OF THE WEBSTER PAL.

Funded Amount:

$2,000

Requested By:

DIAZ–L

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

PRISONERS’ LEGAL SERVICES OF NEW YORK, INC.
114 PROSPECT STREET
ITHACA, NY  14850
(607) 273−2283

Name of Project Director:

SUSAN JOHNSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LEGAL SERVICES TO PERSONS INCARCERATED IN NEW YORK STATE PRISONS.

Funded Amount:

$2,285,000

Requested By:

ARROYO, AUBRY, AUBRY, BENJAMIN, BOYLAND, CAMARA, CLARK, COOK, DIAZ−L, DIAZ−R, ESPAILLAT, FARRELL, JR, GANTT, GORDON−D, GREENE, HEASTIE, HOOPER, JEFFRIES, LENTOL, ORTIZ, PEOPLES, PERALTA, PERRY, POWELL, PRETLOW, RAMOS, RIVERA−J, RIVERA−N, ROBINSON, SCARBOROUGH, TITUS, TOWNS, WRIGHT, YOUNG

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

SCHENECTADY POLICE DEPARTMENT
531 LIBERTY STREET
SCHENECTADY, NY 12305
(518) 505–8912

Name of Project Director:

FRED LEE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE OPERATIONAL EXPENSES FOR THE NEIGHBORHOOD WATCH.

Funded Amount:

$5,000

Requested By:

AMEDORE

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

SCHUYLER COUNTY SHERIFF’S DEPARTMENT  
106 10TH STREET  
WATKINS GLEN, NY 14891  
(607) 535–8222

Name of Project Director:

WILLIAM YEESMAN

Purpose of Project:

FUNDS WILL BE USED FOR OFFENDER WATCH AND PROJECT LIFESAVER PROGRAMS.

Funded Amount:

$11,500

Requested By:

O’MARA

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

SEVENTY NINTH PRECINCT YOUTH COUNCIL, INC.
263 TOMPKINS AVENUE
BROOKLYN, NY 11216
(718) 636–6636

Name of Project Director:

TONY SAUNDERS

Purpose of Project:

FUNDS WILL BE USED FOR AN AFTER SCHOOL PROGRAM WHICH WILL DIVERT YOUTH FROM CRIMINAL BEHAVIOR, DRUG ABUSE AND RELATED PROBLEMS. IT WILL ALSO ENCOURAGE A POSITIVE RELATIONSHIP BETWEEN YOUTH, POLICE AND THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

ROBINSON

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

SHMIRA VOLUNTEER PATROL CORP. (D/B/A WILLIAMSBURG SAFETY PATROL)
92 HEYWARD STREET
BROOKLYN, NY 11206
(718) 237-0202

Name of Project Director:

MOSES SILBERSTEIN

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT AND RADIOS TO AID IN THE WATCH PROGRAM.

Funded Amount:

$3,000

Requested By:

LENTOL

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

SOUTH NYACK−GRANDVIEW POLICE DEPARTMENT
282 SOUTH BROADWAY
SOUTH NYACK, NY  10960
(845) 358−0206

Name of Project Director:

CATHLEEN SAMPATH

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE ELECTRONICS EQUIPMENT FOR USE DURING DARE INSTRUCTION AND PARENT PRESENTATIONS.

Funded Amount:

$4,000

Requested By:

JAFFEE

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

STEP BY STEP OF ROCHESTER, INC.
2229 CLIFFORD AVENUE
ROCHESTER, NY 14609
(585) 224−0763

Name of Project Director:

MARGARET MAYK

Purpose of Project:

FUNDS WILL BE USED TO OFFER WORKSHOPS THAT WOULD HELP INCARCERATED WOMEN TO RETURN TO THE WORKFORCE AND THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

MORELLE

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:
SULLIVAN COUNTY SHERIFF’S OFFICE
4 BUSHNELL AVENUE
MONTICELLO, NY 12701
(845) 794–7100  Ext: 4219

Name of Project Director:
ERIC J. CHABOTY

Purpose of Project:
FUNDS WILL BE USED TO PURCHASE 20 KEVLAR BALLISTIC HELMETS.

Funded Amount:
$7,000

Requested By:
GUNTHER–A

Name of Administering State Agency:
DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

THE LT. NICK LIA ASSOCIATION
35 CUBBERLY PLACE
STATEN ISLAND, NY 10306
(718) 979−7382

Name of Project Director:

DR. EUGENE MOSIELLO

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH THE LT. NICK LIA MEMORIAL.

Funded Amount:

$5,000

Requested By:

TOBACCO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF BETHLEHEM
445 DELAWARE AVENUE
DELMAR, NY 12054
(518) 439–4955

Name of Project Director:

HON. JOHN CUNNINGHAM

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE BALLISTIC BODY ARMOR AND/OR POLICE APPARATUS FOR THE BETHLEHEM POLICE DEPARTMENT.

Funded Amount:

$10,000

Requested By:

GORDON–T

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF CHEEKTOWAGA
3301 BROADWAY
CHEEKTOWAGA, NY  14227
(716) 686–3465

Name of Project Director:

HON. THOMAS KOLBERT

Purpose of Project:

FUNDS WILL BE USED TO ENABLE THE JUSTICE COURT TO ENHANCE THE CURRENT PROGRAM AND OFFSET COST OF COURT CASE MANAGER, WHILE OFFERING POSITIVE ALTERNATIVES TO ADDITIONAL DEFENDANTS.

Funded Amount:

$7,500

Requested By:

GABRYSZAK

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF CHEEKTOWAGA
3301 BROADWAY
CHEEKTOWAGA, NY  14227
(716) 686–3465

Name of Project Director:

LT. DAVE ZACK

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF A U−V IMAGING SYSTEM, WHICH WILL LOCATE LATENT FINGERPRINTS THAT ARE INVISIBLE TO THE NAKED EYE WITHOUT THE USE OF POWDERS, CHEMICALS OR VAPOR TREATMENTS.

Funded Amount:

$4,500

Requested By:

GABRYSZAK

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF COLONIE
534 LOUDON ROAD
NEWTONVILLE, NY 12128
(518) 783–2700

Name of Project Director:

STEVEN H. HEIDER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A NEW EVIDENCE TRACKING SYSTEM, WHICH WILL IMPROVE THE TOWN’S ABILITY TO TRACK EVIDENCE IN THE POLICE DEPARTMENT.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF DEWITT POLICE DEPARTMENT
5400 BUTTERNUT DRIVE
EAST SYRACUSE, NY  13057
(315) 449–3640

Name of Project Director:

MARK PETTERELLI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND INSTALL SECURITY CAMERAS IN THE TOWN HALL (SECURITY UPGRADE).

Funded Amount:

$20,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF EVANS POLICE DEPARTMENT
8787 ERIE ROAD
ANGOLA, NY 14006
(716) 549–3600

Name of Project Director:

SAMUEL DEJOHN

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF FOUR AED'S AND ACCESSORIES.

Funded Amount:

$5,000

Requested By:

QUINN

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF GLENVILLE POLICE DEPARTMENT
18 GLENRIDGE ROAD
GLENVILLE, NY 12302
(518) 384−3444

Name of Project Director:

MICHAEL RANALLI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A VEHICLE FOR V/T LAW ENFORCEMENT AND MOTOR VEHICLE ACCIDENT INVESTIGATORS ETC.

Funded Amount:

$10,000

Requested By:

TEDISCO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF GREENPORT POLICE DEPARTMENT
TOWNHALL DRIVE
HUDSON, NY 12534
(518) 822–8187

Name of Project Director:

PAUL CALCAGNO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SAFETY EQUIPMENT.

Funded Amount:

$5,000

Requested By:

MOLINARO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF HYDE PARK POLICE DEPARTMENT
1433 ROUTE 9G
HYDE PARK, NY 12538
(845) 229–5062

Name of Project Director:

LT. DONALD GODDARD

Purpose of Project:

FUNDS WILL BE USED FOR A PORTABLE TRAFFIC TRAILER.

Funded Amount:

$6,000

Requested By:

MILLER

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF LANCASTER
21 CENTRAL AVENUE
LANCASTER, NY  14086
(716) 683–1610

Name of Project Director:

MARK A. MONTOUR

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A LAPTOP COMPUTER, SOFTWARE FOR MONITORING THE DRUG PROGRAM, FILING CABINET, FILING CART AND TOXICOLOGY TEST KITS.

Funded Amount:

$5,000

Requested By:

GABRYSZAK

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF MT. PLEASANT POLICE DEPARTMENT
ONE TOWN HALL PLAZA
VALHALLA, NY 10595
(914) 769–1941

Name of Project Director:

LOUIS ALOGNO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF REPLACING THE POLICE DEPARTMENT’S HOVERCRAFT, WHICH IS USED FOR SEARCH AND RESCUE OPERATIONS.

Funded Amount:

$6,000

Requested By:

BRODSKY

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF NEW CASTLE POLICE DEPARTMENT
200 SOUTH GREELEY AVENUE
CHAPPAQUA, NY  10514
(914) 238–4422

Name of Project Director:

SERGEANT KEITH DWORKIN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE PURCHASE OF A TRAFFIC AND SAFETY VEHICLE AND/OR RETROFIT AN EXISTING VEHICLE, WHICH WILL AUGMENT MOBILITY FOR GENERAL AND TRAFFIC LAW ENFORCEMENT, AND PROVIDE ESCORTS FOR OFFICIAL PROCESSIONS.

Funded Amount:

$10,000

Requested By:

BRADLEY

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF OGDEN POLICE DEPARTMENT
269 OGDEN CENTER ROAD
SPENCERPORT, NY 14559
(585) 617–6131

Name of Project Director:

DOUG NORDQUIST

Purpose of Project:

FUNDS WILL BE USED FOR EMERGENCY LIGHT BARS FOR PATROL CARS.

Funded Amount:

$4,000

Requested By:

REILICH

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF POUGHKEEPSIE POLICE DEPARTMENT
19 TUCKER DRIVE
POUGHKEEPSIE, NY 12603
(845) 485−3694

Name of Project Director:

CAPTAIN THOMAS MAURO

Purpose of Project:

FUNDS WILL BE USED FOR FIELD DATA COLLECTION UNITS INCLUDING COMPUTERS, ADAPTERS, PRINTER, XEROX MACHINE AND 10 MAP POINT LICENSES.

Funded Amount:

$18,000

Requested By:

MILLER

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF STONY POINT POLICE DEPARTMENT
79 ROUTE 210
STONY POINT, NY 10980
(845) 786−2977

Name of Project Director:

PATRICK BROPHY

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT FOR POLICE EMERGENCY OPERATIONS CENTER.

Funded Amount:

$3,000

Requested By:

CALHOUN

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF TONAWANDA
2911 DELAWARE AVENUE
KENMORE, NY 14217
(716) 877–8804

Name of Project Director:

ANTHONY PALOMBO

Purpose of Project:

FUNDS WILL BE USED TOWARD ACQUIRING A DICTAPHONE RECORDING SYSTEM FOR THE POLICE DEPARTMENT.

Funded Amount:

$15,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF WATERFORD POLICE DEPARTMENT
65 BROAD STREET
WATERFORD, NY 12188
(518) 237−3341

Name of Project Director:

JOHN TANCHAK

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE TASERS AND ACCESSORIES FOR POLICE OFFICERS, AS WELL AS TO PURCHASE AND INSTALL DIGITAL RECORDING EQUIPMENT IN PROCESSING ROOM TO RECORD AND SEE INTERVIEWS AND INTERROGATIONS.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

TUCKAHOE POLICE DEPARTMENT
65 MAIN STREET
TUCKAHOE, NY 10707
(914) 231-0202

Name of Project Director:

JOHN COSTANZO

Purpose of Project:

FUNDS WILL BE USED FOR A YOUTH CADET PROGRAM FOR TEENS WHO HAVE AN INTEREST IN LAW ENFORCEMENT, INCLUDING HANDS-ON TRAINING IN LAW ENFORCEMENT TECHNIQUES AND CLASSROOM INSTRUCTION OF LAW RELATED TOPICS.

Funded Amount:

$4,500

Requested By:

PAULIN

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

VILLAGE OF CAMDEN POLICE DEPARTMENT
14 CHURCH STREET
CAMDEN, NY 133316
(315) 245–1222

Name of Project Director:

RICHARD PAUL

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF AN ATV.

Funded Amount:

$5,000

Requested By:

TOWNSEND

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

VILLAGE OF CENTRE ISLAND
303 CENTRE ISLAND ROAD
CENTRE ISLAND, NY  11771
(516) 922–0606

Name of Project Director:

JOHN WILLIAMS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE STRUCTURAL SUPPORT TO THE POLICE BOOTH AT THE ENTRANCE OF THE ISLAND, WHICH PROVIDES SAFETY TO THE COMMUNITY.

Funded Amount:

$4,000

Requested By:

LAVINE

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

VILLAGE OF CHATHAM POLICE DEPARTMENT
77 MAIN STREET
CHATHAM, NY 12037
(518) 392−3451

Name of Project Director:

KEVIN J. BOEHME

Purpose of Project:

FUNDS WILL BE USED FOR A MULTIPLE AGENCY RESPONSE VEHICLE.

Funded Amount:

$5,000

Requested By:

MOLINARO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
VILLAGE OF DEPEW
85 MANITOU STREET
DEPEW, NY  14043
(716) 683–1400

ELIZABETH MELOCK

FUNDs WILL BE USED TOWARD THE PURCHASE AND INSTALLATION OF A
NEW REAR SECURITY DOOR FOR THE POLICE DEPARTMENT THAT WOULD
ALSO INCLUDE A FINGERPRINT ACCESS SYSTEM.

$5,000

GABRYSZAK

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

VILLAGE OF EAST SYRACUSE
204 NORTH CENTER STREET
EAST SYRACUSE, NY 13057
(315) 437–3541

Name of Project Director:

HON. DANNY J. LIEDKA

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF SCHOOL CROSSING BEACONS AND PUBLIC PROTECTION EQUIPMENT FOR THE VILLAGE POLICE DEPARTMENT.

Funded Amount:

$20,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

VILLAGE OF ENDICOTT – POLICE DEPARTMENT
1009 EAST MAIN STREET
ENDICOTT, NY  13760
(607) 757−2421

Name of Project Director:

MICHAEL COX

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE TWO PATROL BICYCLES AND EQUIPMENT.

Funded Amount:

$3,000

Requested By:

LUPARDO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

VILLAGE OF FISHKILL POLICE DEPARTMENT
1095 MAIN STREET
FISHKILL, NY 12524
(845) 897–4430

Name of Project Director:

R.L. WILSON

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNICATION EQUIPMENT FOR THE TOWN OF FISHKILL POLICE AND FIRE DEPARTMENTS.

Funded Amount:

$6,500

Requested By:

MILLER

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

VILLAGE OF GREAT NECK  
16 BAKER HILL ROAD  
GREAT NECK, NY  11023  
(516) 482−0019

Name of Project Director:  
MARK BIRNBAUM

Purpose of Project:  
FUNDS WILL BE USED TO PURCHASE A SPEED DETECTION DEVICE AND BATTERY CHARGER.

Funded Amount:  
$3,000

Requested By:  
SCHIMEL

Name of Administering State Agency:  
DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

VILLAGE OF HAMBURG POLICE DEPARTMENT
100 MAIN STREET
HAMBURG, NY 14075
(716) 649–4501

Name of Project Director:

DENNIS GLEASON

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF NEW BULLET PROOF VESTS.

Funded Amount:

$5,000

Requested By:

QUINN

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

VILLAGE OF KENMORE
2919 DELAWARE AVENUE
KENMORE, NY  14217
(716) 873–5700

Name of Project Director:

CARL LACORTE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE IN–CAR EQUIPMENT FOR PATROL VEHICLES.

Funded Amount:

$20,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

VILLAGE OF SUFFERN POLICE DEPARTMENT – DARE PROGRAM
61 WASHINGTON AVENUE
SUFFERN, NY 10901
(845) 357–2300

Name of Project Director:

CLARKE OSBORN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EQUIPMENT FOR DARE STREET HOCKEY LEAGUE. THIS 10–YEAR OLD PROGRAM REINFORCES LEADERSHIP SKILLS AND DECISION–MAKING.

Funded Amount:

$2,500

Requested By:

JAFFEE

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

WESTSIDE CRIME PREVENTION PROGRAM, INC.
893 AMSTERDAM AVENUE
NEW YORK, NY 10025
(212) 866−8603

Name of Project Director:

MARJORIE COHEN

Purpose of Project:

FUNDS WILL BE USED TO HELP RESIDENTS PROBLEM SOLVE AROUND CRIME/SAFETY PROBLEMS IN BUILDINGS AND ON STREETS.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

WESTSIDE CRIME PREVENTION PROGRAM, INC.
893 AMSTERDAM AVENUE
NEW YORK, NY 10025
(212) 866-8603

Name of Project Director:

MARJORIE COHEN

Purpose of Project:

FUNDS WILL BE USED FOR THE ACT PROJECT, A PROGRAM THAT WILL ASSIST COMMUNITY RESIDENTS WITH CRIME AND SAFETY ISSUES.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

WOODHAVEN RESIDENTS’ BLOCK ASSOCIATION, INC.
84–20 JAMAICA AVENUE
WOODHAVEN, NY  11421
(718) 296–3735

Name of Project Director:

MARIA THOMSON

Purpose of Project:

FUNDS WILL BE USED FOR THE SECURITY PATROL, WHICH EFFECTIVELY REDUCES CRIME AND DRUG RELATED PROBLEMS WITHIN THE COMMUNITY BY MAINTAINING VOLUNTEER NEIGHBORHOOD SECURITY AND PATROLS.

Funded Amount:

$5,000

Requested By:

SEMINERIO

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

WYOMING COUNTY SHERIFF
151 NORTH MAIN STREET
WARSAW, NY 14569
(585) 786–8989

Name of Project Director:

FARRIS S. HEIMANN

Purpose of Project:

FUNDS WILL BE USED FOR EVIDENCE EQUIPMENT.

Funded Amount:

$5,000

Requested By:

BURLING

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

WYOMING COUNTY SHERIFF’S MOUNTED UNIT
5888 SHEPPARD ROAD
BLISS, NY 14024
(585) 322-8800

Name of Project Director:

JOHN F. COPELAND

Purpose of Project:

FUNDS WILL BE USED FOR AUTOMATED EXTERNAL DEFIBRILLATORS.

Funded Amount:

$3,500

Requested By:

BURLING

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES
Legal Name, Address, and Telephone Number:

2460 ADAM CLAYTON POWELL BLVD. ASSOCIATION, INC.
270 WEST 136TH STREET
NEW YORK, NY  10030
(212) 234–4391

Name of Project Director:

KENROY WATSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HOUSING ADVOCACY AND SERVICES THROUGHOUT HARLEM.

Funded Amount:

$10,000

Requested By:

WRIGHT

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

344 EAST 28TH STREET TENANT ASSOCIATION
228 EAST 28TH STREET
NEW YORK, NY 10016
(212) 689–0660

Name of Project Director:

ANNA ESTRONZA

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY EVENTS AND THE PRODUCTION OF NEWSLETTERS, MAILINGS OR OTHER COMMUNICATIONS ABOUT TENANT ASSOCIATION ACTIVITIES OR ISSUES.

Funded Amount:

$1,000

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

ALLERTON AVENUE HOMEOWNERS AND TENANTS ASSOCIATION, INC.
1415 ALLERTON AVENUE
BRONX, NY  10469
(718) 652–0414

Name of Project Director:

NICK CONCIATORE

Purpose of Project:

FUNDS WILL BE USED TO HELP DEFRAY THE COSTS OF COMMUNITY PROJECTS AND OPERATING EXPENSES.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

ASIAN AMERICAN FOR EQUALITY, INC.
108–110 NORFOLK STREET
NEW YORK, NY 10002
(212) 680–1374

Name of Project Director:

CHRISTOPHER KUI

Purpose of Project:

FUNDS WILL BE USED TO ASSIST LOW-INCOME AND HOMELESS INDIVIDUALS AND FAMILIES WITHIN QUEENS TO ACCESS HOUSING SERVICES AND AFFORDABLE HOUSING.

Funded Amount:

$7,500

Requested By:

AUBRY

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

ASTORIA HOUSES TENANT ASSOCIATION
2–10 27TH AVENUE
ASTORIA, NY 11102
(718) 204–5046

Name of Project Director:

CARMEN WYNDER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES AND EQUIPMENT NECESSARY TO OPERATE THE TENANTS ASSOCIATION.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

ASTORIA HOUSES TENANT ASSOCIATION
2–10 27TH AVENUE
ASTORIA, NY 11102
(718) 204–5046

Name of Project Director:

CARMEN WYNDNER

Purpose of Project:

FUNDS WILL BE USED TO REHABILITATE THE TENANT’S ASSOCIATION OFFICES AND THE COMMUNITY CENTER AT ASTORIA HOUSES COMPLEX.

Funded Amount:

$5,000

Requested By:

GIANARIS

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BARUCH HOUSES TENANT ASSOCIATION
100 COLUMBIA STREET
NEW YORK, NY 10002
(212) 677-9400

Name of Project Director:

ROBERTO NAPOLEON

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY EVENTS AND THE PRODUCTION OF NEWSLETTERS, MAILINGS OR OTHER COMMUNICATIONS ABOUT TENANT ASSOCIATION ACTIVITIES OR ISSUES.

Funded Amount:

$3,268

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BAYVIEW HOUSES RESIDENT ASSOCIATION
250 BROADWAY
NEW YORK, NY  10007
(212) 306–6501

Name of Project Director:

JOSE MERCADE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE OUTREACH EFFORTS TO THE BAYVIEW HOUSES RESIDENT ASSOCIATION AND THEIR MEMBERS.

Funded Amount:

$3,000

Requested By:

MAISEL

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BEDFORD CENTRAL COMMUNITY DEVELOPMENT CORPORATION  
1200 DEAN STREET 
BROOKLYN, NY  11216  
(718) 467−0740  Ext: 17

Name of Project Director:

WAYNE DEVONISH

Purpose of Project:

FUNDS WILL BE USED FOR THE HOME BUYER SEMINAR SERIES WHICH ALLOWS LOW AND MIDDLE INCOME PERSONS OR FAMILIES THE OPPORTUNITY TO GAIN INFORMATION ON HOME PURCHASING, AS WELL AS ASSISTING IN PRE−QUALIFICATION COMMITMENTS.

Funded Amount:

$7,500

Requested By:

ROBINSON

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BEHAVIORAL HEALTH SERVICES NORTH, INC.
22 US OVAL
PLATTSBURGH, NY 12903
(518) 563–8000

Name of Project Director:

PETER TROUT

Purpose of Project:

FUNDS WILL BE USED FOR A RURAL HOUSING DEVELOPMENT PLAN.

Funded Amount:

$9,000

Requested By:

DUPREY

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BENSONHURST COUNCIL OF JEWISH ORGANIZATIONS, INC.
8635 21ST AVENUE, SUITE 1B
BROOKLYN, NY 11214
(718) 333–1834

Name of Project Director:

SHIRLEY FINEMAN

Purpose of Project:

FUNDS WILL BE USED TO ASSIST TENANTS AND IMPOVERISHED RESIDENTS OF THE COMMUNITY, WITH SENIOR HOUSING ISSUES, SCRIE, SECTION 8, ETC. THROUGH EDUCATIONAL PROGRAMS. THESE PROGRAMS ARE OPEN TO ALL MEMBERS OF THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

COLTON

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BLACK ROCK–RIVERSIDE NEIGHBORHOOD HOUSING SERVICES, INC.
203 MILITARY ROAD
BUFFALO, NY  14207
(716) 877–3910

Name of Project Director:

LINDA CHIARENZA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH A FORECLOSURE PREVENTION AND NEW HOMEOWNER PROGRAM TO BETTER INFORM THE COMMUNITY AND PREVENT FORECLOSURES IN THE BUFFALO AREA.

Funded Amount:

$9,000

Requested By:

HOYT

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BLACK ROCK–RIVERSIDE NEIGHBORHOOD HOUSING SERVICES, INC.
203 MILITARY ROAD
BUFFALO, NY 14207
(716) 877–3910

Name of Project Director:

RICHARD MACK

Purpose of Project:

FUNDS WILL BE USED TO NOTE AND RECORD DERELICT PROPERTIES TO CITE FOR IMPROVEMENTS, TO ALLOW THE FORMULATION OF A LARGE DATABASE AVAILABLE TO THE PUBLIC PREVENTING FRAUDULENT SALES OF PROPERTY.

Funded Amount:

$5,000

Requested By:

HOYT

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BRIGHTON NEIGHBORHOOD ASSOCIATION, INC.
1121 BRIGHTON BEACH AVENUE
BROOKLYN, NY  11235
(718) 891−0800

Name of Project Director:

PAT SINGER

Purpose of Project:

FUNDS WILL BE USED TO KEEP STOREFRONT OFFICE OPEN TO THE PUBLIC FIVE DAYS A WEEK AND SOMETIMES EVENINGS TO ACT ON COMPLAINTS FROM LOCAL RESIDENTS.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BRIGHTON NEIGHBORHOOD ASSOCIATION, INC.
1121 BRIGHTON BEACH AVENUE
BROOKLYN, NY 11235
(718) 891−0800

Name of Project Director:

PAT SINGER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HOUSING SERVICES TO LOW AND MODERATE INCOME RESIDENTS OF BROOKLYN TO PREVENT HOMELESSNESS.

Funded Amount:

$2,500

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BROOKLYN COMMUNITY HOUSING AND SERVICES, INC.
105 CARLTON AVENUE
BROOKLYN, NY 11205
(718) 625-4545

Name of Project Director:

JEFF NEMETSKY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE HOUSING PROGRAM AT CARLTON AVENUE.

Funded Amount:

$1,500

Requested By:

LENTOL

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

BROOKLYN HOUSING AND FAMILY SERVICES, INC.
415 ALBEMARLE ROAD
BROOKLYN, NY 11218
(718) 435–7585

Name of Project Director:

LARRY JAYSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HOUSING ASSISTANCE, INCLUDING HOMELESSNESS PREVENTION AND HOUSING PRESERVATION THROUGH ADVOCACY TO PROTECT THE POOR, THE NEW IMMIGRANTS AND THE ELDERLY, AND ASSIST THEM WITH ENTITLEMENTS TO AVOID DISPLACEMENT.

Funded Amount:

$6,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BROOKLYN HOUSING AND FAMILY SERVICES, INC.
415 ALBEMARLE ROAD
BROOKLYN, NY 11218
(718) 435–7585

Name of Project Director:

LARRY JAYSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HOUSING ASSISTANCE, INCLUDING HOMELESSNESS PREVENTION AND HOUSING PRESERVATION THROUGH ADVOCACY TO PROTECT THE POOR, THE NEWEST IMMIGRANTS AND THE ELDERLY AND ASSIST THEM WITH ENTITLEMENTS TO AVOID DISPLACEMENTS.

Funded Amount:

$5,000

Requested By:

MILLMAN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BROOKLYN HOUSING AND FAMILY SERVICES, INC.
415 ALBERMARLE ROAD
BROOKLYN, NY  11218
(718) 435–7585

Name of Project Director:

LARRY JAYSON

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE HOMELESSNESS PREVENTION AND HOUSING PRESERVATION THROUGH ADVOCACY.

Funded Amount:

$9,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BROOKLYN HOUSING AND FAMILY SERVICES, INC.
415 ALBERMARLE ROAD
BROOKLYN, NY 11218
(718) 435–7585

Name of Project Director:

LARRY JAYSON

Purpose of Project:

FUNDS WILL BE USED TO DEFEND AND PRESERVE THE LOW AND MODERATELY PRICED MULTIPLE DWELLINGS IN BROOKLYN, AS WELL AS TO DEFEND AND PROTECT THE RESIDENTS OF THESE MULTIPLE DWELLINGS FROM DISPLACEMENT AND HOMELESSNESS.

Funded Amount:

$10,000

Requested By:

JACOBS

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BROOKLYN HOUSING AND FAMILY SERVICES, INC.
415 ALBEMARLE ROAD
BROOKLYN, NY  11218
(718) 435–7701

Name of Project Director:

LARRY JAYSON

Purpose of Project:

FUNDS WILL BE USED TO FOSTER ECONOMIC DEVELOPMENT THROUGH THE IMPROVEMENT OF HOUSING STOCK AND BY ACCESSING CITY SERVICES.

Funded Amount:

$6,012

Requested By:

BRENNAN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BROOKLYN HOUSING AND FAMILY SERVICES, INC.
415 ALBEMARLE ROAD
BROOKLYN, NY 11218
(718) 435-7585

Name of Project Director:

LARRY JAYSON

Purpose of Project:

FUNDS WILL BE USED TO DEFEND AND PRESERVE THE LOW AND MODERATELY PRICED MULTIPLE DWELLINGS IN BROOKLYN, AS WELL AS TO DEFEND AND PROTECT THE RESIDENTS OF THESE MULTIPLE DWELLINGS FROM DISPLACEMENT AND HOMELESSNESS. FUNDS WILL ALSO BE USED TO PREVENT THE DETERIORATION OF BUILDINGS CAUSED BY NEGLECT AND ABANDONMENT.

Funded Amount:

$3,000

Requested By:

ROBINSON

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BROOKLYN HOUSING AND FAMILY SERVICES, INC.
415 ALBEMARLE ROAD
BROOKLYN, NY 11218
(718) 435−7585

Name of Project Director:

LARRY JAYSON

Purpose of Project:

FUNDS WILL BE USED TO DEFEND AND PRESERVE THE LOW AND MODERATELY PRICED MULTIPLE DWELLINGS IN BROOKLYN, AS WELL AS THE RESIDENTS.

Funded Amount:

$3,000

Requested By:

MAISEL

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BROOKLYN HOUSING AND FAMILY SERVICES, INC.
415 ALBEMARLE ROAD
BROOKLYN, NY 11218
(718) 435-7701

Name of Project Director:

LARRY JAYSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PROGRAMS ON HOUSING EDUCATION AND EVICTION PREVENTION TO RESIDENTS OF BROOKLYN.

Funded Amount:

$2,000

Requested By:

PERRY

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BROOKLYN HOUSING AND FAMILY SERVICES, INC.
415 ALBEMARLE ROAD
BROOKLYN, NY 11218
(718) 435–7585

Name of Project Director:

LARRY JAYSON

Purpose of Project:

FUNDS WILL BE USED TO DEFEND AND PRESERVE THE LOW AND MODERATELY–LOW PRICED HOUSING IN BROOKLYN. MATERIALS AND MEANS FOR SEMINARS AND EVENTS WILL BE PROVIDED.

Funded Amount:

$2,668

Requested By:

CAMARA

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BROOKLYN HOUSING AND FAMILY SERVICES, INC.
415 ALBEMARLE ROAD
BROOKLYN, NY 11218
(718) 435–7585

Name of Project Director:

LARRY JAYSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LEGAL ASSISTANCE AND GUIDANCE TO TENANTS IN HOUSING–RELATED DISPUTES.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BROOKLYN HOUSING AND FAMILY SERVICES, INC.
415 ABLEMARLE ROAD
BROOKLYN, NY 11218
(718) 435–7585

Name of Project Director:

LARRY JAYSON

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE TO PROVIDE HOUSING SERVICES TO LOW AND MODERATE INCOME RESIDENTS OF BROOKLYN TO PREVENT HOMELESSNESS.

Funded Amount:

$1,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

BUFFALO REUSE, INC.
P.O. BOX 1132
BUFFALO, NY 14213
(716) 885−4131

Name of Project Director:

MICHAEL GAINER

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE YOUNG ADULT DEVELOPMENT THROUGH A PROGRAM THAT DECONSTRUCTS COMMUNITY BUILDINGS, MODIFIES ITS PARTS AND USES THEM TO SERVE NEW PURPOSES.

Funded Amount:

$9,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

CAMPOS PLAZA TENANTS ASSOCIATION  
623 EAST 13TH STREET  
NEW YORK, NY 10009  
(212) 677–3225

Name of Project Director:

CARMINE RIVETTI

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY EVENTS AND THE PRODUCTION OF NEWSLETTERS, MAILINGS OR OTHER COMMUNICATIONS ABOUT TENANT ASSOCIATION ACTIVITIES OR ISSUES.

Funded Amount:

$1,238

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

CAREY GARDENS TENANT’S ASSOCIATION
2946 WEST 23RD STREET
BROOKLYN, NY 11224
(718) 864−4856

Name of Project Director:

SHIRLEY AKIENS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF A BLOCK PARTY FOR THE COMMUNITY.

Funded Amount:

$1,000

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

CENTRAL ASTORIA LOCAL DEVELOPMENT COALITION, INC.
28−27 STEINWAY STREET
ASTORIA, NY  11103
(718) 728−7820

Name of Project Director:

MARIA TORNIALI

Purpose of Project:

FUNDS WILL BE USED TOWARDS THE CONTINUATION OF PROVIDING HOUSING SERVICES TO THE ASTORIA COMMUNITY.

Funded Amount:

$6,000

Requested By:

MARKEY

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

CENTRAL ASTORIA LOCAL DEVELOPMENT COALITION, INC.
28−27 STEINWAY STREET
ASTORIA, NY 11103
(718) 728−7820

Name of Project Director:

MARK TORNIALI

Purpose of Project:

FUNDS WILL BE USED TO ADVERTISE AND PUBLISH A PAMPHLET LISTING AVAILABLE HOUSING AND BENEFITS PROGRAMS PROVIDED BY THE COALITION.

Funded Amount:

$5,000

Requested By:

NOLAN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

CITY-WIDE TASK FORCE ON HOUSING COURT, INC.
125 MAIDEN LANE, ROOM 318
NEW YORK, NY 10038
(212) 962–4266

Name of Project Director:

LOUISE SEELEY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE INFORMATION TABLE PROJECT AND THE HOUSING COURT ADVOCACY PROGRAM, WHICH WILL ASSIST TENANTS WITH HOUSING PROBLEMS AND PROVIDE TENANTS WITH LEGAL SERVICES.

Funded Amount:

$3,000

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

CONEY ISLAND HOUSES
3025 WEST 32ND STREET, APT. 12F
BROOKLYN, NY 11224
(718) 946–7476

Name of Project Director:

ROSIA WICHE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL AND SOCIAL ACTIVITIES TO THE COMMUNITY RESIDENTS.

Funded Amount:

$1,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

CONNECTING TO ADVANTAGES
61 EAST 4TH STREET
NEW YORK, NY 10003
(646) 226–3259

Name of Project Director:

JUDITH RUBENSTEIN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET TRAINING COSTS, INCLUDING MATERIALS AND FOR IN−STATE CONFERENCE EXPENSES.

Funded Amount:

$5,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

CONNECTING TO ADVANTAGES
61 EAST 4TH STREET
NEW YORK, NY 10003
(646) 226−3259

Name of Project Director:

JUDITH RUBENSTEIN

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY AWARENESS AND EDUCATIONAL PROGRAMS, WHICH PROVIDE LOW−INCOME RESIDENTS WITH INFORMATION ABOUT AVAILABLE GOVERNMENT ASSISTANCE PROGRAMS.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

COOPER SQUARE COMMUNITY DEVELOPMENT COMMITTEE AND BUSINESSMEN’S ASSOCIATION, INC.
61 EAST 4TH STREET
NEW YORK, NY 10003
(212) 228−8210

Name of Project Director:

STEVE HERRICK

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE STREETSCAPE AND FACADE IMPROVEMENT PROJECT, AS WELL AS COUNSELING, LEGAL ADVICE, AND THE ORGANIZING TENANTS FOR ADVOCACY MEETINGS AND WORKSHOPS.

Funded Amount:

$7,000

Requested By:

GLICK

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

COOPER SQUARE COMMUNITY DEVELOPMENT COMMITTEE AND BUSINESSMEN’S ASSOCIATION, INC.
61 EAST 4TH STREET
NEW YORK, NY 10003
(212) 228-8210

Name of Project Director:

STEVEN HERRICK

Purpose of Project:

FUNDS WILL BE USED TO INCREASE STAFFING CAPACITY TO CARRY OUT COMMUNITY DEVELOPMENT AND COMMUNITY ORGANIZING PROJECTS.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

COUNCIL OF NEIGHBORHOOD ORGANIZATIONS, INC.
3911 FORT HAMILTON PARKWAY
BROOKLYN, NY   11218
(718) 853−0100

Name of Project Director:

VINCENT ACCETTA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A FULL SERVICE OF NEIGHBORHOOD PRESERVATION AND ASSISTANCE DIRECTLY AND INDIRECTLY WITH HOMEOWNERS, TENANTS, BUSINESS AND COMMUNITY GROUPS. ASSISTANCE WITH SCRIE APPLICATIONS, TENANT/LANDLORD PROBLEMS AND BUILDING RENOVATIONS ARE ALSO PROVIDED.

Funded Amount:

$5,000

Requested By:

ABBATE, HIKIND

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

COUNCIL OF NEIGHBORHOOD ORGANIZATIONS, INC.
3911 FT. HAMILTON PARKWAY
BROOKLYN, NY 11218
(718) 853-0100

Name of Project Director:

VINCENT ACETA

Purpose of Project:

FUNDS WILL BE USED FOR OUTREACH AND COUNSELING OF CITIZENS REGARDING HOUSING, SCRIE, HEAP, AND OTHER RESIDENTIAL ASSISTANCE SERVICES.

Funded Amount:

$5,000

Requested By:

BRENNAN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

CROWN HEIGHTS JEWISH COMMUNITY COUNCIL, INC.
387 KINGSTON AVENUE
BROOKLYN, NY 11225
(718) 778–8808

Name of Project Director:

SARA KARASIK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ASSISTANCE TO FAMILIES IN STRESS AND IN DANGER OF BECOMING DYSFUNCTIONAL AND/OR ABUSIVE. WITH EARLY INTERVENTION AND THE GUIDANCE OF TRAINED STAFF AND VOLUNTEERS, FAMILIES BECOME BETTER FUNCTIONING. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$64,000

Requested By:

CAMARA

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

CROWN HEIGHTS NORTH ASSOCIATION, INC.
986 STERLING PLACE
BROOKLYN, NY  11216
(718) 774–3834

Name of Project Director:

DEBORAH YOUNG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL MATERIALS AND INFORMATION FOR HOMEOWNERS; AND TO EXECUTE SEMINARS ON PREDATORY LENDING, COMMUNITY SAFETY AND ENERGY EFFICIENCY.

Funded Amount:

$7,000

Requested By:

CAMARA

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

EIS – EVICTION INTERVENTION SERVICES, HOMELESSNESS PREVENTION, INC.
150 EAST 62ND STREET
NEW YORK, NY 10065
(212) 308–2210  Ext: 212

Name of Project Director:

AUDREY BERMAN−TANNEN

Purpose of Project:

FUNDS WILL BE USED FOR SENIOR HOUSING PROGRAMS, AND TO SUPPORT THE ELDER LAW HOUSING CLINIC, WHICH PROVIDES FREE LEGAL SERVICES TO SENIOR CITIZENS EXPERIENCING HOUSING PROBLEMS. EIS PROVIDES LEGAL AND CASE WORKER SUPPORT, REPRESENTATION AND EXPERTISE AT NO COST TO THE CLIENTS.

Funded Amount:

$7,500

Requested By:

KELLNER

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

EIS – EVICTION INTERVENTION SERVICES, HOMELESSNESS PREVENTION, INC.
150 EAST 62ND STREET
NEW YORK, NY 10065
(212) 308–2210

Name of Project Director:

AUDREY TANNER

Purpose of Project:

FUNDS WILL BE USED FOR THE DEVELOPMENT, PRODUCTION AND DISTRIBUTION OF TENANTS EMPOWERMENT MANUALS, AS WELL AS LEGAL AID AND ELDER ADVOCACY CLINICS HELD TWICE A WEEK IN THE COMMUNITY TO HELP PREVENT HOMELESSNESS.

Funded Amount:

$7,500

Requested By:

BING, KELLNER

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

ERASMUS NEIGHBORHOOD FEDERATION, INC.
814 ROGERS AVENUE
BROOKLYN, NY 11226
(718) 462-7700

Name of Project Director:

YVES VILUS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT HOUSING PROGRAMS THAT IMPROVE AND MAINTAIN QUALITY OF LIFE IN NEIGHBORHOODS, AND FOR COMMUNITY OUTREACH PROGRAMS.

Funded Amount:

$25,000

Requested By:

JACOBS

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

FIFTH AVENUE COMMITTEE, INC.
621 DEGRAW STREET
BROOKLYN, NY 11217
(718) 237–2017

Name of Project Director:

MICHELLE DE LA UZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TENANT COUNSELING AND HOUSING COURT ASSISTANCE FOR NEIGHBORHOOD RESIDENTS, AND TO SUPPORT THE CONTINUED DEVELOPMENT OF AFFORDABLE HOUSING, PARTICULARLY FOR LOW INCOME SENIORS.

Funded Amount:

$4,500

Requested By:

MILLMAN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

FIFTH AVENUE COMMITTEE, INC.
621 DEGRAW STREET
BROOKLYN, NY 11217
(718) 237-2017

Name of Project Director:

ARTEMIO GUERRA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT OUTREACH AND COUNSELLING OF FAMILIES IN DANGER OF HOMELESSNESS, PROVIDING AREAS OF ASSISTANCE AND PROGRAMS AVAILABLE.

Funded Amount:

$5,000

Requested By:

BRENNAN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

FIRST WARD ACTION COUNCIL, INC.
167 CLINTON STREET
BINGHAMTON, NY 13905
(607) 772−2850

Name of Project Director:

JERRY WILLARD

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A LAWN AND GARDEN TRACTOR FOR LAWN MAINTENANCE AND SNOW REMOVAL TO ENHANCE THE QUALITY OF HOUSING FOR LOW INCOME AND ELDERLY RESIDENTS OF BROOME COUNTY.

Funded Amount:

$6,600

Requested By:

LUPARDO

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

GODDARD−RIVERSIDE COMMUNITY CENTER
593 COLUMBUS AVENUE
NEW YORK, NY 10024
(212) 873−6600

Name of Project Director:

MARTI WEITHMAN

Purpose of Project:

FUNDS WILL BE USED TOWARDS EXPENSES ASSOCIATED WITH MAINTAINING STAFF WHO WORK WITH TENANTS IN SINGLE ROOM OCCUPANCY (SRO) BUILDINGS.

Funded Amount:

$7,500

Requested By:

ROSENTHAL

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

GOMPERS HOUSES TENANT ASSOCIATION
50 PITT STREET
NEW YORK, NY 10002
(212) 982−0990

Name of Project Director:

MINERVA MONTEZ

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY EVENTS AND THE PRODUCTION OF NEWSLETTERS, MAILINGS OR OTHER COMMUNICATIONS ABOUT TENANT ASSOCIATION ACTIVITIES OR ISSUES.

Funded Amount:

$1,214

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:
GOOD OLD LOWER EAST SIDE, INC.
169 AVENUE B
NEW YORK, NY 10009
(212) 358−1231

Name of Project Director:
DAMARIS REYES

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE HOUSING COUNSELING, INCLUDING EVICTION PREVENTION, LEGAL REFERRALS, AND JOB TRAINING TO LOW−INCOME RESIDENTS. FUNDS WILL ALSO HELP TO ORGANIZE TENANT ASSOCIATIONS TO SECURE REPAIRS AND MAINTENANCE, AND SUPPORT WORKSHOPS ON HOUSING RIGHTS AND OTHER ISSUES FOR TENANTS.

Funded Amount:
$7,000

Requested By:
GLICK

Name of Administering State Agency:
DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

GOOD OLD LOWER EAST SIDE, INC.
169 AVENUE B
NEW YORK, NY 10009
(212) 358–1231

Name of Project Director:

DAMARIS REYES

Purpose of Project:

FUNDS WILL BE USED FOR DIRECT SERVICE AND COMMUNITY EDUCATION IN THE AREAS OF EVICTION PREVENTION, DOMESTIC VIOLENCE, HOUSING AND WORKER’S RIGHTS. FUNDS WILL ALSO BE USED FOR TENANT ORGANIZING AND ADVOCACY AND COALITION–BUILDING AROUND HOUSING ISSUES.

Funded Amount:

$7,000

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

GREATER SHEEPSHEAD BAY DEVELOPMENT CORP.
2105 EAST 22ND STREET
BROOKLYN, NY 11229
(718) 332−0582

Name of Project Director:

ELLEN SUSNOW

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ONGOING SUPPORT AND COUNSELING SERVICES REGARDING HOUSING ISSUES TO RESIDENTS OF THE COMMUNITY. SERVICES INCLUDE MEDIATION BETWEEN TENANTS AND LANDLORDS, INFORMING TENANTS OF THEIR RIGHTS, ETC.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

GREATER WOODHAVEN DEVELOPMENT CORPORATION
84–01 JAMAICA AVENUE
WOODHAVEN, NY 11421
(718) 805–0220

Name of Project Director:

MARIA THOMSON

Purpose of Project:

FUNDS WILL BE USED TO BEAUTIFY COMMERCIAL AREAS THROUGH REMOVAL OF GRAFFITI VANDALISM. FUNDS WILL ALSO PROVIDE COMMUNITY RESIDENTS ASSISTANCE IN OBTAINING HOME IMPROVEMENT LOANS.

Funded Amount:

$5,000

Requested By:

SEMINERIO

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

HABITAT FOR HUMANITY OF CAYUGA COUNTY
173 GENESEE STREET
AUBURN, NY 13021
(315) 255–1427

Name of Project Director:

DAVE SMITH

Purpose of Project:

FUNDS WILL BE USED BUILDING EQUIPMENT.

Funded Amount:

$5,000

Requested By:

FINCH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

HABITAT OF HUMANITY OF GENESEE COUNTY
P.O. BOX 711, BANK STREET
BATAVIA, NY 14021
(585) 345–1656

Name of Project Director:

BECKY LEFEVRE

Purpose of Project:

FUNDS WILL BE USED FOR PROPERTY ACQUISITION.

Funded Amount:

$2,500

Requested By:

HAWLEY

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

HAITIAN AMERICAN CULTURAL AND SOCIAL ORGANIZATION, INC.
25 SOUTH MAIN STREET, SUITE 2A
SPRING VALLEY, NY 10977
(845) 352–5897

Name of Project Director:

ROSE LEANDRE

Purpose of Project:

FUNDS WILL BE USED TO ASSIST FAMILIES IN STAYING IN THEIR HOMES BY PROVIDING BUDGET COUNSELING AND TEACHING BUDGET MANAGEMENT.

Funded Amount:

$7,000

Requested By:

JAFFEE

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

HISTORIC DISTRICTS COUNCIL, INC.
232 EAST 11TH STREET
NEW YORK, NY 10003
(212) 614–9107

Name of Project Director:

FRAMPTON TOLBERT

Purpose of Project:

FUNDS WILL BE USED FOR NEW PUBLICATIONS AS PART OF THE NEIGHBORHOOD PROGRAM, INCLUDING "PARTNERING WITH YOUR ELECTED OFFICIALS," "HOW TO FORM A BLOCK ASSOCIATION," AND A "ZONING 101 PRIMER FOR HISTORIC NEIGHBORHOODS."

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

HOUSING CONSERVATION COORDINATORS, INC.
777 TENTH AVENUE
NEW YORK, NY 10019
(212) 541–5996  Ext: 11

Name of Project Director:

SARAH DESMOND

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT COMMUNITY ORGANIZING AND TENANTS RIGHTS SERVICES TO PROMOTE NEW AFFORDABLE HOUSING OPPORTUNITIES, AS WELL AS REPRESENTING RESIDENTS IN EVICTION PROCEEDINGS, PROVIDE GENERAL RIGHTS COUNSELING, NEGOTIATION WITH LANDLORDS, AND INTERCEDING WITH GOVERNMENT OFFICES.

Funded Amount:

$20,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

HOUSING CONSERVATION COORDINATORS, INC.
777 TENTH AVENUE
NEW YORK, NY 10019
(212) 541−5996

Name of Project Director:

SARAH DESMOND

Purpose of Project:

FUNDS WILL BE USED FOR TENANTS’ RIGHTS EDUCATION.

Funded Amount:

$5,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

HUDSON GUILD
441 WEST 26TH STREET
NEW YORK, NY 10001
(212) 760–9800

Name of Project Director:

BRIAN SABER

Purpose of Project:

Funds will be used to preserve and promote affordable housing in Chelsea, to educate tenants, organize block associations, community forums, etc.

Funded Amount:

$20,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

INDEPENDENCE TOWERS
130 CLYMER STREET, APT. 19D
BROOKLYN, NY 11211
(718) 418–1000 Ext: 227

Name of Project Director:

SOL LEISER

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE TENANT OUTREACH PROGRAMS AND TENANT COMMUNICATIONS.

Funded Amount:

$3,000

Requested By:

LENTOL

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

JACOB RIIS TENANTS ASSOCIATION  
454 EAST 10TH STREET  
NEW YORK, NY 10009  
(212) 228–2400

Name of Project Director:

ODELL PAMIAS

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY EVENTS AND THE PRODUCTION OF NEWSLETTERS, MAILINGS OR OTHER COMMUNICATIONS ABOUT TENANT ASSOCIATION ACTIVITIES OR ISSUES.

Funded Amount:

$2,756

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:
JEWISH COMMUNITY COUNCIL OF THE ROCKAWAY PENINSULA, INC.
1525 CENTRAL AVENUE
FAR ROCKAWAY, NY 11691
(718) 327-7755

Name of Project Director:
HARVEY GORDON

Purpose of Project:
FUNDS WILL BE USED FOR HOUSING COUNSELING, PROGRAMS FOR IMMIGRANTS, AND A COMMUNITY CONCERT.

Funded Amount:
$5,000

Requested By:
TITUS

Name of Administering State Agency:
DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

JEWSH COMMUNITY COUNCIL OF THE ROCKAWAY PENINSULA, INC.
1525 CENTRAL AVENUE
FAR ROCKAWAY, NY 11691
(718) 327-7755

Name of Project Director:

HARVEY GORDON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RESETTLEMENT PROGRAMS AND BENEFITS SUPPORT, AS WELL AS JOB PLACEMENT AND COUNSELING SERVICES. SERVICES ARE OPEN TO ALL IN THE COMMUNITY ON A NON-SECTARIAN BASIS.

Funded Amount:

$18,000

Requested By:

PHEFFER

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

KNICKERBOCKER PLAZA TENANTS ASSOCIATION
1751–63 SECOND AVENUE
NEW YORK, NY  10128
(212) 860–4540

Name of Project Director:

RITA POPPER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF LEGAL SUPPORT FOR TENANTS DURING CONVERSION OF KNICKERBOCKER PLAZA FROM MITCHELL–LAMA AFFORDABLE HOUSING PROGRAM.

Funded Amount:

$5,000

Requested By:

BING

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

LATIMER GARDENS RESIDENT ASSOCIATION
34–41 LINDEN PLACE, APARTMENT TA
FLUSHING, NY  11354
(718) 321–0776

Name of Project Director:

BRIAN HONAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS FOR THE LATIMER GARDENS COMMUNITY CENTER OFFICE AND FOR THE INTERGENERATIONAL HERITAGE CULTURAL PROGRAM.

Funded Amount:

$2,500

Requested By:

YOUNG

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

LEVITTOWN PROPERTY OWNERS ASSOCIATION
P.O. BOX 804
LEVITTOWN, NY 11756
(516) 579−4035

Name of Project Director:

JIM MORROW

Purpose of Project:

FUNDS WILL BE USED FOR THE SUPPORT OF PROGRAMS.

Funded Amount:

$1,500

Requested By:

SALADINO

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

LIVINGSTON COUNTY HABITAT FOR HUMANITY
P.O. BOX 1015
NUNDA, NY 14517
(585) 468−2306

Name of Project Director:

LINDA CARNEY

Purpose of Project:

FUNDS WILL BE USED FOR CONSTRUCTION MATERIALS.

Funded Amount:

$5,000

Requested By:

BURLING

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

LONG ISLAND HOUSING PARTNERSHIP, INC.
180 OSER AVENUE, SUITE 800
HAUPPAUGE, NY 11788
(631) 435–4710

Name of Project Director:

PETER ELKOWITZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HOMEOWNER/HOMEBUYER COUNSELING AND EDUCATION SERVICES.

Funded Amount:

$10,000

Requested By:

SWEENEY

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

    LONG ISLAND HOUSING SERVICES
    640 JOHNSON AVENUE, SUITE 8
    BOHEMIA, NY  11716
    (631) 467−5111

Name of Project Director:

    MICHELLE SANTANTONIO

Purpose of Project:

    FUNDS WILL BE USED TO ASSIST WITH COSTS ASSOCIATED WITH THE
    PRESENTATION OF INFORMATIONAL SEMINARS.

Funded Amount:

    $2,000

Requested By:

    EDDINGTON

Name of Administering State Agency:

    DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

MARLBORO HOUSE TENANTS ASSOCIATION
P.O. BOX 172
BROOKLYN, NY 11223
(718) 708-0108

Name of Project Director:

BERTHA CORBETT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL AND SOCIAL ACTIVITIES FOR SENIORS, YOUTH AND ADULTS OF THE COMMUNITY.

Funded Amount:

$1,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

MET COUNCIL, INC.
339 LAFAYETTE STREET
NEW YORK, NY 10012
(212) 979-6238 Ext: 207

Name of Project Director:

JENNY LAURIE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF A TENANT ORGANIZER WHO WILL PROVIDE ADVICE AND SERVICES TO TENANTS, INCLUDING ISSUES SUCH AS REPAIRS AND EVICTION PREVENTION.

Funded Amount:

$2,500

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

MIDWOOD DEVELOPMENT CORPORATION
1416 AVENUE M
BROOKLYN, NY  11230
(718) 376−1098

Name of Project Director:

LINDA GOODMAN

Purpose of Project:

FUNDs WILL BE USED TO PROVIDE ONGOING SUPPORT AND COUNSELING SERVICES REGARDING HOUSING ISSUES TO RESIDENTS OF THE COMMUNITY. SERVICES INCLUDE MEDIATION BETWEEN TENANTS AND LANDLORDS, INFORMING TENANTS OF THEIR RIGHTS, ETC.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

MIDWOOD DEVELOPMENT CORPORATION
1416 AVENUE M, SUITE 201
BROOKLYN, NY 11230
(718) 376–1098 Ext: 101

Name of Project Director:

LINDA GOODMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE HOUSING AND ENTITLEMENT COUNSELING TO COMMUNITY RESIDENTS.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

MOUNT VERNON UNITED TENANTS, INC.
40 SOUTH 4TH AVENUE
MOUNT VERNON, NY 10550
(914) 699-1114

Name of Project Director:

DENNIS HANRATTY

Purpose of Project:

FUNDS WILL BE USED TO ASSIST RESIDENTS WITH EVICTION ISSUES, HOMELESSNESS PREVENTION, AND TO PROVIDE ASSISTANCE TO TENANTS WITH ORGANIZING THE BUILDINGS IN WHICH THEY RESIDE.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

MURRAY HILL NEIGHBORHOOD ASSOCIATION
P.O. BOX 1897
NEW YORK, NY 10156
(212) 886–5867

Name of Project Director:

BARBARA SAGAN

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT AN ANALYSIS OF ZONING IN ORDER TO CREATE ZONING TO ALLOW FOR SAFER PRESERVATION OF THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

NEIGHBORHOOD HOUSING SERVICES OF JAMAICA, INC.
89–70 162ND STREET
JAMAICA, NY  11432
(718) 739–8279

Name of Project Director:

CATHY MICKENS

Purpose of Project:

FUNDS WILL BE USED TO HELP REVITALIZE NEIGHBORHOODS IN SOUTHERN QUEENS BY OFFERING EDUCATION, COUNSELING, AND TECHNICAL ASSISTANCE TO LOW–AND–MODERATE INCOME RESIDENTS. FUNDS WILL ALSO HELP SUPPORT THE NEIGHBORHOOD HOUSING SERVICES REHABILITATION PROGRAM.

Funded Amount:

$30,000

Requested By:

COOK

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

NEIGHBORS HELPING NEIGHBORS, INC.
443 39TH STREET
BROOKLYN, NY 11232
(718) 436-7373

Name of Project Director:

LISA NICOLE GRIST

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HOMEOWNER COUNSELING.

Funded Amount:

$5,000

Requested By:

BRENNAN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

NEIGHBORS HELPING NEIGHBORS, INC.
443 39TH STREET, SUITE 202
BROOKLYN, NY 11232
(718) 686–7946

Name of Project Director:

JULIA FITZGERALD

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT HOUSING COUNSELING WORK WITH LOW-INCOME TENANTS AND FIRST-TIME HOMEBuyERS.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

NEW DESTINY HOUSING CORPORATION
1140 BROADWAY, SUITE 1002
NEW YORK, NY 10001
(646) 472–0266  Ext: 11

Name of Project Director:

CATHERINE TRAPANI

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT TRAINING WORKSHOPS AND MATERIALS FOR HOUSING LINK, WHICH PROVIDE INFORMATION, COUNSELING AND TRAINING ABOUT PERMANENT HOUSING TO LOW–INCOME DOMESTIC VIOLENCE SURVIVORS.

Funded Amount:

$2,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

NEW DESTINY HOUSING CORPORATION
1140 BROADWAY, SUITE 1002
NEW YORK, NY 10001
(646) 472-0262

Name of Project Director:

CAROL CORDEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LONG-TERM HOUSING FOR LOW INCOME DOMESTIC VIOLENCE SURVIVORS.

Funded Amount:

$3,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

NEW LANE SHORES SENIOR CITIZENS RESIDENT ASSOCIATION, INC.
70 NEW LANE, APT. 2M
STATEN ISLAND, NY 10305
(718) 981−7456

Name of Project Director:

BRIAN HONAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FURNITURE FOR THE COMMUNITY ROOM TO PROVIDE A SAFER ENVIRONMENT.

Funded Amount:

$1,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

NEW YORK AGENCY FOR COMMUNITY AFFAIRS, INC.
2–4 NEVINS STREET, 2ND FLOOR
BROOKLYN, NY 11217
(718) 246–7900 Ext: 202

Name of Project Director:

BERTHA LEWIS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF HOMEBUYER SEMINARS AND FORECLOSURE COUNSELING, TO EDUCATE INDIVIDUALS AND TO PREVENT FORECLOSURES IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

BENJAMIN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

NEW YORK CITY HOUSING AUTHORITY – GLENWOOD HOUSES
250 BROADWAY
NEW YORK, NY 10007
(212) 306-8100

Name of Project Director:

CAROLYN WALTON

Purpose of Project:

FUNDS WILL BE USED TO MAINTAIN A TENANT ASSOCIATION OFFICE THAT WILL FOSTER BETTER RELATIONS BETWEEN MANAGEMENT AND RESIDENTS. ADDITIONALLY, FUNDS WILL BE USED TO PURCHASE SUPPLIES FOR THE "BABY THINK IT OVER" PROGRAM.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

NEW YORK CITY HOUSING AUTHORITY – NOSTRAND HOUSES
250 BROADWAY
NEW YORK, NY 10007
(212) 306–8100

Name of Project Director:

ANNIE STATEN

Purpose of Project:

FUNDS WILL BE USED TO COVER THE COSTS ASSOCIATED WITH NOSTRAND TENANTS "FAMILY DAY," AS WELL AS TO ESTABLISH AND MAINTAIN AN OFFICE THAT WILL FOSTER BETTER RELATIONS BETWEEN MANAGEMENT AND RESIDENTS.

Funded Amount:

$1,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

NEW YORK CITY HOUSING AUTHORITY – SHEEPSHEAD HOUSES
250 BROADWAY
NEW YORK, NY 10007
(212) 306–8100

Name of Project Director:

PAT DALE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH SHEEPSHEAD TENANTS "FAMILY DAY," AS WELL AS TO ESTABLISH AND MAINTAIN AN OFFICE THAT WILL FOSTER BETTER RELATIONS BETWEEN MANAGEMENT AND RESIDENTS.

Funded Amount:

$1,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

NEW YORK CITY HOUSING AUTHORITY TENANT PILOT PROGRAM
90 CHURCH STREET
NEW YORK, NY 10007
(212) 306–3000

Name of Project Director:

JOSE MERCADO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A TENANT SECURITY PATROL PILOT PROGRAM UNDER THE AUTHORITY OF THE NEW YORK CITY HOUSING AUTHORITY.

Funded Amount:

$213,000

Requested By:

LOPEZ–V, SILVER

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

NEW YORK PROVINCE OF THE SOCIETY OF JESUS
39 EAST 83RD STREET
NEW YORK, NY 10028
(212) 774–5500

Name of Project Director:

RICHARD ESPINAL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PUBLIC HOUSING RESIDENTS IN THE WASHINGTON HEIGHTS–INWOOD AREA WITH EDUCATION, TECHNICAL ASSISTANCE AND SUPPORT TO ESTABLISH OR STRENGTHEN PUBLIC HOUSING RESIDENT COUNCILS. THIS PROGRAM IS OPEN TO ALL IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$20,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

NORTH FORK HOUSING ALLIANCE, INC.
116 SOUTH STREET
GREENPORT, NY 11944
(631) 477–1070

Name of Project Director:

TANYA PALMORE

Purpose of Project:

FUNDS WILL BE USED FOR PRINTING, MAILING, AND DEVELOPMENT COSTS ASSOCIATED WITH THE ORGANIZATION’S NEWSLETTER WHICH INFORMS THE COMMUNITY OF THE ORGANIZATION’S SERVICES.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

O’DWYER GARDENS TENANTS LEAGUE, INC.
2959 WEST 33RD STREET
BROOKLYN, NY 11224
(347) 374–5453

Name of Project Director:

SHELLEY MONTANEZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE STAGE COSTS ASSOCIATED WITH PROVIDING A FAMILY DAY EVENT FOR ALL IN THE COMMUNITY ON AUGUST 9.

Funded Amount:

$1,000

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

PEOPLE UNITED FOR SUSTAINABLE HOUSING, INC.
89 PLYMOUTH AVENUE
BUFFALO, NY 14201
(716) 796-5008

Name of Project Director:

ERIC WALKER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE CHENANGO STREET REVITALIZATION PROJECT.

Funded Amount:

$10,000

Requested By:

HOYT

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

PHIPPS PLAZA WEST TENANT ASSOCIATION, INC.
454 2ND AVENUE
NEW YORK, NY 10016
(646) 567−7532

Name of Project Director:

STEVEN SACS

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH PROVIDING COMMUNITY EVENTS AND FOR SUPPORT OF THE ASSOCIATION’S OPERATIONS.

Funded Amount:

$1,716

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

PRATT INSTITUTE – PRATT CENTER FOR COMMUNITY DEVELOPMENT
379 DEKALB AVENUE
BROOKLYN, NY 11205
(718) 636–3486

Name of Project Director:

BRAD LANDER

Purpose of Project:

THE COMMUNITY PROTECTION PROGRAM IS A PROGRAM DESIGNED TO OFFER ASSISTANCE, GUIDANCE, AND EDUCATION TO RESIDENTS WHO NEED HELP NAVIGATING THE DIFFICULT BUILDINGS DEPARTMENT PROCESS. THIS PROGRAM WILL ASSIST INDIVIDUALS WITH FILING COMPLAINTS AND PROVIDE THE EXPERTISE NEEDED TO FOLLOW–UP WITH APPROPRIATE INFORMATION AND ACTION.

Funded Amount:

$32,500

Requested By:

LENTOL

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

PUEBLO EN MARCHA II, INC.
401 EAST 145TH STREET
BRONX, NY 10455
(718) 665–7375

Name of Project Director:

MAXIMINO RIVERA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LOW−INCOME AND UNEMPLOYED RESIDENTS OF THE SOUTH BRONX WITH HOUSING ASSISTANCE SERVICES. THESE SERVICES INCLUDE DIRECT INTERVENTION IN HOUSING COURT, HOUSING CODE VIOLATION, TENANT AND BLOCK ASSOCIATION TECHNICAL ASSISTANCE AND LOCAL AND SOCIAL SERVICES REFERRALS.

Funded Amount:

$20,000

Requested By:

ARROYO

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

QUEENS COMMUNITY CIVIC CORP.
68–01A 136TH STREET
FLUSHING, NY 11367
(718) 261–8015

Name of Project Director:

FLORENCE FISHER

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PRESERVATION OF EXISTING HOUSING STOCK, BOTH INSIDE AND OUT; AND FOR THE MEDIATION SERVICES BETWEEN LANDLORDS AND TENANTS. FUNDS WILL ALSO BE USED TO PROVIDE SERVICES TO SENIORS, WITH EMPHASIS ON HOUSING PROBLEMS.

Funded Amount:

$7,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:
QUEENSBRIDGE TENANTS ASSOCIATION, INC.
41–16 12TH STREET, #6C
LONG ISLAND CITY, NY 11101
(718) 752–0086

Name of Project Director:
NINA ADAMS

Purpose of Project:
FUNDS WILL BE USED TO BUY EQUIPMENT AND SUPPLIES FOR THE TENANT ASSOCIATION OFFICE IN ORDER TO HELP QUEENSBRIDGE RESIDENTS WITH THEIR HOUSING ISSUES.

Funded Amount:
$1,000

Requested By:
NOLAN

Name of Administering State Agency:
DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

RAVENSWOOD RESIDENT ASSOCIATION, INC.
35–35 21ST STREET, SUITE 2F
LONG ISLAND CITY, NY 11106
(718) 433–3901

Name of Project Director:

CAROL WILKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPLIES AND EQUIPMENT NECESSARY TO OPERATE THE TENANTS’ ASSOCIATION.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

RURAL SULLIVAN HOUSING CORPORATION  
6 PELTON, P.O. BOX 1497  
MONTICELLO, NY  12701  
(845) 794–0349

Name of Project Director:

SHARI TRUST

Purpose of Project:

FUNDS WILL BE USED TO REPLACE FURNITURE FOR THE COMMUNITY ROOM AT GODEFRY MEADOWS.

Funded Amount:

$1,000

Requested By:

GUNther−A

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

SEA RISE TENANTS ASSOCIATION, INC.
2750 WEST 33RD STREET, APT. 2343
BROOKLYN, NY 11224
(718) 946–6323

Name of Project Director:

ALFIE DAVIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL AND SOCIAL ACTIVITIES FOR THE TENANTS.

Funded Amount:

$1,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

SHALOM TENANTS ALLIANCE
1–3 DAVID LANE, SUITE 3Q
YONKERS, NY 10701
(646) 405–9776

Name of Project Director:

CATHY CARTER

Purpose of Project:

FUNDS WILL BE USED TO PREVENT EVICTION AND DISPLACEMENT OF RENT REGULATED TENANTS AND PRESERVE AFFORDABLE HOUSING.

Funded Amount:

$1,000

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

STRAUS TENANT ASSOCIATION
228 EAST 28TH STREET
NEW YORK, NY 10016
(212) 689–0660

Name of Project Director:

GERALDINE ROSA

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY EVENTS AND THE PRODUCTION OF NEWSLETTERS, MAILINGS OR OTHER COMMUNICATIONS ABOUT TENANT ASSOCIATION ACTIVITIES OR ISSUES.

Funded Amount:

$1,000

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

STUYVESANT TOWN– PETER COOPER VILLAGE TENANTS ASSOCIATION, INC.
P.O. BOX 1202
NEW YORK, NY 10009
(212) 228–7583

Name of Project Director:

SUSAN STEINBERG

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE RESIDENTS ABOUT THE HISTORY OF STUYVESANT TOWN– PETER COOPER VILLAGE AND CONSIDER THE POSSIBILITY AND SIGNIFICANCE OF LANDMARKING. FUNDS WILL ALSO BE USED TO PROVIDE ASSISTANCE TO RESIDENTS, INCLUDING COMMUNICATION WITH RESIDENTS TO PROTECT TENANTS RIGHTS, LANDLORD OBLIGATIONS, SAFETY AND OTHER COMMUNITY CONCERNS.

Funded Amount:

$14,050

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

TAP, INC.
210 RIVER STREET
TROY, NY 12180
(518) 274–3050  Ext: 11

Name of Project Director:

JOE FAMA

Purpose of Project:

FUNDS WILL BE USED TO REPLACE A PORTION OF THE ROOF ON THE BUILDING OWNED AND MANAGED BY TAP, WHICH CONTAINS 20 APARTMENTS THAT ARE RENTED EXCLUSIVELY TO LOW INCOME INDIVIDUALS. TAP DOES NOT REALIZE A PROFIT FROM THIS BUILDING.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

TENANT COUNCIL OF THE VILLAGE OF HEMPSTEAD, INC.
P.O. BOX 5328
HEMPSTEAD, NY 11551
(516) 292-0007

Name of Project Director:

CARLOS MACKEY

Purpose of Project:

FUNDS WILL BE USED TO ASSIST AND ADVOCATE ON BEHALF OF TENANTS IN COURT, LANDLORD TENANT DISPUTES, EVICTION ASSISTANCE, ETC.

Funded Amount:

$6,000

Requested By:

HOOPER

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

URBAN JUSTICE CENTER
123 WILLIAM STREET, 16TH FLOOR
NEW YORK, NY 10038
(646) 602−5600

Name of Project Director:

HARVEY EPSTEIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HOUSING SERVICES AND LEGAL COUNSELING ON TENANTS ISSUES, TO LOW AND MODERATE INCOME RESIDENTS, IN ORDER TO PREVENT HOMELESSNESS.

Funded Amount:

$30,000

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

USCG AUXILIARY
FLOTILLA 22−02 1SR
NORTHPORT, NY 11768
(631) 368−4776

Name of Project Director:

MORRIS STOLER

Purpose of Project:

FUNDS WILL BE USED FOR PROJECTOR.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

WALD HOUSES TENANTS ASSOCIATION
54 AVENUE D
NEW YORK, NY 10009
(212) 673–9306

Name of Project Director:

CHARLOTTEE MILES

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY EVENTS AND THE PRODUCTION OF NEWSLETTERS, MAILINGS OR OTHER COMMUNICATIONS ABOUT TENANT ASSOCIATION ACTIVITIES OR ISSUES.

Funded Amount:

$2,854

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

WATERSIDE TENANTS ASSOCIATION
40 WATERSIDE PLAZA, SUITE C–1
NEW YORK, NY 10010
(646) 228–8847

Name of Project Director:

SUSAN STEINBERG

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY EVENTS AND THE PRODUCTION OF NEWSLETTERS, MAILINGS OR OTHER COMMUNICATIONS ABOUT TENANT ASSOCIATION ACTIVITIES OR ISSUES.

Funded Amount:

$2,404

Requested By:

KAVANAGH

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

WEST BRONX HOUSING AND NEIGHBORHOOD RESOURCE CENTER, INC.
3176 BAINBRIDGE AVENUE
BRONX, NY 10467
(718) 798–0929

Name of Project Director:

SALLY DUNFORD

Purpose of Project:

FUNDS WILL BE USED TO IDENTIFY AND TRAIN COMMUNITY LEADERS AS FIRST RESPONDERS TO RESIDENTS IN DANGER OF LOSING THEIR HOMES, PROVIDE TRAINING INFORMATION ABOUT EVICTION AND FORECLOSURE PROCESSES, AND DESIGN A RESOURCE MANUAL.

Funded Amount:

$1,000

Requested By:

RIVERA–N

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

WEST HARLEM GROUP ASSISTANCE, INC.  
1652 AMSTERDAM AVENUE  
NEW YORK, NY  10031  
(212) 862−1399

Name of Project Director:

STANLEY GLEATON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE BUILDING AND DEVELOPMENT OF AN ANNEX TO THE PRESENT CENTRAL OFFICE FACILITY, WHICH WILL PROVIDE ADDITIONAL AFFORDABLE HOUSING ASSISTANCE TO THE COMMUNITY.

Funded Amount:

$10,000

Requested By:

WRIGHT

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

WEST HILL IMPROVEMENT CORPORATION
117 NORTH LAKE AVENUE
ALBANY, NY 12206
(518) 462−6469

Name of Project Director:

OWANNA RAMDEN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT HOUSING PROGRAMS FOR LOW INCOME HOMEOWNERS.

Funded Amount:

$5,000

Requested By:

MCENEN

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

WEST SIDE NEIGHBORHOOD HOUSING SERVICE, INC.
359 CONNECTICUT STREET
BUFFALO, NY  14213
(716) 885−2344  Ext: 15

Name of Project Director:

LINDA CHIARENZA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH OFFERING SPANISH LANGUAGE SERVICES TO A FULL SERVICE HOUSING ORGANIZATION.

Funded Amount:

$10,000

Requested By:

HOYT

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

WILLIAMS PLAZA TENANTS ASSOCIATION
190 MARCY AVENUE, UNIT 8A
BROOKLYN, NY  11211
(718) 387–8735

Name of Project Director:

MICHAEL BABAD

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN THE DISTRIBUTION OF INFORMATION ON HOUSING AND SOCIAL SERVICE PROGRAMS TO WILLIAMS PLAZA RESIDENTS.

Funded Amount:

$3,000

Requested By:

LENTOL

Name of Administering State Agency:

DIVISION OF HOUSING AND COMMUNITY RENEWAL
Legal Name, Address, and Telephone Number:

CIVIL AIR PATROL
P.O. BOX 77
CLARKSVILLE, NY 12041
(518) 768–2155

Name of Project Director:

PENNY EPLER–CARL

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND INSTALL A HEATING SYSTEM, PHONE AND INTERNET CONNECTION, AS WELL AS AN EMERGENCY LOCATOR.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

DIVISION OF MILITARY AND NAVAL AFFAIRS
Legal Name, Address, and Telephone Number:

IRENE TROWELL HARRIS CHAPTER TUSKEEgee AIRMEN ASSOCIATION  
352 SKIDMORE ROAD  
PLEASANT VALLEY, NY 12569  
(845) 677−0181

Name of Project Director:

MAJOR GLENN FRAZIER

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING OPERATIONAL EXPENSES.

Funded Amount:

$2,000

Requested By:

CALHOUN

Name of Administering State Agency:

DIVISION OF MILITARY AND NAVAL AFFAIRS
Legal Name, Address, and Telephone Number:

369TH VETERANS’ ASSOCIATION, INC.  
P.O. BOX 1157  
ALBANY, NY  
(518) 462−2598

Name of Project Director:  

JAMES DANDLES

Purpose of Project:  

FUNDS WILL BE USED TO INSTALL BENCHES AT THE HENRY JOHNSON MEMORIAL ON HENRY JOHNSON BOULEVARD IN ALBANY.

Funded Amount:  

$3,000

Requested By:  

CANESTRARI

Name of Administering State Agency:  

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

ADREAN POST
1206 BELLE AVENUE
UTICA, NY 13501
(315) 736-4601

Name of Project Director:

MIKE MACCHIONE

Purpose of Project:

FUNDS WILL BE USED FOR RENOVATIONS OF POST, WHICH IS USED BY COMMUNITY GROUPS.

Funded Amount:

$5,000

Requested By:

TOWNSEND

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

ALLIED VETERANS MEMORIAL COMMITTEE OF GREATER RIDGEWOOD AND GLENDALE
72-14 67TH PLACE
GLENDALE, NY 11385
(718) 366-0121

Name of Project Director:

JULIUS LANDHERR

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COST ASSOCIATED WITH MEMORIAL DAY PARADE INCLUDING RENTAL, FOOD, AND EQUIPMENT.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

ALTAMONT PROGRAM, INC.
629 OLD LIVERPOOL ROAD
LIVERPOOL, NY  13088
(315) 457−3002

Name of Project Director:

EMMETT W. PERKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HOUSING ACCOMMODATIONS FOR DISABLED VETERANS.

Funded Amount:

$10,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION 1465 PORTAGE POST
407 HYDE PARK BOULEVARD
NIAGARA FALLS, NY 14303
(716) 282–2652

Name of Project Director:

EDMUND BOROWICZ

Purpose of Project:

FUNDS WILL BE USED TO REPAIR THE ROOF ON THE FACILITY, WHERE VARIOUS COMMUNITY EVENTS ARE HELD THROUGHOUT THE YEAR.

Funded Amount:

$5,000

Requested By:

DELMONTE

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION ALFRED R. GREBE POST 1045
P.O. BOX 412
FISHERS ISLAND, NY 06390
(631) 788–7590

Name of Project Director:

POST COMMANDER

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH AND COMMUNITY SERVICE PROJECTS.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION BRUNN–PRCHAL POST 1888
P.O. BOX 944
ROCKY POINT, NY 11778
(631) 589–6692

Name of Project Director:

BRUCE STIEFEL

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH AND COMMUNITY SERVICE PROJECTS.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION BURTON POTTER POST 185
P.O. BOX 125
GREEN PORT, NY 11944
(631) 477-1020

Name of Project Director:

JOHN MONTGOMERY

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH AND COMMUNITY SERVICE PROJECTS.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION ERIE COUNTY COMMITTEE
609 CITY HALL
BUFFALO, NY  14202
(716) 852−6500

Name of Project Director:

ALWIN O’DONNELL

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND DISTRIBUTE FLAGS FOR ERIE COUNTY VETERAN’S GRAVES.

Funded Amount:

$3,000

Requested By:

HOYT

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION FIRST WARD AUXILIARY UNIT 1254
1 GRACE STREET
BINGHAMTON, NY 13905
(607) 797–0885

Name of Project Director:

ERIC EMERICK

Purpose of Project:

FUNDS WILL BE USED FOR REPAIRS TO THE LEGION BUILDING’S FOUNDATION. THE BUILDING IS OPEN TO THE PUBLIC FOR VARIOUS COMMUNITY EVENTS THROUGHOUT THE YEAR.

Funded Amount:

$5,400

Requested By:

LUPARDO

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION GENERAL PULASKI POST #1650, INC.
1604 BURNET AVENUE
SYRACUSE, NY 13206
(315) 472-1650

Name of Project Director:

RICHARD MURA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A NEW HVAC UNIT FOR THE AMERICAN LEGION POST. THE POST IS OPEN TO THE PUBLIC FOR VARIOUS COMMUNITY EVENTS THROUGHOUT THE YEAR.

Funded Amount:

$12,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION GRISWOLD–TERRY–GLOVER POST 803
51655 MAIN ROAD, P.O. BOX
SOUTHOLD, NY 11971
(631) 765–2276

Name of Project Director:

ROBERT A. DEVITO

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH AND COMMUNITY SERVICE PROJECTS.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION GUNTOWN POST 1554
8460 COUNTY ROUTE 27
SIDNEY CENTER, NY 13839
(607) 865-9275

Name of Project Director:

MICHAEL SPACCAFORNO

Purpose of Project:

FUNDS WILL BE USED FOR BUILDING REPAIRS TO BUILDING USED FOR COMMUNITY EVENTS.

Funded Amount:

$5,000

Requested By:

CROUCH

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION LEISURE KNOLL POST 1887
P.O. BOX 226
RIDGE, NY 11961
(631) 821−5980

Name of Project Director:

GERALD MONTELLA

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH AND COMMUNITY SERVICE PROJECTS

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION MITCHELL POST 281
1 BATEMAN ROAD, P.O. BOX 2021
SHELTER ISLAND, NY 11964
(631) 749−0738

Name of Project Director:

EDWARD CIAGLO

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH AND COMMUNITY SERVICE PROJECTS.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION NORTH ALBANY POST #1610
35 NORTH FIRST STREET
ALBANY, NY 12204
(518) 465–1402

Name of Project Director:

TOM TRACY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF WORLD WAR II MEMORIAL EVENTS.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION PEARL HARBOR MEMORIAL POST NO. 941  
P.O. BOX 654  
PORT JEFFERSON, NY 11777  
(631) 676–2429

Name of Project Director:

FRANK BELSITO

Purpose of Project:

FUNDS WILL BE USED TO CREATE A MEMORIAL WALKWAY AT CALVERTON NATIONAL CEMETERY TO BE UTILIZED BY FAMILY AND FRIENDS OF DECEASED VETERANS FOR REFLECTION, AS WELL AS EDUCATION OF THE PUBLIC.

Funded Amount:

$5,000

Requested By:

ALESSI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION POST 1664
752 E. MARKET STREET
NIAGARA FALLS, NY 14305
(716) 284-7279

Name of Project Director:

THOMAS ETOPIO

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF A NEW FURNACE AT THE FACILITY WHERE VARIOUS COMMUNITY EVENTS ARE HELD THROUGHOUT THE YEAR.

Funded Amount:

$10,000

Requested By:

DELMONTE

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION POST 1711
3123 NORTH JERUSALEM AVENUE
LEVITTOWN, NY 11756
(516) 731–9114

Name of Project Director:

ANDY BOOTH

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF COMMUNITY PROGRAMS.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION POST 1880– LEISURE VILLAGE
P.O. BOX 108
RIDGE, NY 11961
(631) 821–2599

Name of Project Director:

CHARLES SAGAR

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH AND COMMUNITY SERVICE PROJECTS.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION POST 294
5480 AVON–EAST AVON ROAD, P.O. BOX 132
AVON, NY 14414
(585) 226–2750

Name of Project Director:

EUGENE T. SMITH

Purpose of Project:

FUNDS WILL BE USED FOR FLAG HOLDERS FOR CEMETERIES.

Funded Amount:

$2,000

Requested By:

BURLING

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION RIVERHEAD POST 273
89 HUBBARD AVENUE
RIVERHEAD, NY 11901
(631) 727–4330

Name of Project Director:

LAWRENCE I. JUDD

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH AND COMMUNITY SERVICE PROJECTS.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION VESTAL POST 89
118 SOUTH JENSEN ROAD
VESTAL, NY 13850
(607) 797−2290

Name of Project Director:

DEBORAH SMALLCOMB

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A MORE ENERGY EFFICIENT MAIN DOOR FOR POST 89. THIS BUILDING IS OPEN TO THE PUBLIC FOR VARIOUS COMMUNITY EVENTS THROUGHOUT THE YEAR.

Funded Amount:

$7,000

Requested By:

LUPARDO

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION VOORHEESVILLE POST #1493
31 VOORHEESVILLE AVENUE, P.O. BOX 72
VOORHEESVILLE, NY 12186
(518) 528−4971

Name of Project Director:

JOHN LAWRENCE

Purpose of Project:

FUNDS WILL BE USED TO INSTALL A NEW KITCHEN IN THE POST, WHERE VARIOUS COMMUNITY EVENTS ARE HELD THROUGHOUT THE YEAR.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMERICAN LEGION−O'LEO CURTISS POST #830
2589 YOUNGSTOWN LOCKPORT ROAD
RANSOMVILLE, NY   14131
(716) 791−3639

Name of Project Director:

JOSEPH FIGURA

Purpose of Project:

FUNDS WILL BE USED TO MAKE LAVATORIES WHEELCHAIR AND HANDICAP ACCESSIBLE. THE POST PROVIDES VARIOUS COMMUNITY EVENTS THROUGHOUT THE YEAR.

Funded Amount:

$10,000

Requested By:

DELMONTE

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

AMVETS–HAMMOND–BIGGS POST 111, INC.
15 CEDAR AVENUE
PATCHOGUE, NY 11772
(631) 475–1721

Name of Project Director:

GEORGE WILSON

Purpose of Project:

FUNDS WILL BE USED TO REPLACE A FENCE AT THE POST, WHERE VARIOUS COMMUNITY EVENTS ARE HELD THROUGHOUT THE YEAR.

Funded Amount:

$5,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

ARTHUR S. MORAN POST NO. 66
P.O. BOX 81
CAMDEN, NY 133316
(315) 245–1799

Name of Project Director:

ANDREW PHILPOTT

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE BASEMENT INTO AN OFFICE FOR LEGION AND COMMUNITY USE.

Funded Amount:

$10,000

Requested By:

TOWNSEND

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

BLACK VETERANS FOR SOCIAL JUSTICE, INC.
665 WILLOUGHBY AVENUE
BROOKLYN, NY 11206
(718) 852–6004

Name of Project Director:

JOB MASHARIKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES TO HOMELESS VETERANS.

Funded Amount:

$5,000

Requested By:

TOWNS

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

CANASTOTA OVERSEAS VETERANS’ ASSOCIATION, INC.
P.O. BOX 104, 3835 EAST CANAL ROAD
CANASTOTA, NY 13032
(315) 697–5105

Name of Project Director:

WILLIAM H. YORTON

Purpose of Project:

FUNDS WILL BE USED FOR THE PAVING OF THE FACILITY’S PARKING LOT, APPROX 33,400 SQUARE FEET, IN ORDER TO MAKE THE PARKING AREA SAFE FOR COMMUNITY USE.

Funded Amount:

$10,000

Requested By:

MAGEE

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

CATHOLIC WAR VETERANS OF THE USA, INC.
#870 ST. SEBASTIAN'S POST, 39–46 61ST STREET
WOODSIDE, NY  11377
(718) 476–8539

Name of Project Director:

GERALD F. OLT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE WREATHS FOR WAR MONUMENTS IN
THE WOODSIDE COMMUNITY, AND TO PROVIDE SERVICES TO WAR
VETERANS ON A NON–SECTARIAN BASIS.

Funded Amount:

$1,000

Requested By:

MARKEY

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

CITY OF MOUNT VERNON
ONE ROOSEVELT SQUARE
MOUNT VERNON, NY 10550
(914) 665−2319

Name of Project Director:

WILL DUBOSE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE PROJECT GOLD STAR MOTHERS MONUMENT TO HONOR THE MOTHERS OF FALLEN SOLDIERS.

Funded Amount:

$10,000

Requested By:

PRETLOW

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

CO-OP CITY POST 108, AMERICAN LEGION
135 EINSTEIN LOOP, ROOM 41
BRONX, NY 10475
(718) 320–8165

Name of Project Director:

BENJAMIN J. WRIGHT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE BENEFITS INFORMATION TO LOCAL VETERANS, AS WELL AS FOR OTHER COMMUNITY ACTIVITIES.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

CORPORAL ALLEN F. KIVLEHAN KOREAN WAR VETERANS ASSOCIATION, INC.
56 BOYCE AVENUE
STATEN ISLAND, NY 10306
(718) 667−8052

Name of Project Director:

GEORGE PARSONS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH HONOR GUARD EQUIPMENT AND UPKEEP OF THE MEMORIAL.

Funded Amount:

$1,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

DISABLED AMERICAN VETERANS
200 ATLANTIC AVENUE
LYNGBROOK, NY 11563
(516) 887−7100

Name of Project Director:

DENNIS KRULDER

Purpose of Project:

FUNDS WILL BE USED TO AID IN PURCHASING VANS FOR DISABLED AMERICAN VETERANS TO TRANSPORT TO VA HOSPITALS WITHIN NEW YORK STATE.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

DISABLED AMERICAN VETERANS
79 MIDDLEVIEW ROAD
NORTHPORT, NY 11768
(631) 924–6676

Name of Project Director:

DENNIS KRULDER

Purpose of Project:

FUNDS WILL BE USED TO TRANSPORT DISABLED AMERICAN VETERANS TO AND FROM VA HOSPITALS AND CLINICS WITHIN NEW YORK STATE.

Funded Amount:

$5,000

Requested By:

ALESSI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

DISABLED AMERICAN VETERANS, CHAPTER 166
222 RICHMOND AVENUE, ROOM 102
BATAVIA, NY 14020
(585) 297–1170

Name of Project Director:

PAUL F. GAYLORD, NDER

Purpose of Project:

FUNDS WILL BE USED FOR A WHEELCHAIR ACCESSIBLE VAN.

Funded Amount:

$5,000

Requested By:

BURLING

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

DONALD PUGLIESE MEMORIAL AMVETS POST #48, LTD.
115 CHURCH STREET
RONKONKOMA, NY 11779
(631) 588–8608

Name of Project Director:

EDWARD TELLER

Purpose of Project:

FUNDS WILL BE USED TOWARD THE SPONSORING OF DANCES, PARADES, PICNICS AND SHOWS TO HONOR VETERANS.

Funded Amount:

$3,000

Requested By:

FIELDS

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

ENDICOTT UNION HOME ASSOCIATION (POST 82)
1305 W. RIVERVIEW DRIVE
ENDICOTT, NY 13760
(607) 785–2611

Name of Project Director:

WILLIAM CROWN

Purpose of Project:

FUNDS WILL BE USED FOR ROOF REPAIRS ON POST 82 TO ENSURE SAFETY OF THE STRUCTURE. THE POST IS OPEN TO THE PUBLIC FOR VARIOUS COMMUNITY EVENTS THROUGHOUT THE YEAR.

Funded Amount:

$5,000

Requested By:

LUPARDO

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

FATHER EDWARD J. GIORGIO, POST 689, CATHOLIC WAR VETERANS, INC.
638 LORIMER STREET
BROOKLYN, NY 11211
(718) 383–8485

Name of Project Director:

PAUL D’ELIA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SEMINARS AND EVENING DISCUSSIONS ON ISSUES IMPACTING VETERANS, AND FOR GREATER COMMUNITY OUTREACH TO VETERANS. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

LENTOL

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

GLOVERSVILLE VETERANS OF FOREIGN WARS POST 2077
18–20 THIRD AVENUE
GLOVERSVILLE, NY 12078
(518) 725–5922

Name of Project Director:

RALPH VANALSTYNE, SR.

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH MAKING RESTROOM AND BUILDING ENTRANCE HANDICAPPED ACCESSIBLE, WHICH IS USED BY COMMUNITY GROUPS,

Funded Amount:

$4,500

Requested By:

BUTLER–M

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:
GREENPOINT MEMORIAL PARADE COMMITTEE
519 LEONARD STREET
BROOKLYN, NY 11222
(718) 389–9853

Name of Project Director:
JIM FEITH

Purpose of Project:
FUNDS WILL BE USED TO OFFSET COSTS OF THE GREENPOINT MEMORIAL PARADE, AND FOR OUTREACH PROGRAMS.

Funded Amount:
$3,000

Requested By:
LENTOL

Name of Administering State Agency:
DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

J.W.V. LIPSKY–BLUM POST
139–16 28TH ROAD
FLUSHING, NY 11354
(718) 353–7838

Name of Project Director:

BENJAMIN SINGER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COMMUNITY OUTREACH AS WELL AS OTHER PROGRAMS AND SERVICES, INCLUDING VISITS TO VETERANS WHO ARE IN HOSPITALS OR NURSING HOMES.

Funded Amount:

$1,000

Requested By:

CARROZZA

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

JEWISH WAR VETERANS POST #655
79 ESTATE DRIVE
JERICHO, NY 11753
(516) 942-3327

Name of Project Director:

LARRY SKLAR

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SOCIAL PROGRAMMING ACTIVITIES FOR VETERANS PARTICIPATING IN WORK TRAINING PROGRAMS AT THE NORTHPORT VA HOSPITALS.

Funded Amount:

$1,500

Requested By:

SCHIMEL

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

JEWISH WAR VETERANS POST #655
79 ESTATE DRIVE
JERICHO, NY 11753
(516) 942−3327

Name of Project Director:

LARRY SKLAR

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS TO AID MILITARY MEMBERS.

Funded Amount:

$1,000

Requested By:

MCKEVITT

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

JEWISH WAR VETERANS POST #655
79 ESTATE DRIVE
JERICHO, NY 11753
(516) 942–3327

Name of Project Director:

LARRY SKLAR

Purpose of Project:

FUNDS WILL BE USED TO SEND GIFT PACKAGES TO SOLDIERS STATIONED AROUND THE GLOBE, ORGANIZE BBQS FOR THE VETERANS AND SUPPORT VETERANS PROGRAMS AT NORTHPORT VA HOSPITAL.

Funded Amount:

$2,000

Requested By:

WALKER

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

KNIGHTS OF COLUMBUS JOSEPH BARRY COUNCIL NO. 2520
45 HEITZ PLACE
HICKSVILLE, NY 11801
(516) 938–8323

Name of Project Director:

VINCENT T. DISANTO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT VARIOUS PROGRAMS INCLUDING THE DISTRIBUTION OF FOOD BASKETS TO NEEDY FAMILIES.

Funded Amount:

$2,000

Requested By:

WALKER

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

LT. BERNARD H. WEINER POST NO. 258
P.O. BOX 241
ROCKAWAY PARK, NY  11694
(718) 318−2790

Name of Project Director:

HAROLD ARNOW

Purpose of Project:

FUNDS WILL BE USED FOR LANDSCAPING, REPAIR AND MAINTENANCE OF THE WATER SYSTEM, PLANTING AND UPKEEP OF THE FLOWER BEDS, UPKEEP AND REPLACEMENT OF FLAGS, AND REPAIR AND MAINTENANCE OF THE PLAQUE AREA IN THE MEMORIAL CIRCLE.

Funded Amount:

$2,500

Requested By:

PHEFFER

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

MID-ISLAND LODGE NO. 828 KNIGHTS OF PYTHIAS
2 SWIRL LANE
LEVITTOWN, NY 11756
(516) 731–5498

Name of Project Director:

HERB GOLD

Purpose of Project:

FUNDS WILL BE USED FOR ASSISTING THE ORGANIZATION IN VARIOUS ALTRUISTIC PROGRAMS INCLUDING TOYS FOR TOTS, LOCAL HOSPITAL VISITS, DRUG AND ALCOHOL COUNSELING.

Funded Amount:

$3,000

Requested By:

WALKER

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

NATHANIEL ADAMS BLANCHARD POST NO. 1040 OF THE AMERICAN LEGION
16 WEST POPLAR DRIVE
DELMAR, NY 12054
(518) 439–9819

Name of Project Director:

LOUIS UNRIGHT

Purpose of Project:

FUNDS WILL BE USED TO MAKE ENERGY EFFICIENT IMPROVEMENTS AND
REPAIRS TO THE POST, WHICH IS OPEN TO THE COMMUNITY FOR VARIOUS
EVENTS THROUGHOUT THE YEAR.

Funded Amount:

$5,000

Requested By:

GORDON−T

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

NEW YORK MCL FOUNDATION, INC.
46 ONTARIO AVENUE
STATEN ISLAND, NY 10301
(718) 447–2306

Name of Project Director:

DENNIS TOBIN

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF A MILITARY TRUCK, WHICH WILL BE USED TO TRANSPORT DISABLED VETERANS TO PARADES AND CEREMONIES.

Funded Amount:

$3,000

Requested By:

CUSICK

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

ONONDAGA COUNTY VETERANS COUNCIL, INC.
P.O. BOX 1743
SYRACUSE, NY 13201
(315) 437–5890

Name of Project Director:

JOHN LAMANNA

Purpose of Project:

FUNDS WILL BE USED TO HOLD THE ANNUAL VETERAN’S DAY PARADE AND CEREMONY IN DOWNTOWN SYRACUSE. THIS EVENT WILL BRING VISITORS TO DOWNTOWN BUSINESSES.

Funded Amount:

$20,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

ORANGE COUNTY VETERANS SERVICE AGENCY
111 CRAIGVILLE ROAD
GOSHEN, NY 10924
(845) 291–2470

Name of Project Director:

ANTHONY ZIPPO

Purpose of Project:

FUNDS WILL BE USED FOR REQUIRED EDUCATIONAL TRAINING.

Funded Amount:

$3,000

Requested By:

CALHOUN

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

ORANGE COUNTY VETERANS SERVICE AGENCY
111 GRAIGVILLE ROAD
GOSHEN, NY 10924
(845) 291–2470

Name of Project Director:

TONY ZIPPO

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATION FOR VETS.

Funded Amount:

$3,800

Requested By:

RABBITT

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

ORLEANS COUNTY JOINT VETERANS COUNCIL
13996 ROUTE 31
ALBION, NY 14411
(585) 589–3219

Name of Project Director:

PAUL FULCOMER

Purpose of Project:

FUNDS WILL BE USED FOR A 2008 OR 2009 MINI VAN FOR TRANSPORTATION OF VETERANS TO VA MEDICAL CENTERS.

Funded Amount:

$2,000

Requested By:

HAWLEY

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

PECONIC COMMUNITY COUNCIL, INC.
554 EAST MAIN STREET, SUITE 303
RIVERHEAD, NY 11901
(631) 727–6831

Name of Project Director:

DENIS YUEN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A PASSENGER VAN TO TRANSPORT HOMELESS VETERANS ON LONG ISLAND TO SHELTERS WITHIN NEW YORK STATE.

Funded Amount:

$5,000

Requested By:

ALESSI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

PFC FREDERICK HECHT POST #425, INC.
P.O. BOX 122
SPRING VALLEY, NY  10977
(845) 357–2990

Name of Project Director:

BILL FARBER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HYGIENE KITS FOR HOSPITALIZED VETERANS AND FOR U.S. TROOPS AS THEY ARE DEPLOYED.

Funded Amount:

$2,500

Requested By:

ZEBROWSKI–K

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

RIVERHEAD COMBINED VETERANS
223 MAPLE ROAD
WADING RIVER, NY 11792
(631) 987-3319

Name of Project Director:

EUGENE MCSHERRY

Purpose of Project:

FUNDs WILL BE USED TO REPAIR A FACILITY, AS WELL AS TO REPAIR THE BRICKWORK OF THE WORLD WAR II MEMORIAL.

Funded Amount:

$15,000

Requested By:

ALESSI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

SHAWAMGA MOUNTAIN POST 4947
P.O. BOX 410
WURTSBORO, NY  12790
(845) 800−0343

Name of Project Director:

DANIEL CASTEEL

Purpose of Project:

FUNDS WILL BE USED TOWARD THE CREATION OF A COMPUTER LAB.

Funded Amount:

$1,500

Requested By:

GUNTHER−A

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

SMITH WEVER AMERICAN LEGION POST #651
23 FOSTER AVENUE
SAYVILLE, NY 11782
(631) 244–3559

Name of Project Director:

FRANK J. CIULLA

Purpose of Project:

FUNDS WILL BE USED TO DESIGN AND INSTALL A MONUMENT TO HONOR THE VETERANS FROM ALL WARS AND CONFLICTS, TO BE LOCATED ON THE POST PROPERTY.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

STEPHENTOWN VETERANS OF THE AREA
P.O. BOX 612
STEPHENTOWN, NY 12168
(518) 270–2760

Name of Project Director:

ROBERT REITER

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$5,000

Requested By:

MCDONALD

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

TORDICK DIEDERICH DUFFIELD POST 4927 – VETERANS OF FOREIGN WARS
31 HORSEBLOCK ROAD
CENTEREACH, NY 11720
(631) 585–7390

Name of Project Director:

DENNIS SULLIVAN

Purpose of Project:

FUNDS WILL BE USED TO REPLACE THE CURRENT TABLES AND CHAIRS. THE POST IS OPEN TO THE COMMUNITY FOR VARIOUS EVENTS THROUGHOUT THE YEAR.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

UNITED VETERANS ORGANIZATION
74 SHAW DRIVE
NORTH MERRICK, NY  11566
(516) 546–4272

Name of Project Director:

JOSEPH REALE

Purpose of Project:

FUNDS WILL BE USED TO ASSIST HOMELESS VETERANS BY PROVIDING FOOD, CLOTHING AND COUNSELING.

Funded Amount:

$2,000

Requested By:

LAVINE

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VETERANS CARE PACKAGE PROJECT
26 BAY STREET, P.O. BOX 541
SAG HARBOR, NY 11963
(631) 725-4629

Name of Project Director:

RALPH FICORELLI

Purpose of Project:

FUNDS WILL BE USED FOR A COMMUNITY PROJECT.

Funded Amount:

$1,000

Requested By:

THIELE

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VETERANS OF FOREIGN WARS POST #917
2435 SENECA AVENUE
NIAGARA FALLS, NY  14305
(716) 990−5753

Name of Project Director:

CHRISTOPHER DIDONNA

Purpose of Project:

FUNDS WILL BE USED TO MAINTAIN EQUIPMENT FOR THE JUNIOR MILITARY LEAGUE CADETS.

Funded Amount:

$4,000

Requested By:

DELMONTE

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VETERANS OF LANSINGBURGH, INC.
777 1ST AVENUE
TROY, NY 12182
(518) 233−8656

Name of Project Director:

LISA HIGGITT

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FLAGS FOR CEMETERY DISTRIBUTION, INCLUDING PARADE EXPENSES FOR MEMORIAL DAY.

Funded Amount:

$5,000

Requested By:

GORDON−T

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VFW FRONTIERSMEN POST #7545
P.O. BOX 263
TONAWANDA, NY  14151
(716) 693–2791

Name of Project Director:

BEN WOJTAS

Purpose of Project:

Funds will be used to undertake building renovations, including new insulation and siding. This facility is used throughout the year by the community for programs and events that are open to the general public.

Funded Amount:

$30,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

  VFW GREENVILLE MEMORIAL POST NO. 3175
  1316 U.S. HIGHWAY #6
  PORT JERVIS, NY  12771
  (845) 856–2114

Name of Project Director:

  FRANK LAMANDO JR.

Purpose of Project:

  FUNDS WILL BE USED FOR BUILDING REPAIRS ON THE FACILITY, WHERE VARIOUS COMMUNITY EVENTS TAKE PLACE THROUGHOUT THE YEAR.

Funded Amount:

  $5,000

Requested By:

  GUNTHER–A

Name of Administering State Agency:

  DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VFW POST 6249 – FISCHER–HEWINS POST, INC.
P.O. BOX 1106
ROCKY POINT, NY 11778
(631) 744–9106

Name of Project Director:

ROBERT WARD

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH TO EDUCATE THE COMMUNITY ABOUT LOCAL VETERANS.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VFW POST 6249 – FISCHER−HEWINS POST, INC.
P.O. BOX 1106
ROCKY POINT, NY 11778
(631) 744−9106

Name of Project Director:

ROBERT WARD

Purpose of Project:

FUNDS WILL BE USED FOR MAINTENANCE AND REVITALIZATION OF VETERAN’S MEMORIAL PARK IN THE ROCKY POINT BUSINESS DISTRICT.

Funded Amount:

$2,000

Requested By:

ALESSI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VFW–BERNARD J. COLEMAN POST #2565
102–17 160TH AVENUE
HOWARD BEACH, NY  11414
(718) 835–3690

Name of Project Director:

PATRICK G. CONNOLLY

Purpose of Project:

FUNDS WILL BE USED TO HELP DEFRAY THE GENERAL OPERATING EXPENSES OF THE POST, AND/OR FOR THE PURCHASE OF EQUIPMENT AND/OR SERVICES FOR VETERANS. COMMUNITY EVENTS ARE HELD AT THE POST THROUGHOUT THE YEAR.

Funded Amount:

$2,500

Requested By:

PHEFFER

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VICTOR MURTHA POST 972
164 WASHINGTON BOULEVARD, P.O. BOX 97
LONG BEACH, NY 11561
(516) 431-5192

Name of Project Director:

JOHN RADIN, SR.

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF BRICKS TO CREATE THE WALK OF HONOR, A TRIBUTE TO VETERANS AND THEIR FAMILIES.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VIETNAM VETERANS OF AMERICA #82
469 NORTH BROOM AVENUE
LINDENHURST, NY 11757
(631) 957−4984

Name of Project Director:

JOE INGINO

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS TO HELP VIETNAM VETERANS.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VIETNAM VETERANS OF AMERICA CHAPTER 82  
P.O. BOX 412  
HICKSVILLE, NY 11802  
(516) 483–3113

Name of Project Director:

CONRAD STEERS

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC OPERATIONS.

Funded Amount:

$4,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VIETNAM VETERANS OF AMERICA–QUEENS CHAPTER #32
88–61 76TH AVENUE
GLENDALE, NY 11385
(718) 830–0037

Name of Project Director:

PAT TORO, JR.

Purpose of Project:

Funds will be used to assist veterans by establishing a resource center, and working with veterans suffering from post traumatic stress disorder.

Funded Amount:

$3,000

Requested By:

MARKEY

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VIETNAM VETERANS OF AMERICA–QUEENS CHAPTER #32
88–61 76 AVENUE
GLENDALE, NY  11385
(718) 830–0037

Name of Project Director:

PAT TORO, JR.

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE BENEFITS COUNSELING TO VETERANS AND TO COVER OPERATING EXPENSES SUCH AS RENT, ETC.

Funded Amount:

$1,500

Requested By:

LAFAYETTE

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VIETNAM VETERANS OF AMERICA–QUEENS CHAPTER #32
88–61 76TH AVENUE
GLENDALE, NY 11385
(718) 830–0037

Name of Project Director:

PAT TORO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH PROVIDING RECREATIONAL PROGRAMS TO DISABLED VETERANS.

Funded Amount:

$1,000

Requested By:

CARROZZA

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VIETNAM VETERANS OF AMERICA–QUEENS CHAPTER #32
88–61 76TH AVENUE
GLENDALE, NY  11385
(718) 830–0037

Name of Project Director:

PAT TORO, JR.

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE BENEFITS COUNSELING TO VETERANS AND TO COVER OPERATING EXPENSES SUCH AS RENT, ETC.

Funded Amount:

$3,000

Requested By:

PHEFFER

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VIETNAM VETERANS OF AMERICA, CHAPTER 193
53 WEST MAIN STREET
LEROY, NY 14482
(585) 768–4410

Name of Project Director:

PAUL DAMRAU

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A LAPTOP COMPUTER.

Funded Amount:

$1,000

Requested By:

HAWLEY

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VIETNAM VETERANS OF AMERICA, INC.
86–61 76TH AVENUE
GLENDALE, NY 11385
(718) 830–0037

Name of Project Director:

PAT TORO

Purpose of Project:

FUNDS WILL BE USED TO ORGANIZE THE QUEENS VIETNAM VETERANS’ PARTICIPATION IN THE MEMORIAL DAY PARADE.

Funded Amount:

$2,000

Requested By:

HEVESI

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VIETNAM VETERANS OF AMERICA, INC.–CENTRAL NEW YORK CHAPTER #103
P.O. BOX 675
LIVERPOOL, NY 13088
(315) 458–1323

Name of Project Director:

RON FAIRBANKS

Purpose of Project:

FUNDS WILL BE USED FOR REPLACEMENT TENT, SLABWOOD, LOGS, FUEL, SOUND SYSTEM, HONOR GUARD FOR PARADES, FUNERALS AND COMMUNITY EVENTS, REPLACEMENT COSTS FOR UNIFORMS, FLAGS AND MISCELLANEOUS SUPPLIES, BOOTH BROCHURES, PAMPHLETS, EDUCATIONAL HANDOUTS FOR VISITING VETS, LAWN SIGNS ADVERTISING EVENTS, AND REPLACEMENT BANNER WITH CHAPTER NAME AND LOGO FOR USE AT EVENTS.

Funded Amount:

$10,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

VIETNAM VETERANS OF NASSAU COUNTY CHAPTER 82
P.O. BOX 412
HICKSVILLE, NY 11802
(516) 483-3113

Name of Project Director:

CONNIE STEARS

Purpose of Project:

FUNDS WILL BE USED FOR TRANSPORTATION AND OTHER EXPENSES RELATED TO CARE AND PROGRAMS.

Funded Amount:

$2,000

Requested By:

WALKER

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

WEST ISLIP POST NO. 1738
340 UNION BOULEVARD
WEST ISLIP, NY 11795
(631) 422−1738

Name of Project Director:

KEVIN CRUNLISH

Purpose of Project:

FUNDS WILL BE USED TO INSTALL A NEW KITCHEN SYSTEM IN A BUILDING USED BY COMMUNITY GROUPS.

Funded Amount:

$7,500

Requested By:

BOYLE

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

WOUNDED WARRIORS DISABLED SPORTS PROJECTS
P. O. BOX 778
RENSSELAER, NY 12144
(518) 598-1279

Name of Project Director:

MARY ELLEN WHITNEY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A "LEARN TO SKI" REHABILITATION WEEKEND EVENT FOR WOUNDED VETERANS OF THE IRAQ WAR.

Funded Amount:

$5,000

Requested By:

GORDON-T

Name of Administering State Agency:

DIVISION OF VETERANS’ AFFAIRS
Legal Name, Address, and Telephone Number:

82ND STREET ACADEMICS
81–10 35TH AVENUE
JACKSON HEIGHTS, NY  11372
(718) 446–0690

Name of Project Director:

SHANNON HAPPY

Purpose of Project:

FUNDS WILL BE USED FOR THE PRE–SCHOOL PROGRAM, INCLUDING RECREATIONAL ACTIVITIES AND SUPPLIES.

Funded Amount:

$3,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

82ND STREET ACADEMICS
81–10 35TH AVENUE
JACKSON HEIGHTS, NY 11372
(718) 205–2300

Name of Project Director:

SHANNON HAPPY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOUTH WITH A SUITABLE LEARNING ENVIRONMENT TO ENABLE THEM TO MAXIMIZE THEIR LEARNING EXPERIENCE THROUGH WORKSHOPS AND TOOLS.

Funded Amount:

$2,000

Requested By:

PERALTA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

A DIFFERENT WAY IN READING CENTER
139 RIVERSIDE AVENUE
SCOTIA, NY 12302
(518) 377–5387

Name of Project Director:

KATHY JENSEN

Purpose of Project:

FUNDS WILL BE USED TO OFFER STUDENTS WHO HAVE DYSLEXIA OR RELATED READING DIFFICULTIES A WRITING AND LANGUAGE PROGRAM.

Funded Amount:

$10,000

Requested By:

TEDISCO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

A LIVING MEMORIAL TO THE HOLOCAUST MUSEUM OF JEWISH HERITAGE
36 BATTERY PLACE
NEW YORK, NY 10280
(212) 968–1800

Name of Project Director:

DAVID MARWELL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT COLLECTION, CATALOGING, PRESERVING, RESEARCHING, SECURING AND INTERPRETING HISTORICAL MATERIALS THAT COMPRISE THE MUSEUM’S COLLECTION.

Funded Amount:

$100,000

Requested By:

CYMBROWITZ–S, FARRELL, JR, SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ABRAHAM LINCOLN BRIGADE ARCHIVES
799 BROADWAY, SUITE 341
NEW YORK, NY 10003
(212) 674–5398

Name of Project Director:

ANNE TAIBLESON

Purpose of Project:

FUNDS WILL BE USED FOR A SERIES OF FREE PUBLIC READINGS AND COLLOQUIA ENTITLED THE ARCHIVES COME ALIVE.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ACADEMY OF AMERICAN STUDIES HIGH SCHOOL
28–01 41ST AVENUE
LONG ISLAND CITY, NY  11101
(718) 361–8786

Name of Project Director:

ELLEN SHERMAN

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER–SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ACADEMY OF FINANCE & ENTERPRISE
30-20 THOMSON AVENUE
LONG ISLAND CITY, NY 11101
(718) 389-3623

Name of Project Director:

GILBERTO VEGA

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER-SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL'S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ADVENTURE GAME, INC.
61 O'NEIL STREET
KINGSTON, NY  12401
(845) 340–9880

Name of Project Director:

ISAAC SHAW

Purpose of Project:

Funds will be used to offset costs associated with enrichment programming for school children, which provides a different approach to learning by using arts/music to teach.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AFTER−SCHOOL CORPORATION
1440 BROADWAY, 16TH FLOOR
NEW YORK, NY  10018
(646) 943–8700  Ext: 8701

Name of Project Director:

LUCY N. FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED FOR LEADERSHIP TRAINING INCLUDING, JOB PLACEMENT AND SUPERVISED LEARNING ACTIVITIES THAT ENHANCE STUDENT EDUCATION AT IS 73 AND PS 229 IN QUEENS.

Funded Amount:

$5,000

Requested By:

MARKEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AFTER–SCHOOL CORPORATION
1440 BROADWAY, 16TH FLOOR
NEW YORK, NY 10018
(646) 943–8700

Name of Project Director:

LUCY N. FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SUPERVISED LEARNING ACTIVITIES, LEADERSHIP TRAINING AND JOB PLACEMENT ASSISTANCE IN A HIGH QUALITY AFTER SCHOOL PROGRAM THAT ENHANCES EDUCATIONAL OPPORTUNITIES FOR YOUNG PEOPLE IN THE BRONX.

Funded Amount:

$5,000

Requested By:

GREENE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AFTER–SCHOOL CORPORATION
1440 BROADWAY 16TH FLOOR
NEW YORK, NY 10018
(646) 943–8700

Name of Project Director:

LUCY N. FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AFTER SCHOOL PROGRAMS TO CHILDREN IN THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

BENEDETTO

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

AFTER–SCHOOL CORPORATION
1440 BROADWAY, 16TH FLOOR
NEW YORK, NY  10018
(646) 943–8700

Name of Project Director:

LUCY FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED BY THE AFTER SCHOOL CORPORATION TO SUPPORT AFTER SCHOOL PROGRAMS AT PS 125, PS 163, PS 84, AND PS 36.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AFTER-SCHOOL CORPORATION  
1440 BROADWAY 16TH FLOOR  
NEW YORK, NY  10018  
(646) 943-8756

Name of Project Director:

JONATHAN RHOADS

Purpose of Project:

FUNDS WILL BE USED FOR AN ENHANCEMENT TO THE AFTER-SCHOOL PROGRAM CURRENTLY OPERATING AT MS 216.

Funded Amount:

$5,000

Requested By:

LANCMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AGUDATH ISRAEL OF AMERICA COMMUNITY SERVICES, INC.
42 BROADWAY, 14TH FLOOR
NEW YORK, NY 10004
(212) 797–9000

Name of Project Director:

DAVID SEEVE

Purpose of Project:

FUNDS WILL BE USED TO DISSEMINATE INFORMATION REGARDING RELEVANT LAWS, RULES, AND REGULATIONS TO APPROXIMATELY 300 NON–PUBLIC SCHOOLS VIA WORKSHOPS, TRAINING, AND INDIVIDUAL ASSISTANCE. SERVICES ARE AVAILABLE ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AGUDATH ISRAEL OF AMERICA COMMUNITY SERVICES, INC.
42 BROADWAY
NEW YORK, NY 10004
(212) 797–9000

Name of Project Director:

DAVID SEEVE

Purpose of Project:

FUNDS WILL BE USED TO DISSEMINATE CURRENT INFORMATION REGARDING RELEVANT LAWS, RULES AND REGULATIONS, AND DEADLINES TO APPROXIMATELY 300 NON–PUBLIC SCHOOLS VIA WORKSHOPS, TRAINING, AND INDIVIDUAL ASSISTANCE TO SCHOOL ADMINISTRATORS AND EDUCATIONAL PERSONNEL. SERVICES ARE AVAILABLE ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

JACOBS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AGUDATH ISRAEL OF AMERICA COMMUNITY SERVICES, INC.
4520 18TH AVENUE
BROOKLYN, NY  11204
(718) 382−7500

Name of Project Director:

SCHMUEL LEFKOWITZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE INFORMATIONAL SERVICES TO ALL NON−PUBLIC SCHOOLS REGARDING RELEVANT LAWS, RULES AND REGULATIONS, DEADLINES, AND AVAILABLE FUNDING VIA WORKSHOPS, TRAINING AND INDIVIDUAL ASSISTANCE. SERVICES ARE AVAILABLE ON A NON−SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AGUDATH ISRAEL OF AMERICA COMMUNITY SERVICES, INC.
42 BROADWAY, 14TH FLOOR
NEW YORK, NY 10004
(212) 797-9000

Name of Project Director:

RABBI DAVID SEEVE

Purpose of Project:

FUNDS WILL BE USED TO DISSEMINATE CURRENT INFORMATION REGARDING RELEVANT LAWS, RULES AND REGULATIONS TO APPROXIMATELY 300 NON-PUBLIC SCHOOLS VIA WORKSHOPS, TRAINING AND INDIVIDUAL ASSISTANCE. SERVICES ARE AVAILABLE ON A NON-SECTARIAN BASIS.

Funded Amount:

$12,000

Requested By:

COLTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AGUDATH ISRAEL OF AMERICA, INC.
42 BROADWAY, 14TH FLOOR
NEW YORK, NY 10004
(212) 797-9000

Name of Project Director:

DAVID SEEVE

Purpose of Project:

FUNDS WILL BE USED TO EXPAND A PROGRAM OF IDENTIFYING AND WORKING WITH STUDENTS WHO ARE AT RISK OF DROPPING OUT OF SCHOOL. FUNDS WILL ALSO BE USED TO TRAIN VOLUNTEERS, WORK WITH EDUCATORS, CONDUCT PARENTING SEMINARS AND EXPAND BIG BROTHER/SISTER PILOT PROGRAM.

Funded Amount:

$50,000

Requested By:

HIKIND, SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AGUDATH ISRAEL OF AMERICA, INC.
42 BROADWAY, 14TH FLOOR
NEW YORK, NY 10004
(212) 797−9000

Name of Project Director:

DAVID SEEVE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES FOR COMMUNITY AND CHILDREN INCLUDING HELP WITH PREPARING TAP, PELL GRANTS, AND OTHER COLLEGE GRANT APPLICATIONS, AS WELL AS OBTAINING INFORMATION FOR STATE AND CITY UNIVERSITIES WHEN APPLYING TO COLLEGE. SERVICES ARE AVAILABLE ON A NON−SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

ABBATE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AGUDATH ISRAEL OF AMERICA, INC.
42 BROADWAY, 14TH FLOOR
NEW YORK, NY  10004
(212) 797–9000

Name of Project Director:

RABBI DAVID SEEVE

Purpose of Project:

FUNDS WILL BE USED TO DISSEMINATE CURRENT INFORMATION REGARDING RELEVANT LAWS, RULES AND REGULATIONS TO APPROXIMATELY 300 NON–PROFIT SCHOOLS VIA NEWSLETTERS AND WORKSHOPS. SERVICES ARE AVAILABLE ON A NON–SECTARIAN BASIS.

Funded Amount:

$7,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AGUDATH ISRAEL OF AMERICA, INC.
42 BROADWAY, 14TH FLOOR
NEW YORK, NY  10004
(212) 797−9000

Name of Project Director:

DAVID SEEVE

Purpose of Project:

FUNDS WILL BE USED TO DISSEMINATE CURRENT INFORMATION REGARDING RELEVANT LAWS, RULES AND REGULATIONS, DEADLINES AND AVAILABLE FUNDING TO APPROXIMATELY 300 NON−PUBLIC SCHOOLS, VIA A NEWSLETTER. INFORMATION IS AVAILABLE ON A NON−SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

PHEFFER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ALBANY LAW SCHOOL
80 NEW SCOTLAND AVENUE
ALBANY, NY 12208
(518) 445–2351

Name of Project Director:

PATTY SALKIN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF THE WARREN M. ANDERSON LEGISLATIVE BREAKFAST SEMINAR SERIES.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ALBANY PUBLIC LIBRARY FOUNDATION, INC.
161 WASHINGTON AVENUE
ALBANY, NY 12210
(518) 427−4346

Name of Project Director:

ELISSA KANE

Purpose of Project:

FUNDS WILL BE USED FOR A TEEN AMBASSADOR PROGRAM, WHICH EMPLOYS MINORITY URBAN TEENS AT LIBRARY BRANCHES TO GIVE THEM BEGINNER WORK EXPERIENCE.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ALLEGANY PUBLIC LIBRARY
90 WEST MAIN STREET
ALLEGANY, NY 14706
(716) 373–1056

Name of Project Director:

NATE AUSTIN

Purpose of Project:

FUNDS WILL BE USED FOR NEW CARPETING.

Funded Amount:

$3,000

Requested By:

GIGLIO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ALLEN’S HILL FREE LIBRARY
3818 COUNTY ROAD 40
BLOOMFIELD, NY 14469
(585) 229–5636

Name of Project Director:

SALLY BLACKMER

Purpose of Project:

FUNDS WILL BE USED FOR LAND SURVEY AND UPDATE WATER AND SEPTIC SYSTEM.

Funded Amount:

$10,000

Requested By:

ERRIGO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ALLENDALE ELEMENTARY SCHOOL PARENT-TEACHER LEAGUE, INC.
1399 ORCHARD PARK
WEST SENECO, NY  14224
(716) 674–8395

Name of Project Director:

CAITLIN LAFFERTY

Purpose of Project:

FUNDS WILL BE USED FOR THE REPLACEMENT OF THE PLAYGROUND AT ALLENDALE ELEMENTARY SCHOOL FOR THE ENJOYMENT OF STUDENTS, AS WELL AS MEMBERS OF THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

SCHROEDER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ALLIANCE FOR COMMUNITY SERVICES, INC.
110 EAST BURNSIDE AVENUE
BRONX, NY 10453
(718) 583–1900

Name of Project Director:

LEO MARTINEZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SCHOOL SUPPLIES FOR LOCAL SCHOOLS IN THE BRONX.

Funded Amount:

$10,000

Requested By:

DIAZ–L

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ALTAMONT FREE LIBRARY ASSOCIATION
105 PARK STREET, P.O. BOX 662
ALTAMONT, NY 12009
(518) 861–7239

Name of Project Director:

DAN CAPUANO

Purpose of Project:

FUNDS WILL BE USED TO UPDATE AND IMPROVE THE CHILDREN'S SECTION WITHIN THE LIBRARY.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ALTERNATIVES FOR CHILDREN
14 RESEARCH WAY
EAST SETAUKET, NY   11733
(631) 331−6400

Name of Project Director:

DR. MARIE FICANO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MULTI−MEDIA MATERIALS THAT WILL ASSIST IN THE IMPLEMENTATION OF AN EARLY CHILDHOOD CURRICULUM, WITH THE GOAL OF PREPARING SPECIAL NEEDS CHILDREN FOR SUCCESSFUL TRANSITION INTO THEIR LOCAL SCHOOLS.

Funded Amount:

$3,500

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AMAGANSETT FREE LIBRARY
P.O. BOX 2550
AMAGANSETT, NY 11930
(631) 267–3810

Name of Project Director:

CYNTHIA YOUNG

Purpose of Project:

FUNDS WILL BE USED FOR INCREASED LIBRARY PROGRAMMING.

Funded Amount:

$1,000

Requested By:

THIELE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ANNE SULLIVAN SCHOOL (PS 238)
1633 EAST 8TH STREET
BROOKLYN, NY  11223
(718) 339−4355

Name of Project Director:

HARLA MUSOFF−WEISS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LIBRARY BOOKS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ARDSLEY EDUCATION FOUNDATION, INC.
500 FARM ROAD
ARDSLEY, NY 10502
(914) 674–1109

Name of Project Director:

CONNIE FALCONE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SMART BOARDS FOR CLASSROOM USE.

Funded Amount:

$12,000

Requested By:

BRODSKY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ARLINGTON CENTRAL SCHOOL DISTRICT
696 DUTCHESS TURNPIKE
POUGHKEEPSIE, NY 12603
(845) 486–4460

Name of Project Director:

FRANK PEPE

Purpose of Project:

FUNDS WILL BE USED FOR COMPUTERS FOR REMEDIAL CLASSES.

Funded Amount:

$10,000

Requested By:

MILLER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ART LAB, INC.
1000 RICHMOND TERRACE
STATEN ISLAND, NY 10301
(718) 447–8667

Name of Project Director:

MALISSA PRIEBE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AFFORDABLE ARTS EDUCATIONAL PROGRAMMING FOR CHILDREN AND ADULTS. FUNDS WILL ALSO BE USED TO PURCHASE SUPPLIES, FOR THE MAINTENANCE OF FACILITIES, AND STAFF SUPPORT.

Funded Amount:

$2,500

Requested By:

TITONE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ASPIRA OF NEW YORK, INC.
520 EIGHTH AVENUE, 22ND FLOOR
NEW YORK, NY 10018
(212) 564–6880

Name of Project Director:

HECTOR M. GESUALDO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE OPERATIONS OF ASPIRA, INCLUDING BUT NOT LIMITED TO THE OUTREACH AND DEVELOPMENT OF NEW CLUBS IN PUBLIC SCHOOLS LOCATED IN LOWER MANHATTAN.

Funded Amount:

$20,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AUBURN ENLARGED CITY SCHOOL DISTRICT
78 THORNTON AVENUE
AUBURN, NY 13021
(315) 255−8835

Name of Project Director:

J.D. PABIS

Purpose of Project:

FUNDS WILL BE USED FOR TURF FOR THE FOOTBALL FIELD AT HOLLAND STADIUM.

Funded Amount:

$5,000

Requested By:

FINCH

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AVERILL PARK EDUCATION FOUNDATION
P.O. BOX 56
AVERILL PARK, NY 12018
(518) 427−5588

Name of Project Director:

BRIDGET BALL SHAW

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN THE PURCHASE OF GREENHOUSE CONSTRUCTION MATERIALS.

Funded Amount:

$4,500

Requested By:

GORDON−T

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

AVIATION CAREER & TECH HIGH SCHOOL  
45–30 36TH STREET  
LONG ISLAND CITY, NY  11101  
(718) 361–2032

Name of Project Director:

EILEEN TAYLOR

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER−SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BACCALAUREATE SCHOOL OF GLOBAL STUDIES  
34–12 36TH AVENUE  
LONG ISLAND CITY, NY 11106  
(718) 361–5275

Name of Project Director:

WILLIAM STROUD

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER−SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BALDWIN SCHOOL DISTRICT
960 HASTINGS STREET
BALDWIN, NY 11510
(516) 377–9271

Name of Project Director:

DR. THOMAS CARAMORE

Purpose of Project:

FUNDS WILL BE USED FOR SMART BOARDS.

Funded Amount:

$10,000

Requested By:

BARRA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BALLSTON SPA CENTRAL SCHOOL DISTRICT
220 BALLSTON AVENUE
BALLSTON SPA, NY 12020
(518) 369–9692

Name of Project Director:

DANIEL HORNICK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TRANSPORTATION FOR STUDENTS TO THE STATE CAPITOL FOR A TOUR.

Funded Amount:

$500

Requested By:

TEDISCO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BALLSTON SPA CENTRAL SCHOOL DISTRICT
220 BALLSTON AVENUE
BALLSTON SPA, NY 12020
(518) 882-1033

Name of Project Director:

KRISTI JENSEN

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE THE PROJECT LEAD THE WAY CURRICULUM TECHNOLOGIES BUDGET AT THE HIGH SCHOOL.

Funded Amount:

$15,000

Requested By:

TEDISCO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BARD HIGH SCHOOL EARLY COLLEGE
525 EAST HOUSTON STREET
NEW YORK, NY 10002
(212) 995–8479

Name of Project Director:

MARTHA OLSON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF OPERATING EDUCATIONAL PROGRAMS AT THE EARLY COLLEGE ACADEMY, A TUITION FREE INSTITUTION, SERVING LOW-INCOME MIDDLE SCHOOL STUDENTS LIVING IN THE LOWER EAST SIDE.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BARKER FREE LIBRARY
P.O. BOX 261
BARKER, NY 14012
(716) 795–3344

Name of Project Director:

LISA THOMPSON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE DVD AND BOOKS ON CD.

Funded Amount:

$2,000

Requested By:

HAWLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BAY SHORE SCHOOL DISTRICT
393 BROOK AVENUE
BAY SHORE, NY 11706
(631) 968−1113

Name of Project Director:

EVELYN B. HOLMAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF PROMOTING AND SPONSORING THE ANNUAL ETHNIC PEN DAY, AN EVENT THAT PROMOTES AND EDUCATES THE COMMUNITY ON CULTURAL DIVERSITY AND ELIMINATES RACISM THROUGH THE ARTS.

Funded Amount:

$2,000

Requested By:

RAMOS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BAY SHORE–BRIGHTWATERS PUBLIC LIBRARY
1 SOUTH COUNTRY ROAD
BRIGHTWATERS, NY 11718
(631) 665–4350

Name of Project Director:

EILEEN KAVANAGH

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTERS AND LIBRARY EQUIPMENT.

Funded Amount:

$4,000

Requested By:

RAMOS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BAYPORT–BLUE POINT PUBLIC LIBRARY
203 BLUE POINT AVENUE
BLUE POINT, NY 11715
(631) 363–6133

Name of Project Director:

JOHN D. O’HARE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MATERIALS FOR THE CHILDREN’S DEPARTMENT.

Funded Amount:

$2,000

Requested By:

EDDINGTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BAYPORT–BLUE POINT SCHOOL DISTRICT
189 ACADEMY STREET
BAYPORT, NY 11705
(631) 472–7860

Name of Project Director:

GLEN ESCHBACH

Purpose of Project:

FUNDS WILL BE USED FOR THE SAFE DRIVING AND THE PEER LEADERSHIP PROGRAMS FOR PARENTS AND CHILDREN.

Funded Amount:

$4,000

Requested By:

EDDINGTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BAYPORT–BLUE POINT UFSD
189 ACADEMY STREET
BAYPORT, NY 11705
(631) 472–7860

Name of Project Director:

ANTHONY ANNUNZINATO

Purpose of Project:

FUNDS WILL BE USED FOR THE TEEN DRIVING PROGRAM FOR STUDENTS TO LEARN AND EXPERIENCE DRIVER TRAINING IN RECOGNIZING POTENTIAL HAZARDS THROUGH QUALIFIED INSTRUCTORS.

Funded Amount:

$2,000

Requested By:

FIELDS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BEACH CHANNEL HIGH SCHOOL
100−00 BEACH CHANNEL DRIVE
ROCKAWAY PARK, NY 11694
(718) 945−6900

Name of Project Director:

CHRIS HORN

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE TO OFFSET COSTS ASSOCIATED WITH PROVIDING FOR A JUNIOR VARSITY ROWING CREW TEAM FOR 9TH AND 10TH GRADE STUDENTS.

Funded Amount:

$5,000

Requested By:

PHEFFER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BLESSED SACRAMENT SCHOOL
830 DELAFIELD AVENUE
STATEN ISLAND, NY 10310
(718) 442–3090

Name of Project Director:

LINDA MAGNUSSON

Purpose of Project:

FUNDS WILL BE USED TO UPDATE CURRENT COMPUTERS THAT ARE USED FOR THE AFTER SCHOOL PROGRAM, WHICH IS OPEN TO THE COMMUNITY.

Funded Amount:

$4,000

Requested By:

CUSICK

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BLOCK INSTITUTE SCHOOL
376 BAY 44TH STREET
BROOKLYN, NY 11214
(718) 906–5413

Name of Project Director:

SCOTT BARKIN

Purpose of Project:

FUNDS WILL BE USED FOR AN EARLY LITERACY PROGRAM.

Funded Amount:

$3,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BLOSSOM GARDEN SCHOOL
13961 SISSION HIGHWAY
COLLINS, NY 14034
(716) 532–1004

Name of Project Director:

JAMES HALL

Purpose of Project:

FUNDS WILL BE USED FOR GED STUDY CLASSES AND PRIME TIME COMPUTER TRAINING COURSES FOR RURAL YOUTH.

Funded Amount:

$2,500

Requested By:

QUINN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
BREWSTER EDUCATIONAL FOUNDATION
P.O. BOX 320
BREWSTER, NY 10509
(845) 279–5051 Ext: 304

Name of Project Director:
NICHOLAS SIMONELLI

Purpose of Project:
FUNDS WILL BE USED FOR HIGH TECH SUPPORT/MEDIA CENTER/JV STARR INTERMEDIATE SCHOOL.

Funded Amount:
$7,000

Requested By:
BALL

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BRIARWOOD COMMUNITY FOUNDATION, INC.
139–15 PERSHING CRESCENT
BRIARWOOD, NY 11435
(718) 297–4542

Name of Project Director:

SEYMOUR SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT COMMUNITY ACTIVITIES IN THE BRIARWOOD BRANCH OF THE QUEENS BOROUGH PUBLIC LIBRARY AND AREA SCHOOLS.

Funded Amount:

$4,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BRIGHTON CENTRAL SCHOOL DISTRICT
2035 MONROE AVENUE
ROCHESTER, NY 14618
(585) 461−9670

Name of Project Director:

DR. CHRIS MANASERI

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A SUMMER READING PROGRAM FOR CHILDREN WITH LEARNING DISABILITIES.

Funded Amount:

$10,000

Requested By:

MORELLE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BRONX ARTS ENSEMBLE, INC.
80 VAN CORTLANDT PARK SOUTH, SUITE 7D–1
BRONX, NY 10463
(718) 601–7399

Name of Project Director:

WILLIAM SCRIBNER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MUSICAL INSTRUMENTS FOR SCHOOL MUSIC PROGRAMS IN NORTHWEST BRONX PUBLIC SCHOOLS.

Funded Amount:

$10,000

Requested By:

DINOWITZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BRONX COMMUNITY COLLEGE
UNIVERSITY AVENUE AT WEST 181 STREET
BRONX, NY 10453
(718) 289−5100

Name of Project Director:

ERIC MERCADO

Purpose of Project:

FUNDS WILL BE USED TO MAINTAIN THE BASEBALL FIELD AT OFFICIAL REQUIREMENTS AND PURCHASE TEAM UNIFORMS FOR VARSITY SPORTS.

Funded Amount:

$25,000

Requested By:

DIAZ−L

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKHAVEN FREE LIBRARY
273 BEAVER DAM ROAD
BROOKHAVEN, NY  11719
(631) 286–1923

Name of Project Director:

KATHLEEN SCHEIBEL

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A COMPUTER AND FOR A SOFTWARE SUBSCRIPTION FOR THE CHILDREN’S DEPARTMENT.

Funded Amount:

$1,500

Requested By:

EDDINGTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
30 LAFAYETTE AVENUE
BROOKLYN, NY 11217
(718) 636–4138

Name of Project Director:

KAREN BROOKS–HOPKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THEATRE ARTS EDUCATION PROGRAMS IN SELECTED PUBLIC SCHOOLS WITHIN BROOKLYN COMMUNITY SCHOOL BOARDS #18 AND #22.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CENTER FOR THE URBAN ENVIRONMENT, INC.
THE TENNIS HOUSE, PROSPECT PARK
BROOKLYN, NY  11215
(718) 788–8500

Name of Project Director:

SANDI D. FRANKLIN, PHD

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE 100,000 STUDENTS, PARENTS AND
TEACHERS WITH OPPORTUNITIES TO EXPLORE AND INTERACT WITH THE
URBAN ENVIRONMENT.

Funded Amount:

$4,000

Requested By:

MILLMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CENTER FOR THE URBAN ENVIRONMENT, INC.
THE TENNIS HOUSE, PROSPECT PARK
BROOKLYN, NY 11215
(718) 788−8500

Name of Project Director:

AISHA BROWN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ENVIRONMENTAL EDUCATION PROGRAMS IN SELECTED PUBLIC SCHOOLS IN BROOKLYN COMMUNITY SCHOOL BOARDS #18 AND #22.

Funded Amount:

$5,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CENTER FOR THE URBAN ENVIRONMENT, INC.
THE TENNIS HOUSE, PROSPECT PARK
BROOKLYN, NY 11215
(718) 788–8500

Name of Project Director:

AISHA BROWN GLOVER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ENVIRONMENTAL EDUCATION PROGRAMS IN SELECTED ELEMENTARY SCHOOLS.

Funded Amount:

$7,500

Requested By:

JACOBS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
BROOKLYN CENTER FOR THE URBAN ENVIRONMENT, INC.
TENNIS HOUSE, PROSPECT PARK
BROOKLYN, NY 11215
(718) 788–8500

Name of Project Director:
SANDI FRANKLIN

Purpose of Project:
FUNDS WILL BE USED TO DELIVER HANDS–ON EDUCATION WORKSHOPS,
AS WELL AS IN–STATE TOURS TO STUDENTS AND RESIDENTS
THROUGHOUT BROOKLYN.

Funded Amount:
$1,500

Requested By:
MAISEL

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CENTER FOR THE URBAN ENVIRONMENT, INC.
THE TENNIS HOUSE, PROSPECT PARK
BROOKLYN, NY 11215
(718) 788–8500

Name of Project Director:

SANDI D. FRANKLIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE CENTER’S EDUCATIONAL URBAN ENVIRONMENT PROGRAMS.

Funded Amount:

$2,000

Requested By:

ORTIZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CENTER FOR THE URBAN ENVIRONMENT, INC.
TENNIS HOUSE, PROSPECT PARK
BROOKLYN, NY  11215
(718) 788–8500

Name of Project Director:

SANDI D. FRANKLIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ENVIRONMENTAL EDUCATION PROGRAMS TO BROOKLYN RESIDENTS.

Funded Amount:

$2,500

Requested By:

JEFFRIES

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN’S MUSEUM CORP.
145 BROOKLYN AVENUE
BROOKLYN, NY  11213
(718) 735−4406

Name of Project Director:

CAROL ENSECKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR CHILDREN VISITING THE MUSEUM AND IN CLASSROOMS.

Funded Amount:

$1,500

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK−KRASNY, CAMARA, COLTON, CYMBROWITZ−S, GORDON−D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ−V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN’S MUSEUM CORP.
145 BROOKLYN AVENUE
BROOKLYN, NY  11213
(718) 735−4400

Name of Project Director:

CAROL ENSEKI

Purpose of Project:

FUNDS WILL BE USED TOWARD THE BUILDING EXPANSION THAT WILL DOUBLE THE SIZE OF THE MUSEUM AND ALLOW FOR ALL NEW EXHIBITS, PROGRAMS AND AMENITIES. THE BUILDING WILL HAVE EXCITING NEW EXHIBITS, A STATE OF THE ART TECHNOLOGY CENTER, LIBRARY AND OTHER AMENITIES FOR THE VISITORS.

Funded Amount:

$3,500

Requested By:

BOYLAND

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN’S MUSEUM CORP.
145 BROOKLYN AVENUE
BROOKLYN, NY  11213
(718) 735−4406

Name of Project Director:

CAROL ENSEKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR CHILDREN VISITING THE MUSEUM AND IN CLASSROOMS.

Funded Amount:

$1,000

Requested By:

ABBAE, BOYLAND, BRENNAN, BROOK−KRASNY, CAMARA, COLTON, CYMBROWITZ−S, GORDON−D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ−V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN’S MUSEUM CORP.
145 BROOKLYN AVENUE
BROOKLYN, NY  11213
(718) 735–4406

Name of Project Director:

CAROL ENSEKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR CHILDREN VISITING THE MUSEUM, AND IN CLASSROOMS.

Funded Amount:

$1,458

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN’S MUSEUM CORP.
145 BROOKLYN AVENUE
BROOKLYN, NY 11213
(718) 735-4400

Name of Project Director:

CAROL ENSEKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR CHILDREN VISITING THE MUSEUM, AS WELL AS IN THEIR CLASSROOMS.

Funded Amount:

$1,500

Requested By:

MILLMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN’S MUSEUM CORP.
145 BROOKLYN AVENUE
BROOKLYN, NY 11213
(718) 735–4406

Name of Project Director:

CAROL ENSECKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR CHILDREN VISITING THE MUSEUM AND IN CLASSROOMS.

Funded Amount:

$1,510

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK–KRASNY, CAMARA, COLTON, CYMBROWITZ–S, GORDON–D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ–V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN’S MUSEUM CORP.
145 BROOKLYN AVENUE
BROOKLYN, NY 11213
(718) 735−4406

Name of Project Director:

CAROL ENSECKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR CHILDREN VISITING THE MUSEUM, AND IN CLASSROOMS.

Funded Amount:

$3,500

Requested By:

JACOBS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN’S MUSEUM CORP.
145 BROOKLYN AVENUE
BROOKLYN, NY  11213
(718) 735–4406

Name of Project Director:

CAROL ENSECKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR CHILDREN VISITING THE MUSEUM AND IN CLASSROOMS.

Funded Amount:

$6,458

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN’S MUSEUM CORP.
145 BROOKLYN AVENUE
BROOKLYN, NY 11213
(718) 735–4406

Name of Project Director:

CAROL ENSEKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR CHILDREN VISITING THE MUSEUM AND IN CLASSROOMS.

Funded Amount:

$1,500

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK−KRASNY, CAMARA, COLTON, CYMBROWITZ−S, GORDON−D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ−V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN’S MUSEUM CORP.
145 BROOKLYN AVENUE
BROOKLYN, NY  11213
(718) 735–4406

Name of Project Director:

CAROL ENSECKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL SERVICES AND PROGRAMS FOR CHILDREN VISITING THE MUSEUM AND IN CLASSROOMS.

Funded Amount:

$1,458

Requested By:

COLTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN’S MUSEUM CORP.
145 BROOKLYN AVENUE
BROOKLYN, NY 11213
(718) 735–4406

Name of Project Director:

CAROL ENSECKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR CHILDREN VISITING THE MUSEUM AND IN CLASSROOMS.

Funded Amount:

$1,458

Requested By:

LENTOL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN’S MUSEUM CORP.
145 BROOKLYN AVENUE
BROOKLYN, NY  11213
(718) 735−4400  Ext: 135

Name of Project Director:

CAROL ENSECKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR CHILDREN VISITING THE MUSEUM AND IN CLASSROOMS.

Funded Amount:

$1,500

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN’S MUSEUM CORP.
145 BROOKLYN AVENUE
BROOKLYN, NY  11213
(718) 735–4406

Name of Project Director:

CAROL ENSEKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR CHILDREN VISITING THE MUSEUM.

Funded Amount:

$3,000

Requested By:

CAMARA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN’S MUSEUM CORP.
145 BROOKLYN AVENUE
BROOKLYN, NY  11213
(718) 735–4406

Name of Project Director:

CAROL ENSEKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR CHILDREN VISITING THE MUSEUM AND IN CLASSROOMS.

Funded Amount:

$3,500

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK−KRASNY, CAMARA, COLTON, CYMBROWITZ−S, GORDON−D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ−V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN’S MUSEUM CORP.
145 BROOKLYN AVENUE
BROOKLYN, NY  11213
(718) 735–4400

Name of Project Director:

CAROL ENSECKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND CULTURAL PROGRAMMING TO CHILDREN AND FAMILIES THROUGHOUT THE BOROUGH OF BROOKLYN.

Funded Amount:

$2,500

Requested By:

JEFFRIES

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN COLLEGE INSTITUTE FOR RETIREES
2900 BEDFORD AVENUE, 3160 BOYLAN HALL
BROOKLYN, NY 11210
(718) 951–5647

Name of Project Director:

LEE HILSENRAUTH

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS FOR OLDER ADULTS ON FIXED INCOMES.

Funded Amount:

$5,000

Requested By:

JACOBS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN EDUCATIONAL OPPORTUNITY CENTER
111 LIVINGSTON STREET
BROOKLYN, NY  11210
(718) 802−3300

Name of Project Director:

LOIS BLADES−ROSADO

Purpose of Project:

Funds will be used to provide furniture and technology equipment for adult education programs.

Funded Amount:

$5,000

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN HISTORICAL SOCIETY
128 PIERRPONT STREET
BROOKLYN, NY 11201
(718) 222-4111 Ext: 239

Name of Project Director:

DEBORAH SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HISTORY-BASED EDUCATION INITIATIVES FOR STUDENTS ACROSS BROOKLYN. THESE PROGRAMS LINK THE STUDY OF AMERICAN HISTORY TO EVENTS AND SITES IN THE STUDENTS’ OWN COMMUNITIES.

Funded Amount:

$4,250

Requested By:

BOYLAND

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN HISTORICAL SOCIETY
128 PIERREPOST STREET
BROOKLYN, NY 11201
(718) 222–4111 Ext: 239

Name of Project Director:

DEBORAH SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATION PROGRAMS COMBINING INNOVATIVE TEACHING AND LEARNING IN ARTS AND SOCIAL STUDIES CURRICULUM.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN HISTORICAL SOCIETY
128 PIERREPONT STREET
BROOKLYN, NY 11201
(718) 222–4111 Ext: 239

Name of Project Director:

DEBORAH SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATION PROGRAMS INCLUDING LONG–STANDING WORKSHOPS AND TOURS, AS WELL AS NEW PROGRAMMING SUCH AS AN AFTER SCHOOL MUSEUM STUDIES PROGRAM FOR HIGH SCHOOL STUDENTS.

Funded Amount:

$5,500

Requested By:

MILLMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN HISTORICAL SOCIETY
128 PIERRREPONT STREET
BROOKLYN, NY 11201
(718) 222–4111

Name of Project Director:

DEBORAH SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE HISTORICAL SOCIETY’S PROGRAM TO PROVIDE HISTORY–BASED EDUCATION INITIATIVES FOR STUDENTS ACROSS BROOKLYN.

Funded Amount:

$5,000

Requested By:

JACOBS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN HISTORICAL SOCIETY
128 PIERREPONT STREET
BROOKLYN, NY 11201
(718) 222-4111

Name of Project Director:

DEBORAH SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATION PROGRAMS.

Funded Amount:

$2,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN HISTORICAL SOCIETY
128 PIERREPONT STREET
BROOKLYN, NY 11201
(718) 222-4111

Name of Project Director:

DEBORAH SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TO EXPAND CURRENT EDUCATION PROGRAMS IN LOCAL SCHOOLS.

Funded Amount:

$5,000

Requested By:

LENTOL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN HISTORICAL SOCIETY  
128 PIERREPONT STREET  
BROOKLYN, NY 11201  
(718) 222–3794

Name of Project Director:

DEBORAH SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE EXPANSION OF CURRENT EDUCATION PROGRAMS PROVIDED TO THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN HISTORICAL SOCIETY
128 PIERREPOINT STREET
BROOKLYN, NY 11201
(718) 222−4111 Ext: 239

Name of Project Director:

DEBORAH SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS WHICH COMBINE INNOVATIVE TEACHING AND LEARNING IN ARTS AND SOCIAL STUDIES CURRICULUM. THESE INCLUDE LONG STANDING PROGRAMS, CURRICULUM KITS, EXHIBIT−RELATED TOURS, IN−SCHOOL PROGRAMS, AND PROFESSIONAL DEVELOPMENT WORKSHOPS.

Funded Amount:

$2,500

Requested By:

TOWNS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN INFORMATION AND CULTURE, INC.
647 FULTON STREET
BROOKLYN, NY 11217
(718) 855–7882  Ext: 17

Name of Project Director:

LESLIE G. SCHULTZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT BROOKLYN COMMUNITY ACCESS TELEVISION, WHICH PROVIDES MEDIA CLASSES TO BROOKLYN RESIDENTS.

Funded Amount:

$3,000

Requested By:

JACOBS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN MUSIC AND ARTS PROGRAM, INC.
321 ASHLAND PLACE
BROOKLYN, NY  11217
(718) 399–2300

Name of Project Director:

TYRONE BROWN

Purpose of Project:


Funded Amount:

$5,000

Requested By:

ROBINSON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN OLD TIMERS FOUNDATION, INC.
1491 PRESIDENT STREET
BROOKLYN, NY 11213
(718) 693-5689

Name of Project Director:

SYDNEY MOSHETTE

Purpose of Project:

FUNDS WILL BE USED TO HELP STUDENTS AND PARENTS BECOME FAMILIAR WITH THE FINANCIAL, AS WELL AS, ACADEMIC REQUIREMENTS FOR ACCEPTANCE AND ENROLLMENT TO COLLEGE AFTER HIGH SCHOOL GRADUATION.

Funded Amount:

$6,000

Requested By:

ROBINSON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
GRAND ARMY PLAZA
BROOKLYN, NY 11238
(718) 230–2437

Name of Project Director:

DIONNE MAK−HARVIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS AND FOR THE PROMOTION OF PROGRAMS AND EXHIBITS AT THE LIBRARY.

Funded Amount:

$1,500

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK−KRASNY, CAMARA, COLTON, CYMBROWITZ−S, GORDON−D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ−V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
10 GRAND ARMY PLAZA
BROOKLYN, NY  11238
(718) 230–2437

Name of Project Director:

DIONNE MAK–HARVIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS AND FOR THE PROMOTION OF PROGRAMS AND EXHIBITS AT THE LIBRARY.

Funded Amount:

$1,000

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK–KRASNY, CAMARA, COLTON, CYMBROWITZ–S, GORDON–D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ–V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
10 GRAND ARMY PLAZA
BROOKLYN, NY 11238
(718) 230–2437

Name of Project Director:

DIONNE MAK–HARVIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS, AND FOR THE PROMOTION OF PROGRAMS AND EXHIBITS AT THE LIBRARY.

Funded Amount:

$1,458

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
10 GRAND ARMY PLAZA
BROOKLYN, NY 11238
(718) 230−2162

Name of Project Director:

DIONNE MACK HARVIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE EDUCATION AND PROMOTION OF PROGRAMS AND EXHIBITS AT THE LIBRARY.

Funded Amount:

$1,500

Requested By:

MILLMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
10 GRAND ARMY PLAZA
BROOKLYN, NY 11238
(718) 230-2162

Name of Project Director:

DIONNE MAK-HARVIN

Purpose of Project:

FUNDS WILL BE USED FOR ON-GOING PROGRAMMING, AS WELL AS THE PURCHASE OF BOOKS AND OTHER LIBRARY MATERIALS.

Funded Amount:

$2,000

Requested By:

MILLMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
10 GRAND ARMY PLAZA
BROOKLYN, NY 11238
(718) 230–2437

Name of Project Director:

DIONNE MAK–HARVIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS, AS WELL AS FOR THE PROMOTION OF PROGRAMS AND EXHIBITS AT THE LIBRARY.

Funded Amount:

$1,458

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK–KRASNY, CAMARA, COLTON, CYMBROWITZ–S, GORDON–D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ–V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
GRAND ARMY PLAZA
BROOKLYN, NY  11238
(718) 230–2437

Name of Project Director:

DIONNE MAK–HARVIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS, AS WELL AS FOR THE PROMOTION OF PROGRAMS AND EXHIBITS AT THE LIBRARY.

Funded Amount:

$1,500

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
GRAND ARMY PLAZA
BROOKLYN, NY 11238
(718) 230–2792

Name of Project Director:

STEVEN SCHOCCHTER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SPECIAL PROGRAMS FOR CHILDREN, TEENS, AND SENIORS, PURCHASE COMPUTERS FOR USE BY CHILDREN, AND TO BUY SPECIALIZED BOOKS FOR THE LIBRARY’S COLLECTION.

Funded Amount:

$7,500

Requested By:

ROBINSON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
10 GRAND ARMY PLAZA
BROOKLYN, NY  11238
(718) 230–2162

Name of Project Director:

DIONNE MAK–HAVIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS, AS WELL AS FOR THE PROMOTION OF PROGRAMS AND EXHIBITS IN THE LIBRARY.

Funded Amount:

$1,458

Requested By:

COLTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
GRAND ARMY PLAZA
BROOKLYN, NY  11238
(718) 230–2437

Name of Project Director:

DIONNE MAK–HARVIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS AND FOR THE PROMOTION OF PROGRAMS AND EXHIBITS AT THE LIBRARY.

Funded Amount:

$1,458

Requested By:

LENTOL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
GRAND ARMY PLAZA
BROOKLYN, NY  11238
(718) 230–2091

Name of Project Director:

DIONNE MACK–HARVIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS, AS WELL AS, FOR THE PROMOTION OF PROGRAMS AND EXHIBITS AT THE LIBRARY.

Funded Amount:

$1,500

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
GRAND ARMY PLAZA
BROOKLYN, NY 11238
(718) 230-2091

Name of Project Director:

DIONNE MACK HARVIN

Purpose of Project:

FUNDS WILL BE USED FOR SEVERAL YOUTH DEVELOPMENT READING PROGRAMS WITHIN DISTRICT LIBRARIES.

Funded Amount:

$5,000

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
1 GRAND ARMY PLAZA
BROOKLYN, NY 11238
(718) 230–2738

Name of Project Director:

DIONNE MACK–HARRIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS AND FOR THE PROMOTION OF PROGRAMS AND EXHIBITS AT THE LIBRARY.

Funded Amount:

$3,000

Requested By:

CAMARA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
GRAND ARMY PLAZA
BROOKLYN, NY 11238
(718) 230–2437

Name of Project Director:

DIONNE MAK–HARVIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS, AS WELL AS FOR THE PROMOTION OF PROGRAMS AND EXHIBITS AT THE RED HOOK AND SUNSET PARK BRANCHES OF THE LIBRARY.

Funded Amount:

$1,500

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK–KRASNY, CAMARA, COLTON, CYMBROWITZ–S, GORDON–D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ–V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
GRAND ARMY PLAZA
BROOKLYN, NY 11238
(718) 230–2091

Name of Project Director:

DIONNE MACK HARVIN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMMING AND ACTIVITIES FOR YOUTH.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
10 GRAND ARMY PLAZA
BROOKLYN, NY 11238
(718) 230–2091

Name of Project Director:

DIONNE MACK HARVIN

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE COLLECTION AND MATERIALS, INCLUDING BOOKS, VIDEOS, CDS, ETC. FOR THE BAY RIDGE NEIGHBORHOOD LIBRARY LOCATED AT 7223 RIDGE BOULEVARD.

Funded Amount:

$2,500

Requested By:

HYER–SPENCER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY
GRAND ARMY PLAZA
BROOKLYN, NY 11238
(718) 230–2437

Name of Project Director:

DIONNE MAK-HIAWIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS AND FOR THE PROMOTION OF PROGRAMS AND EXHIBITS AT THE LIBRARY.

Funded Amount:

$1,000

Requested By:

BROOK-KRASNY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY FOUNDATION, INC.
10 GRAND ARMY PLAZA
BROOKLYN, NY 11238
(718) 230−2437

Name of Project Director:

DIONNE MACK−HARVIN

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE PROGRAMMING AT THE RUGBY, KINGS BAY, AND PAERDEGAT BRANCHES OF THE BROOKLYN PUBLIC LIBRARY SYSTEM, INCLUDING THE PURCHASE OF MULTICULTURAL MATERIALS.

Funded Amount:

$5,300

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY FOUNDATION, INC.
10 GRAND ARMY PLAZA
BROOKLYN, NY 11238
(718) 230–2431

Name of Project Director:

DIONNE MAK–HARVIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS, AND FOR THE PROMOTION OF PROGRAMS AND EXHIBITS AT THE LIBRARY.

Funded Amount:

$1,458

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BRUNSWICK COMMUNITY LIBRARY
605 BRUNSWICK ROAD
TROY, NY 12180
(518) 279–4028

Name of Project Director:

PATRICIA CARLSON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND SHELVING AND/OR BUILDING, AS WELL AS GROUNDS IMPROVEMENTS.

Funded Amount:

$5,000

Requested By:

GORDON–T

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BRYANT LIBRARY
2 PAPER MILL ROAD
ROSLYN, NY 11576
(516) 621−2240

Name of Project Director:

TINETTE STERLING

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE ANNUAL WILLIAM CULLEN BRYANT LECTURE SERIES.

Funded Amount:

$1,500

Requested By:

LAVINE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BUFFALO STATE COLLEGE
1300 ELMWOOD AVENUE
BUFFALO, NY 14222
(716) 878–4102

Name of Project Director:

CHARLES B. KENYON

Purpose of Project:

FUNDS WILL BE USED FOR A PILOT PROGRAM, WHICH WILL HELP TO INCREASE THE COLLEGE-GOING RATE OF STUDENTS ATTENDING BUFFALO PUBLIC SCHOOLS.

Funded Amount:

$8,000

Requested By:

HOYT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BYRON−BERGEN CENTRAL SCHOOL
6917 WEST BERGEN ROAD
BERGEN, NY 14416
(585) 494−1220  Ext: 2429

Name of Project Director:

WILLIAM SNYDER

Purpose of Project:

FUNDS WILL BE USED FOR A TURF UTILITY VEHICLE.

Funded Amount:

$4,000

Requested By:

HAWLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

BYRON–BERGEN PUBLIC LIBRARY
13 SOUTH LAKE AVENUE, P.O. BOX 430
BERGEN, NY 14416
(585) 494–1120

Name of Project Director:

NANCY BAILEY

Purpose of Project:

FUNDS WILL BE USED TO UPDATE AUDIO COLLECTION FROM VHS TO DVD.

Funded Amount:

$1,500

Requested By:

HAWLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CANISIUS COLLEGE
2001 MAIN STREET
BUFFALO, NY 14208
(716) 883-7000

Name of Project Director:

KENNETH KRULY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE OPERATION OF THE LITERACY CENTER, A COMPREHENSIVE LITERACY AND READING INSTRUCTION CENTER SERVING BOTH CHILDREN AND ADULTS IN THE CITY OF BUFFALO AND BEYOND.

Funded Amount:

$7,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CARLE PLACE UNION FREE SCHOOL DISTRICT
251 RUSHMORE AVENUE
CARLE PLACE, NY 11514
(516) 622−6410

Name of Project Director:

SUSAN FOLKSON

Purpose of Project:

FUNDS WILL BE USED FOR THE RUSHMORE SCHOOL 4TH GRADE CLASS TRIP TO ALBANY.

Funded Amount:

$3,750

Requested By:

MCKEVITT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CATTARAUGUS & WYOMING COUNTIES PROJECT HEAD START
101 SOUTH 19TH STREET
OLEAN, NY 14760
(716) 373–2447

Name of Project Director:

IRA KATZENSTEIN

Purpose of Project:

FUNDS WILL BE USED FOR BUS REPAIRS.

Funded Amount:

$5,000

Requested By:

BURLING

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CAZENOVA COLLEGE
22 SULLIVAN STREET
CAZENOVA, NY 13035
(315) 655–7000

Name of Project Director:

MATTHEW CLARK

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE LOCKER ROOM RENOVATION IN ORDER TO IMPROVE IT FOR COMMUNITY USE.

Funded Amount:

$10,000

Requested By:

MAGEE

Name of Administering State Agency:

EDUCATION DEPARTMENT
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:

$2,000

Requested By:

SCHIMEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CENTER FOR BLACK LITERATURE
1650 BEDFORD AVENUE
BROOKLYN, NY  11225
(718) 270–6976

Name of Project Director:

DR. BRENDA M. GREENE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TEACHERS AND STUDENTS WITH OPPORTUNITIES TO INTEGRATE DRAMA, POETRY, AND THE SPOKEN WORD INTO THE ENGLISH LANGUAGE ARTS CURRICULUM.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CENTER FOR JEWISH HISTORY, INC.
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 FOR THE SAMBERG FAMILY HISTORY PROGRAM, AN INTERDISCIPLINARY SUMMER EXPERIENCE FOR TEENAGERS IN NEW YORK CITY. IT CONNECTS YOUNG PEOPLE WITH THEIR HERITAGE, PROVIDING AN OPPORTUNITY FOR STUDENTS OF ALL ETHNICITIES TO LEARN ABOUT AND CELEBRATE THE IMMIGRANT EXPERIENCE IN NEW YORK CITY.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
CENTER FOR JEWISH HISTORY, INC.
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 FOR PRINTING OF STUDENT MATERIALS AND THE PURCHASE OF BOOKS, SUPPLIES AND ELECTRONIC RESOURCES FOR THE SAMBERG FAMILY HISTORY PROGRAM, A FREE INTERDISCIPLINARY SUMMER EXPERIENCE FOR TEENAGERS IN THE NEW YORK AREA THAT CONNECTS YOUNG PEOPLE WITH THEIR HERITAGE. PROGRAM IS OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:
$6,000

Requested By:
GLICK

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CENTER FOR JEWISH HISTORY, INC.
15 WEST 16TH STREET
NEW YORK, NY 10011
(212) 294−8301

Name of Project Director:

MICHAEL GLICKMAN

Purpose of Project:

FUNDS WILL BE USED FOR AN INNOVATIVE INTERDISCIPLINARY SUMMER CLASSROOM SEMINAR FOR HIGH SCHOOL STUDENTS IN THE NEW YORK AREA. THIS PROGRAM IS OPEN TO ALL STUDENTS ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

BING

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CENTER FOR LESBIAN AND GAY STUDIES
365 FIFTH AVENUE, SUITE 7115
NEW YORK, NY 10016
(212) 817–1955

Name of Project Director:

MEGAN JENKINS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF DESIGNING, PRINTING, EDITING AND MAILING NEWSLETTERS AND MEMBERSHIP MAILINGS.

Funded Amount:

$7,500

Requested By:

GLICK

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CENTER MORICHES FREE PUBLIC LIBRARY
235 MAIN STREET
CENTER MORICHES, NY 11934
(631) 878–0940

Name of Project Director:

NAN PEEL

Purpose of Project:

FUNDS WILL BE USED FOR INCREASED LIBRARY PROGRAMMING.

Funded Amount:

$1,000

Requested By:

THIELE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CENTRAL NEW YORK LIBRARY RESOURCES COUNCIL
6493 RIDINGS ROAD
SYRACUSE, NY 13206
(315) 446–5446

Name of Project Director:

PENELOPE KLEIN

Purpose of Project:

FUNDS WILL BE USED TO EXPLORE THE FEASIBILITY OF CREATING A REGIONAL, ON-LINE RESOURCE TO PROVIDE QUALITY, RELIABLE, COMMUNITY BASED CONSUMER HEALTH INFORMATION TO ALL RESIDENTS.

Funded Amount:

$10,000

Requested By:

STIRPE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CENTRAL SQUARE CENTRAL SCHOOL
642 SOUTH MAIN STREET
CENTRAL SQUARE, NY 13036
(315) 668-4220

Name of Project Director:

CAROLYN COSTELLO

Purpose of Project:

Funds will be used for security equipment for Central Square Middle School and High School.

Funded Amount:

$10,000

Requested By:

TOWNSEND

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

CENTRE AVENUE ELEMENTARY SCHOOL
55 CENTRE AVENUE
EAST ROCKAWAY, NY  11518
(516) 877–8300

Name of Project Director:

TIMOTHY SILK

Purpose of Project:

FUNDS WILL BE USED TO REBUILD THE CENTRE AVENUE PLAYGROUND
AND TO INCLUDE EQUIPMENT FOR SPECIAL EDUCATION CHILDREN OF THE
ELEMENTARY SCHOOL.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CHILD CENTER OF NEW YORK, INC.
60-02 QUEENS BOULEVARD, LOWER LEVEL
WOODSIDE, NY 11377
(718) 651–7770

Name of Project Director:

SANDRA HAGAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE 175 TEENS AN AFTER SCHOOL
PROGRAM WHICH INCLUDES: HOMEWORK HELP, TUTORING,
RECREATIONAL ACTIVITIES, AND PERFORMING ARTS. IN ADDITION SOCIAL
WORK TIME WILL BE ADDED, IN ORDER TO PROVIDE SOCIAL SKILL GROUPS
THAT WILL HELP YOUNGSTERS COPE WITH THE SOCIAL AND EMOTIONAL
STRESSES OF ADOLESCENCE.

Funded Amount:

$5,000

Requested By:

WEPRIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CHILDREN’S ENVIRONMENTAL LITERACY FOUNDATION
41 OLD LYME ROAD
CHAPPAQUA, NY  10514
(914) 238−4743

Name of Project Director:

KATIE GINSBERG

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT A PROFESSIONAL DEVELOPMENT WORKSHOP FOR K−12 TEACHERS TO PROVIDE CONTENT KNOWLEDGE, GUIDED CURRICULUM PLANNING AND STRATEGIES TO TEACH FOR SUSTAINABILITY.

Funded Amount:

$4,000

Requested By:

BRADLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CHINATOWN YMCA  
100 HESTER STREET  
NEW YORK, NY  10002  
(212) 219–8393

Name of Project Director:

HONG SHING LEE

Purpose of Project:

FUNDS WILL BE USED BY THE CHINATOWN YMCA TO PROVIDE CULTURALLY ENRICHING PROGRAMS TO COMMUNITY RESIDENTS.

Funded Amount:

$50,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CHINESE AMERICAN PARENTS ASSOCIATION, INC.
133–31 39TH AVENUE, SUITE 5
FLUSHING, NY 11354
(718) 358–5578

Name of Project Director:

PAULINE CHU

Purpose of Project:

FUNDS WILL BE USED TO FUND A SERIES OF EDUCATIONAL WORKSHOPS FOR NEW IMMIGRANT PARENTS AND THEIR CHILDREN, TO PROVIDE INFORMATION AND ASSIST IN UNDERSTANDING THE SCHOOL SYSTEM AND OTHER DIVERSE NEEDS.

Funded Amount:

$5,000

Requested By:

WEPRIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CHINESE AMERICAN PARENTS ASSOCIATION, INC.
133–31 39TH AVENUE, SUITE 5
FLUSHING, NY  11354
(718) 358–5578

Name of Project Director:

PAULINE CHU

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT A SERIES OF WORKSHOPS DESIGNED TO FAMILIARIZE PARENTS WITH THE EDUCATIONAL SYSTEM IN NEW YORK CITY.

Funded Amount:

$3,000

Requested By:

YOUNG

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
CITY UNIVERSITY OF NEW YORK–CREATIVE ARTS TEAM
101 WEST 31ST STREET, 6TH FLOOR
NEW YORK, NY 10001
(212) 652–2800

Name of Project Director:
LYNDA ZIMMERMAN

Purpose of Project:
FUNDS WILL BE USED TO SUPPORT CAT'S EDUCATION PROGRAM WHICH USES DRAMA TO HELP AT–RISK CHILDREN COPE, LEARN, AND GROW.

Funded Amount:
$5,000

Requested By:
NOLAN

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
CITY UNIVERSITY OF NEW YORK–CREATIVE ARTS TEAM
101 W. 31ST STREET, 6TH FLOOR
NEW YORK, NY  10001
(212) 652–2830

Name of Project Director:
HELEN WHEELOCK

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE PRE–SCHOOL CLASSROOMS WITH
EDUCATIONAL PROGRAMS TO INCREASE MOTOR CREATIVITY SKILLS
THROUGH DRAMATIC ACTIVITIES.

Funded Amount:
$2,000

Requested By:
GIANARIS

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CIVIC EDUCATION AND ENGAGEMENT PROJECT
158–25 89TH STREET
HOWARD BEACH, NY 11414
(888) 347–2771

Name of Project Director:

CONI BONOMO

Purpose of Project:

FUNDS WILL BE USED TO HOLD A FIVE DAY CONFERENCE AT QUEENS COLLEGE TO PREPARE TEACHERS TO INSTITUTE THE CIVIC ENGAGEMENT PROGRAM; AND TO DEVELOP A WEBSITE TO ASSIST AND PROVIDE RESOURCES FOR STUDENTS AND TEACHERS.

Funded Amount:

$7,000

Requested By:

HEVESI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CLIFTON–FINE CENTRAL SCHOOLS  
P.O. BOX 75  
STAR LAKE, NY 13690  
(315) 848–3378

Name of Project Director:

PAUL ALIOTO

Purpose of Project:

FUNDS WILL BE USED FOR EMERGENCY MANAGEMENT GUIDES.

Funded Amount:

$2,500

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CLINTON CENTRAL SCHOOL
75 CHENANGO AVENUE
CLINTON, NY 13323
(315) 853–8727

Name of Project Director:

JERRY DAWES

Purpose of Project:

FUNDS WILL BE USED FOR A SCHOOL RESOURCE OFFICER FOR CLINTON SCHOOL.

Funded Amount:

$10,000

Requested By:

TOWNSEND

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CO–OP CITY INTERGENERATION OUTREACH CENTER
135 EINSTEIN LOOP, ROOM 50
BRONX, NY  10475
(718) 320–3774

Name of Project Director:

DIANA COLE

Purpose of Project:

FUNDS WILL BE USED FOR SMALL GROUP TUTORING SESSIONS FOR
STUDENTS IN GRADE LEVELS 2–5 ON SATURDAY AFTERNOONS.

Funded Amount:

$3,000

Requested By:

BENEDETTO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CODY CARES FOR KIDS, INC.
1692 E. 45TH STREET
BROOKLYN, NY  11234
(718) 758–1090

Name of Project Director:

JACQUELINE CODY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH COLLEGE WORKSHOPS AT LOCAL HIGH SCHOOLS.

Funded Amount:

$1,500

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COL–GREENE READING COUNCIL, C/O GREEVILLE CSD
P.O. BOX 81
GREENVILLE, NY 12083
(518) 966–5190  Ext: 451

Name of Project Director:

NANCY CREMEN

Purpose of Project:

FUNDS WILL BE USED FOR LITERACY INITIATIVE PROGRAM.

Funded Amount:

$1,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COLLEGE CAREERS FUND OF WESTCHESTER, INC.
190 EAST POST ROAD, 3RD FLOOR (P.O. BOX 1530)
WHITE PLAINS, NY 10602
(914) 428–3435

Name of Project Director:

BLANCHE WALKER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE DEDICATED OUTREACH AT FOUR HIGH SCHOOLS AND COMMUNITIES IN WESTCHESTER WHERE THERE ARE SIGNIFICANT NUMBERS OF AT–RISK, LOW INCOME YOUTH WHO NEED GUIDANCE AND ASSISTANCE TO SEEK HIGHER EDUCATION.

Funded Amount:

$7,500

Requested By:

BRADLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COLLEGE OF NEW ROCHELLE
SCHOOL OF NEW RESOURCES, 755 CO–OP CITY BOULEVARD
BRONX, NY  10475
(718) 320–0300

Name of Project Director:

TERRI ABERLE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT TO ENHANCE LEARNING AND SKILL DEVELOPMENT FOR FACULTY AND ADULT STUDENTS.

Funded Amount:

$5,000

Requested By:

BENEDETTO

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

COLLEGE OF NEW ROCHELLE
13–68 FULTON STREET, 2ND FLOOR
BROOKLYN, NY 11216
(718) 638–2500

Name of Project Director:

TERRI BOYLE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TECHNOLOGY EQUIPMENT THAT WILL HELP BRIDGE THE DIGITAL DIVIDE THAT MANY LOW-INCOME ADULT STUDENTS EXPERIENCE AND TO ENSURE THAT THESE STUDENTS ARE BETTER PREPARED TO USE TECHNOLOGY.

Funded Amount:

$5,000

Requested By:

ROBINSON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COLLEGE OF STATEN ISLAND
2800 VICTORY BOULEVARD
STATEN ISLAND, NY 10314
(718) 982–2365

Name of Project Director:

THOMAS MORALES

Purpose of Project:

FUNDS WILL BE USED FOR THE RESEARCH AND PRODUCTION OF VARIOUS STATEN ISLAND STUDIES.

Funded Amount:

$3,000

Requested By:

TOBACCO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COLUMBIA UNIVERSITY
630 WEST 168TH STREET, P.O. BOX 20
NEW YORK, NY 10032
(212) 305–4511

Name of Project Director:

IRA LAMSTER

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES IN SUPPORT OF THE DENTAL CLINIC PROGRAM, WHICH CARES FOR INDIGENT PATIENTS.

Funded Amount:

$420,000

Requested By:

ABBATE, BING, BOYLAND, GLICK, GOTTFRIED, JEFFRIES, LENTOL, MARKEY, McENENY, MILLER, MILLMAN, O’DONNELL, PERALTA, PERRY, PHEFFER, REILLY, SWEENEY, YOUNG

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COLUMCILLE CULTURAL CENTER, INC.
1000 RICHMOND TERRACE, BUILDING H
STATEN ISLAND, NY 10301
(718) 667-8842

Name of Project Director:

THOMAS MANNIX

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE OPERATION AND MAINTENANCE OF THE LIBRARY, AS WELL AS TO PURCHASE AND INSTALL LIBRARY SOFTWARE.

Funded Amount:

$2,500

Requested By:

TITONE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COLUMCILLE CULTURAL CENTER, INC.
1000 RICHMOND TERRACE, BUILDING H
STATEN ISLAND, NY 10301
(718) 667–8842

Name of Project Director:

TOM MANNIX

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATING OF THE LIBRARY AND FOR THE GENELOGICAL RESEARCH SYSTEM.

Funded Amount:

$5,000

Requested By:

CUSICK

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMACK PUBLIC LIBRARY
18 HAUPPAUGE ROAD
COMMACK, NY 11725
(631) 499−0888

Name of Project Director:

LAURIE PASTORE

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$2,000

Requested By:

RAIA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMUNITY FREE LIBRARY
86 PUBLIC SQUARE
HOLLEY, NY 14470
(585) 638–6987

Name of Project Director:

SANDRA SHAW

Purpose of Project:

FUNDS WILL BE USED FOR CHILDRENS TABLES, CHAIRS AND SHELVING UNIT.

Funded Amount:

$1,500

Requested By:

HAWLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMUNITY PARENT CENTER
BROOKSIDE SCHOOL ROOM 31, 1260 MEADOWBROOK ROAD
NORTH MERRICK, NY 11566
(516) 771–9346

Name of Project Director:

MS. WENDY TEPFER

Purpose of Project:

FUNDS WILL BE USED FOR THE OPERATION OF THE CENTER AND THE PARENT EDUCATION PROGRAMS.

Funded Amount:

$5,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMUNITY PARENT CENTER
BROOKSIDE SCHOOL, ROOM 31, 1260 MEADOWBROOK ROAD
NORTH MERRICK, NY 11566
(516) 771−9346

Name of Project Director:

WENDY TEPFER

Purpose of Project:

FUNDS WILL BE USED FOR OPERATIONAL EXPENSES AND PARENT EDUCATION PROGRAMS.

Funded Amount:

$4,000

Requested By:

MCKEVITT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMUNITY SCHOOL DISTRICT #27
28–11 QUEENS PLAZA NORTH, 4TH FLOOR
LONG ISLAND CITY, NY 11101
(718) 391–8301

Name of Project Director:

MADELINE VIDA

Purpose of Project:

FUNDS WILL BE USED FOR AFTER SCHOOL PROGRAMS, SPECIAL INSTRUCTION, AND PURCHASE OF SERVICES AND/OR EQUIPMENT. EACH OF THE FOLLOWING SCHOOLS WILL RECEIVE $3,000: PS 47Q, PS 63Q, PS 64Q, PS 114Q, PS 146Q, PS 207Q, PS 225Q, PS 232Q, PS 104Q, MS 137Q, MS 202Q, MS 210Q, SCHOLARS ACADEMY, AND CHANNEL VIEW.

Funded Amount:

$42,000

Requested By:

PHEFFER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMUNITY SCHOOL DISTRICT 17/PUBLIC SCHOOL 181
1023 NEW YORK AVENUE
BROOKLYN, NY 11203
(718) 462−5298

Name of Project Director:

DR. LOWELL COLEMAN

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE ACADEMIC EXPERIENCE OF STUDENTS THROUGH THE SATURDAY ARTS PROGRAM, WHICH WILL PROVIDE EDUCATIONAL ENRICHMENT PROGRAMS FOR YOUTH, AGES 4−14.

Funded Amount:

$3,000

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
COMMUNITY SCHOOL DISTRICT 17/PUBLIC SCHOOL 398
60 EAST 94TH STREET
BROOKLYN, NY 11212
(718) 774−4466

Name of Project Director:
DIANE DANAY–CABAN

Purpose of Project:
FUNDS WILL BE USED TO PROMOTE PARENT INVOLVEMENT IN THE SCHOOL, AS WELL AS TO PURCHASE EQUIPMENT AND SUPPLIES.

Funded Amount:
$2,000

Requested By:
PERRY

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMUNITY SCHOOL DISTRICT 18/IS 211
1001 EAST 100TH STREET
BROOKLYN, NY 11236
(718) 251–4411

Name of Project Director:

BUFFY PEARL–SIMMONS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF THE MUSIC PROGRAM FOR STUDENTS AT IS 211.

Funded Amount:

$8,000

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMUNITY SCHOOL DISTRICT 18/IS 252
EAST 94TH AND LENOX ROAD
BROOKLYN, NY 11212
(718) 342–1144

Name of Project Director:

CHRISTINE MUNDEL CHANG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN AFTER SCHOOL PROGRAM FOR CHILDREN IN THE BROOKLYN COMMUNITY.

Funded Amount:

$7,500

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMUNITY SCHOOL DISTRICT 18/IS 285 – MYER LEVIN SCHOOL
5909 BEVERLY ROAD
BROOKLYN, NY 11203
(718) 481-2200

Name of Project Director:

EDWARD GENTILE

Purpose of Project:

FUNDS WILL BE USED FOR THE PERFORMING ARTS PROGRAM.

Funded Amount:

$4,500

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMUNITY SCHOOL DISTRICT 18/PS 114 – RYDER ELEMENTARY
1077 REMSEN STREET
BROOKLYN, NY 11236
(718) 257-4436

Name of Project Director:

MS. FIELDS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A COPY MACHINE AND SUPPLIES FOR THE PTA.

Funded Amount:

$4,000

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMUNITY SCHOOL DISTRICT 18/PS 219
755 EAST 100TH STREET
BROOKLYN, NY 11236
(718) 927–5150

Name of Project Director:

ANTOINETTE ADMAN

Purpose of Project:

FUNDS WILL BE USED FOR THE OPERATION OF AFTER SCHOOL PROGRAMS THAT SERVE BROOKLYN’S YOUTH.

Funded Amount:

$7,500

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMUNITY SCHOOL DISTRICT 18/PS 233
9301 AVENUE B
BROOKLYN, NY 11236
(718) 346−8103

Name of Project Director:

DEREAN STEPHENS−SPELLMAN

Purpose of Project:

Funds will be used to offset the cost of a music program for students at Public School 233.

Funded Amount:

$9,000

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMUNITY SCHOOL DISTRICT 18/PS 244 – RICHARD P. GREEN SCHOOL
5400 TILDEN AVENUE
BROOKLYN, NY 11203
(718) 346–6240

Name of Project Director:

GRACE ALESIA

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE PUBLIC ADDRESS AUDIO EQUIPMENT.

Funded Amount:

$2,500

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMUNITY SCHOOL DISTRICT 18/PS 268
133 EAST 53RD STREET
BROOKLYN, NY 11203
(718) 773–5332

Name of Project Director:

MONICA HUSBANDS

Purpose of Project:

FUNDS WILL BE USED TOWARD THE CONTINUED ADMINISTRATION OF PUBLIC SCHOOL 268’S AFTER SCHOOL PROGRAM.

Funded Amount:

$4,500

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMUNITY SCHOOL DISTRICT 22/PS 269
1957 NOSTRAND AVENUE
BROOKLYN, NY 11210
(718) 941–2800

Name of Project Director:

PHYLLIS CORBIN

Purpose of Project:

FUNDS WILL BE USED TO ADMINISTER ALL FACETS OF THE LIBRARY PROGRAM THAT SERVE PUBLIC SCHOOL 269 STUDENTS.

Funded Amount:

$5,000

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COMMUNITY WORKS, INC.
55 WEST END AVENUE
NEW YORK, NY  10023
(212) 459–1857

Name of Project Director:

BARBARA HOROWITZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE INNOVATIVE PUBLIC ARTS EDUCATION PROGRAMMING TO APPROXIMATELY 200,000 STUDENTS IN PUBLIC SCHOOLS.

Funded Amount:

$5,000

Requested By:

TITUS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CONNETQUOT CENTRAL SCHOOL DISTRICT
780 OCEAN AVENUE
BOHEMIA, NY 11716
(631) 244−2215

Name of Project Director:

DR. ALAN GROVEMAN

Purpose of Project:

FUNDS WILL BE USED FOR THE TEEN DRIVING PROGRAM FOR STUDENTS TO LEARN AND EXPERIENCE DRIVER TRAINING IN RECOGNIZING POTENTIAL HAZARDS THROUGH QUALIFIED INSTRUCTORS.

Funded Amount:

$4,000

Requested By:

FIELDS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CORDELLO AVENUE SCHOOL
51 CORDELLO AVENUE
CENTRAL ISLIP, NY 11722
(631) 348−4191

Name of Project Director:

ADAM FRANKEL

Purpose of Project:

FUNDS WILL BE USED FOR RENOVATION OF THE SCHOOL PLAYGROUND FOR CHILDREN OF THE COMMUNITY.

Funded Amount:

$10,000

Requested By:

RAMOS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CORFU FREE LIBRARY
P.O. BOX 419
CORFU, NY 14036
(585) 599–3321

Name of Project Director:

STACEY ANDERSON

Purpose of Project:

FUNDS WILL BE USED FOR LIBRARY MATERIALS.

Funded Amount:

$1,500

Requested By:

HAWLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CORONA EAST ELMHURST LIBRARY ACTION COMMITTEE
100–01 NORTHERN BOULEVARD
CORONA, NY 11368
(718) 651–1100 Ext: 210

Name of Project Director:

ANDREW JACKSON

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE AFTER SCHOOL HOMEWORK ASSISTANCE PROGRAM PRIMARILY TOWARD THE CONTINUATION OF THE MATH CLINIC FOR 1ST−7TH GRADE STUDENTS.

Funded Amount:

$11,000

Requested By:

AUBRY

Name of Administering State Agency:

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

CORONA EAST ELMHURST LIBRARY ACTION COMMITTEE  
100–01 NORTHERN BOULEVARD  
CORONA, NY  11368  
(718) 651–1100

**Name of Project Director:**

ANDREW JACKSON

**Purpose of Project:**

FUNDS WILL BE USED TO REPLENISH THE BLACK HERITAGE LIBRARY COLLECTION.

**Funded Amount:**

$25,000

**Requested By:**

AUBRY

**Name of Administering State Agency:**

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COUNCIL FOR UNITY, INC.
50 BROADWAY, SUITE 1503
NEW YORK, NY  10004
(212) 701−9440

Name of Project Director:

ROBERT DESENA

Purpose of Project:

FUNDS WILL BE USED TO IMPLEMENT SCHOOL−BASED PROGRAMS THROUGHOUT NEW YORK CITY IN AN EFFORT TO PROMOTE UNITY AND SAFETY IN SCHOOLS AND COMMUNITIES, WHICH WILL INCLUDE PROGRAMS THAT FOCUS ON ISSUES AND CONCERNS RESULTING FROM THE EVENTS OF 9/11.

Funded Amount:

$150,000

Requested By:

CAMARA, COLTON, GOTTFRIED, LAFAYETTE, LANCMAN, MILLMAN, NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COUNCIL FOR UNITY, INC.
50 BROADWAY, SUITE 1503
NEW YORK, NY 10004
(212) 701−9440

Name of Project Director:

LISA WRIGHT

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE COUNCIL’S PROGRAMS FOR AT RISK YOUTH WITH THE GOALS OF REDUCING VIOLENCE AND DELINQUENT BEHAVIOR IN SCHOOL AND INCREASING ATTENDANCE AT COMPLETION OF SCHOOL.

Funded Amount:

$5,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COUNCIL OF URBAN INVESTORS INSTITUTE
C/O ECHO AND GREEN, 494 8TH AVENUE, 2ND FLOOR
NEW YORK, NY 10001
(646) 285–0754

Name of Project Director:

CHLOE DREW

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH AN EDUCATIONAL CONFERENCE WHOSE PURPOSE IS TO EMPOWER PEOPLE OF COLOR TO OPEN BUSINESSES AND BE LEADERS IN THE COMMUNITY. FUNDS WILL ALSO BE USED TO PURCHASE MATERIALS, SUPPLIES, AND OTHER COSTS ASSOCIATED WITH A TWO DAY AD PREP SESSION.

Funded Amount:

$10,000

Requested By:

DIAZ–R

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COUNCIL OF URBAN INVESTORS INSTITUTE
494 8TH AVENUE, 2ND FLOOR
NEW YORK, NY  10001
(646) 285–0753

Name of Project Director:

EDWARD RODRIGUEZ

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE COLLEGE READINESS OF LOW–INCOME STUDENTS IN NEW YORK CITY. FUNDS WILL ALSO BE USED FOR THE CUP FELLOWS PROGRAM, WHICH TRAINS AND DEVELOPS MINORITY CIVIC LEADERS IN NEW YORK CITY.

Funded Amount:

$5,000

Requested By:

POWELL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COUNCIL OF URBAN PROFESSIONALS
666 THIRD AVENUE
NEW YORK, NY  10017
(646) 285–0754

Name of Project Director:

CHLOE DREW

Purpose of Project:

FUNDS WILL BE USED FOR COLLEGE READINESS PROGRAMS FOR LOW-INCOME STUDENTS OF COLOR, PROGRAM OF EMPOWERMENT OF COMMUNITY BUSINESS LEADERS, EMPOWERMENT OF THE NEXT GENERATION LEADERS.

Funded Amount:

$8,000

Requested By:

CAMARA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COUNCIL OF URBAN PROFESSIONALS
C/O ECHOING GREEN 494 8TH AVENUE
NEW YORK, NY 10001
(646) 285–0754

Name of Project Director:

CHLOE DREW

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE NEW YORK CITY HIGH SCHOOL STUDENTS FREE PREPARATORY CLASSES AND FOR TEST–TAKING SKILLS.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

COUNCIL OF URBAN PROFESSIONALS
494 EIGHTH AVENUE, 2ND FLOOR
NEW YORK, NY 10001
(646) 285–0754

Name of Project Director:

EDWARD RODRIGUEZ

Purpose of Project:

FUNDS WILL BE USED TO HELP CREATE NEW OPPORTUNITIES FOR MINORITY AND WOMEN OWNED FIRMS, AS WELL AS TO EMPOWER INDIVIDUALS AND BUSINESSES TO CREATE WEALTH IN OUR ECONOMY THROUGH EDUCATIONAL PROGRAMS.

Funded Amount:

$5,000

Requested By:

TOWNS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CUNY DOMINICAN STUDIES INSTITUTE
CCNY, CONVENT AVENUE AT 138TH STREET, NAC4–107
NEW YORK, NY 10031
(212) 650–7496

Name of Project Director:

DR. RAMONA HERNANDEZ

Purpose of Project:

FUNDS WILL BE USED TO FACILITATE STUDENT/TEACHER EXCHANGES IN DOMINICAN STUDIES. FUNDS WILL ALSO BE USED TO SUPPORT THE CASA DUARTE PROJECT.

Funded Amount:

$100,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

CUTCHOGUE FREE LIBRARY
P.O. BOX 935
CUTCHOGUE, NY 11935
(631) 734–6360

Name of Project Director:

ELIZABETH BURNS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FURNITURE AND EQUIPMENT FOR THE NEWLY CONSTRUCTED MEETING ROOM FOR THE BENEFIT OF LEARNING AND MEETING SPACE FOR THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

ALESSI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

DEER PARK PUBLIC LIBRARY
441 LAKE AVENUE
DEER PARK, NY 11729
(631) 586–3000

Name of Project Director:

GAIL PEPA

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$2,000

Requested By:

RAIA

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

DEER PARK UNION FREE SCHOOL DISTRICT
ONE FALCON PLACE
DEER PARK, NY 11729
(631) 254–0237

Name of Project Director:

TAMMY COTONE

Purpose of Project:

FUNDS WILL BE USED FOR MARCHING BAND GENERAL OPERATIONS.

Funded Amount:

$1,500

Requested By:

RAIA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

DELAWARE COMMUNITY SCHOOL PTA
43 BERTHA STREET
ALBANY, NY 12209
(518) 475–6750

Name of Project Director:

JACKIE PAREDES

Purpose of Project:

Funds will be used to purchase equipment for a playground at the Delaware Community School.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

DOBBS FERRY SCHOOLS FOUNDATIONS, INC.
505 BROADWAY
DOBBS FERRY, NY 10522
(914) 674−0901

Name of Project Director:

KAREN ENGELMANN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CLASSROOMS WITH SIX SMART BOARDS.

Funded Amount:

$15,000

Requested By:

BRODSKY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

DOLL AND TOY MUSEUM OF NEW YORK CITY
157 MONTAGUE STREET, 4TH FLOOR
BROOKLYN, NY 11201
(718) 243-0820

Name of Project Director:

MARLENE HOCHMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT LIBRARY PARTNERSHIPS AND DEVELOP A TOY INVENTION PROGRAM.

Funded Amount:

$2,500

Requested By:

MILLMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

DOMINICAN STUDIES INSTITUTE AT THE CITY COLLEGE
THE CITY COLLEGE OF NEW YORK, 160 CONVENT AVENUE, NAC 4−107
NEW YORK, NY  10031
(212) 650−7496

Name of Project Director:

DR. RAMONA HERNANDEZ

Purpose of Project:

FUNDS WILL BE USED TO CREATE THE FIRST WEBSITE−INFORMATION RESOURCE SPECIALIZING IN THE HISTORY OF THE FIRST BLACK AFRICANS THAT WERE TRANSPORTED TO THE AMERICAS.

Funded Amount:

$10,000

Requested By:

WRIGHT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

DR. SUN YAT SEN MIDDLE SCHOOL 131M
100 HESTER STREET
NEW YORK, NY 10002
(212) 925-6386

Name of Project Director:

DENNIS LEE

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTERS FOR CLASSROOMS.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EAGLE ACADEMY FOR YOUNG MEN
244 EAST 163RD STREET
BRONX, NY  10451
(718) 410–4091

Name of Project Director:

DAVID BANKS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE EXPENSE OF A COMMUNITY SERVICE, VOLUNTEER, AND LEADERSHIP PROGRAM FOR 9TH TO 12TH GRADE STUDENTS SEEKING COLLEGE.

Funded Amount:

$20,000

Requested By:

BENJAMIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EARLY STAGES PROGRAM, INC.
410 WEST 42ND STREET, SUITE 4E2
NEW YORK, NY 10036
(212) 541–8755

Name of Project Director:

JACKIE PINE

Purpose of Project:

FUNDS WILL BE USED FOR AN INNOVATIVE CURRICULUM THAT ALIGNS WITH THE NYC DOE ARTS, USING THE ART OF STORYTELLING TO HELP YOUNG STUDENTS BUILD ARTS AND LITERACY SKILLS, AND TO HELP THE STUDENTS PARTICIPATE IN WORLD FOLKLORE TRADITIONS IN TWELVE ELEMENTARY SCHOOLS.

Funded Amount:

$60,000

Requested By:

WEPRIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EAST ELEMENTARY PARENT TEACHER ORGANIZATION
1397 ORCHARD PARK ROAD
WEST SENECA, NY  14224
(716) 289–3456

Name of Project Director:

MARK BEEHLER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EQUIPMENT FOR THE PLAYGROUND AT EAST ELEMENTARY SCHOOL, WHICH WILL BE USED BY THE ENTIRE COMMUNITY.

Funded Amount:

$5,000

Requested By:

SCHROEDER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EAST GREENBUSH CENTRAL SCHOOL DISTRICT
29 ENGLEWOOD AVENUE
EAST GREENBUSH, NY  12061
(518) 477−2755  Ext: 131

Name of Project Director:

DR. ANGELA M. GUPTILL

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A COMMUNICATION SYSTEM FOR THE BUSES SO THEY WILL BE EQUIPPED WITH DEVICES THAT HAVE THE CAPABILITY OF NOTIFYING ADMINISTRATION, POLICE, AND EMERGENCY RESPONSE TEAMS IN AN EVENT OF AN EMERGENCY.

Funded Amount:

$10,000

Requested By:

CANESTRARI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EAST HAMPTON LIBRARY
159 MAIN STREET
EAST HAMPTON, NY 11937
(631) 324-0222

Name of Project Director:

DIANA DEICHERT

Purpose of Project:

FUNDS WILL BE USED FOR INCREASED LIBRARY PROGRAMMING.

Funded Amount:

$1,000

Requested By:

THIELE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EAST IRONDEQUOIT CENTRAL SCHOOL DISTRICT
600 PARDEE ROAD
ROCHESTER, NY  14609
(585) 339–1250

Name of Project Director:

MIRYAM MATULIC–KELLER

Purpose of Project:

Funds will be used to obtain additional literature and resources to promote education and understanding of the global community.

Funded Amount:

$10,000

Requested By:

MORELLE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EAST MEADOW PUBLIC LIBRARY
1886 FRONT STREET
EAST MEADOW, NY 11554−1700
(516) 794−2570

Name of Project Director:

JUDE SCHANZER

Purpose of Project:

FUNDS WILL BE USED FOR A CONCERT SERIES.

Funded Amount:

$5,000

Requested By:

HOOPER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EAST NEW YORK DEVELOPMENT CORPORATION
2644 ATLANTIC AVENUE, 4TH FLOOR
BROOKLYN, NY 11207
(718) 566-2129

Name of Project Director:

ISRAEL VELAZQUEZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE SCHOOL'S LONG AWAITED MARCHING BAND UNDER THE LEADERSHIP OF A RENOWNED DRUM MAJOR.

Funded Amount:

$5,000

Requested By:

TOWNS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EAST RIVER DEVELOPMENT ALLIANCE, INC.
12–11 40TH AVENUE
LONG ISLAND CITY, NY 11101
(718) 784–0877

Name of Project Director:

DEBRA–ELLEN GLICKSTEIN

Purpose of Project:

FUNDS WILL BE USED FOR AN EDUCATIONAL PROGRAM PROVIDING EARLY COLLEGE AWARENESS ACTIVITIES AND INITIATIVES FOR STUDENTS FROM PUBLIC ELEMENTARY SCHOOLS AND PUBLIC HOUSING DEVELOPMENTS IN NORTHWESTERN QUEENS ($41,000) AND FOR COLLEGE PREPARATION ACTIVITIES ($34,000).

Funded Amount:

$72,500

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EAST ROCHESTER UNION FREE SCHOOL DISTRICT
222 WOODBINE AVENUE
EAST ROCHESTER, NY  14445
(585) 248–6302

Name of Project Director:

HOWARD MAFFUCCI

Purpose of Project:

FUNDS WILL BE USED TO DESIGN AND IMPLEMENT A WIRELESS BROADBAND NETWORK THAT SUPPORTS LEARNING, SAFETY AND COMMUNICATION. IT WILL FACILITATE THE INSTALLATION OF AN INDUSTRY–STANDARD WIRELESS BROADBAND NETWORK IN THE DISTRICT, WHICH WILL ALLOW FOR DELIBERATE STUDY AND PLANNING.

Funded Amount:

$50,000

Requested By:

KOON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EAST ROCKAWAY SCHOOL DISTRICT
OCEAN AVENUE
EAST ROCKAWAY, NY 11518
(516) 887−8300  Ext: 523

Name of Project Director:

DR. ROSEANNE C. MELUCCI

Purpose of Project:

FUNDS WILL BE USED FOR SMART BOARDS.

Funded Amount:

$10,000

Requested By:

BARRA

Name of Administering State Agency:

EDUCATION DEPARTMENT
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:

JOANNE GERENSER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND SUPPLIES FOR AN AFTER SCHOOL PROGRAM FOR CHILDREN WITH AUTISM. FUNDS WILL BE USED FOR THE GENERAL OPERATING COSTS OF THIS PROGRAM.

Funded Amount:

$5,000

Requested By:

TITONE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EDEN II SCHOOL FOR AUTISTIC CHILDREN, INC.
150 GRANITE AVENUE
STATEN ISLAND, NY 10303
(516) 937−1397  Ext: 222

Name of Project Director:

DR. JOANNE GERENSER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MATERIALS AND SUPPLIES NEEDED FOR JOB TRAINING FOR STUDENTS WITH AUTISM.

Funded Amount:

$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EDGEMONT UNION FREE SCHOOL DISTRICT
300 WHITE OAK LANE
SCARSDALE, NY  10583
(914) 472−7768

Name of Project Director:

NANCY TADDIKEN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE PROJECTORS AND SCREENS FOR THE SCHOOL DISTRICT’S AUDITORIUM.

Funded Amount:

$15,000

Requested By:

BRODSKY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EDUCATION THROUGH MUSIC, INC.
122 EAST 42ND STREET, SUITE 1501
NEW YORK, NY 10168
(212) 972−4788

Name of Project Director:

KATHERINE DAMKOHLER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SCHOOLS IN THE BRONX WITH WEEKLY,
YEARLONG MUSIC INSTRUCTION FOR EVERY CHILD.

Funded Amount:

$15,000

Requested By:

RIVERA−N

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ELBA CENTRAL SCHOOL
57 SOUTH MAIN STREET, P.O. BOX 370
ELBA, NY 14058
(585) 757−9964  Ext: 1034

Name of Project Director:

JOAN M. COLE

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF MOBILE VIDEO−CONFERENCING/DISTANT LEARNING HARDWARE.

Funded Amount:

$5,000

Requested By:

HAWLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ELMONT UNION FREE SCHOOL DISTRICT
135 ELMONT ROAD
ELMONT, NY 11003
(516) 326-5500

Name of Project Director:

AL HARPER

Purpose of Project:

FUNDS WILL BE USED FOR MENTORS AND LEADERS AND TECHNOLOGY.

Funded Amount:

$30,000

Requested By:

ALFANO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ELWOOD PUBLIC LIBRARY
3027 JERICHO TURNPIKE
ELWOOD, NY 11731
(631) 499–3722

Name of Project Director:

MICHAEL SQUILLANTE

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$2,000

Requested By:

RAIA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EPIC – EVERY PERSON INFLUENCES CHILDREN, INC.
461 VIOLA ROAD
SPRING VALLEY, NY 10977
(845) 352–9105

Name of Project Director:

PHYLLIS EIG

Purpose of Project:

FUNDS WILL BE USED TO EXPAND EARLY LITERACY WORKSHOPS TO SPANISH SPEAKING PARENTS.

Funded Amount:

$2,500

Requested By:

ZEBROWSKI–K

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

EPIC – EVERY PERSON INFLUENCES CHILDREN, INC.
461 VIOLA ROAD
SPRING VALLEY, NY  10977
(845) 352–9105

Name of Project Director:

PHYLLIS EIG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A BILINGUAL WORKSHOP SERIES FOR PARENTS OF YOUNG CHILDREN IN ORDER TO INCREASE LITERACY AMONG CHILDREN OF NON–ENGLISH SPEAKING PARENTS.

Funded Amount:

$2,000

Requested By:

JAFFEE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FAMILY SERVICE 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:

$5,000

Requested By:

SCHIMEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FIFTH AVENUE COMMITTEE, INC.
621 DEGRAW STREET
BROOKLYN, NY 11217
(718) 624-3475

Name of Project Director:

CHRISTINA CURRAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TUTORING IN MATH AND WRITING FOR ADULT STUDENTS WHO PLAN TO ENROLL IN COLLEGE. GED AND UPPER LEVEL ESOL STUDENTS WILL BE TARGETED AND WORKSHOPS IN MATH/ALGEBRA SKILLS AND ESSAY WRITING WILL BE AVAILABLE, AS WELL AS FINANCIAL AID, THE COLLEGE APPLICATION PROCESS AND CUNY VISITS.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FINGER LAKES COMMUNITY COLLEGE
4355 LAKE SHORE DRIVE
CANANDAIGUA, NY 14424
(585) 394−3500 Ext: 7201

Name of Project Director:

BARBARA RISSER

Purpose of Project:

FUNDS WILL BE USED FOR FINGER LAKES MANUFACTURING ENTERPRISE−WORKFORCE DEVELOPMENT.

Funded Amount:

$15,000

Requested By:

KOLB

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FINKELSTEIN MEMORIAL LIBRARY
24 CHESTNUT STREET
SPRING VALLEY, NY  10977
(845) 352–5700

Name of Project Director:

ROBERT S. DEVINO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN OFFSITE BOOK DROP, AND BOOK LOCKERS TO RESIDENTS IN WESLEY HILLS WHO COMMUTE FARTHER TO THE FINKELSTEIN MEMORIAL LIBRARY, BUT ARE WITHIN THE SERVICE AREA.

Funded Amount:

$5,000

Requested By:

JAFFEE, ZEBROWSKI–K

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FINKELSTEIN MEMORIAL LIBRARY
24 CHESTNUT STREET
SPRING VALLEY, NY 10977
(845) 352−5700

Name of Project Director:

ROBERT DEVINO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE BOOK DROPS AND INSTALL THEM IN NEIGHBORHOODS THAT ARE GEOGRAPHICALLY ISOLATED FROM THE LIBRARY.

Funded Amount:

$5,000

Requested By:

JAFFEE, ZEBROWSKI−K

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

FLORAL PARK BELLE ROSE SCHOOL DISTRICT
ONE POPPY PLACE
FLORAL PARK, NY 11001
(516) 327–9300

Name of Project Director:

DR. LYNN POMBONYO

Purpose of Project:

FUNDS WILL BE USED FOR MENTORS AND LEADERS AND PROGRAMMING.

Funded Amount:

$10,000

Requested By:

ALFANO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FORDHAM BEDFORD CHILDRENS SERVICES
2751 GRAND CONCOURSE
BRONX, NY 10468
(718) 733–2557

Name of Project Director:

JOHN GARCIA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE ESL PROGRAM, INCLUDING HIRING THREE ESL INSTRUCTORS, AND FOR THE PURCHASE OF TEXTBOOKS FOR STUDENTS.

Funded Amount:

$10,000

Requested By:

RIVERA–J

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FORT GEORGE COMMUNITY ENRICHMENT CENTER, INC.
1525 SAINT NICOLAS AVENUE
NEW YORK, NY 10033
(212) 927–2210

Name of Project Director:

CAROLYN WILLIAMS

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE AND ENCOURAGE PARENTAL PARTICIPATION IN PRE–SCHOOL AND HEAD START PROGRAMS THROUGH EDUCATIONAL ORIENTATION, CULTURAL AND PARENTAL SKILLS ENHANCEMENT.

Funded Amount:

$11,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FORT GREENE STRATEGIC NEIGHBORHOOD ACTION PARTNERSHIP, INC.
324 MYRTLE AVENUE
BROOKLYN, NY 11205
(718) 694-6957

Name of Project Director:

DR. GEORGIANNA GLOSE

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE A PROGRAM ADDRESSING THE LITERACY NEEDS OF THE FORT GREENE COMMUNITY, INCLUDING LITERACY OUTREACH, TUTORING, AND DISTRIBUTION OF MATERIALS.

Funded Amount:

$7,500

Requested By:

LENTOL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FOUNDATION FOR EDUCATING CHILDREN WITH AUTISM, INC.
P.O. BOX 813
MOUNT KISCO, NY  10549
(914) 941–3322

Name of Project Director:

LISA KEOGH

Purpose of Project:

FUNDS WILL BE USED TO TRAIN TEENAGERS WITH AUTISM TO OBTAIN AND RETAIN SALARIED EMPLOYMENT WHEN THEY BECOME ADULTS.

Funded Amount:

$10,000

Requested By:

BRADLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FRANK SINATRA HIGH SCHOOL
30–20 THOMSON AVENUE
LONG ISLAND CITY, NY 11101
(718) 361–9920

Name of Project Director:

DONNA FLYNN

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER−SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

FRANKLIN ELEMENTARY SCHOOL
335 SOUTH FRANKLIN STREET
HEMPSTEAD, NY  11550
(516) 292–7111

Name of Project Director:

DIANE GREEN

Purpose of Project:

FUNDS WILL BE USED TO TAKE THE STUDENTS ON IN−STATE FIELD TRIPS TO NEW YORK CITY, MANHASSET, ALBANY, RYE AND EAST MEADOW.

Funded Amount:

$5,000

Requested By:

HOOPER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FRANKLIN SQUARE SCHOOL DISTRICT
1 WASHINGTON STREET
FRANKLIN SQUARE, NY 11010
(516) 505-6975

Name of Project Director:

DR. TOM DOLAN

Purpose of Project:

FUNDS WILL BE USED FOR MENTORS AND LEADERS AND TECHNOLOGY.

Funded Amount:

$25,000

Requested By:

ALFANO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FRIENDS OF PS 163, INC.
784 COLUMBUS AVENUE, APT. 2M
NEW YORK, NY 10025
(646) 734–9484

Name of Project Director:

LISE MARTINA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE DUAL–LANGUAGE BOOKS FOR THE SCHOOL LIBRARY.

Funded Amount:

$2,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FRIENDS OF PS 163, INC.
163 WEST 97TH STREET
NEW YORK, NY 10025
(212) 396-4401

Name of Project Director:

JULIA HEATH-GIL

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES FOR THE SCHOOL'S CHESS PROGRAM.

Funded Amount:

$5,000

Requested By:

O'DONNELL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FRIENDS OF PS 166, INC.
132 WEST 89TH STREET
NEW YORK, NY 10024
(212) 678–2829

Name of Project Director:

MARY KANE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE CHESS IN THE CLASSROOM PROGRAM.

Funded Amount:

$2,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FRIENDS OF PS 166, INC.  
132 WEST 89TH STREET  
NEW YORK, NY 10024  
(212) 678-2829

Name of Project Director:

MARY KANE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MUSICAL INSTRUMENTS AND SUPPORT A KEYBOARDING PROGRAM AT PUBLIC SCHOOL 166.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FRIENDS OF ROCHDALE VILLAGE ADULT LEARNING CENTER
169-09 137TH AVENUE
JAMAICA, NY  11434
(718) 723–7662

Name of Project Director:

CHRISTINE HUGHES

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE BOOKS, SOFTWARE, COPY MACHINE AND OR COMPUTERS TO SUPPORT THE ADULT LEARNING CENTER, WHICH OFFERS SERVICES TO HELP ADULTS IMPROVE READING, WRITING, AND MATHEMATIC SKILLS.

Funded Amount:

$10,000

Requested By:

COOK

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FRIENDS OF THE ELIJAH SCHOOL
665 NORTH NEWBRIDGE ROAD
LEVITTOWN, NY 11756
(516) 433-4202

Name of Project Director:

DEBORA HARRIS

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM MATERIALS AND SUPPLIES.

Funded Amount:

$4,000

Requested By:

WALKER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FULTON COUNTY COMMUNITY COLLEGE
2805 STATE HIGHWAY 67
JOHNSTOWN, NY 12095
(518) 762–4651

Name of Project Director:

DUSTIN SWANGER

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF AN EMERGENCY NOTIFICATION SYSTEM.

Funded Amount:

$7,500

Requested By:

BUTLER–M

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FULTON–MONTGOMERY COMMUNITY COLLEGE
2805 STATE HIGHWAY 67
JOHNSTOWN, NY 12095
(518) 762–4651 Ext: 3700

Name of Project Director:

WILLIAM B. EASTERLY

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF AN EMERGENCY NOTIFICATION SYSTEM.

Funded Amount:

$5,000

Requested By:

AMEDORE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

FUND FOR PS 84, INC.
32 WEST 92ND STREET
NEW YORK, NY  10025
(212) 799−2534

Name of Project Director:

ROBIN SUNDICK

Purpose of Project:

FUNDS WILL BE USED TO AUTOMATE AND MODERNIZE THE SCHOOL LIBRARY, SO THAT STUDENTS CAN CONDUCT RESEARCH WITH UP−TO−DATE TOOLS.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

GAYHEAD ELEMENTARY PLAYGROUND FUND INC.
44 OLD ROUTE 52
STORMVILLE, NY 12582
(845) 223–3513

Name of Project Director:

ROSE KELLY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND INSTALL A NEW AND SAFER PLAYGROUND FOR STUDENTS.

Funded Amount:

$10,000

Requested By:

MOLINARO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

GENESEE COMMUNITY COLLEGE
ONE COLLEGE ROAD
BATAVIA, NY 14020
(585) 345–6812

Name of Project Director:

STUART STEINER

Purpose of Project:

FUNDS WILL BE USED TO INSTALL TECHNOLOGY TO CONVERT A TRADITIONAL CLASSROOM TO A SMART CLASSROOM.

Funded Amount:

$5,000

Requested By:

HAWLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

GENESEE COMMUNITY COLLEGE
ONE COLLEGE ROAD
BATAVIA, NY 14020
(585) 345–6812

Name of Project Director:

STUART STEINER

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE TWO CLASSROOMS AT THE MEDINA CAMPUS TO SMART CLASSROOM CAPABILITIES.

Funded Amount:

$4,000

Requested By:

HAWLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

GENESEE LIBRARY
8361 MAIN STREET, P.O. BOX 10
LITTLE GENESEE, NY 14754
(585) 928–1915

Name of Project Director:

CAROLYN SHERMAN

Purpose of Project:

FUNDS WILL BE USED FOR COMPUTER REPLACEMENT.

Funded Amount:

$1,500

Requested By:

GIGLIO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

GEORGE L. COOKE ELEMENTARY SCHOOL
69 RICHARDSON AVENUE
MONTICELLO, NY  12701
(845) 794−8830

Name of Project Director:

TAMARA PORTER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE BOOKS FOR THE SCHOOL LIBRARY.

Funded Amount:

$1,000

Requested By:

GUNTER−A

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

GILLAM−GRANT COMMUNITY CENTER LIBRARY
6966 WEST BERGEN ROAD
BERGEN, NY 14416
(585) 494−1621

Name of Project Director:

CHRISTINE PERRIN

Purpose of Project:

FUNDS WILL BE USED FOR NEW BOOK RETURN.

Funded Amount:

$1,500

Requested By:

HAWLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

GLEN COVE LIBRARY
4 GLEN COVE AVENUE
GLEN COVE, NY 11542
(516) 676–2130

Name of Project Director:

ANTONIA PETRASH

Purpose of Project:

FUNDS WILL BE USED FOR LIBRARY PROGRAMS, INCLUDING CONCERTS AND LECTURES, TO BENEFIT THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

LAVINE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

GLENS FALLS COMMON SCHOOL DISTRICT
120 LAWRENCE STREET
GLENS FALLS, NY 12801
(518) 792–3231

Name of Project Director:

ELLA COLLINS

Purpose of Project:

FUNDS WILL BE USED FOR A PLAYGROUND.

Funded Amount:

$5,000

Requested By:

SAYWARD

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

GOUVERNEUR LIBRARY
60 CHURCH STREET
GOUVERNEUR, NY 13642
(315) 287−0191

Name of Project Director:

ANITA STOFFEL

Purpose of Project:

FUNDS WILL BE USED FOR LIBRARY LOFT PROJECT.

Funded Amount:

$9,500

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

GRACE DODGE CAREER AND TECHNICAL EDUCATIONAL H.S.
2474 CROTONA AVENUE
BRONX, NY 10458
(718) 584–2700

Name of Project Director:

MARILYN SOTO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EDUCATIONAL SUPPLIES FOR COSMETOLOGY CLASSES.

Funded Amount:

$3,000

Requested By:

DIAZ–L

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

GRACE FOUNDATION OF NEW YORK
264 WATCHOGUE ROAD
STATEN ISLAND, NY 10314
(718) 983–3800

Name of Project Director:

DONNA LONG

Purpose of Project:

FUNDS WILL BE USED TO COVER THE COSTS OF OPERATING AND MANAGING PROGRAMS FOR CHILDREN WITH AUTISM. FUNDS WILL ALSO BE USED TO PURCHASE SUPPLIES AND OTHER ITEMS FOR THESE PROGRAMS.

Funded Amount:

$3,000

Requested By:

TITONE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

GRAND STREET SETTLEMENT, INC.
80 PITT STREET
NEW YORK, NY 10002
(646) 201–4271

Name of Project Director:

MARGARITA ROSA

Purpose of Project:

FUNDS WILL BE USED TO PREVENT DROPOUTS, AND IMPROVE ATTENDANCE FOR STUDENTS AT LOUIS BRANDEIS HIGH SCHOOL.

Funded Amount:

$4,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

GREEK-AMERICAN INSTITUTE OF NEW YORK, INC.
3573 BRUCKNER BOULEVARD
BRONX, NY  10461
(718) 823-2393

Name of Project Director:

ANNE PROKOP

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A LAPTOP COMPUTER AND THE ROSETTA STONE LANGUAGE COURSE.

Funded Amount:

$5,000

Requested By:

BENEDETTO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
GREENBURGH CENTRAL 7 EDUCATIONAL FOUNDATION
P.O. BOX 416
WHITE PLAINS, NY  10603
(914) 715−4353

Name of Project Director:
MICHELE FIGUEROA

Purpose of Project:
FUNDS WILL BE USED TO HELP PURCHASE AND INSTALL NINE SMART BOARDS.

Funded Amount:
$15,000

Requested By:
BRODSKY

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

GROVER CLEVELAND HIGH SCHOOL
21–27 HIMROD STREET
RIDGEWOOD, NY  11385
(718) 381–9600

Name of Project Director:

DOMINICK SCAROLA

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER–SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

GUILDERLAND CENTRAL SCHOOL
6076 STATE FARM ROAD
GUILDERLAND, NY 12084
(518) 456−6200  Ext: 3125

Name of Project Director:

NEIL SANDERS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AN ELECTRONIC SCOREBOARD FOR THE VARSITY FIELD FOR FIELD HOCKEY.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HAGEDORN LITTLE VILLAGE SCHOOL
750 HICKSVILLE ROAD
SEAFORD, NY 11783
(516) 520-6004

Name of Project Director:

CAROL BANK

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM IMPROVEMENTS FOR EDUCATION OF DISABLED STUDENTS.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HAMPTON BAYS PUBLIC LIBRARY
52 PONQUOGUE AVENUE
HAMPTON BAYS, NY 11946
(631) 728–6241

Name of Project Director:

MICHAEL FIRESTONE

Purpose of Project:

FUNDS WILL BE USED FOR INCREASED LIBRARY PROGRAMMING.

Funded Amount:

$1,000

Requested By:

THIELE

Name of Administering State Agency:

EDUCATION DEPARTMENT
HAMPTON LIBRARY IN BRIDGEHAMPTON  
P.O. BOX 3025  
BRIDGEHAMPTON, NY 11932  
(631) 537-0015

SUSAN LAVISTA

FUNDS WILL BE USED FOR INCREASED LIBRARY PROGRAMMING.

$1,000

THIELE

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HARBORFIELDS PUBLIC LIBRARY
31 BROADWAY
GREENLAWN, NY 11740
(631) 757-4200

Name of Project Director:

CAROL ALBANY

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$2,000

Requested By:

RAIA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HASTINGS EDUCATION FOUNDATION, INC.
P.O. BOX 565
HASTINGS–ON–HUDSON, NY  10706
(914) 478–1375

Name of Project Director:

JODY HEYWARD

Purpose of Project:

FUNDS WILL BE USED FOR ASSISTING WITH OVERHAULING HILLSIDES ELEMENTARY SCHOOL’S COLLECTION OF BOOKS, MUSIC AND COMPUTER PROGRAMS ($10,000) AND FOR A DEDICATED COMPUTER FOR THE HASTINGS EDUCATION FOUNDATION ($2,000).

Funded Amount:

$12,000

Requested By:

BRODSKY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HAXTON MEMORIAL LIBRARY
3 NORTH PEARL STREET
OAKFIELD, NY 14125
(585) 948–9900

Name of Project Director:

JEN MAGEE

Purpose of Project:

FUNDS WILL BE USED FOR LIBRARY MATERIALS.

Funded Amount:

$1,500

Requested By:

HAWLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HAZARD LIBRARY ASSOCIATION
2487 ROUTE 34B P.O. BOX 3
POPLAR RIDGE, NY 13139

Name of Project Director:

SALLY OTIS

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF CHILDREN’S BOOKS.

Funded Amount:

$2,500

Requested By:

FINCH

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HEAD START OF ROCKLAND, INC.
ONE HEAD START CIRCLE
SPRING VALLEY, NY 10977
(845) 358–2234

Name of Project Director:

MIRIAM KAHAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A FENCE AND GATE TO ENHANCE SECURITY AND PROTECT THE CHILDREN IN THE PROGRAM.

Funded Amount:

$5,000

Requested By:

JAFFEE, ZEBROWSKI–K

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HEAD START OF ROCKLAND, INC.
85 DEPEW AVENUE, P.O. BOX 107
NYACK, NY 10960
(845) 358–3231

Name of Project Director:

MIRIAM KAHAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A FENCE TO HELP ENSURE A SAFE ENVIRONMENT FOR THE CHILDREN WHO ATTEND THE HEAD START PROGRAM.

Funded Amount:

$5,000

Requested By:

JAFFEE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HEBREW EDUCATIONAL SOCIETY
9502 SEAVIEW AVENUE
BROOKLYN, NY 11236
(718) 241–3000

Name of Project Director:

MARC ARJE

Purpose of Project:

FUNDS WILL BE USED FOR THE GENERAL OPERATING EXPENSES OF CHILDREN’S PROGRAMMING. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$6,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HELEN KELLER SERVICES FOR THE BLIND
ONE HELEN KELLER WAY
HEMPSTEAD, NY  11550
(516) 485–1234

Name of Project Director:

KAREN BARRETT

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE NEW COMPUTER EQUIPMENT FOR THE BRAILLE LIBRARY.

Funded Amount:

$7,000

Requested By:

HOOPER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HEMPSTEAD PUBLIC LIBRARY
115 NICHOLS COURT
HEMPSTEAD, NY 11550
(516) 481-6990

Name of Project Director:

IRENE A. DUSZKIEWITZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FURNITURE FOR THE LIBRARY FACILITIES.

Funded Amount:

$10,000

Requested By:

HOOPER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HENRY STREET SETTLEMENT
265 HENRY STREET
NEW YORK, NY  10002
(212) 766−9200

Name of Project Director:

VEORONA JEETER

Purpose of Project:

FUNDS WILL BE USED TO ASSIST DISADVANTAGED YOUNG PEOPLE GET ON THE COLLEGE BOUND TRACK OR GAIN ADMISSION TO COLLEGE BY PROVIDING ACADEMIC COUNSELING, SAT PREP AND GUIDANCE THROUGH COLLEGE AND FINANCIAL AID APPLICATION PROCESSES. OPERATION ATHLETE INVOLVES YOUNG PEOPLE IN SUMMER AND AFTER−SCHOOL SPORT ACTIVITIES.

Funded Amount:

$198,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HERRICKS UNION FREE SCHOOL DISTRICT  
999B SHELTER ROCK ROAD  
NEW HYDE PARK, NY 11040  
(516) 248–3121

Name of Project Director:

HELEN COSTIGAN

Purpose of Project:

FUNDS WILL BE USED FOR THE DENTON AVENUE SCHOOL 4TH GRADE CLASS TRIP TO ALBANY.

Funded Amount:

$3,500

Requested By:

MCKEVITT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HIGH SCHOOL FOR INFORMATION TECHNOLOGY
21–16 44TH ROAD
LONG ISLAND CITY, NY  11101
(718) 937–4270

Name of Project Director:

NORA MONTEMARANO

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER-SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HIGH SCHOOL OF APPLIED COMMUNICATION
30–20 THOMSON AVENUE
LONG ISLAND CITY, NY  11101
(718) 389–3163

Name of Project Director:

MARY ELLEN KOCISZEWSKI

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER–SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HIGHBRIDGE VOICES CORPORATION
1360 MERRIAM AVENUE, GROUND FLOOR
BRONX, NY 10452
(718) 293–8759 Ext: 10

Name of Project Director:

ERIN BASKIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE ACADEMIC INITIATIVE PROJECT, WHICH IS AN AFTER SCHOOL PROGRAM FOR SCHOOL CHILDREN AGES 5 – 17. THIS PROGRAM INSPIRES EXCELLENCE IN THE LIVES OF CHILDREN THROUGH ACTIVITIES CENTERED ON THREE CHOIRS: CONCERT CHOIR, CHAMBER CHOIR, AND TRAINING CHOIR. NEARLY 200 YOUNG PEOPLE CURRENTLY PARTICIPATE AND ALL THOSE WITH A GPA OF 70% OR LOWER RECEIVE TUTURING SERVICES.

Funded Amount:

$10,000

Requested By:

GREENE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE
BROOKLYN COLLEGE, 2901 CAMPUS ROAD
BROOKLYN, NY 11210
(718) 859–1151

Name of Project Director:

LINDA ASKENAZI

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH RUNNING THE MEALS FOR THE HOMELESS PROGRAM, INCLUDING COSTS FOR A VOLUNTEER COORDINATOR, WHO WILL ORGANIZE AND TRAIN VOLUNTEERS ON THE FOOD DISTRIBUTION PROGRAM THAT FEEDS SHUT-INS AND HOMELESS PEOPLE DURING THE HOLIDAYS ON A NON-SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

JACOBS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HOLOCAUST AND HUMAN RIGHTS EDUCATON CENTER  
2900 PURCHASE STREET  
PURCHASE, NY  10577  
(914) 696−0738

Name of Project Director:

DONNA COHEN

Purpose of Project:

FUNDS WILL BE USED TO INTRODUCE THE FILM, "TESTIMONY OF THE HUMAN SPIRIT", AS A NEW EDUCATIONAL RESOURCE FOR PUBLIC MIDDLE AND HIGH SCHOOLS.

Funded Amount:

$10,000

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HOLOCAUST MEMORIAL AND TOLERANCE CENTER OF NASSAU COUNTY, INC.
WELWYN PRESERVE, 100 CRESENT BEACH ROAD
GLEN COVE, NY 11542
(516) 571-8040

Name of Project Director:

SILVANA LAFERLITA GULLO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROGRAMS AND SERVICES PROVIDED TO CHILDREN THROUGH LITERACY AND PREPARING CHILDREN FOR SCHOOL READINESS.

Funded Amount:

$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HOLOCAUST MEMORIAL COMMITTEE
60 WEST END AVENUE
BROOKLYN, NY 11235
(718) 743–3636

Name of Project Director:

PAULINE BILUS

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE TO EDUCATE THE COMMUNITY, PARTICULARLY THE YOUNG, ON THE HOLOCAUST.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HOPEVALE UNION FREE SCHOOL DISTRICT
3780 HOWARD ROAD
HAMBURG, NY 14075
(716) 648–1930

Name of Project Director:

DAVID FRAHM

Purpose of Project:

FUNDS WILL BE USED FOR TWO FULL INTEGRATED COMPUTER WHITE BOARDS.

Funded Amount:

$6,000

Requested By:

QUINN

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

HOWLAND LIBRARY
313 MAIN STREET
BEACON, NY 12508
(845) 831–1134

Name of Project Director:

PHYLLIS KEATON

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTER FURNITURE.

Funded Amount:

$5,000

Requested By:

KIRWAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HS 515
145 STANTON STREET
NEW YORK, NY  10002
(212) 289−7779

Name of Project Director:

RENE DANGER−JAMES

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES AND FOR EQUIPMENT PURCHASES.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HUDSON AREA ASSOCIATION LIBRARY
400 STATE STREET
HUDSON, NY 12534
(518) 828−1792

Name of Project Director:

GRETA BOERINGER

Purpose of Project:

FUNDS WILL BE USED FOR VARIOUS PROJECTS SUCH AS A LAPTOP, BURGLAR ALARM AND POSSIBLY WEBSITE UPDATES.

Funded Amount:

$3,500

Requested By:

MOLINARO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HUDSON RIVER INSTITUTE FOR COLLABORATIVE POLICY
911 CENTRAL AVENUE, P.O. BOX 131
ALBANY, NY 12206
(518) 275–5743

Name of Project Director:

ELAINE M. FRAZIER

Purpose of Project:

FUNDS WILL BE USED FOR THE DEVELOPMENT OF MATERIALS AND CURRICULUM, AS WELL AS THE EXPENSES OF ORGANIZATIONAL START–UP.

Funded Amount:

$7,500

Requested By:

TOWNS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

HUSAIN INSTITUTE OF TECHNOLOGY, INC.
1404 BROOKLYN AVENUE
BROOKLYN, NY  11210
(718) 287–8999

Name of Project Director:

HON. MARIETTA SMALLS

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTERS AND SOFTWARE.

Funded Amount:

$11,000

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

IHS 51
350 FIFTH AVENUE
BROOKLYN, NY 11215
(718) 369–7603

Name of Project Director:

XAVIER CASTELLI

Purpose of Project:

FUNDS WILL BE USED FOR THE DEVELOPMENT OF LANGUAGE PROFICIENCY THROUGH TOTAL IMMERSION IN THAT LANGUAGE.

Funded Amount:

$4,000

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

IMAGINE FOUNDATION, INC.
1465 EAST 7TH STREET
BROOKLYN, NY 11230
(718) 376-8882

Name of Project Director:

DR. MICHELE HAVENS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND MATERIALS TO TEACH MATH, LANGUAGE, ARTS AND SCIENCE TO STUDENTS WITH SEVERELY PROFOUND AUTISM.

Funded Amount:

$10,000

Requested By:

JACOBS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

IMAGINE FOUNDATION, INC.
1465 EAST 7TH STREET
BROOKLYN, NY 11230
(718) 376–8882

Name of Project Director:

DR. MICHELLE HAVENS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND MATERIALS TO TEACH MATH, LANGUAGE, ARTS AND SCIENCE TO STUDENTS WITH AUTISM.

Funded Amount:

$10,000

Requested By:

HIKIND

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

INSTITUTE FOR STUDENT ACHIEVEMENT, INC.
ONE HOLLOW LANE, SUITE 100
LAKE SUCCESS, NY 11042
(516) 812–6705

Name of Project Director:

PATRICK HALPIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ACADEMIC ENRICHMENT, COUNSELING AND PERSONAL DEVELOPMENT SUPPORT TO AT–RISK STUDENTS IN THE WYANDANCH SCHOOL DISTRICT THROUGH THE ISA–OPERATED COMET AND STAR PROGRAMS.

Funded Amount:

$100,000

Requested By:

SWEENEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

INSTITUTE FOR STUDENT ACHIEVEMENT, INC.
1 HOLLOW LANE, SUITE 100
LAKE SUCCESS, NY 11042
(516) 812–6705

Name of Project Director:

PATRICK HALPIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL SERVICES AND PROGRAMS TO STUDENTS IN THE WYANDANCH SCHOOL DISTRICT.

Funded Amount:

$70,000

Requested By:

SWEENEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

INTERNATIONAL HIGH SCHOOL
31–10 THOMSON AVENUE
LONG ISLAND CITY, NY  11101
(718) 482–5465

Name of Project Director:

LEE PAN

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER–SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

IRVINGTON EDUCATION FOUNDATION, INC.
40 NORTH BROADWAY
IRVINGTON, NY 10533
(914) 591–4602

Name of Project Director:

SUSAN KASARSKY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SMART BOARDS AND LICENSES FOR ACHIEVE 3000, A WEB–BASED LITERACY PROGRAM FOR DOW'S LANE ELEMENTARY SCHOOL.

Funded Amount:

$15,000

Requested By:

BRODSKY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

IS 125
46-02 47TH AVENUE
SUNNYSIDE, NY 11104
(718) 361-2451

Name of Project Director:

JUDY LYNN MITTLER

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER-SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

IS 126
31–51 21ST STREET
LONG ISLAND CITY, NY  11106
(718) 274–8216

Name of Project Director:

CANDICE SCOTT

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER−SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

IS 201
8010 12TH AVENUE
BROOKLYN, NY 11228
(718) 833−9363

Name of Project Director:

MADELINE BRENNAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LIBRARY BOOKS AND MATERIALS.

Funded Amount:

$1,000

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

IS 204
36–41 28TH STREET
LONG ISLAND CITY, NY  11106
(718) 937–1463

Name of Project Director:

THOMAS SEMANSKI

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER–SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

IS 220
4812 9TH AVENUE
BROOKLYN, NY 11220
(718) 633–8200

Name of Project Director:

LORETTA WITEK

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROJECTS IN THE CLASSROOM SUCH AS COMPUTERS AND BOOKS, ETC. AND FOR IN−STATE FIELD TRIPS.

Funded Amount:

$4,500

Requested By:

ORTIZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
IS 239
2401 NEPTUNE AVENUE
BROOKLYN, NY 11224
(718) 266–0814

Name of Project Director:
CAROL MOORE

Purpose of Project:
FUNDS WILL BE USED TO PURCHASE LIBRARY BOOKS AND MATERIALS

Funded Amount:
$1,000

Requested By:
BROOK–KRASNY

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

IS 278  
1925 STUART STREET  
BROOKLYN, NY 11234  
(718) 375–3523

Name of Project Director:

DEBRA GARAFALO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADDITIONAL SCHOOL LIBRARY BOOKS.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

IS 303
501 WEST AVENUE
BROOKLYN, NY 11224
(718) 996–0100

Name of Project Director:

GARY INGRASIA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LIBRARY BOOKS AND MATERIALS.

Funded Amount:

$1,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

IS 68
956 EAST 82ND STREET
BROOKLYN, NY  11236
(718) 241–4800

Name of Project Director:

ALEX FRALIN

Purpose of Project:

Funds will be used to provide additional books for the school library.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

IS 77
976 SENECA AVENUE
RIDGEWOOD, NY  11385
(718) 366–7120

Name of Project Director:

JOSEPH MILLER

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER–SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL'S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

IS 78
1420 EAST 68TH STREET
BROOKLYN, NY 11234
(718) 763–4701

Name of Project Director:

WILLIAM WOODS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE ADDITIONAL BOOKS FOR THE LIBRARY.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

IS 93
66-56 FOREST AVENUE
RIDGEWOOD, NY  11385
(718) 821−4882

Name of Project Director:

GEORGE FOLEY

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER−SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL'S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ISLAND TREES PTA
74 FARMEDGE ROAD
LEVITTOWN, NY 11756
(516) 520–2100

Name of Project Director:

VICTORIA DELGIACCO

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF PROGRAMS.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ISLAND TREES SCHOOL DISTRICT
74 FARMEDGE ROAD
LEVITTOWN, NY 11756
(516) 520–2100

Name of Project Director:

JAMES PARLA

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A SCOREBOARD.

Funded Amount:

$7,000

Requested By:

SALADINO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
ITALIC INSTITUTE OF AMERICA, INC.
P.O. BOX 818
FLORAL PARK, NY 11002
(516) 488–7400

Name of Project Director:
JOHN MANCINI

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE SATURDAY ITALIAN LANGUAGE AND CULTURE COURSES TO LOCAL 5TH AND 6TH GRADERS.

Funded Amount:
$1,500

Requested By:
BENEDETTO

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ITALIC INSTITUTE OF AMERICA, INC.
P.O. BOX 818
FLORAL PARK, NY 11002
(516) 488–7400

Name of Project Director:

JOHN MANCINI

Purpose of Project:

Funds will be used to support a foreign language program for 5th and 6th grade students.

Funded Amount:

$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

JACKSON HEIGHTS PTA
24 JACKSON AVENUE
GLENS FALLS, NY 12801
(518) 792-5345

Name of Project Director:

PATRICIA VANDERPOOL

Purpose of Project:

FUNDS WILL BE USED FOR A PLAYGROUND.

Funded Amount:

$5,000

Requested By:

SAYWARD

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

JAMESTOWN COMMUNITY COLLEGE, OLEAN CAMPUS
260 NORTH UNION STREET, P.O. BOX 5901
OLEAN, NY 14760
(716) 376–7500

Name of Project Director:

JESSE GUGINO

Purpose of Project:

FUNDS WILL BE USED FOR EMPLOYEE TRAINING.

Funded Amount:

$7,500

Requested By:

GIGLIO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND, INC.
3001 WEST 37TH STREET
BROOKLYN, NY  11224
(718) 449−5000

Name of Project Director:

RABBI MOSHE WEINER

Purpose of Project:

FUNDS WILL BE USED FOR SERVICES AND EXPENSES OF THE HIGH−JUMP PROGRAM AT THE MASORES BAIS YAAKOV SCHOOL. THIS PROGRAM WILL PROVIDE EDUCATIONAL ENRICHMENT OPPORTUNITIES AND AN AFTER SCHOOL PROGRAM, WHICH WILL BE OPEN TO THE ENTIRE COMMUNITY ON A NON−SECTARIAN BASIS.

Funded Amount:

$25,000

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK−KRASNY, BROOK−KRASNY, CAMARA, COLTON, CYMBROWITZ−S, GORDON−D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ−V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

JHS 56
220 HENRY STREET
NEW YORK, NY 10002
(212) 962–7205

Name of Project Director:

HUGH BOOKER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A SERIES OF ACTIVITIES TO ENHANCE PARENTAL, YOUTH AND COMMUNITY INVOLVEMENT. THESE ACTIVITIES INCLUDE COMPUTER WORKSHOPS, REPLENISHING PTA LIBRARY, PTA SPONSORED PARENTAL ORIENTATIONS, AND A COPY MACHINE FOR PTA ROOM.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

JOHN ADAMS HIGH SCHOOL
101–01 ROCKAWAY BOULEVARD
OZONE PARK, NY  11417
(718) 322–0500

Name of Project Director:

GRACE ZWILLENBERG

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE ATTENDANCE INITIATIVE THROUGH POSITIVE REINFORCEMENT; I.E., AWARDS AND OTHER INCENTIVES.

Funded Amount:

$5,000

Requested By:

PHEFFER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

JOHN JERMAIN MEMORIAL LIBRARY  
P.O. BOX 569  
SAG HARBOR, NY 11963  
(631) 725–0049

Name of Project Director:

CATHERINE CREEDON

Purpose of Project:

FUNDS WILL BE USED FOR INCREASED LIBRARY PROGRAMMING.

Funded Amount:

$1,000

Requested By:

THIELE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

JUNIOR ACHIEVEMENT OF NORTHEASTERN NEW YORK, INC.
8 STANLEY CIRCLE
LATHAM, NY 12110
(518) 783–4336

Name of Project Director:

EDWARD MURRAY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET CURRICULUM COSTS ASSOCIATED WITH UPCOMING PROGRAMS PROVIDING ECONOMIC EDUCATION AND WORKFORCE PREPARATION PROGRAMS FOR SCHOOL-AGED CHILDREN.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

JUST BUFFALO LITERACY CENTER, INC.
617 MAIN STREET
BUFFALO, NY  14203
(716) 832–5400

Name of Project Director:

LAURIE TORRELL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH LITERACY PROGRAMS AND EVENTS.

Funded Amount:

$10,000

Requested By:

HOYT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

JUST BUFFALO LITERACY CENTER, INC.
2495 MAIN STREET, SUITE 512
BUFFALO, NY 14214
(716) 832-5400

Name of Project Director:

LAURIE DEAN TORRELL

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATING SUPPORT ASSOCIATED WITH THE CENTER’S LITERACY PROGRAMMING FOR COMMUNITIES THROUGHOUT WESTERN NEW YORK.

Funded Amount:

$4,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

KENMORE–TOWN OF TONAWANDA UNION FREE SCHOOL DISTRICT
1500 COLVIN BOULEVARD
BUFFALO, NY  14223
(716) 874–8400

Name of Project Director:

DONALD SMYTON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROFESSIONAL DEVELOPMENT PROGRAMS FOR STAFF IN PUBLIC AND NON–PUBLIC SCHOOLS LOCATED WITHIN THE SCHOOL DISTRICT.

Funded Amount:

$5,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

KING STREET SCHOOL
697 KING STREET
PORT CHESTER, NY  10573
(914) 934–7996

Name of Project Director:

DOLORES OBUCH

Purpose of Project:

FUNDS WILL BE USED TO ADOPT THE RESPONSIVE CLASSROOM MODEL – WHERE THE PRINCIPAL AND TWO TEACHERS WILL BE TRAINED AND THESE FUNDS WOULD GO TOWARDS TRAINING THE ENTIRE STAFF. THE RESPONSIVE CLASSROOM WILL SOLIDIFY OUR ACADEMIC PROGRAMS, ESPECIALLY FOR OUR DISADVANTAGED STUDENTS.

Funded Amount:

$10,000

Requested By:

LATIMER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

KINGSTON COMMUNITY RADIO, INC.
P.O. BOX 4364
KINGSTON, NY 12402
(845) 331−1004

Name of Project Director:

WALTER MAXWELL

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF NECESSARY EQUIPMENT AND TO CREATE A COMMUNITY PUBLIC ACCESS WEB PORTAL.

Funded Amount:

$10,000

Requested By:

CAHILL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

KONBIT NEG LAKAY, INC.
16 EAST CHURCH STREET
SPRING VALLEY, NY  10977
(845) 425–4623

Name of Project Director:

RENOLD JULIEN

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTERS, BOOKS, AND EQUIPMENT FOR MULTIPURPOSE PROGRAMS TO TRAIN PARTICIPANTS FOR CAREERS IN NURSING, PREPARE FOR GED OR TO ASSIST WITH HOMEWORK.

Funded Amount:

$4,000

Requested By:

JAFFEE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

KOPERNIK SOCIETY OF BROOME COUNTY, INC.
698 UNDERWOOD ROAD
VESTAL, NY 13850
(607) 748-3685 Ext: 303

Name of Project Director:

KRISTEN GORDON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE UPDATED EQUIPMENT AS WELL AS FOR EXPANDING PROGRAMS IN SCIENCE FOR K–12 CHILDREN.

Funded Amount:

$10,000

Requested By:

LUPARDO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LABORATORY INSTITUTE OF MERCHANDISING FASHION EDUCATION FOUNDATION, INC.
12 EAST 53RD STREET
NEW YORK, NY 10022
(212) 752-1530

Name of Project Director:

PAM LINTON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE HIGH-POWERED LAPTOP COMPUTERS FOR CLASSROOM INSTRUCTION.

Funded Amount:

$10,000

Requested By:

BING

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LACKAWANNA PUBLIC LIBRARY
560 RIDGE ROAD
LACKAWANNA, NY  14218
(716) 823−0630

Name of Project Director:

JENNIFER HOFFMAN

Purpose of Project:

FUNDs WILL BE USED FOR BUILDING REPAIRS, STRENGTHENING OF THE BOOK COLLECTION AND INCREASING THE VARIETY OF CHILDREN PROGRAMS AT THE LACKAWANNA PUBLIC LIBRARY.

Funded Amount:

$5,000

Requested By:

SCHROEDER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LAKEVIEW PUBLIC LIBRARY
1120 WOODFIELD ROAD
ROCKVILLE CENTRE, NY 11570
(516) 536–3071

Name of Project Director:

TRINA REED

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE BOOKS ON TAPE, VIDEOS, AND CD’S FOR THE EDUCATION OF CHILDREN AND ADULTS.

Funded Amount:

$10,000

Requested By:

HOOPER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LAKEWOOD MEMORIAL LIBRARY
12 WEST SUMMIT STREET
LAKEWOOD, NY  14750
(716) 763–6234

Name of Project Director:

MARY MILLER

Purpose of Project:

FUNDS WILL BE USED TO REMODEL AND REPAIR THE LIBRARY BUILDING.

Funded Amount:

$20,000

Requested By:

PARMENT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LANGSTON HUGHES BLACK HERITAGE REFERENCE CENTER
100–01 NORTHERN BOULEVARD
CORONA, NY 11368
(718) 651–1100

Name of Project Director:

ROBIN DEVONISH

Purpose of Project:

FUNDS WILL BE USED TO AID IN HIRING TUTORS FOR THE MATH CLINIC, AND TO PROVIDE ADDITIONAL BOOKS AND SUPPLIES FOR PROGRAM PARTICIPANTS, IN GRADES 1–7.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LARCHMONT PUBLIC LIBRARY
121 LARCHMONT AVENUE
LARCHMONT, NY  10538
(914) 834–1977

Name of Project Director:

DIANE COURTNEY

Purpose of Project:

FUNDS WILL BE USED TO UPDATE AND AUGMENT THE COLLECTION OF NON–FICTION BOOKS FOR CHILDREN IN GRADES 2–6.

Funded Amount:

$10,000

Requested By:

LATIMER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LATINO EDUCATIONAL MEDIA CENTER, INC.
1690 LEXINGTON AVENUE
NEW YORK, NY 10029
(845) 634−0496

Name of Project Director:

LILLIAN JIMENEZ

Purpose of Project:

FUNDS WILL BE USED TO PRODUCE A DOCUMENTARY ON PUERTO RICAN WOMEN STRUGGLING FOR HUMAN RIGHTS.

Funded Amount:

$10,000

Requested By:

RIVERA−J

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LAURENS CENTRAL SCHOOL
P.O. BOX 301, 55 MAIN STREET
LAURENS, NY 13796
(607) 432−2050

Name of Project Director:

ROMONA WENCK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE STATE−OF−THE−ART TECHNOLOGY FOR CLASSROOMS, INCLUDING DESKTOP COMPUTERS, PROJECTOR, SPEAKER/AUDIO SYSTEM, SMART BOARD, AND TV CARD.

Funded Amount:

$15,000

Requested By:

MAGEE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LAWRENCE UNION FREE SCHOOL DISTRICT
P.O. BOX 477
LAWRENCE, NY  11559
(516) 295–7030

Name of Project Director:

GARY SCHALL

Purpose of Project:

FUNDS WILL BE USED FOR AN INTERGENERATIONAL ORCHESTRA SPONSORED BY THE LAWRENCE PUBLIC SCHOOL, WHICH EXPANDS AESTHETIC AND MUSICAL PERFORMANCE AWARENESS.

Funded Amount:

$2,500

Requested By:

WEISENBERG

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LEARNING DISABILITIES ASSOCIATION OF THE GENESEE VALLEY, INC.
339 EAST AVENUE
ROCHESTER, NY  14604
(585) 263–3323

Name of Project Director:

COLIN GARWOOD

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE COMPUTERS, COMPUTER SOFTWARE, AS WELL AS TO EQUIP THE CENTER TO OFFER TOOLS THAT HELP DISABLED INDIVIDUALS FURTHER THEIR EDUCATION.

Funded Amount:

$10,000

Requested By:

MORELLE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LEE–WHELDON MEMORIAL LIBRARY
620 WEST AVENUE
MEDINA, NY 14103
(585) 798–3430

Name of Project Director:

MARY ZANGERIE

Purpose of Project:

FUNDS WILL BE USED FOR FINALLY FRIDAYS CONCERT SERIES PROGRAM.

Funded Amount:

$1,500

Requested By:

HAWLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LIBRARY ACTION COMMITTEE OF CORONA – EAST ELMHURST
100–01 NORTHERN BOULEVARD
CORONA, NY 11368
(718) 651–1100

Name of Project Director:

ANDREW P. JACKSON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL AND CULTURAL PROGRAMS, INCLUDING HOMEWORK ASSISTANCE, THIRD WORLD HISTORY LESSONS, MUSIC, DANCE AND SEMINARS.

Funded Amount:

$2,500

Requested By:

PERALTA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LIBRARY ASSOCIATION OF ROCKLAND COUNTY, INC. (LARC)
P.O. BOX 917
NEW CITY, NY 10956
(845) 634–4997

Name of Project Director:

JENNIFER M. SMITH

Purpose of Project:

FUNDS WILL BE USED FOR THE SUMMER READING PROGRAM WHICH WILL ENCOURAGE MORE CHILDREN AND TEENS TO FOSTER THEIR LITERACY SKILLS BY PARTICIPATING IN THE LIBRARY’S PROGRAMS.

Funded Amount:

$4,000

Requested By:

ZEBROWSKI–K

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

LILLIAN L. RASHKIS HIGH SCHOOL
355 37TH STREET
BROOKLYN, NY  11232
(718) 788–7608

Name of Project Director:

MARY ANN GARGIULO ANDREWS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE SCHOOL CAFE WHICH IS RUN BY STUDENTS WITH DISABILITIES. FUNDS WILL ALSO BE USED TO SUPPORT THE ARTS PROGRAM: CLASSROOM RESIDENCIES WITH ARTS CONNECTIONS TO DO CARTOONING AND GRAPHIC NOVELS WITH STUDENTS.

Funded Amount:

$9,500

Requested By:

ORTIZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LINCOLN ELEMENTARY SCHOOL PTA
170 EAST LINCOLN AVENUE
MOUNT VERNON, NY  10552
(914) 665–5378

Name of Project Director:

AUTMUN LOPEZ

Purpose of Project:

FUNDS WILL BE USED TO TEACH STUDENTS TECHNIQUES, RULES AND STRATEGY OF THE GAME OF CHESS.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LINDENHURST PUBLIC SCHOOLS
300 CHARLES STREET
LINDENHURST, NY 11757
(631) 226–6467

Name of Project Director:

KEVIN PIKE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MUSICAL EQUIPMENT FOR THE HIGH SCHOOL MARCHING BAND.

Funded Amount:

$15,000

Requested By:

SWEENEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LINKS FOUNDATION, INC.
424 NORTH BROOKSIDE AVENUE
FREEPORT, NY  11520
(516) 223−7257

Name of Project Director:

WILMA TOOTLE

Purpose of Project:

FUNDS WILL BE USED FOR A PROGRAM WHEREBY STUDENTS FROM VARIOUS SCHOOL DISTRICTS CREATE AND DISPLAY THEIR ORIGINAL WORKS OF ART; COMPILE ORIGINAL POETRY AND PERFORM ORIGINAL DRAMA AT THE ANNUAL STUDENT FESTIVAL.

Funded Amount:

$20,000

Requested By:

HOOPER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LITERACY ASSISTANCE CENTER
32 BROADWAY, 10TH FLOOR
NEW YORK, NY 10004
(212) 803-3300

Name of Project Director:

TONY PUPELLO

Purpose of Project:

FUNDS WILL BE USED TO DESIGN AND IMPLEMENT AN OUTREACH CAMPAIGN TO BETTER INFORM SCHOOLS AND COMMUNITY GROUPS ON MANHATTAN’S LOWER EAST SIDE ABOUT THE AVAILABILITY OF THE SERVICES AND PROGRAMS PROVIDED BY THE LAC. EFFORTS INCLUDE, MAILINGS TO HUMAN SERVICES ORGANIZATIONS, PRESENTATIONS AT COMMUNITY EVENTS, AND A LAC "OPEN HOUSE" FOR LOCAL COMMUNITY SERVICE PROVIDERS.

Funded Amount:

$6,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LITERACY GENESEE/ORLEANS
301 NORTH STREET SUITE 10
BATAVIA, NY 14020
(585) 343–0802

Name of Project Director:

LINDA SCROGER

Purpose of Project:

FUNDS WILL BE USED FOR TECHNOLOGY UPGRADE FOR ORLEANS AND GENESEE.

Funded Amount:

$2,000

Requested By:

HAWLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LITERACY NASSAU, INC.  
250 FULTON AVENUE, SUITE 514  
HEMPSTEAD, NY 11550  
(516) 486–2789

Name of Project Director:

TINA SANACORE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL SERVICES TO THOSE WHO CANNOT READ WELL ENOUGH TO COMPLETE TASKS ESSENTIAL TO DAILY LIVING.

Funded Amount:

$1,500

Requested By:

LAVINE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LITERACY SUFFOLK, INC.
627 NORTH SUNRISE SERVICE ROAD (P.O. BOX 9000)
BELLPORT, NY  11713
(631) 286–1649

Name of Project Director:

GINI BOOTH

Purpose of Project:

FUNDS WILL BE Used TO TRAIN LITERACY VOLUNTEER TUTORS.

Funded Amount:

$2,000

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LITERACY VOLUNTEERS OF AMERICA – MOHAWK / HUDSON INC.
1510 CENTRAL AVENUE, SUITE 305
ALBANY, NY 12205
(518) 452–3382

Name of Project Director:

ROBERT STEVENS

Purpose of Project:

FUNDS WILL BE USED FOR A TUTORING PROGRAM IN THE HUDSON AND MOHAWK REGIONS.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LITERACY VOLUNTEERS OF BUFFALO AND ERIE COUNTY, INC.
1313 MAIN STREET
BUFFALO, NY 14209
(716) 876–8991

Name of Project Director:

TRACY DIINA

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE TO SUPPORT LITERACY PROGRAMS IN SCHOOLS, CHILD CARE AGENCIES AND DROP-IN CENTERS, AND FOR PROGRAM EXPANSION THROUGHOUT WESTERN NEW YORK.

Funded Amount:

$9,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LITERACY VOLUNTEERS OF ROCHESTER
249 HIGHLAND AVENUE
ROCHESTER, NY 14620
(585) 473–3030

Name of Project Director:

ROBERT MAHAR

Purpose of Project:

FUNDS WILL BE USED TO EXPAND READING PROGRAM.

Funded Amount:

$1,000

Requested By:

ERRIGO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LITERACY VOLUNTEERS OF ROCHESTER, INC.
249 HIGHLAND AVENUE
ROCHESTER, NY  14620
(585) 473–3030

Name of Project Director:

ROBERT MAHAR

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT OUTREACH AND RECRUITMENT EFFORTS FOR THE TUTORING PROGRAMS.

Funded Amount:

$5,000

Requested By:

GANTT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LITERACY VOLUNTEERS OF ROCHESTER, INC.
249 HIGHLAND AVENUE
ROCHESTER, NY  14620
(585) 473–3030

Name of Project Director:

ROBERT MAHAR

Purpose of Project:

FUNDS WILL BE USED FOR RECRUITMENT AND TRAINING OF VOLUNTEER TUTORS.

Funded Amount:

$5,000

Requested By:

MORELLE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LITERACY VOLUNTEERS OF SCHOHARIE COUNTY  
P.O. BOX 852  
COBLESKILL, NY 12043  
(518) 234–2576

Name of Project Director:

LISA CARDELLI

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM COSTS.

Funded Amount:

$4,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LITERACY VOLUNTEERS OF SULLIVAN COUNTY
63 NORTH STREET
MONTICELLO, NY 12701
(845) 794–0017

Name of Project Director:

CONNIE KELLER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT LITERACY PROGRAMS.

Funded Amount:

$4,000

Requested By:

GUNTHER–A

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

LOCUST VALLEY CENTRAL SCHOOL DISTRICT
HORSE HOLLOW ROAD
LOCUST VALLEY, NY 11560
(516) 674–6350

Name of Project Director:

RICHARD HIRT

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AN EMERGENCY COMMUNICATION NOTIFICATION SYSTEM TO BE USED BY THE DISTRICT.

Funded Amount:

$3,000

Requested By:

LAVINE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LOCUST VALLEY LIBRARY
170 BUCKRAM ROAD
LOCUST VALLEY, NY 11560
(516) 671-1837

Name of Project Director:

JANIS A. SCHOEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PROGRAMS SUCH AS CONCERTS AND LECTURES TO BENEFIT THE COMMUNITY.

Funded Amount:

$1,000

Requested By:

LAVINE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LONG BEACH LATINO CIVIC ASSOCIATION, INC.
52 EAST PARK AVENUE, 2ND FLOOR
LONG BEACH, NY  11561
(516) 889−4912

Name of Project Director:

MIGUEL CRUZ

Purpose of Project:

FUNDS WILL BE USED FOR A LATINO AWARENESS PROGRAM THAT WILL BRING TOGETHER PARENTS, STUDENTS AND COMMUNITY ORGANIZERS TO CREATE A BRIDGE BETWEEN THE LONG BEACH SCHOOL SYSTEM AND THE SPANISH SPEAKING COMMUNITY.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LONG BEACH PUBLIC LIBRARY
111 WEST PARK AVENUE
LONG BEACH, NY 11561
(516) 432-7201 Ext: 330

Name of Project Director:

GEORGE TREPP

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LIVE PERFORMANCES, DRAMATIC AND MUSICAL, FOR ADULTS, CHILDREN AND FAMILIES. PROGRAMS ARE OPEN TO ALL COMMUNITY RESIDENTS.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LONG BEACH REACH, INC.
2–12 WEST PARK AVENUE, SUITE 200
LONG BEACH, NY 11561
(516) 889–2332

Name of Project Director:

DR. JOSEPH SMITH

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROGRAMS FOR PREGNANT AND/OR PARENTING ADOLESCENTS TO COMPLETE ACADEMIC REQUIREMENTS, RECEIVE CASE MANAGEMENT AND COUNSELING SUPPORT. CHILD CARE SERVICES ARE AVAILABLE UPON COMPLETION OF A REGULAR HIGH SCHOOL DIPLOMA.

Funded Amount:

$15,000

Requested By:

WEISENBERG

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LONG ISLAND AMITY SCHOOL
40 KINGS PARK ROAD
COMMACK, NY 11725
(631) 486–6051

Name of Project Director:

MARY GUBITOSI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SMART BOARDS FOR THE SCHOOL.

Funded Amount:

$2,000

Requested By:

EDDINGTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LONG ISLAND CITY HIGH SCHOOL
1430 BROADWAY
LONG ISLAND CITY, NY 11101
(718) 545-7095

Name of Project Director:

WILLIAM BASSELL

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER−SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL'S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LONG ISLAND GAY AND LESBIAN YOUTH, INC. (LIGALY)
34 PARK AVENUE
BAY SHORE, NY 11706
(631) 665–2300

Name of Project Director:

DAVID KILMNICK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE SAFE SCHOOLS INITIATIVE TO WORK WITH TEACHERS, ADMINISTRATORS AND STUDENTS FOR A SUPPORTIVE LEARNING ENVIRONMENT.

Funded Amount:

$10,000

Requested By:

SWEENEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LONG ISLAND LATINO TEACHERS ASSOCIATION, INC.
25 CEDAR STREET
ISLIP, NY 11751
(631) 224–7897

Name of Project Director:

DAFNY J. IRIZARRY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE ASSOCIATION, INCLUDING, BUT NOT LIMITED TO PURCHASE OF NECESSARY SUPPLIES, EQUIPMENT, COMPUTERS, POSTAGE, INTERNET SERVICES, ADVERTISING, ETC., NEEDED TO RUN MONTHLY MEMBERSHIP MEETINGS.

Funded Amount:

$4,000

Requested By:

RAMOS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LONGWOOD SCHOOL DISTRICT
35 YAPHANK MIDDLE ISLAND ROAD
MIDDLE ISLAND, NY  11953
(631) 345–2163

Name of Project Director:

DEBRA WINTER

Purpose of Project:

FUNDS WILL BE USED FOR THE CORAM ELEMENTARY SCHOOL’S PARENTING OUTREACH PROGRAM.

Funded Amount:

$1,000

Requested By:

EDDINGTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LONGWOOD SCHOOL DISTRICT
35 YAPHANK MIDDLE ISLAND ROAD
MIDDLE ISLAND, NY  11953
(631) 345–2163

Name of Project Director:

DEBRA WINTER

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH COSTS ASSOCIATED WITH THE DNA PARTNERSHIP WITH BROOKHAVEN LAB PROGRAM.

Funded Amount:

$1,000

Requested By:

EDDINGTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LOWER EAST SIDE TENEMENT MUSEUM
66 ALLEN STREET
NEW YORK, NY 10002
(212) 431−0233

Name of Project Director:

RUTH J. ABRAM

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ONGOING SUPPORT FOR MUSEUM SERVICES.

Funded Amount:

$77,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LUTHERAN FAMILY HEALTH CENTERS
6025 6TH AVENUE, SUITE 221
BROOKLYN, NY 11220
(718) 630−7175

Name of Project Director:

HEIDI SABERS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE BOOKS AND SUPPORT COMMUNITY LITERACY ACTIVITIES ASSOCIATED WITH THE REACH OUT AND READ PROGRAM.

Funded Amount:

$3,000

Requested By:

ORTIZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

LYNBROOK SCHOOL DISTRICT
111 ATLANTIC AVENUE
LYNBROOK, NY 11563
(516) 887-0253

Name of Project Director:

DR. PHILIP CICERO

Purpose of Project:

FUNDS WILL BE USED FOR SMART BOARDS.

Funded Amount:

$10,000

Requested By:

BARRA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MAIMONIDES HEBREW DAY SCHOOL  
404 PARTRIDGE STREET  
ALBANY, NY 12208  
(518) 453−9363

Name of Project Director:

RABBI ISRAEL RUBIN

Purpose of Project:

FUNDs WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATIONS OF THE PINE−CONE IN PINE HILLS PROGRAM, INCLUDING PROVIDING PROGRAM MATERIALS, SPEAKERS AND EXHIBITS. THIS PROGRAM TEACHES MUTUAL RESPECT FOR ALL CULTURES AND PROMOTES GOODWILL AMONG FAITHS. STUDENTS AND TEACHERS INTERACT WITH NEARBY INSTITUTIONS, I.E. NEW SCOTLAND LIBRARY, PUBLIC SCHOOL 19, UTILIZING ANNE FRANK, ML KING SCREENINGS, EXHIBITS, SPEAKERS AND DISCUSSIONS.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MAKE THE ROAD NEW YORK
301 GROVE STREET
BROOKLYN, NY 11237
(718) 418–7690  Ext: 206

Name of Project Director:

ANDREW FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ESOL, COMPUTER LITERACY, AND SPANISH LANGUAGE LITERACY CLASSES FOR RESIDENTS OF RIDGEWOOD, WOODSIDE, ELMHURST, JACKSON HEIGHTS, CORONA, AND SUNNYSIDE.

Funded Amount:

$2,500

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MALVERNE SCHOOL DISTRICT
301 WICKS LANE
MALVERENE, NY 11565
(515) 887−6405

Name of Project Director:

DR. JAMES H. HUNDERFUND

Purpose of Project:

FUNDS WILL BE USED FOR SMART BOARDS.

Funded Amount:

$10,000

Requested By:

BARRA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MANHATTAN BEACH SCHOOL (PS 195)
131 IRWIN STREET
BROOKLYN, NY 11235
(718) 648–9102

Name of Project Director:

ARTHUR FORMAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LIBRARY RESOURCES, INCLUDING CD-ROMS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MANHATTAN COLLEGE
4513 MANHATTAN COLLEGE PARKWAY
RIVERDALE, NY 10471
(718) 862–7294

Name of Project Director:

JEFF HORN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE VISITING SCHOLARS PROGRAM, WHERE EACH SEMESTER (FALL AND SPRING), A VISITING SCHOLAR WILL PARTICIPATE IN CLASSES, SEMINAR DISCUSSIONS, AND DELIVER A FORMAL PUBLIC LECTURE TO THE RIVERDALE COMMUNITY.

Funded Amount:

$5,000

Requested By:

DINOWITZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MANHATTAN NEW SCHOOL PTA  
311 EAST 82ND STREET  
NEW YORK, NY 10028  
(212) 734−7127

Name of Project Director:

STEVEN M. ROSENCWAIG

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND/OR UPDATE EDUCATIONAL MATERIALS FOR LIBRARY AND CLASSROOM USE.

Funded Amount:

$5,000

Requested By:

KELLNER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MAPLEWOOD NEIGHBORHOOD ASSOCIATION OF ROCHESTER, INC.  
P.O. BOX 13529  
ROCHESTER, NY 14613  
(585) 458–3460

Name of Project Director:

CYNTHIA KALEH

Purpose of Project:

Funds will be used to teach John Marshall High School culinary students how to operate a fully functional cafe, which will serve the community.

Funded Amount:

$5,000

Requested By:

MORELLE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MARCELLUS FREE LIBRARY
2 SLOCOMBE STREET
MARCELLUS, NY 13108
(315) 673–3221

Name of Project Director:

CAROL JOHNSON

Purpose of Project:

FUNDS WILL BE USED FOR THE LIBRARY BUILDING PROJECT.

Funded Amount:

$4,000

Requested By:

BARCLAY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MARLBORO FREE LIBRARY
P.O. BOX 780
MARLBORO, NY 12542
(845) 236–7272

Name of Project Director:

JIM HARGROVE

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTERS.

Funded Amount:

$5,000

Requested By:

KIRWAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MARTE VALLE MODEL SCHOOL
145 STANTON STREET
NEW YORK, NY  10002
(212) 473–8154

Name of Project Director:

ENRIQUE ARNAW

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE: UNIFORMS FOR BOYS AND GIRLS BASKETBALL; GYM EQUIPMENT; COMPUTERS AND PRINTERS (1 FOR STUDENT COUNCIL AND 1 FOR PTA ROOM); AIR CONDITIONERS.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MARTHA WATFORD EARLY LEARNING CENTER
1423 PROSPECT AVENUE
BRONX, NY  10459
(718) 542−1161

Name of Project Director:

MADELYN CENTENO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EARLY CHILDHOOD LEARNING ACTIVITIES OCCURING IN THE KENNEDY BENJAMIN ROOM.

Funded Amount:

$3,000

Requested By:

BENJAMIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MARTIN DEPORRES SCHOOL, INC.
136–25 21ST STREET
SPRINGFIELD GARDENS, NY 11410
(718) 525–3414

Name of Project Director:

RAYMOND BLIXT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOUTH WITH ACADEMIC ASSISTANCE. AFTER SCHOOL PROGRAMS ARE OFFERED TO COMMUNITY YOUTH ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

GIANARIS

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

MARYMOUNT MANHATTAN COLLEGE
221 EAST 71ST STREET
NEW YORK, NY  10021
(212) 517–0450

Name of Project Director:

NANCY KINGSTON

Purpose of Project:

FUNDS WILL BE USED TO REPLACE THE CURRENT IPTV SYSTEM, WHICH IS A CRITICAL RESOURCE FOR TEACHING AND LEARNING.

Funded Amount:

$10,000

Requested By:

BING

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MASSAPEQUA H.S. HALL OF FAME
MHS PRINCIPAL’S OFFICE, 4925 MERRICK ROAD
MASSAPEQUA, NY 11758
(516) 541–9123

Name of Project Director:

MICHAEL HANNA

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF PROGRAMS.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MASSAPEQUA PTA
4925 MERRICK ROAD
MASSAPEQUA, NY 11758
(516) 797-6160

Name of Project Director:

CHARLES SULC

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF PROGRAMS.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MASSAPEQUA PUBLIC SCHOOLS
4925 MERRICK ROAD
MASSAPEQUA, NY 11758
(516) 797–6600

Name of Project Director:

CHARLES SULC

Purpose of Project:

FUNDS WILL BE USED FOR ICE TIME RENTAL FOR THE ICE HOCKEY TEAM.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MASTIC MORICHES SHIRLEY COMMUNITY LIBRARY
407 WILLIAM FLOYD PARKWAY
SHIRLEY, NY 11967
(631) 399–1511

Name of Project Director:

KERRI ROSALIA

Purpose of Project:

FUNDS WILL BE USED FOR INCREASED LIBRARY PROGRAMMING.

Funded Amount:

$1,000

Requested By:

THIELE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MEMORIAL LIBRARY OF LITTLE VALLEY
110 ROCK CITY STREET
LITTLE VALLEY, NY 14755
(716) 938−6301

Name of Project Director:

GRETCHAN TAFT

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF BOOKS FOR SARANAC LAKE SCHOOL DISTRICT LITERACY PROGRAM.

Funded Amount:

$5,000

Requested By:

GIGLIO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MEN OF EXQUISITE TASTE
ROY WILKINS PARK, 177TH STREET & BAISLEY BOULEVARD
JAMAICA, NY 11434
(516) 239–3362

Name of Project Director:

SHELLEY BRUCE ROBERTS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL ASSISTANCE TO YOUNG PEOPLE IN NEW YORK CITY.

Funded Amount:

$5,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MID HUDSON LIBRARY SYSTEM
103 MARKET STREET
POUGHKEEPSIE, NY  12601
(845) 471−6060

Name of Project Director:

JOSH COHEN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SUMMER READING PROGRAMS AND/OR OTHER INITIATIVES IN THE MID−HUDSON AND RAMAPO/CATSKILLS LIBRARY SYSTEM LIBRARIES.

Funded Amount:

$25,000

Requested By:

CAHILL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MID HUDSON LIBRARY SYSTEM
103 MARKET STREET
POUGHKEEPSIE, NY 12601
(845) 471–6060  Ext: 35

Name of Project Director:

MARGARET KEEFE

Purpose of Project:

FUNDS WILL BE USED FOR BATTLE OF THE BOOKS.

Funded Amount:

$1,000

Requested By:

MILLER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MID-HUDSON LIBRARY SYSTEM
103 MARKET STREET
POUGHKEEPSIE, NY 12601
(845) 471–6060

Name of Project Director:

MARGARET KEEFE

Purpose of Project:

FUNDS WILL BE USED FOR THE BATTLE OF THE BOOKS PROGRAM.

Funded Amount:

$1,000

Requested By:

MOLINARO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MIDDLE COLLEGE HIGH SCHOOL
31−10 THOMSON AVENUE
LONG ISLAND CITY, NY  11101
(718) 349−4000

Name of Project Director:

AARON LITHAUS

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER−SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MIDDLE COUNTRY LIBRARY FOUNDATION, INC.
101 EASTWOOD BOULEVARD
CENTEREACH, NY 11720
(631) 585-9393

Name of Project Director:

SANDRA FEINBERG

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE CENTER’S OUTREACH SERVICES TO FAMILIES WITH CHILDREN IN THE POOR MIDDLE COUNTRY AREA.

Funded Amount:

$5,000

Requested By:

INGLEBRIGHT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MIDDLE COUNTRY LIBRARY FOUNDATION, INC.
101 EASTWOOD BOULEVARD
CENTEREACH, NY  11720
(631) 585–9393  Ext: 200

Name of Project Director:

SANDY FEINBERG

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE PROGRAMS AND COLLECTIONS TO BE USED BY THE SELDEN TEEN RESOURCE CENTER.

Funded Amount:

$2,500

Requested By:

EDDINGTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MIDDLE COUNTRY SCHOOLS
8 43RD STREET
CENTEREACH, NY 11720
(631) 285−8005

Name of Project Director:

ENRICO CROCETTI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE NEW LANE ELEMENTARY SCHOOL WITH TECHNOLOGY SUPPORT.

Funded Amount:

$2,000

Requested By:

FIELDS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MIDORI FOUNDATION, INC.
352 7TH AVENUE, SUITE 301
NEW YORK, NY  10001
(212) 767–1300

Name of Project Director:

JUDI LINDEN

Purpose of Project:

FUNDS WILL BE USED FOR MUSIC EDUCATION CLASSES INCLUDING, BUT NOT LIMITED TO, CONCERTS FOR THE STUDENTS OF PS 229 IN WOODSIDE, QUEENS.

Funded Amount:

$3,000

Requested By:

MARKEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MIDORI FOUNDATION, INC.
352 SEVENTH AVENUE, SUITE 301
NEW YORK, NY 10001
(212) 767–1300

Name of Project Director:

JUDI LINDEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HIGH QUALITY MUSIC EDUCATION FOR STUDENTS AT IS 229.

Funded Amount:

$2,000

Requested By:

GREENE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MIDORI FOUNDATION, INC.
352 SEVENTH AVENUE SUITE 201
NEW YORK, NY 10001
(718) 767−1300

Name of Project Director:

JUDI LINDEN

Purpose of Project:

Funds will be used to provide new programs, including two in−school concerts serving 1−2 grades in conjunction with pre−concert workshops during the fall and winter, and one family concert to be held in the spring, which is open to the community.

Funded Amount:

$2,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MIDORI FOUNDATION, INC.
352 7TH AVENUE, SUITE 201
NEW YORK, NY 10001
(212) 767-1300

Name of Project Director:

JUDI LINDEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MUSIC EDUCATION PROGRAMS IN ELEMENTARY SCHOOLS DESIGNATED IN BROOKLYN, SPECIFICALLY FOR PROGRAMS AT PS 139, PS 181 AND PS 245.

Funded Amount:

$5,000

Requested By:

JACOBS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MIDORI FOUNDATION, INC.
352 SEVENTH AVENUE, SUITE 201
NEW YORK, NY 10001
(212) 767-1300

Name of Project Director:

JUDY LINDEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE GENERAL MUSIC STUDIES, COMPREHENSIVE INSTRUMENT INSTRUCTION AND ON-SITE MULTI-CULTURAL PERFORMANCES AND WORKSHOPS.

Funded Amount:

$2,500

Requested By:

BING

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MINEOLA MEMORIAL LIBRARY
195 MARCELLUS ROAD
MINEOLA, NY 11501
(516) 746–8488

Name of Project Director:

CHARLES SLEEFE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTER HARDWARE AND SOFTWARE.

Funded Amount:

$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MINEOLA UNION FREE SCHOOL DISTRICT
300 JACKSON AVENUE
MINEOLA, NY 11501
(516) 237−2300

Name of Project Director:

MATTHEW GAVEN

Purpose of Project:

FUNDS WILL BE USED FOR THE JACKSON AVENUE SCHOOL 5TH GRADE CLASS TRIP TO ALBANY.

Funded Amount:

$3,750

Requested By:

MCKEVITT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MOHONASEN HIGH SCHOOL
2072 CURRY ROAD
SCHENECTADY, NY 12303
(518) 356–8205

Name of Project Director:

MICHAEL JOHNSON

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES OF THE MARCHING BAND.

Funded Amount:

$5,000

Requested By:

AMEDORE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MOLLOY COLLEGE
100 HEMPSTEAD AVENUE
ROCKVILLE CENTRE, NY 11571
(516) 678−5000

Name of Project Director:

CYNTHIA METZGER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE SAINT MARTIN DE PORRES SCHOLARSHIP DINNER, AND TO INCREASE COURSES AND LECTURES SUPPORTING DIVERSITY ISSUES.

Funded Amount:

$7,000

Requested By:

HOOPER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MONROE COMMUNITY COLLEGE
1000 E. HENRIETTA ROAD
ROCHESTER, NY 14623
(585) 262–2100

Name of Project Director:

THOMAS FLYNN

Purpose of Project:

FUNDS WILL BE USED FOR THE NATIONAL YOUTH SPORTS PROGRAM, WHICH ALLOWS MORE THAN 400 INNER CITY YOUTH TO PARTICIPATE IN ORGANIZED ATHLETIC INSTRUCTION AND ACTIVITIES.

Funded Amount:

$20,000

Requested By:

GANTT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MONROE COUNTY CAPTION COMMITTEE
497 STATE STREET
ROCHESTER, NY 14608
(585) 546−7510

Name of Project Director:

ROBERT MENCHEL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL DEVELOPMENT AND A PUBLIC FORUM FOR THE PURPOSES OF ADDRESSING ISSUES RELATED TO IMPROVING CAPTIONING ON TELEVISION FOR THE DEAF AND HARD OF HEARING.

Funded Amount:

$5,000

Requested By:

KOON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MONTAUK LIBRARY
P.O. BOX 700
MONTAUK, NY 11954
(631) 668-3377

Name of Project Director:

KAREN RADE

Purpose of Project:

FUNDS WILL BE USED FOR INCREASED LIBRARY PROGRAMMING.

Funded Amount:

$1,000

Requested By:

THIELE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MORRIS HIGH SCHOOL
1110 BOSTON ROAD
BRONX, NY 10456
(718) 542–3700

Name of Project Director:

RICHARD NOGGLE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF JUNIOR ROTC’S ACTIVITIES.

Funded Amount:

$2,500

Requested By:

BENJAMIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MOUNT PLEASANT BLYTHEDALE UNION FREE SCHOOL DISTRICT
95 BRADHURST AVENUE
VALHALLA, NY 10595
(914) 347–1800

Name of Project Director:

ELLEN BERGMAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SMARTBOARDS FOR STUDENTS.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MOUNT VERNON BOARD OF EDUCATION
250 NORTH COLUMBUS AVENUE
MOUNT VERNON, NY  10553
(914) 665–5090

Name of Project Director:

TONI SAWYER

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF SMART BOARDS TO ENHANCE EDUCATION.

Funded Amount:

$25,000

Requested By:

PRETLOW

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MOUNT VERNON PUBLIC LIBRARY
28 SOUTH 1ST AVENUE
MOUNT VERNON, NY 10550
(914) 668−1840

Name of Project Director:

OPAL BROWN−LINDSAY

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE MOUNT VERNON PUBLIC LIBRARY’S COLLECTION BY PURCHASING BOOKS AND COMPACT DISKS TO INCREASE LITERACY RATES IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MOUNT VERNON PUBLIC LIBRARY
28 SOUTH 1ST AVENUE
MOUNT VERNON, NY 10550
(914) 668–1840

Name of Project Director:

OPAL B. BROWN–LINDSAY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE CONSTRUCTION OF A TEEN CENTER FOR THE RECREATIONAL AND EDUCATIONAL ACTIVITIES OF TEENS IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MS 243, THE CENTER SCHOOL
270 WEST 70TH STREET
NEW YORK, NY 10023
(212) 678–2791

Name of Project Director:

ELAINE SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN EDUCATIONAL AFTER SCHOOL PROGRAM.

Funded Amount:

$3,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MS 821, SUNSET PARK PREP
4004 4TH AVENUE
BROOKLYN, NY  11232
(718) 965–3331

Name of Project Director:

LOLA PADIN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROJECTS IN THE CLASSROOM, SUCH AS PURCHASING COMPUTER SOFTWARE, BOOKS, ETC. AND FOR IN−STATE FIELD TRIPS.

Funded Amount:

$4,500

Requested By:

ORTIZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
MUSIC OUTREACH−LEARNING THROUGH MUSIC, INC.
677 WEST END AVENUE
NEW YORK, NY 10025
(212) 316−2000

Name of Project Director:
EUGENE R. GAMIEL

Purpose of Project:
FUNDS WILL BE USED TO SUPPORT MUSIC OUTREACH PROGRAMS IN THE BRONX.

Funded Amount:
$2,000

Requested By:
DIAZ−L

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MUSIC OUTREACH–LEARNING THROUGH MUSIC, INC.
677 WEST END AVENUE, SUITE 1B
NEW YORK, NY 10025
(212) 316–2000

Name of Project Director:

EUGENE GAMIEL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT WORKSHOPS TARGETED FOR CHILDREN IN THE EARLY GRADES. THESE WORKSHOPS USE MUSIC AND AWARD–WINNING STORIES AND FABLES TO ENGAGE THE IMAGINATION OF YOUNG LEARNERS.

Funded Amount:

$4,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MUSIC OUTREACH–LEARNING THROUGH MUSIC, INC.
677 WEST END AVENUE
NEW YORK, NY 10025
(212) 316–2000

Name of Project Director:

EUGENE R. GAMIEL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EARLY CHILDHOOD MUSIC AND LITERACY WORKSHOPS IN LOCAL SCHOOLS.

Funded Amount:

$5,000

Requested By:

JACOBS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MUSIC OUTREACH—LEARNING THROUGH MUSIC, INC.
677 WEST END AVENUE
NEW YORK, NY 10025
(212) 316–2000

Name of Project Director:

EUGENE R. GAMIEL

Purpose of Project:

FUNDS WILL BE USED FOR AN IN−SCHOOL MUSIC AND LITERACY WORKSHOP.

Funded Amount:

$3,000

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

MY SISTERS' PLACE, INC.
1 WATER STREET, 3RD FLOOR
WHITE PLAINS, NY 10601
(914) 683−1333

Name of Project Director:

KAREN CHEEKS−LOMAX

Purpose of Project:

FUNDS WILL BE USED FOR A SCHOOL BASED OUTREACH AND EDUCATION PROGRAM FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS TO HELP THEM UNDERSTAND THE DYNAMICS OF TEEN DATING ABUSE AND DOMESTIC VIOLENCE.

Funded Amount:

$5,000

Requested By:

PAULIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NASSAU COUNTY MUSEUM OF ART
ONE MUSEUM DRIVE
ROSLYN HARBOR, NY  11576
(516) 484–9338

Name of Project Director:

CONSTANCE SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TOWARD PROGRAMS TO EDUCATE AND ENHANCE MEMBERS OF THE COMMUNITY IMPACTED BY AUTISM.

Funded Amount:

$3,000

Requested By:

LAVINE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NASSAU FREE LIBRARY
18 CHURCH STREET
NASSAU, NY 12123
(518) 766–2715

Name of Project Director:

STEPHEN HAINS

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE AND REPAIR THE LIBRARY BUILDING AND GROUNDS.

Funded Amount:

$5,000

Requested By:

GORDON–T

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NATIONAL CENTER FOR DISABILITY SERVICES
201 I.U. WILLETS ROAD
ALBERTSON, NY 11507
(516) 465–1472

Name of Project Director:

EDMUND CORTEZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SMART BOARDS FOR STUDENT TRAINING ROOMS.

Funded Amount:

$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEIGHBORHOOD SCHOOL  
121 EAST 3RD STREET  
NEW YORK, NY  10009  
(212) 387–0195

Name of Project Director:

LIZ HASTIE

Purpose of Project:

FUNDS WILL BE USED TO STRENGTHEN PARENT INVOLVEMENT, PURCHASE IMAC AND COPY MACHINE, HOLD WORKSHOPS FOR PARENTS, AND TOWN MEETINGS (PARENTS AND TEACHERS).

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEST + M  
111 COLUMBIA STREET  
NEW YORK, NY 10002  
(212) 260–2433

Name of Project Director:

ANTHONY STARBUCK

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTERS, FURNITURE FIXTURES, AND AIR CONDITIONERS NEEDED (PTA ROOM, CLASSROOMS, ETC.). FUNDS MAY ALSO BE USED FOR FEES ASSOCIATED WITH THE USE OF MEETING SPACE AT THE SCHOOL.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW HYDE PARK–GARDEN CITY PARK UNION FREE SCHOOL DISTRICT
1950 HILLSIDE AVENUE
NEW HYDE PARK, NY 11040
(516) 352−6257

Name of Project Director:

DIANE WEISS

Purpose of Project:

FUNDS WILL BE USED FOR THE MANOR OAKS–WILLIAM R BOWIE SCHOOL
5TH GRADE CLASS TRIP TO ALBANY.

Funded Amount:

$3,750

Requested By:

MCKEVITT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW INTERDISCIPLINARY SCHOOL
430 SILLS ROAD
YAPHANK, NY 11980
(631) 924–5583

Name of Project Director:

HELEN WILDER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND INSTALL PLAYGROUND EQUIPMENT AND FOR THE PURCHASE OF COMPUTERS FOR SCHOOL USE.

Funded Amount:

$5,000

Requested By:

EDDINGTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW ROCHELLE COMMUNITY ACTION PROGRAM
95 LINCOLN AVENUE
NEW ROCHELLE, NY 10801
(914) 636-3050

Name of Project Director:

NORVELL BRANDON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE EDUCATIONAL AND TECHNICAL CENTER GED PROGRAM, COMPUTER APPLICATIONS, AND COMPUTER REPAIR PROGRAMS.

Funded Amount:

$10,000

Requested By:

PAULIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK BRANCH OF THE INTERNATIONAL DYSLEXIA ASSOCIATION, INC.
71 WEST 23RD STREET, SUITE 1527
NEW YORK, NY  10010
(212) 691–1930  Ext: 11

Name of Project Director:

LINDA SELVIN

Purpose of Project:

FUNDS WILL BE USED FOR TUTORING INCLUDING, BUT NOT LIMITED TO,
20–50 MINUTE SESSIONS (FOUR WEEKS) OF INTENSIVE ONE ON ONE
SUPERVISED INSTRUCTION USING A MULTISENSORY EDUCATION
PROGRAM FOR STUDENTS OF LOW INCOME FAMILIES AT LEAST TWO
YEARS BEHIND IN READING SKILLS LIVING IN QUEENS.

Funded Amount:

$4,000

Requested By:

MARKEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK BRANCH OF THE INTERNATIONAL DYSLEXIA ASSOCIATION, INC.
71 WEST 23RD STREET, SUITE 1527
NEW YORK, NY  10010
(212) 691–1930  Ext: 11

Name of Project Director:

LINDA SELVIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUMMER TUTORING PROGRAMMING
FOR AT–RISK STUDENTS.

Funded Amount:

$3,500

Requested By:

MILLMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK CARES, INC.
214 WEST 29TH STREET, 5TH FLOOR
NEW YORK, NY 10001
(212) 228-5000

Name of Project Director:

GARY BAGLEY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE EARLY MORNING READING PROGRAM THAT STRENGTHENS CHILDREN’S LITERACY SKILLS.

Funded Amount:

$5,000

Requested By:

GIANARIS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK CARES, INC.
214 WEST 29TH STREET, 5TH FLOOR
NEW YORK, NY 10001
(212) 228–5000

Name of Project Director:

GARY BAGELY

Purpose of Project:

FUNDS WILL BE USED TO HELP SUPPORT THE FAMILY LITERACY PROGRAM.

Funded Amount:

$2,500

Requested By:

LANCMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK CITY CENTER, INC.
130 WEST 56TH STREET
BROOKLYN, NY 10019
(212) 247-0430

Name of Project Director:

ARLENE JORDAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ARTS EDUCATION PROGRAMS IN SELECTED PUBLIC SCHOOLS WITHIN BROOKLYN COMMUNITY SCHOOL BOARD #18 AND #22.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK CITY CENTER, INC.
130 WEST 56TH STREET
NEW YORK, NY 10019
(212) 763–1207

Name of Project Director:

JOHN HOLDEN

Purpose of Project:

FUNDS WILL BE USED TO MAINTAIN AND EXPAND IN-DEPTH ARTS EDUCATION PROGRAMS THAT REACH NEARLY 5,000 STUDENTS EACH YEAR, IN MANY SCHOOLS, SUCH AS REPERTORY COMPANY HIGH SCHOOL.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK HALL OF SCIENCE
47–01 111TH STREET
CORONA, NY 11368
(718) 699–0005

Name of Project Director:

MARILYN HOYT

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT LEARNING ACTIVITIES FOR SCHOOLS AND FAMILIES.

Funded Amount:

$5,000

Requested By:

WEPRIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK HALL OF SCIENCE
47–01 111TH STREET
CORONA, NY  11368
(718) 699–0005

Name of Project Director:

DAN WEMP A

Purpose of Project:

FUNDS WILL BE USED FOR LEARNING ACTIVITIES FOR SCHOOLS AND FAMILIES.

Funded Amount:

$2,500

Requested By:

YOUNG

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK HALL OF SCIENCE
47–01 111 STREET
CORONA, NY 11368
(718) 669–0006

Name of Project Director:

MARILYN HOYT

Purpose of Project:

FUNDS WILL BE USED TO RECRUIT MINORITY AND FEMALE STUDENTS INTO THE FIELD OF SCIENCE THROUGH THEIR WORK AS PAID EXHIBIT INTERPRETERS.

Funded Amount:

$30,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK HALL OF SCIENCE  
47-01 111TH STREET  
CORONA, NY 11368  
(718) 699-0005

Name of Project Director:

DANIEL WEMPA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS INVOLVED WITH PROVIDING EDUCATIONAL PROGRAMS FOR SCHOOL AGE CHILDREN.

Funded Amount:

$3,500

Requested By:

CARROZZA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK HALL OF SCIENCE
47–01 111TH STREET
CORONA, NY 11368
(718) 699–0005

Name of Project Director:

DAN WEMPA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EARLY CHILDHOOD PROGRAMS AT THE HALL OF SCIENCE.

Funded Amount:

$2,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK HALL OF SCIENCE
47-01 111TH STREET
CORONA, NY 11368
(718) 699-0005

Name of Project Director:

MARILYN HOYT

Purpose of Project:

FUNDS WILL BE USED TO RECRUIT PEOPLE OF COLOR AND FEMALE STUDENTS INTO THE FIELD OF SCIENCE THROUGH THEIR WORK AS PAID EXHIBIT INTERPRETERS AS THE HALL OF SCIENCE.

Funded Amount:

$2,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK HALL OF SCIENCE
47–01 111TH STREET
CORONA, NY  11368
(718) 699–0005

Name of Project Director:

DAN WEMPA

Purpose of Project:

FUNDS WILL BE USED TO CONNECT THE NEW YORK HALL OF SCIENCE WITH GRADE SCHOOL CHILDREN IN THE REGION 8, BROOKLYN SCHOOL DISTRICT BY SENDING EDUCATORS TO THE SCHOOLS AND BRINGING THE CHILDREN TO THE HALL OF SCIENCE. THIS PROGRAM WILL ENCOURAGE SCIENCE WITHIN ELEMENTARY SCHOOLS.

Funded Amount:

$10,000

Requested By:

LENTOL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK HALL OF SCIENCE
47–01 111TH STREET
CORONA, NY 11368
(718) 699–0005

Name of Project Director:

MARILYN HOYT

Purpose of Project:

FUNDS WILL BE USED TO RECRUIT MINORITY AND FEMALE STUDENTS INTO THE FIELD OF SCIENCE, THROUGH UTILIZING THEM AS PAID EXHIBIT INTERPRETERS AT THE HALL OF SCIENCE.

Funded Amount:

$6,500

Requested By:

AUBRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK HALL OF SCIENCE
47-01 111TH STREET
CORONA, NY  11368
(718) 699-0005  Ext: 351

Name of Project Director:

DAM WEMPA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PROGRAMS, EXHIBITS, AND OTHER ACTIVITIES THAT TEACH SCIENCE IN PARTICIPATORY INTERACTIVE WAYS.

Funded Amount:

$3,000

Requested By:

PHEFFER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS
FIFTH AVENUE AND 42ND STREET
NEW YORK, NY 10018
(212) 930–0051

Name of Project Director:

CATHY DENTE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE BOOKS AND OTHER MATERIALS FOR
THE EASTCHESTER, EDENWALD, AND WAKEFIELD BRANCH LIBRARIES.

Funded Amount:

$5,000

Requested By:

HEASTIE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS
FIFTH AVENUE AND 42ND STREET
NEW YORK, NY 10018
(212) 930–0051

Name of Project Director:

CATHY DENTE

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE LIBRARY SERVICES TO BRONX RESIDENTS AT THREE BRANCHES OF THE NEW YORK PUBLIC LIBRARY: HIGH BRIDGE ($5,000), GRAND CONCOURSE ($5,000) AND SEDGWICK ($5000). FUNDS WILL BE USED TO ENHANCE THE COLLECTIONS OF THESE BRANCHES BY THE PURCHASE OF MUCH NEEDED ITEMS.

Funded Amount:

$15,000

Requested By:

GREENE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS
FIFTH AVENUE AND 42ND STREET
NEW YORK, NY 10018
(212) 930–0051

Name of Project Director:
CATHERINE DENTE

Purpose of Project:
FUNDS WILL BE USED TO ENHANCE COLLECTIONS OF MUHLENBERG ($5,000), COLUMBUS ($5,000), AND ANDREW HEISKELL ($5,000) BRANCH LIBRARIES.

Funded Amount:
$15,000

Requested By:
GOTTFRIED

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS
FIFTH AVENUE AND 42ND STREET
NEW YORK, NY 10018
(212) 930–0051

Name of Project Director:

CATHY DENTE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ESSENTIAL SERVICES, INCLUDING
INFORMATION RESOURCES AND ENGAGING PROGRAMMING TO THE ST.
AGNES AND RIVERSIDE BRANCHES.

Funded Amount:

$2,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS
FIFTH AVENUE AND 42ND STREET
NEW YORK, NY 10018
(212) 930−0051

Name of Project Director:

CATHERINE DENTE

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF NEW MATERIALS AND
PROVISION OF PUBLIC PROGRAMMING IN THE OTTENDORFER, NEW
AMSTERDAM, HUDSON PARK, JEFFERSON MARKET, MULBERRY STREET
AND BATTERY PARK CITY LIBRARIES, TO BE DIVIDED EQUALLY.

Funded Amount:

$6,000

Requested By:

GLICK

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS
FIFTH AVENUE AND 42ND STREET
NEW YORK, NY 10018
(212) 930-0051

Name of Project Director:

CATHY DENTE

Purpose of Project:

FUNDS WILL BE USED TO MAINTAIN SERVICES AT THE BLOOMINGDALE,
GEORGE BRUCE, AND MORNINGSIDE HEIGHTS BRANCHES.

Funded Amount:

$7,500

Requested By:

O’DONNELL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS  
455 FIFTH AVENUE  
NEW YORK, NY  10016  
(212) 930–0511

Name of Project Director:

CATHY DENTE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADDITIONAL MATERIALS FOR THE COLLECTIONS OF THE YORKVILLE, CATHEDRAL AND FIFTY–EIGHT STREET BRANCHES, WHICH IS DONE THROUGH INTERBRANCH LOANS. THIS PROGRAM WILL HELP THE LIBRARY KEEP UP WITH THE NEW TECHNOLOGIES AND WILL PROVIDE ENDLESS INFORMATION TO ALL.

Funded Amount:

$10,000

Requested By:

BING

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS  
455 FIFTH AVENUE  
NEW YORK, NY 10016  
(212) 930−0051

Name of Project Director:

CATHY DENTE

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE COLLECTION AND MATERIALS,  
INCLUDING BOOKS, CDS, VIDEOS, ETC. FOR ISLAND NEIGHBORHOOD  
LIBRARY LOCATED AT 21−25 ROBIN ROAD.

Funded Amount:

$2,500

Requested By:

HYER−SPENCER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS  
FIFTH AVENUE AND 42ND STREET  
NEW YORK, NY 10018  
(212) 930–0051

Name of Project Director:

CATHERINE DENTE

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE COLLECTIONS AND INFORMATIONAL DATABASES OF THE MORRISANIA, WOODSTOCK, TREMONT AND MELROSE LIBRARIES.

Funded Amount:

$10,000

Requested By:

BENJAMIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS
455 FIFTH AVENUE
NEW YORK, NY  10016
(212) 340–0893

Name of Project Director:

KAY A. CASSELL

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE PRINT AND NON–PRINT MATERIALS FOR A CHINESE HERITAGE COLLECTION AT THE CHATHAM SQUARE REGIONAL LIBRARY ($32,940), TO ADD GENERAL PRINT AND NON–PRINT MATERIAL FOR ALL GROUPS AT THE SEWARD PARK LIBRARY ($32,940), NEW AMSTERDAM LIBRARY ($15,860), AND HAMILTON FISH BRANCH LIBRARY ($40,260).

Funded Amount:

$122,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK STATE ALLIANCE FOR ARTS EDUCATION, INC.
P.O. BOX 2217
ALBANY, NY 12220
(518) 474–0823

Name of Project Director:

AMY WILLIAMS

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE POETRY OUT LOUD PROGRAM.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK STATE ARCHIVES PARTNERSHIP TRUST
CULTURAL EDUCATION CENTER, SUITE 9C49
ALBANY, NY  12230
(518) 473−7091

Name of Project Director:

CHRISTINE WARD

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH THE PUBLICATION OF THE ONLY POPULAR MAGAZINE WRITTEN ON THE SUBJECT OF NEW YORK STATE HISTORY "NEW YORK ARCHIVES".

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK STATE EARLY MUSIC ASSOCIATION, INC.
616 CODDINGTON ROAD
ITHACA, NY 14850
(607) 272–3418

Name of Project Director:

PETER HEDRICK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A WORKSHOP FOR TEACHERS WITH ARTISTS OF NATIONAL RENOWN, FOLLOWED BY INTERACTIVE STUDENT PROGRAMS IN ONONDAGA COUNTY SCHOOLS IN THE 2008–09 SCHOOL YEAR.

Funded Amount:

$5,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK UNIVERSITY COLLEGE OF DENTISTRY
345 EAST 24TH STREET
NEW YORK, NY 10010
(212) 998-9898

Name of Project Director:

MICHEAL O’CONNOR

Purpose of Project:

FUNDS WILL BE USED TO COVER A PORTION OF THE COLLEGE’S CLINIC DEFICIT DUE TO THE EXTENSIVE PROVISION OF CHARITY CARE FOR INDIGENT PATIENTS.

Funded Amount:

$630,000

Requested By:

ABBATE, BING, BOYLAND, GLICK, GOTTFRIED, JEFFRIES, LENTOL, MARKEY, MCENENY, MILLER, MILLMAN, O’DONNELL, PERALTA, PERRY, PHEFFER, REILLY, SWEENEY, YOUNG

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEW YORK UNIVERSITY SCHOOL OF MEDICINE
550 FIRST AVENUE
NEW YORK, NY  10016
(212) 263–7921

Name of Project Director:

ANNETTE JOHNSON

Purpose of Project:

FUNDS WILL BE USED FOR SERVICES AND EXPENSES RELATED TO REBUILDING, PLANNING, RENOVATION AND CONSOLIDATION OF THE NEW YORK UNIVERSITY SCHOOL OF MEDICINE’S COMPREHENSIVE CANCER CENTER AND IT’S WOMEN’S CANCER CENTER.

Funded Amount:

$75,000

Requested By:

BING

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NEWCOMERS HIGH SCHOOL
28–01 41ST AVENUE
LONG ISLAND CITY, NY  11101
(718) 937–6005

Name of Project Director:

MARY BURKE

Purpose of Project:

FUNDS WIL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER–SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

NIOGA LIBRARY SYSTEM
6575 WHEELER ROAD
LOCKPORT, NY 14094
(716) 434–6167

Name of Project Director:

MARGARET A. WAITE

Purpose of Project:

FUNDS WILL BE USED TO ACQUIRE SIX NEW COMPUTERS AND MONITORS FOR USE BY CHILDREN IN THE NORTH TONAWANDA PUBLIC LIBRARY.

Funded Amount:

$5,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NIOGA LIBRARY SYSTEM
6575 WHEELER ROAD
LOCKPORT, NY 14094
(716) 434−6167

Name of Project Director:

THOMAS BINDEMAN

Purpose of Project:

Funds will be used to upgrade the system's books on CD's collection.

Funded Amount:

$1,000

Requested By:

COLE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NORTH BABYLON LIBRARY
815 DEER PARK AVENUE
NORTH BABYLON, NY 11703
(631) 669−4020

Name of Project Director:

MARC HOROWITZ

Purpose of Project:

FUNDS WILL BE USED FOR THE SOLAR ENERGY PROGRAM.

Funded Amount:

$2,000

Requested By:

RAIA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NORTH BABYLON PUBLIC LIBRARY
815 DEER PARK AVENUE
NORTH BABYLON, NY 11703–3812
(631) 669–4020

Name of Project Director:

MARC D. HOROWITZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SOLAR POWER PROJECTS AT THE LIBRARY.

Funded Amount:

$10,000

Requested By:

SWEENEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NORTHEAST MILLERTON LIBRARY
75 MAIN STREET
MILLERTON, NY 12546
(518) 789−3340

Name of Project Director:

DIANE PRICE

Purpose of Project:

FUNDS WILL BE USED FOR TRANSPORTATION AND PROMOTIONAL COSTS, AS WELL AS FEE FOR STORYTELLER TO PROMOTE SUMMER READING.

Funded Amount:

$2,000

Requested By:

MOLINARO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NORTHPORT –EAST NORTHPORT PUBLIC LIBRARY
151 LAUREL AVENUE
NORTHPORT, NY 11768
(631) 261−6930

Name of Project Director:

STEPHANIE HEINEMAN

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$2,000

Requested By:

RAIA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NORTHVILLE CENTRAL SCHOOL DISTRICT
THIRD STREET, (P.O. BOX 608)
NORTHVILLE, NY 12134
(518) 863–7000  Ext: 4121

Name of Project Director:

KATHY DOUGHERTY

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF THREE DEFIBRILLATORS, WALL–MOUNTED RESCUE STATIONS, CABINETS AND PEDIATRIC PADS.

Funded Amount:

$6,500

Requested By:

BUTLER–M

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NY LATINO DOLLARS FOR SCHOLARS GREATER CAPITAL REGION
P.O. BOX 3907
ALBANY, NY 12203
(518) 479–4432

Name of Project Director:

MARITZA VEGA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET ADMINISTRATIVE COSTS ASSOCIATED WITH ENCOURAGING EDUCATIONAL ACHIEVEMENT WITHIN THE LATINO COMMUNITY THROUGH EDUCATIONAL SUPPORT NETWORKING AND LEADERSHIP DEVELOPMENT.

Funded Amount:

$3,000

Requested By:

RIVERA–P

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYACK LIBRARY
59 SOUTH BROADWAY
NYACK, NY  10960
(845) 358–3370

Name of Project Director:

JAMES MAHONEY

Purpose of Project:

FUNDS WILL BE USED TO FURNISH A TUTORING ROOM FOR CHILDREN AND ADULTS.

Funded Amount:

$2,500

Requested By:

JAFFEE, ZEBROWSKI–K

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYACK LIBRARY
59 SOUTH BROADWAY
NYACK, NY 10960
(845) 358–0734

Name of Project Director:

MARY CALLAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES AND BOOKS FOR TUTORS FOR CHILDREN, AND TO PROVIDE A BILINGUAL ASSISTANCE PROGRAM FOR THOSE IN NEED.

Funded Amount:

$4,000

Requested By:

JAFFEE, ZEBROWSKI–K

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYC DEPARTMENT OF EDUCATION – IS 14
5619 FLATLANDS AVENUE
BROOKLYN, NY 11234
(718) 968–6204

Name of Project Director:

ANNE TULLY

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE THE SCIENCE DEPARTMENT TO NEW SCIENCE STANDARDS AND FOR TECHNOLOGY AT SHELLBANK IS 14.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYC DEPARTMENT OF EDUCATION – IS 285
5619 FLATLANDS AVENUE
BROOKLYN, NY  11234
(718) 968–6204

Name of Project Director:

EDWARD GENTILE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE INTERGENERATIONAL CONCERTS AND PLAYS AT MEYER LEVIN IS 285.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYC DEPARTMENT OF EDUCATION – JAMES MADISON HIGH SCHOOL
5619 FLATLANDS AVENUE
BROOKLYN, NY 11234
(718) 968-6204

Name of Project Director:

JOSEPH GOGLIORMELLA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE ADDITIONAL AIR CONDITIONERS FOR CLASSROOMS USED BY SUMMER SCHOOL STUDENTS AT MADISON HS. FUNDS WILL ALSO BE USED TO PURCHASE COMPUTER HARDWARE.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYC DEPARTMENT OF EDUCATION – PS 109
5619 FLATLANDS AVENUE
BROOKLYN, NY 11234
(718) 693–3159

Name of Project Director:

DENISE TALLEY

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE EXTRACURRICULAR PROGRAMS FOR STUDENTS AT PUBLIC SCHOOL 109.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYC DEPARTMENT OF EDUCATION – PS 119
5619 FLATLANDS AVENUE
BROOKLYN, NY 11234
(718) 968−6204

Name of Project Director:

LISA FERNANDEZ

Purpose of Project:

FUNDS WILL BE USED FOR THE REPLACEMENT OF OBSOLETE COMPUTER HARDWARE AT PUBLIC SCHOOL 119.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYC DEPARTMENT OF EDUCATION – PS 194
5619 FLATLANDS AVENUE
BROOKLYN, NY  11234
(718) 968–6204

Name of Project Director:

MARY ZISSLER–LYNCH

Purpose of Project:

FUNDS WILL BE USED FOR THE LITERATURE ENRICHMENT PROGRAM–TO PURCHASE AUDIO BOOKS AND CORRESPONDING LITERATURE TO ENHANCE STUDENTS ACADEMIC SUCCESS AT PS 194.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYC DEPARTMENT OF EDUCATION − PS 197
5619 FLATLANDS AVENUE
BROOKLYN, NY  11234
(718) 968−6204

Name of Project Director:

ROSEMARIE NICOLETTI

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT LITERACY PROGRAMS AND LANGUAGE ARTS PERFORMANCE IN GRADES K−5 AT PUBLIC SCHOOL 197.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYC DEPARTMENT OF EDUCATION – PS 206
5619 FLATLANDS AVENUE
BROOKLYN, NY 11234
(718) 968–6204

Name of Project Director:

GEMINA CARLOTTA

Purpose of Project:

FUNDS WILL BE USED FOR THE REPLACEMENT OF OBSOLETE COMPUTER HARDWARE AT PUBLIC SCHOOL 206.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYC DEPARTMENT OF EDUCATION – PS 208
5169 FLATLANDS AVENUE
BROOKLYN, NY 11234
(718) 968–6204

Name of Project Director:

KRISTY PARRIS

Purpose of Project:

FUNDS WILL BE USED FOR AFTER SCHOOL ENRICHMENT ACTIVITIES AT PUBLIC SCHOOL 208.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

NYC DEPARTMENT OF EDUCATION – PS 244
5619 FLATLANDS AVENUE
BROOKLYN, NY 11234
(718) 968–6204

Name of Project Director:

GRACE ALESI A

Purpose of Project:

FUNDS WILL BE USED FOR THE REPLACEMENT OF OBSOLETE COMPUTER HARDWARE AT PUBLIC SCHOOL 244.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYC DEPARTMENT OF EDUCATION – PS 251  
5619 FLATLANDS AVENUE  
BROOKLYN, NY 11234  
(718) 968–6204

Name of Project Director:

STEVEN BOYER

Purpose of Project:

FUNDS WILL BE USED TO OPERATE AFTER SCHOOL ACTIVITIES AT PUBLIC SCHOOL 251.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYC DEPARTMENT OF EDUCATION – PS 52
5619 FLATLANDS AVENUE
BROOKLYN, NY 11234
(718) 968–6204

Name of Project Director:

ILENE ALTSCHUL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT LITERACY AND LANGUAGE ARTS PERFORMANCE IN GRADES K–5 AT PUBLIC SCHOOL 52.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
NYC DEPARTMENT OF EDUCATION – SAMUEL TILDEN HIGH SCHOOL
5619 FLATLANDS AVENUE
BROOKLYN, NY 11234
(718) 968–6204

Name of Project Director:
DIANE VARANO

Purpose of Project:
FUNDS WILL BE USED TO EXPAND THE EXTRACURRICULAR PROGRAMS
FOR TILDEN HIGH SCHOOL STUDENTS AND THE COMMUNITY.

Funded Amount:
$2,500

Requested By:
WEINSTEIN

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYC DEPARTMENT OF EDUCATION – SHEEPSHEAD BAY HIGH SCHOOL
5619 FLATLANDS AVENUE
BROOKLYN, NY 11234
(718) 968–6204

Name of Project Director:

REESA LEVY

Purpose of Project:

FUNDS WILL BE USED FOR THE TUTORING PROGRAM IN MATHEMATICS AND SCIENCE AT SHEEPSHEAD BAY HIGH SCHOOL.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYC DEPARTMENT OF EDUCATION – SOUTH SHORE HIGH SCHOOL
5619 FLATLANDS AVENUE
BROOKLYN, NY 11234
(718) 968–6204

Name of Project Director:

JUDY HENRY

Purpose of Project:

FUNDS WILL BE USED TO UPDATE MATH TECHNOLOGY THROUGH THE USE OF COMPUTERS.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

NYC LAB MIDDLE SCHOOL FOR COLLABORATIVE STUDIES
333 WEST 17TH STREET
NEW YORK, NY 10011
(212) 691-6119  Ext: 4220

Name of Project Director:

NANETTE ROSS

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE TECHNOLOGY CAPABILITIES FOR CURRICULUM ENHANCEMENT.

Funded Amount:

$5,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

OCEAN BAY COMMUNITY DEVELOPMENT CORPORATION
434 BEACH 54TH STREET
ARVERNE, NY 11692
(718) 945–8640

Name of Project Director:

PATRICIA SIMON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ACADEMIC INSTRUCTION, SPORTS AND CULTURAL ACTIVITIES, COUNSELING AND OTHER SERVICES FOR IN−SCHOOL CHILDREN AND YOUTH IN THE FAR ROCKAWAY COMMUNITY.

Funded Amount:

$75,000

Requested By:

TITUS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

OCEANSIDE SCHOOL DISTRICT
145 MERLE AVENUE
OCEANSIDE, NY  11572
(516) 678−1215

Name of Project Director:

DR. HERB BROWN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A PROGRAM DESIGNED TO PREVENT STUDENTS FROM DROPPING OUT OF HIGH SCHOOL BY ESTABLISHING A MENTOR FOR EACH STUDENT TO PROVIDE ADDITIONAL EDUCATION AND NEEDED SUPPORT.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

OCEANSIDE SCHOOL DISTRICT
145 MERLE AVENUE
OCEANSIDE, NY 11572
(516) 678–1215

Name of Project Director:

DR. HERB R. BROWN

Purpose of Project:

FUNDS WILL BE USED FOR SMART BOARDS.

Funded Amount:

$10,000

Requested By:

BARRA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

OLD STONE HOUSE OF BROOKLYN
P.O. BOX 150613
BROOKLYN, NY 11215
(718) 768–3195

Name of Project Director:

KIM MAIER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL OUTREACH TO OVER 6,000 BROOKLYN AND MANHATTAN STUDENTS, AND TO PROVIDE PROFESSIONAL DEVELOPMENT FOR OVER 350 NYC PUBLIC SCHOOL TEACHERS.

Funded Amount:

$5,000

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

OLDFIELDS MIDDLE SCHOOL
2 OLDFIELDS ROAD
GREENLAWN, NY 11740
(631) 754–5310

Name of Project Director:

MICHAEL SIMS

Purpose of Project:

FUNDS WILL BE USED FOR A WELLNESS CENTER.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ONONDAGA COUNTY PUBLIC LIBRARY
GALLERIES OF SYRACUSE, 447 SOUTH SALINA STREET
SYRACUSE, NY 13202
(315) 435−1800

Name of Project Director:

OLIVIA OPELLO

Purpose of Project:

FUNDS WILL BE USED FOR NEW CARPETING, CHAIRS, PROJECTION SCREENS, COMPUTER PRINTERS, ETC., FOR THE HAZARD BRANCH LIBRARY IN THE CITY OF SYRACUSE.

Funded Amount:

$10,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

OPEN HAND THEATER, INC.
518 PROSPECT AVENUE
SYRACUSE, NY 13208
(315) 476–0466

Name of Project Director:

GEOFFREY NAVIAS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SCHOOL CHILDREN IN GRADES 3 TO 8 THE OPPORTUNITY TO ENHANCE THEIR WRITING SKILLS THROUGH THE RESOURCES OF PUPPETRY PLAYWRITINGS.

Funded Amount:

$5,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PARENT−TEACHER ASSOCIATION OF PUBLIC SCHOOL/IS 217 M, INC.
645 MAIN STREET
ROOSEVELT ISLAND, NY 10044
(212) 980−0294  Ext: 1590

Name of Project Director:

AIKATERINI DROUGAS

Purpose of Project:

FUNDS WILL BE USED TO OBTAIN AND UPDATE EDUCATIONAL MATERIALS FOR LIBRARY AND CLASSROOM USE. FUNDS WILL ALSO BE USED TO PURCHASE ELECTRONIC CHECK−OUT TRACKING SYSTEM, FURNITURE AND OTHER ELECTRONIC EQUIPMENT.

Funded Amount:

$5,000

Requested By:

KELLNER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PARENTS ASSOCIATION OF PUBLIC SCHOOL 158–M
1458 YORK AVENUE
NEW YORK, NY 10021
(212) 879–2181

Name of Project Director:

ERINN DERI

Purpose of Project:

FUNDS WILL BE USED TO CONVERT UNUSED HALL AND CLASSROOM SPACE TO A SPECIALTY AREA FOR FOUR PRE-K CLASSES (TWO FULL DAY AND TWO HALF DAY). THIS ROOM WILL PROVIDE AN AREA FOR CHILDREN TO PARTICIPATE IN ART, MUSIC AND PE CLASSES.

Funded Amount:

$5,000

Requested By:

KELLNER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PARENTS INFORMATION NETWORK, INC.
120–23 171ST STREET
JAMAICA, NY  11434
(718) 712–7028

Name of Project Director:

PAMELA CORLEY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE INFORMATION AND WORKSHOPS ON LEADERSHIP AND PARENTING SKILLS TO PUBLIC SCHOOL PARENTS.

Funded Amount:

$30,000

Requested By:

COOK

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

PARTNERS FOR A BETTER EDUCATION, INC.
200 NORTH BROADWAY
SLEEPY HOLLOW, NY 10591
(914) 366–8457

Name of Project Director:

ANDRES VALDESPINO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE: APPLE WORKSTATIONS FOR GRAPHIC AND MEDIA ARTS AT SLEEPY HOLLOW HIGH SCHOOL; CLIMBING WALL FOR KINDERGARTENERS AT TAPPAN HILL ELEMENTARY SCHOOL; AND STATIONARY BICYCLES AT SLEEPY HOLLOW HIGH SCHOOL.

Funded Amount:

$14,000

Requested By:

BRODSKY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PARTNERS FOR ARTS EDUCATION, INC.
501 WEST FAYETTE STREET
SYRACUSE, NY 13204
(315) 234–9911

Name of Project Director:

LAURA REEDER

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE "ARTS IN MIND" PROJECT FROM FOUR SCHOOLS TO TWELVE, AND TO INCLUDE PROGRAM ENCHANCMENTS.

Funded Amount:

$10,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PARTNERS FOR ARTS EDUCATION, INC.
P.O. BOX 6354
SYRACUSE, NY 13217
(315) 234–9911

Name of Project Director:

LAURA REEDER

Purpose of Project:

FUNDS WILL BE USED FOR FUND DEVELOPMENT SOFTWARE.

Funded Amount:

$10,000

Requested By:

CHRISTENSEN, MAGNARELLI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PARTNERSHIP WITH CHILDREN, INC.
299 BROADWAY – SUITE 1300
NEW YORK, NY 10007
(212) 689–9500

Name of Project Director:

MICHELLE SIDRANE

Purpose of Project:

FUNDS WILL BE USED FOR THE OPEN HEART – OPEN MIND PROGRAM WITHIN VARIOUS NEW YORK CITY PUBLIC SCHOOLS WHERE THE PARTNERSHIP WORKS.

Funded Amount:

$72,500

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PAT−KAM TRANSPORTATION SERVICES, INC.
705 NASSAU ROAD
UNIONDALE, NY  11553
(516) 486–7887

Name of Project Director:

RON CLAHAR

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE TRANSPORTATION OF STUDENTS.

Funded Amount:

$30,000

Requested By:

HOOPER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PATCHOGUE–MEDFORD LIBRARY
54–60 EAST MAIN STREET
PATCHOGUE, NY  11772
(631) 654–4700

Name of Project Director:

JUDITH GIBBARD

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE CHILDREN’S DEPARTMENT, INCLUDING THE PURCHASE OF MATERIALS AND PROGRAMS.

Funded Amount:

$5,000

Requested By:

EDDINGTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PATCHOGUE–MEDFORD SCHOOL DISTRICT
241 SOUTH OCEAN AVENUE
PATCHOGUE, NY 11772
(631) 687–6380

Name of Project Director:

MICHAEL MOSTOW

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SURVEILLANCE CAMERAS.

Funded Amount:

$12,000

Requested By:

EDDINGTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PECK MEMORIAL LIBRARY
P.O. BOX 325
MARATHON, NY 13803
(607) 849-6135

Name of Project Director:

MARY FRANK

Purpose of Project:

FUNDS WILL BE USED FOR LIBRARY RENOVATIONS.

Funded Amount:

$5,000

Requested By:

FINCH

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PENCIL, INC.
30 WEST 26TH STREET
NEW YORK, NY 10010
(212) 524–2390

Name of Project Director:

MICHAEL HABERMAN

Purpose of Project:

FUNDS WILL BE USED TO EXPAND PENCIL’S NETWORK OF PRIVATE SECTOR/PUBLIC SCHOOL PARTNERSHIPS, PARTICULARLY IMPORTANT IN NEW YORK CITY DUE TO ANOTHER PLANNED RESTRUCTURING THAT WILL DISRUPT EXISTING SUPPORT SYSTEMS.

Funded Amount:

$10,000

Requested By:

GLICK

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PENCIL, INC.
30 WEST 26TH STREET
NEW YORK, NY 10010
(212) 524–2390

Name of Project Director:

MICHAEL HABERMAN

Purpose of Project:

FUNDS WILL BE USED TO RECRUIT ADDITIONAL BUSINESS PARTNERS TO WORK WITH NEW YORK CITY PUBLIC SCHOOLS TO DEVELOP STRONG SCHOOL LEADERS, BUILD SCHOOL CAPACITY AND ENHANCE THE LEARNING EXPERIENCE.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PENCIL, INC.
30 WEST 26TH STREET, 5TH FLOOR
NEW YORK, NY 10010
(212) 524–2390

Name of Project Director:

MICHAEL HABERMAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE PENCIL PARTNERSHIP PROGRAM, WHICH WILL DEVELOP PARTNERSHIPS BETWEEN BUSINESS LEADERS AND PRINCIPALS TO BUILD SCHOOL CAPACITY AND ENHANCE STUDENT LEARNING.

Funded Amount:

$3,000

Requested By:

GLICK

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PENCIL, INC.
30 WEST 26TH STREET, 5TH FLOOR
NEW YORK, NY  10010
(646) 638–0565

Name of Project Director:

MICHAEL HABERMAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST ASSOCIATED WITH PARTNERSHIP COORDINATORS WHO FACILITATE PARTNERSHIPS BETWEEN PRINCIPALS AND PRIVATE SECTOR LEADERS TO DEVELOP STRONG SCHOOL LEADERS, BUILD SCHOOL CAPACITY, AND ENHANCE THE LEARNING EXPERIENCE.

Funded Amount:

$8,000

Requested By:

BING

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PENINSULA PUBLIC LIBRARY
280 CENTRAL AVENUE
LAWRENCE, NY  11559
(516) 239–3262

Name of Project Director:

ARLEEN REO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND SUPPLIES FOR THE CHILDREN’S LIBRARY READING PROGRAM.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PEOPLE’S UNITED METHODIST CITY SOCIETY HEADSTART − LIC
36–49 11TH STREET, 2ND FLOOR, ROOM 11
LONG ISLAND CITY, NY 11101
(718) 937−2216

Name of Project Director:

MAMIE ANGUIANO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT LITERACY PROGRAMS FOR PARENTS AND CHILDREN AT THE CENTER, INCLUDING, BUT NOT LIMITED TO, DEVELOPMENT OF A PARENT LIBRARY AND READING CENTER FOR CHILDREN. PROGRAMS ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$1,250

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PLAINEDGE PTA
241 WYNGATE DRIVE
NORTH MASSAPEQUA, NY 11758
(516) 992–7455

Name of Project Director:

CHRISTINE P’SIMER

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF PROGRAMS.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PLAINEDGE ROBOTICS CLUB
PLAINEDGE HIGH SCHOOL, 241 NORTH WYNGATE DRIVE
MASSAPEQUA, NY 11758
(516) 992-7550

Name of Project Director:

ROBERT GANDOLFO

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF PROGRAMS.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PLAINVIEW–OLD BETHPAGE LIBRARY
999 OLD COUNTRY ROAD
PLAINVIEW, NY 11803
(516) 933–0077

Name of Project Director:

GRETCHEN BROWNE

Purpose of Project:

FUNDS WILL BE USED FOR THE "FRIENDS OF THE LIBRARY" PROGRAM, WHICH PROVIDES CONCERTS AND LECTURES TO BENEFIT THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

LAVINE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PLAINVIEW–OLD BETHPAGE SCHOOL DISTRICT
106 WASHINGTON AVENUE
PLAINVIEW, NY  11803
(516) 937–6301

Name of Project Director:

GERARD DEMPSEY, JR.

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE TECHNOLOGY TO ENHANCE THE QUALITY OF EDUCATION IN THE CLASSROOMS.

Funded Amount:

$3,000

Requested By:

LAVINE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
PLEASANTVILLE UNION FREE SCHOOL DISTRICT
60 ROMER AVENUE
PLEASANTVILLE, NY 10570
(914) 741–1403

Name of Project Director:
MARY FOX–ALKER

Purpose of Project:
FUNDS WILL BE USED TO PURCHASE COMPONENTS OF A DIGITAL
MULTIMEDIA PLATFORM FOR THE MIDDLE SCHOOL.

Funded Amount:
$14,000

Requested By:
BRODSKY

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

POESTENKILL LIBRARY
9 PLANK ROAD, P.O BOX 305
POESTENKILL, NY 12140
(518) 283–3721

Name of Project Director:

LOU ANNE LUNDGREN

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN THE PURCHASE OF UPGRADED TECHNOLOGY AND WIRELESS EQUIPMENT.

Funded Amount:

$5,000

Requested By:

GORDON−T

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

POLICE LIAISON GROUP, INC.  
180 RIVERSIDE DRIVE, #11O  
NEW YORK, NY 10024  
(212) 580–4843

Name of Project Director:

JILL GREENBAUM

Purpose of Project:

FUNDS WILL BE USED TO EXPAND SCHOOLS UNITE NETWORK (SUN) TO MORE PUBLIC SCHOOLS AND UPGRADE SUN’S EMERGENCY NOTIFICATION SYSTEM.

Funded Amount:

$3,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

PORT CHESTER PUBLIC LIBRARY
1 HASECO AVENUE
PORT CHESTER, NY  10573
(914) 939–6710  Ext: 114

Name of Project Director:

ROBIN LETTIERI

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE PROGRAMS AND MATERIALS AT THE LIBRARY TO BETTER SERVE THE COMMUNITY.

Funded Amount:

$10,000

Requested By:

LATIMER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PORT JERVIS SCHOOL DISTRICT
9 THOMPSON STREET, P.O. BOX 1104
PORT JERVIS, NY  12771
(845) 858−3175

Name of Project Director:

JOHN P. XANTHIS

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF SMARTBOARDS FOR THE ANNA KUHL ELEMENTARY SCHOOL.

Funded Amount:

$6,000

Requested By:

GUNTHER−A

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PORT WASHINGTON EDUCATION FOUNDATION, INC.
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 STORYTIME THEATER (K−1).

Funded Amount:

$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PORT WASHINGTON LIBRARY
1 LIBRARY DRIVE
PORT WASHINGTON, NY 11050
(516) 883–4400 Ext: 168

Name of Project Director:

ELLY SHODELL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE SEPTEMBER 11TH ORAL HISTORY PROJECT, INCLUDING BUT NOT LIMITED TO THE COST OF MATERIALS AND A LIBRARY TECHNICIAN.

Funded Amount:

$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
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:
  $4,000

Requested By:
  SCHIMEL

Name of Administering State Agency:
  EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

PROJECT GRD LONG ISLAND, INC.
290 A. BABYLON TURNPIKE
ROOSEVELT, NY 11575
(516) 223–5430

Name of Project Director:

HONORABLE ROBERT TROIANO

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AIMED AT INCREASING HIGH SCHOOL GRADUATIONS RATES IN VARIOUS HIGH NEED SCHOOLS.

Funded Amount:

$4,000

Requested By:

WALKER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PTA OF MS 54, INC.
103 WEST 107TH STREET
NEW YORK, NY  10025
(212) 662−2775

Name of Project Director:

JENNIFER FREEMAN

Purpose of Project:

FUNDS WILL BE USED FOR EACH CORE CLASS TO TAKE A CURRICULUM−RELATED IN−STATE FIELD TRIP.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PTA OF PUBLIC SCHOOL 261K
314 PACIFIC STREET
BROOKLYN, NY  11201
(718) 330–9275

Name of Project Director:

LESLIE BRAUMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE DESIGN AND PAINTING OF MURALS. STUDENTS WILL BE INVOLVED IN ALL ASPECTS OF THE PROJECT.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC ACCESS NORTHERN DUTCHESS AREA, INC.
P.O. BOX 23
TIVOLI, NY  12583
(845) 757−2633

Name of Project Director:

KATHY HAMMER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH OUTFITTING THE PUBLIC ACCESS STUDIO FOR PANDA.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC ACCESS TELEVISION CORPORATION
1111 MARCUS AVENUE
NEW HYDE PARK, 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:

$2,000

Requested By:

SCHIMEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

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

Name of Project Director:

TODD BISHOP

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PS #1 CONTEMPORARY ART CENTER’S COMMUNITY AND EDUCATION PROGRAMS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 1
309 47TH STREET
BROOKLYN, NY  11220
(718) 567–7661

Name of Project Director:

ZAIDA VEGA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LIBRARY BOOKS AND COMPUTER SOFTWARE.

Funded Amount:

$4,500

Requested By:

ORTIZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 1
8 HENRY STREET
NEW YORK, NY 10038
(212) 587–5634

Name of Project Director:

KERRY LI

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL TRIPS WITHIN NEW YORK STATE, AS WELL AS TO PURCHASE SPORTS EQUIPMENT FOR YEAR–ROUND USE.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 10
511 7TH AVENUE
BROOKLYN, NY  11215
(718) 965−1190

Name of Project Director:

LAURA SCOTT

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF TWO SMART BOARDS THAT CONNECT TO THE COMPUTERS AND DIGITAL PROJECTOR SO THAT TEACHING STAFF CAN CONTROL COMPUTER APPLICATIONS, WRITE NOTES IN DIGITAL INK AND SAVE WORK THAT CAN BE REVISITED AND SHARED.

Funded Amount:

$3,000

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 100
2951 WEST 3RD STREET
BROOKLYN, NY 11224
(718) 266–9477

Name of Project Director:

KATHERINE MALONEY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LIBRARY BOOKS AND MATERIALS.

Funded Amount:

$1,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 101
2 RUSSELL PLACE
FLUSHING, NY  11375
(718) 268−7231

Name of Project Director:

RONNIE FEDER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CLAY BASED VISUAL ARTS CLASSES FOR GRADES 3−6.

Funded Amount:

$2,200

Requested By:

HEVESI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 104
9115 5TH AVENUE
BROOKLYN, NY 11209
(718) 836–4630

Name of Project Director:

MARIE DEBELLA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LIBRARY BOOKS AND MATERIALS.

Funded Amount:

$1,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 107
1301 8TH AVENUE
BROOKLYN, NY 11215
(718) 330-9340

Name of Project Director:

CYNTHIA HOLTON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE HARD GOODS FOR THE LIBRARY, (I.E. BOOKCASES, TABLES, ETC.).

Funded Amount:

$7,000

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 107
167–02 45TH AVENUE
FLUSHING, NY  11358
(718) 762–5995

Name of Project Director:

JIM PHAIR

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF TRANSPORTATION FOR IN–STATE FIELD TRIPS.

Funded Amount:

$1,250

Requested By:

LANCMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 11
54-25 SKILLMAN AVENUE
WOODSIDE, NY  11377
(718) 779–2090

Name of Project Director:

ANNA BIKARPIDES

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER–SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING, AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 110
285 DELANCEY STREET
NEW YORK, NY  10002
(212) 674−2951

Name of Project Director:

DONNA GORDAN KAHME

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE NEW COMPUTER, FURNITURE AND OFFICE SUPPLIES FOR PTA ROOM, SCIENCE CLUB SUPPLIES AND SCIENCE CLUSTER TEACHING EQUIPMENT, CERTIFICATES FOR STUDENT ACHIEVEMENTS, KINDERGARTEN AND 6TH GRADE GRADUATION CEREMONIES, ADDITIONAL BOOKS FOR "READING IS FUNDAMENTAL” PROGRAM, PLAQUES FOR PARENT VOLUNTEERS, CHILD CARE REIMBURSEMENT FOR MONTHLY PTA MEETINGS.

Funded Amount:

$20,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 111
37–15 13TH STREET
LONG ISLAND CITY, NY  11101
(718) 786–2073

Name of Project Director:

RANDY SEABROOK

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER–SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 112
25-05 37TH AVENUE
LONG ISLAND CITY, NY  11101
(718) 784–5250

Name of Project Director:

RAFAEL CAMPOS–GATJENS

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER–SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 114
1077 REMSEN AVENUE
BROOKLYN, NY 11236
(718) 257–4428

Name of Project Director:

MARIA PENA–HERRARA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADDITIONAL BOOKS FOR THE SCHOOL LIBRARY.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 115
1500 EAST 92ND STREET
BROOKLYN, NY  11236
(718) 241–1000

Name of Project Director:

MITCHELL PINSKY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADDITIONAL BOOKS FOR THE SCHOOL LIBRARY.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 115–GLEN OAKS SCHOOL
80–51 261ST STREET
FLORAL PARK, NY 11004
(718) 831–4010

Name of Project Director:

JAMES AMBROSE

Purpose of Project:

FUNDS WILL BE USED TO INSTALL AN OVERHEAD SCOREBOARD IN THE GYMNASIUM FOR ATHLETIC COMPETITIONS.

Funded Amount:

$5,000

Requested By:

WEPRIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 124
40 DIVISION STREET
NEW YORK, NY 10002
(212) 274–0263

Name of Project Director:

PAMELA CHIN

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTERS FOR CLASSROOMS.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 126
80 CATHERINE STREET
NEW YORK, NY 10038
(212) 962–2185

Name of Project Director:

WANDA PEREZ

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTERS FOR THE PTA ROOM AND/OR CLASSROOMS.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 128
69–26 65TH DRIVE
MIDDLE VILLAGE, NY 11379
(718) 416–3011

Name of Project Director:

ELEN MIGLIACCIO

Purpose of Project:

FUNDS WILL BE USED TO RUN PUBLIC SCHOOL 128’S AFTER SCHOOL PROGRAM TO TEACH BASIC MODERN DANCE. THE PROGRAM ENDS WITH A DANCE FESTIVAL.

Funded Amount:

$2,000

Requested By:

HEVESI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 130
70 OCEAN PARKWAY
BROOKLYN, NY 11218
(718) 330–9350

Name of Project Director:

MARIA NUNZIATA

Purpose of Project:

FUNDS WILL BE USED TO UPDATE THE DATA PROCESSING SYSTEM TO IMPROVE AND MAINTAIN COMMUNICATION WITH PARENTS.

Funded Amount:

$7,000

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 130
143 BAXTER STREET
NEW YORK, NY 10013
(212) 226-8072

Name of Project Director:

LILY DIN WOO

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTERS FOR CLASSROOMS.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 131Q – ABIGAIL ADAMS
170–45 84TH AVENUE
JAMAICA, NY 11432
(718) 739–4229

Name of Project Director:

RANDOLPH FORD

Purpose of Project:

Funds will be used to purchase computers to help the non-English speaking students increase their literacy skills.

Funded Amount:

$2,000

Requested By:

LANCMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 134
4001 18TH AVENUE
BROOKLYN, NY 11218
(718) 436-7200

Name of Project Director:

BEVERLY LYNCH

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF A PORTABLE DIGITAL WHITEBOARD AND DIGITAL PROJECTOR FOR USE IN INTERACTIVE TEACHING EFFORTS.

Funded Amount:

$3,000

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 134
293 EAST BROADWAY
NEW YORK, NY  10002
(212) 673–4470

Name of Project Director:

ELIZABETH BONNER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT FOR THE PTA, SUCH AS BOOKS (CHINESE/ENGLISH), AUDIO BOOKS, AN AIR CONDITIONER, A COPY MACHINE, AND UPGRADE COMPUTERS, ETC.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 137
293 EAST BROADWAY
NEW YORK, NY 10002
(212) 602–9800

Name of Project Director:

MELISSA RODRIGUEZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTERS FOR CLASSROOMS.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 139
330 RUGBY ROAD
BROOKLYN, NY 11226
(718) 282−5254

Name of Project Director:

MARY MCDONALD

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN AFTER SCHOOL ARTS PROGRAM.

Funded Amount:

$7,000

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 139
93-06 63RD DRIVE
REGO PARK, NY  11374
(718) 459–1044

Name of Project Director:

MONICA POWERS-MEADE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN EDUCATIONAL SCIENCE SHOW IN THE AUDITORIUM FOR GRADES K–6.

Funded Amount:

$2,200

Requested By:

HEVESI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 140
123 RIDGE STREET
NEW YORK, NY 10002
(212) 677-4680

Name of Project Director:

NEREIDA GONZALEZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTER AND PRINTER FOR PTA ROOM.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 142
100 ATTORNEY STREET
NEW YORK, NY  10002
(212) 598–3800

Name of Project Director:

VIRGINIA LOPEZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTERS FOR THE PTA ROOM.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 144
93–02 69TH AVENUE
FOREST HILLS, NY  11375
(718) 268–2775

Name of Project Director:

SIOUHAN KYNE

Purpose of Project:

FUNDS WILL BE USED TO OPERATE A WEEKEND ADULT ENGLISH AS A SECOND LANGUAGE PROGRAM.

Funded Amount:

$6,000

Requested By:

HEVESI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 145–THE BLOOMINGDALE SCHOOL
150 WEST 105TH STREET
NEW YORK, NY 10025
(212) 678–2857

Name of Project Director:

NEVILLE BIRD

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTER HARDWARE AND OTHER ELECTRONIC EQUIPMENT THAT WILL HELP TO ENHANCE THE TECHNOLOGY OFFERED TO THE STUDENTS.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 149−BEACON PROGRAM
93−11 34TH AVENUE
JACKSON HEIGHTS, NY  11372
(718) 426−0888

Name of Project Director:

MARTHA APONTE

Purpose of Project:

FUNDS WILL BE USED FOR CULTURAL AND RECREATIONAL YOUTH PROGRAMS AT THE BEACON PROGRAM LOCATED AT PS 149 IN JACKSON HEIGHTS DURING THE AFTER SCHOOL HOURS AND SUMMER MONTHS.

Funded Amount:

$5,500

Requested By:

LAFAYETTE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 15—PATRICK F. DALY
71 SULLIVAN STREET
BROOKLYN, NY 11231
(718) 330−9280

Name of Project Director:

PEGGY WYNS−MADISON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT FOR THE MULTI−MEDIA PROJECT.

Funded Amount:

$4,500

Requested By:

ORTIZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 150
40–01 43RD AVENUE
SUNNYSIDE, NY 11104
(718) 784–2253

Name of Project Director:

CARMEN PARACHE

Purpose of Project:

Funds will be used to extend, expand and improve after–school or extended day programs to provide academic, physical and cultural education, including tutorial, advanced or specialized studies, access to technology for learning and other services to the school’s students; and to expand and strengthen school library programs and services to students and teachers including but not limited to acquiring library materials, technology, research services as well as other library programs offered by the school.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 153–HOMEMREST SCHOOL OF MUSIC
1970 HOMEMREST AVENUE
BROOKLYN, NY  11229
(718) 375–4484

Name of Project Director:

MARIE BRINZER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE BOOKS FOR THE LIBRARY.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 154
1625 11TH AVENUE
BROOKLYN, NY 11215
(718) 768-0057

Name of Project Director:

FRANCES RUIZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A MULTI–CULTURAL EDUCATION PROGRAM THROUGH READING MATERIALS.

Funded Amount:

$7,000

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 154
75–02 162ND STREET
FLUSHING, NY  11366
(718) 591–1500

Name of Project Director:

DANIELLE GIUNTA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF TRANSPORTATION FOR IN–STATE FIELD TRIPS.

Funded Amount:

$1,250

Requested By:

LANCMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 161 Q
101–33 124 STREET
RICHMOND HILL, NY  11419
(718) 441–5493

Name of Project Director:

JILL HODER

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTERS FOR CLASSROOMS.

Funded Amount:

$1,500

Requested By:

LANCMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 163
159–01 59TH AVENUE
FLUSHING, NY  11365
(718) 353–2514

Name of Project Director:

LUCIUS YOUNG

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF TRANSPORTATION FOR IN–STATE FIELD TRIPS.

Funded Amount:

$1,250

Requested By:

LANCMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 166
33–09 35TH AVENUE
LONG ISLAND CITY, NY 11101
(718) 786–6703

Name of Project Director:

JANET FARRELL

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER–SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 169
4305 SEVENTH AVENUE
BROOKLYN, NY  11232
(718) 853–3224

Name of Project Director:

JOSEPHINE SANTIAGO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT VARIOUS EDUCATIONAL PROJECTS THROUGHOUT THE YEAR.

Funded Amount:

$4,500

Requested By:

ORTIZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 171
14–14 29TH AVENUE
LONG ISLAND CITY, NY  11102
(718) 932–0909

Name of Project Director:

ANNE BUSSEL

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER–SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 172  
825 4TH AVENUE  
BROOKLYN, NY  11232  
(718) 965−4200

Name of Project Director:  

JACK SPATOLA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROJECTS THROUGHOUT THE YEAR INCLUDING PURCHASING LIBRARY BOOKS AND COMPUTER SOFTWARE.

Funded Amount:

$4,500

Requested By:

ORTIZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 174
65–10 DIETERLE CRESCENT
REGO PARK, NY 11374
(718) 897–7006

Name of Project Director:

KARIN KELLY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A COMPETITIVE BALLROOM DANCING PROGRAM FOR STUDENTS.

Funded Amount:

$2,200

Requested By:

HEVESI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 179
202 AVENUE C
BROOKLYN, NY 11218
(718) 438–4010

Name of Project Director:

VALERIE JOSEPH

Purpose of Project:

FUNDS WILL BE USED TOWARD THE ACQUISITION OF UPDATED SOFTWARE FOR COMPUTERS.

Funded Amount:

$3,000

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 183 PARENTS–TEACHERS ASSOCIATION, INC.
419 EAST 66TH STREET
NEW YORK, NY 10065
(212) 734–7719  Ext: 2050

Name of Project Director:

LISA EHRlich

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MATERIALS AND BOOKS FOR THE NEWLY MANDATED K–2 SCIENCE CURRICULUM, AS WELL AS MATERIALS FOR GRADES 3–5 SCIENCE PROGRAMS.

Funded Amount:

$5,000

Requested By:

KELLNER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 185
8601 RIDGE BOULEVARD
BROOKLYN, NY 11209
(718) 745−6610

Name of Project Director:

KENNETH LLIMAS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LIBRARY BOOKS AND MATERIALS.

Funded Amount:

$1,000

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 188
3314 NEPTUNE AVENUE
BROOKLYN, NY 11224
(718) 266−6380

Name of Project Director:

FREDERICK TUDDA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LIBRARY BOOKS AND MATERIALS.

Funded Amount:

$1,000

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 19
185 FIRST AVENUE
NEW YORK, NY 10003
(212) 533–5340

Name of Project Director:

IVAN KUSHNER

Purpose of Project:

FUNDS WILL BE USED FOR THE ACADEMIC SUCCESS AFTER SCHOOL PROGRAM, WHICH PROVIDES SMALL GROUP AND INDIVIDUALIZED SUPPORT IN LITERACY AND MATH. FUNDS WILL BE USED TO TRAIN 5TH GRADE STUDENTS TO SERVE AS TUTORS AND MENTORS FOR 3RD GRADERS.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 199
39–20 48TH AVENUE
SUNNYSIDE, NY  11104
(718) 784–3431

Name of Project Director:

ANTHONY INZERILLO

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER−SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 2
122 HENRY STREET
NEW YORK, NY  10002
(212) 964–0350

Name of Project Director:

SIU FUNG CHIN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE NEW AND REFURBISHED SCIENCE UNITS (ONE PER GRADE); AND TO PURCHASE PHYSICAL EDUCATION SUPPORT.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 20
166 ESSEX STREET
NEW YORK, NY 10002
(212) 254-9577

Name of Project Director:

LEONARD H. GOLUBCHICK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE 1,000+ CHILDREN, GRADES PRE-K THROUGH 6, LEARNING TECHNIQUES OF CONFLICT RESOLUTION AND TRAINING (IN GRADES 4–6) TO BE PEER MEDIATORS. FUNDS WILL ALSO BE USED TO PROVIDE ONGOING STAFF DEVELOPMENT SEMINARS.

Funded Amount:

$25,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 203
5101 AVENUE M
BROOKLYN, NY 11234
(718) 241–8488

Name of Project Director:

LISA ESPOSITO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADDITIONAL BOOKS FOR THE SCHOOL LIBRARY.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 207  
4011 FILLMORE AVENUE  
BROOKLYN, NY 11234  
(718) 645–8667

Name of Project Director:

MARY E. BOSCO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADDITIONAL BOOKS FOR THE SCHOOL LIBRARY.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 209–MARGARET MEAD SCHOOL
2609 EAST 7TH STREET
BROOKLYN, NY  11235
(718) 743–1954

Name of Project Director:

MIRIAM SCHREIBER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE BOOKS FOR THE LIBRARY.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 212
34–25 82ND STREET
JACKSON HEIGHTS, NY  11372
(718) 898–6973

Name of Project Director:

CARIN ELLIS

Purpose of Project:

FUNDS WILL BE USED FOR THE OPERATION OF AN AFTER SCHOOL PROGRAM OUT OF PS 212 IN JACKSON HEIGHTS IN COLLABORATION WITH THE 82ND STREET ACADEMICS SCHOOL.

Funded Amount:

$4,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 217  
1100 NEWKIRK AVENUE  
BROOKLYN, NY 11230  
(718) 434–6960

Name of Project Director:

FRANCA CONTI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ENRICHMENT PROGRAMS FOCUSING ON MENTALLY AND PHYSICALLY CHALLENGING TASKS DURING AND AFTER SCHOOL.

Funded Amount:

$7,000

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 222
3301 QUENTIN ROAD
BROOKLYN, NY 11234
(718) 998−4298

Name of Project Director:

LOUISE B. LAKE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADDITIONAL BOOKS FOR THE LIBRARY.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 225–EILEEN ZAGLAN SCHOOL
1075 OCEANVIEW AVENUE
BROOKLYN, NY 11235
(718) 743–9793

Name of Project Director:

STEPHANIE ROSALIA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE BOOKS FOR THE LIBRARY.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 229
1400 BENSON AVENUE
BROOKLYN, NY 11228
(718) 236−5447

Name of Project Director:

JAMES HARRIGAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LIBRARY BOOKS AND MATERIALS.

Funded Amount:

$1,000

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 230
1 ALBEMARLE ROAD
BROOKLYN, NY 11218
(718) 437−6135

Name of Project Director:

SHARON FIDEN

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF COMPUTER HARDWARE.

Funded Amount:

$7,000

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 236
6302 AVENUE U
BROOKLYN, NY  11234
(718) 444–6969

Name of Project Director:

MARY BARTON

Purpose of Project:

FUNDs WILL BE USED TO PROVIDE ADDITIONAL BOOKS FOR THE SCHOOL LIBRARY.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 239
1715 WEIRFIELD STREET
RIDGEWOOD, NY  11385
(718) 381−4009

Name of Project Director:

JOHN BERNARDINO

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER−SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 24
427 38TH STREET
BROOKLYN, NY  11232
(718) 832–9366

Name of Project Director:

CHRISTINA FUENTES

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROJECTS THROUGHOUT THE YEAR, INCLUDING THE PURCHASE OF LIBRARY BOOKS AND COMPUTER SOFTWARE.

Funded Amount:

$4,500

Requested By:

ORTIZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 253
601 OCEANVIEW AVENUE
BROOKLYN, NY 11235
(718) 332–3331

Name of Project Director:

LISA SPERONI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LIBRARY BOOKS AND MATERIALS.

Funded Amount:

$1,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 254–DAG HAMMARSKJOLD
1801 AVENUE Y
BROOKLYN, NY  11235
(718) 743–0890

Name of Project Director:

LINDA ALHONTE

Purpose of Project:

FUNDS WILL BE USED TO MAKE IMPROVEMENTS TO THE AUDITORIUM AND CLASSROOM LIBRARIES.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 255
1866 EAST 17TH STREET
BROOKLYN, NY 11229
(718) 376–8494

Name of Project Director:

LINDA SINGER

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A COMPUTER.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 272
101–24 SEAVIEW AVENUE
BROOKLYN, NY 11236
(718) 241–1300

Name of Project Director:

DAKOTA REYES

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADDITIONAL BOOKS FOR THE SCHOOL LIBRARY.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 276
1070 EAST 83RD STREET
BROOKLYN, NY 11236
(718) 241–5757

Name of Project Director:

JOHNATHON STRAUGHN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADDITIONAL BOOKS FOR THE SCHOOL LIBRARY.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 277  
2529 GERRITSEN AVENUE  
BROOKLYN, NY  11229  
(718) 743–6689

Name of Project Director:

JEAN FISH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADDITIONAL BOOKS FOR THE SCHOOL LIBRARY.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 288
2950 WEST 25TH STREET
BROOKLYN, NY 11224
(718) 449-8000

Name of Project Director:

JOELENE-LYNETTE KINARD

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LIBRARY BOOKS AND MATERIALS.

Funded Amount:

$1,000

Requested By:

BROOK-KRASNY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 295  
330 18TH STREET  
BROOKLYN, NY 11215  
(718) 965-0390

Name of Project Director:

DEANNA MARCO

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF CLASSROOM LAPTOPS TO FAMILIARIZE STUDENTS WITH THEIR USE.

Funded Amount:

$3,000

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 3—THE JOHN MELSER CHARRETTE SCHOOL
490 HUDSON STREET
NEW YORK, NY 10014
(212) 647–1280

Name of Project Director:

LISA SIEGMAN

Purpose of Project:

FUNDS WILL BE USED TO ACQUIRE BOOKS AND SUPPORTING DIGITAL MEDIA MATERIALS TO CONTINUE TO BUILD THE SCHOOL’S LIBRARY MEDIA CENTER AND ACQUIRE MATERIALS TO SUPPORT THE LEARNING OF STUDENTS WITH SPECIAL NEEDS.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 312
7103 AVENUE T
BROOKLYN, NY  11234
(718) 763–4015

Name of Project Director:

LINDA BEAL–BENIGNO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADDITIONAL BOOKS FOR THE SCHOOL LIBRARY.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 32
171–11 35TH AVENUE
FLUSHING, NY 11358
(718) 463–3747

Name of Project Director:

BETSY MALESARDI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF TRANSPORTATION FOR IN–STATE FIELD TRIPS.

Funded Amount:

$1,250

Requested By:

LANCMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 321
180 SEVENTH AVENUE
BROOKLYN, NY  11215
(718) 499–2412

Name of Project Director:

ELIZABETH PHILIPS

Purpose of Project:

FUNDS WILL BE USED FOR A REMEDIAL READING PROGRAM FOR AT–RISK STUDENTS.

Funded Amount:

$7,000

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 329  
2929 WEST 30TH STREET  
BROOKLYN, NY 11224  
(718) 446–3800

Name of Project Director:

ANITA GARCIA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LIBRARY BOOKS AND MATERIALS.

Funded Amount:

$1,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 39
417 6TH AVENUE
BROOKLYN, NY 11215
(718) 330–9310

Name of Project Director:

ALEXANDER MATEO

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTERS AND SOFTWARE RELATED TO THE SCIENCES.

Funded Amount:

$7,000

Requested By:

BRENNAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 42
71 HESTER STREET
NEW YORK, NY  10002
(212) 431–7384

Name of Project Director:

SARA YIP

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE OFFICE EQUIPMENT, INCLUDING A XEROX MACHINE, COMPUTERS, AIR CONDITIONERS, ETC.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 49
79–15 PENELlope AVENUE
MIDDLE VILLAGE, NY 11379
(718) 326–2111

Name of Project Director:

ANTHONY LOMBARDI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A COMPETITIVE BALLROOM DANCING PROGRAM FOR STUDENTS.

Funded Amount:

$2,200

Requested By:

HEVESI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 503
330 59TH STREET
BROOKLYN, NY 11220
(718) 439–5962

Name of Project Director:

DAVID WEINER

Purpose of Project:

FUNDS WILL BE USED FOR VARIOUS EDUCATIONAL PROJECTS IN THE SCHOOL, SUCH AS COMPUTER SOFTWARE AND LIBRARY EQUIPMENT.

Funded Amount:

$4,500

Requested By:

ORTIZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 506
330 59TH STREET
BROOKLYN, NY  11220
(718) 492–0087

Name of Project Director:

ELIZABETH WATERS

Purpose of Project:

FUNDS WILL BE USED FOR VARIOUS EDUCATIONAL PROJECTS IN THE SCHOOL, SUCH AS COMPUTER SOFTWARE AND JOURNALISM SUPPLIES.

Funded Amount:

$4,500

Requested By:

ORTIZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 63
121 EAST 3RD STREET
NEW YORK, NY 10009
(212) 674-3180

Name of Project Director:

LOURDES MANNERS

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE COMPUTERS, AS WELL AS TO PURCHASE A COPY MACHINE AND SUPPLIES.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 68
59-09 ST. FELIX AVENUE
RIDGEWOOD, NY 11385
(718) 821-7246

Name of Project Director:

ANNE-MARIE SCALFARO

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER-SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL'S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 71
62-85 FOREST AVENUE
RIDGEWOOD, NY  11385
(718) 821-7772

Name of Project Director:

WALKYDIA OLIVELLA

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER-SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 76
36-36 10TH STREET
LONG ISLAND CITY, NY 11106
(718) 361-7464

Name of Project Director:

CAROLE SCHARFENBERG

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER-SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL'S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 78
48−09 CENTER BOULEVARD
LONG ISLAND CITY, NY 11101
(718) 392−5402

Name of Project Director:

LOUIS PAVONE

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER−SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 81
559 CYPRESS AVENUE
RIDGEWOOD, NY  11385
(718) 821–9800

Name of Project Director:

FRANK CANDELA

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER-SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL'S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 87
160 WEST 78TH STREET
NEW YORK, NY 10024
(212) 873-0490

Name of Project Director:

ALBERTO CRUZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CONFLICT MEDIATION TRAINING FOR THE COMMUNITY SERVICE LEADERSHIP PROJECT.

Funded Amount:

$5,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 87 QUEENS
67–54 80TH STREET
MIDDLE VILLAGE, NY 11379
(718) 326–8243

Name of Project Director:

KRISTEN ROMA

Purpose of Project:

FUNDS WILL BE USED TO INCREASE READING ACHIEVEMENT FOR STUDENTS THROUGH ONLINE LEARNING.

Funded Amount:

$8,000

Requested By:

HEVESI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 88
60−85 CATALPA AVENUE
RIDGEWOOD, NY  11385
(718) 821−8121

Name of Project Director:

LINDA CHINA

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER−SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 9 WALTER REED SCHOOL
58–74 57TH STREET
MASPETH, NY 11378
(718) 456–7105

Name of Project Director:

JEANETTE FRICault

Purpose of Project:

FUNDS WIL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER–SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 90
2840 WEST 12TH STREET
BROOKLYN, NY 11224
(718) 266−8090

Name of Project Director:

MADELINE CHAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LIBRARY BOOKS AND MATERIALS.

Funded Amount:

$1,000

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SCHOOL 94
5010 SIXTH AVENUE
BROOKLYN, NY 11220
(718) 435–6034

Name of Project Director:

JANETTE CABAN

Purpose of Project:

FUNDS WILL BE USED FOR VARIOUS EDUCATIONAL PROJECTS THROUGHOUT THE YEAR, INCLUDING THE PURCHASE OF LIBRARY BOOKS AND COMPUTER SOFTWARE.

Funded Amount:

$4,500

Requested By:

ORTIZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUBLIC SERVICE SCHOLAR PROGRAM AT HUNTER COLLEGE
695 PARK AVENUE, ROOM W1611
NEW YORK, NY  10065
(212) 772−5599

Name of Project Director:

DR. ELAINE M. WLASH

Purpose of Project:

FUNDS WILL BE USED FOR THE PUBLIC SERVICE SCHOLAR PROGRAM, A LEADERSHIP DEVELOPMENT PROGRAM THAT TRAINS STUDENTS, ESPECIALLY WOMEN, MINORITY GROUP MEMBERS, AND IMMIGRANTS, FOR LEADERSHIP POSITIONS IN PUBLIC SERVICE.

Funded Amount:

$35,000

Requested By:

FARRELL, JR

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

PUNTO DE CONTACTO/POINT OF CONTACT, INC.
216 H.B. CROUSE BUILDING, SYRACUSE UNIVERSITY
SYRACUSE, NY 13244
(315) 443−8826

Name of Project Director:

CHRISTINE FAWCETT

Purpose of Project:

FUNDS WILL BE USED FOR THE SYRACUSE INTERNATIONAL FILM FESTIVAL, WHICH WILL HOLD TRAINING EVENTS ON FILM, PRODUCTION AND COSTUMES FOR SYRACUSE CITY SCHOOL STUDENTS.

Funded Amount:

$5,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

QSAC, INC.
253 WEST 35TH STREET, 16TH FLOOR
NEW YORK, NY 10001
(718) 728–8476 Ext: 2010

Name of Project Director:

DIRK MCCALL

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE EARLY INTERVENTION PROGRAMS WITHIN THE AUTISM COMMUNITY.

Funded Amount:

$4,000

Requested By:

MARKEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

QUEENS BOROUGH PUBLIC LIBRARY
89–11 MERRICK BOULEVARD
JAMAICA, NY  11432
(718) 990–0705

Name of Project Director:

THOMAS GALANTE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE BOOKS, VIDEOS, CDS, AND OTHER ITEMS FOR THE JACKSON HEIGHTS BRANCH OF THE PUBLIC LIBRARY SYSTEM. FUNDS WILL ALSO BE USED FOR CULTURAL PROGRAMS AT THAT BRANCH THROUGH THE FRIENDS OF THE JACKSON HEIGHTS LIBRARY.

Funded Amount:

$5,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

QUEENS BOROUGH PUBLIC LIBRARY
89–11 MERRICK BOULEVARD
JAMAICA, NY 11432
(718) 990–0794

Name of Project Director:

THOMAS W. GALANTE

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET THE COSTS OF RENOVATION OF THE PUBLIC LIBRARIES IN QUEENS.

Funded Amount:

$5,000

Requested By:

CARROZZA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

QUEENS BOROUGH PUBLIC LIBRARY
89-11 MERRICK BOULEVARD
JAMAICA, NY 11432
(718) 990-0794

Name of Project Director:

DENISE CLARK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE ADULT AND FAMILY LITERACY PROGRAM AND TO PURCHASE NECESSARY MATERIALS FOR THE THREE LITERACY PROGRAMS HELD AT QUEENSBRIDGE, RAVENWOODS, AND LIC LIBRARIES.

Funded Amount:

$2,500

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

QUEENS BOROUGH PUBLIC LIBRARY
89–11 MERRICK BOULEVARD
JAMAICA, NY 11432
(718) 990–0887

Name of Project Director:

KATHLEEN DEAYANSKY

Purpose of Project:

FUNDS WILL BE USED FOR THE LATCH–KEY ENRICHMENT PROGRAM, AN AFTER SCHOOL PROGRAM WHICH PROVIDES ENRICHMENT, AS WELL AS SUPERVISION FOR MANY SCHOOL AGED CHILDREN WHILE THEIR PARENTS WORK. $5,000 IS TO BE AlLOCATED TO THE LEFRAK CITY BRANCH AND $5,000 TO THE EAST ELMHURST BRANCH.

Funded Amount:

$10,000

Requested By:

AUBRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
QUEENS BOROUGH PUBLIC LIBRARY
89–11 MERRICK BOULEVARD
JAMAICA, NY  11432
(718) 990–0794

Name of Project Director:
TOM GALONTE

Purpose of Project:
FUNDS WILL BE USED TO PURCHASE NEW BOOKS, AND TO CONDUCT READING ENHANCEMENT PROGRAMS AT THE LIBRARY BRANCHES OF STEINWAY, ASTORIA BOULEVARD AND BROADWAY.

Funded Amount:
$5,000

Requested By:
GIANARIS

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
QUEENS BOROUGH PUBLIC LIBRARY SYSTEM–LANGSTON HUGHES
100–01 NORTHERN BOULEVARD
QUEENS, NY 11368
(718) 651–1100

Name of Project Director:
THOMAS GALANTE

Purpose of Project:
FUNDS WILL BE USED BY THE LANGSTON HUGHES COMMUNITY LIBRARY TO COLLECT, DISSEMINATE AND PRESERVE MATERIALS DOCUMENTING THE HISTORY OF PEOPLE OF AFRICAN DESCENT IN AMERICA.

Funded Amount:
$25,000

Requested By:
aubry

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

QUEENS COLLEGE FOUNDATION, INC.
65-30 KISSENA BOULEVARD
FLUSHING, NY 11367
(718) 261-7664

Name of Project Director:

MICHAEL COGSWELL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE OPERATIONS OF THE LOUIS ARMSTRONG HOUSE/ARCHIVE RESEARCH FOUNDATION, A NATIONAL AND NEW YORK CITY LANDMARK.

Funded Amount:

$2,000

Requested By:

AUBRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

QUEENS COUNCIL ON THE ARTS, INC.
ONE FOREST PARK @ OAK RIDGE
WOODHAVEN, NY 11421
(718) 647–3377

Name of Project Director:

LISA GUTTING

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP A MEANINGFUL ARTS COMPONENT IN PS 107’S CURRICULUM.

Funded Amount:

$2,000

Requested By:

LANCMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

QUEENS HIGH SCHOOL OF TEACHING, LIBERAL ARTS AND SCIENCES
74–20 COMMONWEALTH BOULEVARD
GLEN OAKS, NY 11426
(718) 736–7100

Name of Project Director:

ELLEN TURNER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN OPPORTUNITY TO PROMOTE AND INITIATE UNDERSTANDING AND INTERACTION BETWEEN THE SENIORS OF THE COMMUNITY AND THE STUDENTS OF THE HIGH SCHOOL.

Funded Amount:

$1,000

Requested By:

WEPRIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

QUEENS THEATRE IN THE PARK, INC.
P.O. BOX 520069
FLUSHING, NY  11352
(718) 760–0686

Name of Project Director:

JEFF ROSENSTOCK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE IN–SCHOOL WORKSHOPS (12 WORKSHOPS CULMINATING IN A PERFORMANCE AT PS 32).

Funded Amount:

$2,000

Requested By:

LANCMAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

QUEENS VOCATIONAL HIGH SCHOOL
37–02 47TH AVENUE
LONG ISLAND CITY, NY  11101
(718) 937–3010

Name of Project Director:

DENISE VITTOR

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER−SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

QUEST YOUTH ORGANIZATION, INC.
P.O. BOX 26724
BROOKLYN, NY 11202
(718) 928–7058

Name of Project Director:

THOMAS FISHER

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE STUDENT ACADEMIC PERFORMANCE AND DECREASE JUVENILE DELINQUENT BEHAVIOR BY PROVIDING INSTRUMENTAL MUSIC AND THEORY LESSONS IN AN ACADEMIC SETTING. BIOGRAPHICAL RESEARCH OF VARIOUS MUSICAL ARTISTS WILL BE DONE BY THE YOUTH.

Funded Amount:

$3,000

Requested By:

ROBINSON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

QUOGUE LIBRARY  
P.O. BOX 5036  
QUOGUE, NY 11959  
(631) 653-4224

Name of Project Director:

CHRISTINE CLIFTON

Purpose of Project:

FUNDS WILL BE USED FOR INCREASED LIBRARY PROGRAMMING.

Funded Amount:

$1,000

Requested By:

THIELE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RABBI MARC H. TANENBAUM FOUNDATION, INC.
254 WEST 31ST STREET, 7TH FLOOR
NEW YORK, NY 10001
(212) 967-7707

Name of Project Director:

JOYCE DUBERSKY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROGRAMS THAT PROMOTE TOLERANCE AMONG VARIOUS GROUPS IN THE COMMUNITIES. PROGRAM IS OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

BING

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RAMAPO CATSKILL LIBRARY SYSTEM
619 ROUTE 17M
MIDDLETOWN, NY 10940
(845) 343–1131 Ext: 240

Name of Project Director:

RANDALL ENOS

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE SUMMER READING PROGRAMS, AND FOR OTHER OUTREACH.

Funded Amount:

$18,000

Requested By:

GUNTER-A

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RAMAPO CATSKILL LIBRARY SYSTEM
619 ROUTE 17M
MIDDLETOWN, NY 10940
(845) 343–1131

Name of Project Director:

RANDALL ENNIS

Purpose of Project:

FUNDS WILL BE USED FOR A SUMMER READING PROGRAM.

Funded Amount:

$5,000

Requested By:

CALHOUN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RAMAPO CATSKILL LIBRARY SYSTEM
619 ROUTE 17M
MIDDLETOWN, NY 10940
(845) 343–1131

Name of Project Director:

RANDALL ENOS

Purpose of Project:

FUNDS WILL BE USED FOR $500 FOR EACH LIBRARY.

Funded Amount:

$5,000

Requested By:

RABBITT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

REACH INTO CULTURAL HEIGHTS, INC.
90–04 161ST STREET, SUTIE 201
JAMAICA, NY  11432
(718) 523–4099

Name of Project Director:

JACQUELINE DAWSON

Purpose of Project:

FUNDS WILL BE USED TO TRAIN YOUTH FOR EMPLOYMENT IN AFTERSCHOOL PROGRAM SETTINGS THAT MENTOR ELEMENTARY AND MIDDLE SCHOOL STUDENTS IN THEIR SCHOOLS AND OTHER PROGRAM SETTINGS.

Funded Amount:

$3,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RECLAIMING OUR AFRICAN PRIDE (RAP), INC.
P.O. BOX 901
SYRACUSE, NY 13205
(315) 559–7275

Name of Project Director:

AARON CARTER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH STAFFING AND MATERIALS FOR MINORITY YOUTH TRAINING PROGRAMS ON THE UNDERGROUND RAILROAD SYSTEM IN NEW YORK STATE.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RED HOOK PUBLIC LIBRARY
7444 SOUTH BROADWAY
RED HOOK, NY 12571
(845) 758–3241

Name of Project Director:

MARY EGAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE CHILDRENS COMPUTERS.

Funded Amount:

$3,300

Requested By:

MOLINARO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

REDEMPTION, INC.
P.O. BOX 22482
BROOKLYN, NY 11202
(718) 484–1016

Name of Project Director:

TIFFANY TUCKER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL RESOURCES TO YOUTH AGES 13–19 IN UNDERSERVED COMMUNITIES, IN ORDER TO INCREASE GRADUATION RATES, SELF–ESTEEM AND COMMUNITY EMPOWERMENT.

Funded Amount:

$1,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
REDEMPTION, INC.
588 E. 82ND STREET
BROOKLYN, NY 11236
(917) 440-1784

TIFFANY TUCKER

FUNDS WILL BE USED TO SUPPORT COLLEGE READINESS PROGRAMS IN CANARSIE HIGH SCHOOL.

$1,000

MAISEL

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

REDEMPTION, INC.
588 EAST 82ND STREET
BROOKLYN, NY  11236
(877) 829–5500

Name of Project Director:

TIFFANY TUCKER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE COLLEGE READINESS BLUEPRINT, A POCKET SIZE BOOKLET THAT WILL HELP STUDENTS UNDERSTAND THE COLLEGE PROCESS.

Funded Amount:

$2,500

Requested By:

JEFFRIES

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

REGION #5 – LIFEGUARD DEVELOPMENT PROGRAM
28–11 QUEENS PLAZA NORTH, 4TH FLOOR
LONG ISLAND CITY, NY 11101
(718) 391–8301

Name of Project Director:

MADELINE VIDA

Purpose of Project:

FUNDS WILL BE USED TO HELP PREPARE STUDENTS IN BOTH PUBLIC AND NON–PUBLIC SCHOOLS TO BECOME NEW YORK CITY LIFEGUARDS AT THE CITY’S POOLS AND BEACHES.

Funded Amount:

$3,000

Requested By:

PHEFFER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RENAISSANCE CHARTER SCHOOL
35-59 81ST STREET
JACKSON HEIGHTS, NY 11372
(718) 803-0060

Name of Project Director:

MONTE JOFFE

Purpose of Project:

FUNDS WILL BE USED TO OFFER IN-STATE CLASS TRIPS AND OTHER CULTURAL ACTIVITIES FOR THE STUDENTS.

Funded Amount:

$1,500

Requested By:

LAFAYETTE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RENSSELAERVILLE LIBRARY
P.O. BOX 188
RENSSELAERVILLE, NY 12147
(518) 797–3949

Name of Project Director:

CANDY WILSON

Purpose of Project:

FUNDS WILL BE USED TO HELP INCREASE THE LIBRARY’S COLLECTION OF BOOK HOLDINGS.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK
STONY BROOK UNIVERSITY–OFFICE OF RESEARCH SERVICES
STONY BROOK, NY   11794
(631) 632–9039

Name of Project Director:

DR. OWEN EVANS

Purpose of Project:

FUNDS WILL BE USED TO EXPAND COOPERATION BETWEEN THE MUSEUM
OF LONG ISLAND NATURAL SCIENCES AND OTHER INSTITUTIONS,
INCLUDING LOCAL SCHOOL DISTRICTS, IN ORDER TO SERVE THE GENERAL
PUBLIC OF LONG ISLAND.

Funded Amount:

$19,100

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK
695 PARK AVENUE, ROOM W1611
NEW YORK, NY 10065
(212) 772–5599

Name of Project Director:

DR. ELAINE M. WALSH

Purpose of Project:

FUNDS WILL BE USED FOR THE PUBLIC SERVICE SCHOLAR PROGRAM, A
LEADERSHIP DEVELOPMENT PROGRAM THAT TRAINS STUDENTS,
ESPECIALLY WOMEN, MINORITY GROUP MEMBERS, AND IMMIGRANTS FOR
LEADERSHIP POSITIONS IN PUBLIC SERVICE.

Funded Amount:

$7,500

Requested By:

KELLNER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK
695 PARK AVENUE, ROOM W1611
NEW YORK, NY 10065
(212) 772–5599

Name of Project Director:

ELAINE M. WALSH

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF A LEADERSHIP PROGRAM
THAT TRAINS STUDENTS, ESPECIALLY WOMEN, MINORITY GROUP
MEMBERS, AND IMMIGRANTS FOR LEADERSHIP POSITIONS IN PUBLIC
SERVICE.

Funded Amount:

$2,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RHINEBECK SCIENCE FOUNDATION, INC.
P.O. BOX 508
RHINEBECK, NY  12572
(845) 876–0748

Name of Project Director:

ALI HAMMARD

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE START–UP OF THE RHINEBECK SCIENCE FOUNDATION, WHOSE MISSION IS TO AUGMENT MATH, SCIENCE AND TECHNOLOGY IN THE RHINEBECK SCHOOL DISTRICT.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

   RICHMOND MEMORIAL LIBRARY  
   19 ROSS STREET  
   BATAVIA, NY 14020  
   (585) 343−9550

Name of Project Director:

   DIANA WYRWA

Purpose of Project:

   FUNDS WILL BE USED FOR A MOUNTED PROJECTION UNIT AND RETRACTABLE SCREEN.

Funded Amount:

   $1,500

Requested By:

   HAWLEY

Name of Administering State Agency:

   EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RIGHT START FOUNDATION
93 KUHL AVENUE
HICKVILLE, NY 11801
(631) 335-0032

Name of Project Director:

CONNIE LO CASCIO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A FINANCIAL LITERACY DAY FOR HIGH SCHOOL SENIORS.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RIGHT START FOUNDATION
93 KUHL AVENUE
HICKSVILLE, NY 11801
(631) 335–0032

Name of Project Director:

CONNIE LOCASCIO

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE BRENTWOOD FINANCIAL LITERACY PROGRAMS FOR THE STUDENTS OF THE BRENTWOOD SCHOOL DISTRICT.

Funded Amount:

$2,000

Requested By:

RAMOS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RIPLEY FREE LIBRARY CHAUTAUQUA CATTARRAUGUS LIBRARY SYSTEM
64 EAST MAIN STREET, P.O. BOX 808
RIPLEY, NY 14775
(716) 736-3913

Name of Project Director:

JOAN FLETCHER

Purpose of Project:

FUNDS WILL BE USED TO FIX THE ROOF OF THE LIBRARY AND TO CONDUCT OTHER REPAIRS.

Funded Amount:

$20,000

Requested By:

PARMENT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RIVERHEAD CENTRAL SCHOOL DISTRICT
700 OSBORNE AVENUE
RIVERHEAD, NY 11901
(631) 369-6816

Name of Project Director:

THERESA DROED

Purpose of Project:

FUNDS WILL BE USED FOR THE COUNCIL FOR UNITY’S PROGRAM CURRICULUM, A SCHOOL PROGRAM FOR AT-RISK YOUTH.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RIVERRUN-NA, INC.
26 LINCOLN WOODS LANE
BUFFALO, NY 14222
(716) 856-9090

Name of Project Director:

PATRICK E. MARTIN, ESQ.

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT 2008 PUBLIC EDUCATION PROGRAMS IN WNY ON IRISH-AMERICAN CULTURE, ARTS AND SOCIETY.

Funded Amount:

$4,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ROBERT F. WAGNER SECONDARY SCHOOL
47-07 30TH PLACE
LONG ISLAND CITY, NY 11101
(718) 472-5671

Name of Project Director:

BRUCE NOBLE

Purpose of Project:

FUNDS WILL BE USED TO EXTEND, EXPAND AND IMPROVE AFTER-SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL AND CULTURAL EDUCATION, INCLUDING TUTORIAL, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING AND OTHER SERVICES TO THE SCHOOL’S STUDENTS; AND TO EXPAND AND STRENGTHEN SCHOOL LIBRARY PROGRAMS AND SERVICES TO STUDENTS AND TEACHERS INCLUDING BUT NOT LIMITED TO ACQUIRING LIBRARY MATERIALS, TECHNOLOGY, RESEARCH SERVICES AS WELL AS OTHER LIBRARY PROGRAMS OFFERED BY THE SCHOOL.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ROCHESTER INSTITUTE OF TECHNOLOGY
30 LOM MEMORIAL DRIVE
ROCHESTER, NY 14623
(585) 475–5040

Name of Project Director:

DEBORAH M. STENDARDI

Purpose of Project:

FUNDS WILL BE USED FOR WEBSITE SUPPORT AND MAINTENANCE.

Funded Amount:

$5,000

Requested By:

ERRIGO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ROCHESTER INSTITUTE OF TECHNOLOGY
30 LOMB MEMORIAL DRIVE
ROCHESTER, NY 14623
(585) 475–5040

Name of Project Director:

DEBORAH STENDARDI

Purpose of Project:

FUNDS WILL BE USED FOR EXPANSION OF BIZ2EDU WEBSITE.

Funded Amount:

$5,000

Requested By:

OAKS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ROCKVILLE CENTRE SCHOOL DISTRICT
128 SHEPHERD STREET
ROCKVILLE CENTRE, NY 11570
(516) 255–8920

Name of Project Director:

DR. WILLIAM H. JOHNSON

Purpose of Project:

FUNDS WILL BE USED FOR SMART BOARDS.

Funded Amount:

$10,000

Requested By:

BARRA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ROELIFF JANSEN COMMUNITY LIBRARY
P.O. BOX 669
HILLSDALE, NY 12529
(518) 325–4101

Name of Project Director:

NED SCHNEIER

Purpose of Project:

FUNDS WILL BE USED FOR THE PLANNING AND DRILLING OF GEOTHERMAL SYSTEM FOR THE NEW GREEN LIBRARY.

Funded Amount:

$5,000

Requested By:

MOLINARO

Name of Administering State Agency:

EDUCATION DEPARTMENT
ROGERS MEMORIAL LIBRARY
91 COOPERS FARM ROAD
SOUTHAMPTON, NY 11968
(631) 283–0774
DEBRA ENGELHARDT
FUNDS WILL BE USED FOR INCREASED LIBRARY PROGRAMMING.
$1,000
THIELE
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RTPI OF NATURAL HISTORY
311 CURTIS STREET
JAMESTOWN, NY 14701
(716) 665-2473

Name of Project Director:

JIM BERRY

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE AN ARCHIVAL PROGRAM AT THE INSTITUTE.

Funded Amount:

$50,000

Requested By:

PARMENT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

RUGBY FAMILY SERVICES, INC.
40–05 SNYDER AVENUE
BROOKLYN, NY 11203
(718) 287–3335

Name of Project Director:

PETULIND BLAKE

Purpose of Project:

FUNDS WILL BE USED TO OFFER COMMUNITY RESIDENTS BASIC EDUCATIONAL SKILLS AND GED TRAINING. IT WILL ALSO PROVIDE FOR PARENT TRAINING, AFTER SCHOOL TUTORIALS AND HOME ECONOMIC PROGRAMS.

Funded Amount:

$5,000

Requested By:

PERRY

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

RSUSSELL PUBLIC LIBRARY
9 PESTLE STREET
RUSSELL, NY 13684
(315) 347–2115

Name of Project Director:

TESS EELLS

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING OPERATIONAL EXPENSES.

Funded Amount:

$5,000

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SACHEM CENTRAL SCHOOL DISTRICT
212 SMITH ROAD
LAKE RONKONKOMA, NY 11779
(631) 471−1400

Name of Project Director:

STEPHANIE MACINTOSH

Purpose of Project:

FUNDS WILL BE USED FOR THE TEEN DRIVING PROGRAM FOR STUDENTS TO LEARN AND EXPERIENCE DRIVER TRAINING IN RECOGNIZING POTENTIAL HAZARDS THROUGH QUALIFIED INSTRUCTORS.

Funded Amount:

$4,000

Requested By:

FIELDS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SACHEM CENTRAL SCHOOL DISTRICT
245 UNION AVENUE
HOLBROOK, NY 11741
(631) 471–1336

Name of Project Director:

STEPHANIE MACINTOSH

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SURVEILLANCE CAMERAS.

Funded Amount:

$6,000

Requested By:

EDDINGTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SAG HARBOR SCHOOL DISTRICT
200 JERMAIN AVENUE
SAG HARBOR, NY 11963
(631) 725−5302

Name of Project Director:

JANET GROSSMAN

Purpose of Project:

FUNDS WILL BE USED FOR YOUTH ADVOCACY AND DEVELOPMENT RESOURCE PROGRAM.

Funded Amount:

$5,000

Requested By:

THIELE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SAND LAKE TOWN LIBRARY
8428 MILLER HILL ROAD
AVERILL PARK, NY 12018
(518) 674–5050

Name of Project Director:

MINDY FOWLER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT LIBRARY RENOVATIONS AND FOR THE PURCHASE OF EQUIPMENT.

Funded Amount:

$5,000

Requested By:

GORDON–T

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SAYVILLE PUBLIC SCHOOLS
99 GREENE AVENUE
SAYVILLE, NY 11782
(631) 244–6510

Name of Project Director:

ROSEMARY JONES

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE TEEN DRIVING PROGRAM FOR HIGH SCHOOL STUDENTS TO LEARN AND EXPERIENCE DRIVER TRAINING IN RECOGNIZING POTENTIAL HAZARDS THROUGH QUALIFIED INSTRUCTORS.

Funded Amount:

$4,000

Requested By:

FIELDS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SAYVILLE PUBLIC SCHOOLS
99 GREELEY AVENUE
SAYVILLE, NY 11782
(631) 244–6510

Name of Project Director:

ROSEMARY J. JONES

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE WHITE BOARDS FOR CLASSROOMS, TO IMPROVE TEACHING AND LEARNING.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SCARSDALE ADULT SCHOOL
P.O. BOX 205
SCARSDALE, NY 10583
(914) 723–2325

Name of Project Director:

SUSAN GROSZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH EDUCATIONAL ENRICHMENT PROGRAMS, INCLUDING SALARIES FOR FACULTY.

Funded Amount:

$5,000

Requested By:

PAULIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SCHENECTADY DAY NURSERY, INC.
25 LAFAYETTE STREET
SCHENECTADY, NY 12305
(518) 374–6319

Name of Project Director:

DIANE FISHER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES AND EDUCATIONAL EQUIPMENT.

Funded Amount:

$15,000

Requested By:

TEDISCO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE, NY PUBLIC LIBRARY
515 MALCOLM X BOULEVARD
NEW YORK, NY  10037
(212) 491–2200

Name of Project Director:

HOWARD DODSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE GENERAL OPERATING SUPPORT FOR THE SCHOMBURG CENTER. THE SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE PROVIDES RESEARCH, ACCESS AND PRESERVATION SERVICES FREE OF CHARGE, TO PERSONS INTERESTED IN THE CELEBRATION OF AFRICAN–AMERICANS, AFRICAN–DIASPORA AND AFRICAN HISTORIES AND CULTURES.

Funded Amount:

$150,000

Requested By:

WRIGHT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SCHONOWE PRE-SCHOOL  
590 GIFFORDS CHURCH ROAD  
ROTTERDAM, NY 12306  
(518) 355–0826

Name of Project Director:

JENNIFER LEARY

Purpose of Project:

FUNDS WILL BE USED FOR A PLAYGROUND.

Funded Amount:

$5,000

Requested By:

AMEDORE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SCHOOL FOR LANGUAGE AND COMMUNICATION DEVELOPMENT
100 GLEN COVE AVENUE
GLEN COVE, NY  11542
(516) 609–2000

Name of Project Director:

ELLEN MORRIS TIEGERMAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT FOR THE NEW HIGH SCHOOL LIBRARY.

Funded Amount:

$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SCHOOL FOR LANGUAGE AND COMMUNICATION DEVELOPMENT
100 GLEN COVE AVENUE
GLEN COVE, NY 11542
(516) 609-2000

Name of Project Director:

ELLEN MORRIS TIEGERMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ACADEMIC, SOCIAL, AS WELL AS
RECREATIONAL PROGRAMS FOR CHILDREN WITH LANGUAGE AND AUTISM
SPECTRUM DISORDERS.

Funded Amount:

$1,500

Requested By:

LAVINE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SEA CLIFF VILLAGE LIBRARY
SEA CLIFF AND CENTRAL AVENUES
SEA CLIFF, NY 11579
(516) 671-4290

Name of Project Director:

ARLENE NEVENS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PROGRAMS SUCH AS CONCERTS AND LECTURES TO BENEFIT THE COMMUNITY.

Funded Amount:

$1,000

Requested By:

LAVINE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT
1 TULIP AVENUE
FLORAL PARK, NY 11001
(516) 488–9800

Name of Project Director:

WARREN MEIERDIERCKS

Purpose of Project:

FUNDS WILL BE USED FOR MENTORS AND LEADERS AND PROGRAMMING.

Funded Amount:

$41,000

Requested By:

ALFANO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SEYMOUR LIBRARY
161 EAST AVENUE
BROCKPORT, NY 14420
(585) 637–1057

Name of Project Director:

CASSIE GUTHRIE

Purpose of Project:

FUNDS WILL BE USED FOR THE EXPANSION OF THE CAREER INFORMATION CENTER.

Funded Amount:

$5,000

Requested By:

REILICH

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SHENENDEHOWA VARSITY FOOTBALL BOOSTER CLUB
P.O. BOX 656
CLIFTON PARK, NY 12065
(518) 371−6392

Name of Project Director:

MARGARET CATELLIER

Purpose of Project:

FUNDS WILL BE USED TO CREATE A WALL OF FAME TO HONOR
SHENENDEHOWA VARSITY FOOTBALL CAPTAINS FROM 1968 TO THE
PRESENT, AS WELL AS PLAYERS WHO RECEIVED SPECIAL AWARDS.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SHERBURNE PUBLIC LIBRARY
2 EAST STATE STREET, (P.O. BOX 702)
SHERBURNE, NY 13460
(607) 674–4242

Name of Project Director:

NANCY SIMERAL

Purpose of Project:

FUNDS WILL BE USED FOR REFINISHING ORIGINAL OAK ENTRANCE DOORS.

Funded Amount:

$2,000

Requested By:

FINCH

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SKILLMAN HIGH SCHOOL
24-30 SKILLMAN AVENUE
QUEENS, NY  11101
(718) 264–0916

Name of Project Director:

MARCY BERGER

Purpose of Project:

Funds will be used to extend, expand and improve after-school or extended day programs to provide academic, physical and cultural education, including tutorial, advanced or specialized studies, access to technology for learning and other services to the school's students; and to expand and strengthen school library programs and services to students and teachers including but not limited to acquiring library materials, technology, research services as well as other library programs offered by the school.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
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:

FRANK VERPOORTEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HIGH QUALITY VISUAL ARTS EDUCATION TO SCHOOL GROUPS, ELEMENTARY TO HIGH SCHOOL, INCLUDING GALLERY TOURS, ART HISTORY AND ART APPRECIATION.

Funded Amount:

$5,000

Requested By:

TITONE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SOCIAL JUSTICE CENTER
SUNY STONY BROOK/SCHOOL OF SOCIAL WELFARE
STONY BROOK, NY 11794
(631) 444–2139

Name of Project Director:

GEORGE RANAZZI

Purpose of Project:

FUNDS WILL BE USED TO HELP FINANCE THE SOCIAL JUSTICE CENTER’S ANNUAL CONFERENCE, INCLUDING BUT NOT LIMITED TO PRINTING, POSTAGE, MEDIA AND SPACE COSTS.

Funded Amount:

$2,500

Requested By:

EDDINGTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SOCIETY OF THE THIRD STREET MUSIC SCHOOL SETTLEMENT, INC.
235 EAST 11TH STREET
NEW YORK, NY 10003
(212) 777–3240 Ext: 132

Name of Project Director:

KERRY GREENE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MUSIC INSTRUCTION, REHEARSALS AND INSTRUMENTS FOR 75–125 UPPER ELEMENTARY AND MIDDLE SCHOOL CHILDREN IN TWO TO FIVE LOCAL PUBLIC SCHOOLS.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SOMERS LIBRARY
P.O. BOX 443
SOMERS, NY 10589
(914) 232–5717

Name of Project Director:

PATRICIA MILLER

Purpose of Project:

FUNDS WILL BE USED TO REPLACE SEPTIC SYSTEM.

Funded Amount:

$5,000

Requested By:

BALL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SOPHIE DAVIS MEDICAL SCHOOL/QUEENS BRIDGE TO MEDICINE PROGRAM
YORK COLLEGE (CUNY) 94–50 159TH STREET – ROOM 1H14
JAMAICA, NY 11451
(718) 262–2000

Name of Project Director:

SANDRA POUUMAN

Purpose of Project:

Funds will be used to conduct classes and workshops for prospective students (and their parents) entering this program, which leads to a health profession.

Funded Amount:

$5,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SOUTH COUNTRY LIBRARY
22 STATION ROAD
BELLPORT, NY 11713
(631) 286-0818

Name of Project Director:

MARY HAINES

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A MAC IBOOK AND LAPTOP COMPUTER AND A DVD CAMCORDER FOR CREATIVE MEDIA PRODUCTION PROGRAMS FOR TEENS.

Funded Amount:

$2,000

Requested By:

EDDINGTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

SOUTH COUNTRY SCHOOL DISTRICT
189 DUNTON AVENUE
EAST PATCHOGUE, NY  11772
(631) 730–1510

Name of Project Director:

DR. SUSAN AGRUSO

Purpose of Project:

FUNDS WILL BE USED TO BRING THE DANCING CLASSROOMS PROGRAM TO THE DISTRICT FOR 5TH GRADERS. IT IS A BALLROOM DANCING PROGRAM DESIGNED TO DEVELOP SOCIALIZATION, SELF RESPECT, PRIDE AND ELEGANCE.

Funded Amount:

$6,000

Requested By:

EDDINGTON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SPACKENKILL SCHOOL DISTRICT
15 CROFT ROAD
POUGHKEEPSIE, NY 12603
(845) 463–7800

Name of Project Director:

JILL BERGOWITZ

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF TWO SMART BOARDS.

Funded Amount:

$10,000

Requested By:

MILLER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SPECIAL EDUCATION PTA (SEPTA)
C/O LINDELL SCHOOL, 601 LINDELL BOULEVARD
LONG BEACH, NY 11561
(516) 431−1474

Name of Project Director:

MAUREEN VRONA

Purpose of Project:

FUNDS WILL BE USED FOR AN ARTISTIC SHOWCASE FOR SPECIAL NEEDS
STUDENTS IN THE LONG BEACH SCHOOL DISTRICT. WEEKLY MEETINGS
AND PRACTICE WILL HELP STUDENTS TO LEARN SKILLS AND PERFORM
MUSICALLY.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SQPA BEACON SCHOOL AT IS8, QUEENS
108-35 167TH STREET
JAMAICA, NY  11434
(718) 276−4630  Ext: 151

Name of Project Director:

TIMOTHY JAMES

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN AFTER SCHOOL PROGRAM FOR YOUTH.

Funded Amount:

$7,500

Requested By:

SCARBOROUGH

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ST. BRIGID’S ROMAN CATHOLIC CHURCH
409 LINDEN STREET
BROOKLYN, NY 11237
(718) 821−1690

Name of Project Director:

DR. FRANK ARRACALI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE NATURALIZATION SERVICES TO LEGAL PERMANENT RESIDENTS. APPLICANTS ARE PROVIDED 25 HOURS OF INSTRUCTION ON PREPARATION FOR CITIZENSHIP EXAM INTERVIEWS. CLASSES WILL BE HELD TWICE A WEEK. SERVICES ARE PROVIDED ON A NON−SECTARIAN BASIS.

Funded Amount:

$1,250

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ST. FRANCIS COLLEGE
180 REMSEN STREET
BROOKLYN, NY 11201
(718) 489−5481

Name of Project Director:

BRENDAN CONSIDINE

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH PROJECT ACCESS, WHICH PROVIDES ACADEMIC SUPPORT IN MATH AND ENGLISH FOR STUDENTS WHO NEED HELP. FUNDS WILL HELP DEFRAY COSTS OF TUTORS.

Funded Amount:

$5,000

Requested By:

JACOBS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ST. FRANCIS COLLEGE
180 REMSEN STREET
BROOKLYN, NY 11201
(718) 489–5370

Name of Project Director:

LINDA WERBEL DASHEFSKY

Purpose of Project:

FUNDS WILL BE USED TOWARD PROJECT ACCESS FOR STUDENTS, AN EDUCATIONAL OPPORTUNITY PROGRAM.

Funded Amount:

$2,000

Requested By:

MAISEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ST. FRANCIS COLLEGE
180 REMSEN STREET
BROOKLYN, NY 11201
(718) 489–5370

Name of Project Director:

LINDA WERBEL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MATH MASTERY, ENGLISH SKILLS, SCIENCE TECH, AND ONE-ON-ONE HELP WITH STUDENTS’ STUDIES. PROGRAM IS OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

TOWNS

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ST. JOSEPHS SCHOOL FOR THE DEAF
1000 HUTCHINSON RIVER PARKWAY
BRONX, NY  10465
(718) 828−9000

Name of Project Director:

DR. PATRICIA MARTIN

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE LITERACY ACROSS ALL GRADES UTILIZING LEVELED READERS.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ST. MATTHEW’S AND ST. TIMOTHY’S NEIGHBORHOOD CENTER, INC.
26 WEST 84TH STREET
NEW YORK, NY 10024
(212) 362–6750

Name of Project Director:

LILLIAN ROBRES

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ACADEMIC SUPPORT FOR 240 LOW INCOME YOUTH IN THE COMMUNITY.

Funded Amount:

$4,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ST. PAUL’S AFTERSCHOOL EDUCATION PROGRAM
173–01 108TH AVENUE
JAMAICA, NY  11433
(718) 523–5570

Name of Project Director:

BARBARA EDWARDS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE STUDENTS WITH POSITIVE SOCIAL SKILLS, PROBLEM SOLVING TECHNIQUES, LITERACY TUTORING AND HOMEWORK ASSISTANCE AFTERSCHOOL. PROGRAMS ARE OPEN TO ALL CHILDREN ON A NON–SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

ST. THOMAS AQUINAS COLLEGE
125 ROUTE 340
SPARKILL, NY 10976
(845) 398–4012

Name of Project Director:

DR. MARGARET M. FITZPATRICK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EQUIPMENT FOR THE TRAINING OF FORENSIC SCIENCE PRACTITIONERS.

Funded Amount:

$4,500

Requested By:

ZEBROWSKI–K

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

STATE EDUCATION DEPARTMENT
ROOM 132A, EDUCATION BUILDING
ALBANY, NY 12234
(518) 474–4632

Name of Project Director:

JIM GRIGOLEIT

Purpose of Project:

FUNDS WILL BE USED TO INCREASE SUPPORT FOR 4410 AND 853 SCHOOLS FOR THE PURPOSE OF DECREASING THE SALARY DIFFERENTIAL BETWEEN TEACHERS WHO TEACH SPECIAL NEEDS STUDENTS IN PUBLIC AND PRIVATE SCHOOLS.

Funded Amount:

$2,000,000

Requested By:

BENEDETTO, BOYLAND, COOK, KELLNER, LENTOL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

STATEN ISLAND HIGH SCHOOL TRACK AND FIELD ASSOCIATION
328 ILYSSA WAY
STATEN ISLAND, NY 10312
(718) 605–5897

Name of Project Director:

JAMES J. HUGHES

Purpose of Project:

FUNDS WILL BE USED TO SERVE THE HIGH SCHOOL COMMUNITY OF STATEN ISLAND BY ADMINISTERING TRACK AND FIELD MEETS.

Funded Amount:

$5,000

Requested By:

CUSICK

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

STATEN ISLAND INSTITUTE OF ARTS AND SCIENCES
75 STUYVESANT PLACE
STATEN ISLAND, NY 10301
(718) 727–1135  Ext: 114

Name of Project Director:

HENRYK BEHNKE

Purpose of Project:

FUNDS WILL BE USED TO OFFER FREE AND REDUCED RATE EDUCATIONAL PROGRAMMING TO UNDERPRIVILEGED CHILDREN FOR TITLE I SCHOOLS. ADDITIONALLY, FUNDS WILL BE USED TO PURCHASE SUPPLIES FOR THE CHILDREN.

Funded Amount:

$5,000

Requested By:

TITONE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

STATEN ISLAND TECHNICAL HIGH SCHOOL
485 CLAWSON STREET
STATEN ISLAND, NY 10306
(718) 667−5725

Name of Project Director:

DENNIS GIURIGI

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH ENTRY FEES AND REGIONAL COMPETITIONS AND IN−STATE TRANSPORTATION OF STUDENTS TO COMPETITIONS.

Funded Amount:

$4,000

Requested By:

CUSICK

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

STATEWIDE MEDIA PROJECT, INC.
42 MARCY LANE
MIDDLETOWN, NY 10941
(845) 537–1500

Name of Project Director:

HANK GROSS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH IMPLEMENTING LIVE AND PRERECORDED WEBCASTING OF LOCAL MUNICIPAL MEETINGS IN THE HUDSON VALLEY REGION.

Funded Amount:

$10,000

Requested By:

CAHILL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

STEINWAY CHILD AND FAMILY SERVICES, INC.
41-36 27TH STREET
LONG ISLAND CITY, NY 11101
(718) 389-5100

Name of Project Director:

MARY D. REDD

Purpose of Project:

FUNDS WILL BE USED FOR A PROGRAM THAT WORKS IN A GROUP SETTING WITH CHILDREN 8-14 WHO ARE EXPERIENCING SOCIALIZATION PROBLEMS. FUNDS WOULD PERMIT AN OVERLAY OF ACADEMIC INSTRUCTION THAT WOULD TEACH SKILLS THROUGH TUTORIALS AND OTHER METHODS.

Funded Amount:

$2,250

Requested By:

NOLAN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

STEPPING STONES LEARNING CENTER
41 COLEBROOK DRIVE
ROCHESTER, NY 14617
(585) 467–4567

Name of Project Director:

MARIELLEN CUPINI

Purpose of Project:

FUNDS WILL BE USED FOR THE RENOVATION OF A CLASSROOM FOR CHILDREN WITH AUTISM.

Funded Amount:

$10,000

Requested By:

MORELLE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

STOCKBRIDGE VALLEY CENTRAL SCHOOL
6011 WILLIAMS ROAD
MUNNSVILLE, NY 13409
(315) 495–4400

Name of Project Director:

STEVEN SZATKO

Purpose of Project:

FUNDS WILL BE USED TO COMPLETE THE POLE BARN FACILITY, INCLUDING CONCRETE FLOORING AND ELECTRICITY.

Funded Amount:

$5,000

Requested By:

MAGEE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

STONE RIDGE PUBLIC LIBRARY
P.O. BOX 188
STONE RIDGE, NY  12484
(845) 687−7023

Name of Project Director:

JODI FORD

Purpose of Project:

FUNDS WILL BE USED TO AID IN COSTS ASSOCIATED WITH IMPLEMENTING A BOOKS ON CD MAILING PROGRAM FOR LEGALLY BLIND ULSTER COUNTY RESIDENTS AT NO COST TO THE BLIND SUBSCRIBER.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

STUDENT ADVOCACY, INC.
3 WEST MAIN STREET
ELSMFORD, NY  10523
(914) 347–7039  Ext: 101

Name of Project Director:

LISA SYRON

Purpose of Project:

FUNDS WILL BE USED TO UPDATE AND MAINTAIN THE LEGAL AND ADVOCACY LIBRARY, AS WELL AS TO PROVIDE LEGAL TRAINING TO PROFESSIONAL STAFF WHO PROVIDE LEGALLY–BASED EDUCATIONAL ADVOCACY FOR AT–RISK YOUTH, GETTING THEM ON TRACK TO SCHOOL SUCCESS.

Funded Amount:

$10,000

Requested By:

BRADLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SULLIVAN COUNTY BOARD OF COOPERATIVE EDUCATIONAL SERVICES
6 WIERK AVENUE
LIBERTY, NY 12754
(845) 295–4000

Name of Project Director:

MICHAEL DOLLARD

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE SULLIVAN COUNTY EVEN START PROGRAM THAT PROVIDES PARENT AND CHILD LITERACY ACTIVITIES FOR LOW–INCOME FAMILIES.

Funded Amount:

$160,000

Requested By:

GUNTHER–A

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SULLIVAN WEST ELEMENTARY SCHOOL
33 SCHOOLHOUSE ROAD
JEFFERSONVILLE, NY 12748
(845) 482−4610

Name of Project Director:

KELLY ERLWEIN

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE CREATION OF AN OUTDOOR CLASSROOM, INCLUDING THE PURCHASE OF SUPPLIES AND EQUIPMENT (I.E. BIRD FEEDERS, WATER FEATURE, SPOTTING SCOPE, DIGITAL CAMERA, ETC.)

Funded Amount:

$2,000

Requested By:

GUNTHER−A

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SUNY BROOKLYN EDUCATIONAL OPPORTUNITY CENTER  
111 LIVINGSTON STREET  
BROOKLYN, NY  11201  
(718) 802–3300

Name of Project Director:

LOIS BLADES–ROSADO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE OUTREACH TO BROOKLYN RESIDENTS.

Funded Amount:

$5,000

Requested By:

ROBINSON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SUSAN E. WAGNER HIGH SCHOOL
1200 MANOR ROAD
STATEN ISLAND, NY 10314
(718) 698−4200

Name of Project Director:

PAUL CORN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AN INTER−SING COMPETITION TO BE HELD THROUGHOUT THE VARIOUS HIGH SCHOOLS ON STATEN ISLAND.

Funded Amount:

$2,500

Requested By:

CUSICK

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SWAN LIBRARY
4 NORTH MAIN STREET
ALBION, NY 14411
(585) 589–4246

Name of Project Director:

SUSAN RUDNICKY

Purpose of Project:

FUNDS WILL BE USED FOR LIBRARY MATERIALS.

Funded Amount:

$1,500

Requested By:

HAWLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SWEET HOME CENTRAL SCHOOL DISTRICT
1901 SWEET HOME ROAD
AMHERST, NY  14228
(716) 250−1400

Name of Project Director:

PAUL YACONO

Purpose of Project:

FUNDS WILL BE USED TO CONSTRUCT AN ADA COMPLIANT PLAYGROUND AT THE GLENDALE ELEMENTARY SCHOOL.

Funded Amount:

$7,500

Requested By:

SCHIMMINGER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SYRACUSE CHARGERS ROWING CLUB, INC.
104 PLEASANT STREET
MANLIUS, NY 13104
(315) 682–9131

Name of Project Director:

ROBERT P. O’LEARY

Purpose of Project:

FUNDS WILL BE USED TO CONSTRUCT A FIVE BAY BOATHOUSE TO ALLOW AREA HIGH SCHOOL STUDENTS THE OPPORTUNITY TO PARTICIPATE IN ORGANIZED CREW TEAMS.

Funded Amount:

$150,000

Requested By:

STIRPE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SYRACUSE TEACHERS TRUST
909 BUTTERNUT STREET
SYRACUSE, NY 13208
(315) 472−6374

Name of Project Director:

KATE MCKENNA

Purpose of Project:

FUNDS WILL BE USED FOR IN−STATE FIELD TRIPS TO CULTURAL, ARTS AND LANGUAGE ACTIVITIES, IN−STATE TRANSPORTATION AND ADMISSION FEES WHERE APPLICABLE FOR SCHOOL DAY CULTURAL AND ARTS ACTIVITIES THAT THESE STUDENTS WOULD OTHERWISE NOT BE ABLE TO ATTEND.

Funded Amount:

$15,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SYRACUSE UNIVERSITY
CROUSE HINDS HALL, SUITE 600
SYRACUSE, NY 13244
(315) 443–3494

Name of Project Director:

BRIAN MCLANE

Purpose of Project:

FUNDS WILL BE USED TO ENABLE THE BURTON BLATT INSTITUTE AT SYRACUSE UNIVERSITY TO DEVELOP AND LEAD A PUBLIC CAMPAIGN LEARNING PROGRAM WITH STUDENTS AT FAYETTEVILLE–MANLIUS HIGH SCHOOL TO CHALLENGE NEGATIVE EXPECTATIONS ABOUT THE ABILITIES OF INDIVIDUALS WITH DISABILITIES LEADING TO FACE TO FACE AND WEB–BASED PROGRAMS FOR OTHER AREA HIGH SCHOOLS.

Funded Amount:

$15,000

Requested By:

STIRPE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

SYRACUSE UNIVERSITY−RENAISSANCE INTERNSHIP PROGRAM
223 LINK HALL
SYRACUSE, NY  13244
(315) 443−4341

Name of Project Director:

DR. ERIC SPINA

Purpose of Project:

FUNDS WILL BE USED FOR THE RENAISSANCE INTERNSHIP PROGRAM WHICH RECRUITS GRADUATE ENGINEERING STUDENTS AND PAIRS THEM WITH CENTRAL NEW YORK BUSINESSES.

Funded Amount:

$100,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

THE BLOUNT LIBRARY, INC.
5 MAIN STREET
FRANKLINVILLE, NY 14737
(716) 676–5715

Name of Project Director:

DAVID DICKINSON

Purpose of Project:

FUNDS WILL BE USED FOR LIBRARY EXPANSION PROJECT.

Funded Amount:

$5,000

Requested By:

GIGLIO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

THE LEARNING PROJECT ONE
420 EAST 12TH STREET
NEW YORK, NY 10009
(212) 673−9488

Name of Project Director:

DENISE ECHEVARRIA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND SUPPLIES FOR THE PTA ROOM, WHICH IS USED BY PTA STAFF, PARENTS AND-guardians.

Funded Amount:

$17,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
THEODORE ROOSEVELT ELEMENTARY SCHOOL PTO
2495 WILLIAM STREET
CHEektowaga, NY  14206
(716) 891–6424

Name of Project Director:
DENISE ISBRANDT

Purpose of Project:
FUNDS WILL BE USED TOWARD THE COST OF BUILDING A NEW PLAYGROUND.

Funded Amount:
$5,000

Requested By:
GABRYSZAK

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

THOMAS H. SLATER CENTER, INC.
2 FISHER COURT
WHITE PLAINS, NY  10601
(914) 948–6211

Name of Project Director:

HEATHER MILLER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EDUCATIONAL MATERIALS FOR THE AFTER–SCHOOL TUTORIAL PROGRAM FOR HIGH SCHOOL STUDENTS, AS WELL AS, TO OFFSET THE COST OF INSTRUCTORS FOR THE PROGRAM.

Funded Amount:

$5,000

Requested By:

BRADLEY, PAULIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

THOMAS H. SLATER CENTER, INC.
2 FISHER COURT
WHITE PLAINS, NY  10601
(914) 948-6211

Name of Project Director:

HEATHER MILLER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH AN AFTER SCHOOL TUTORIAL PROGRAM FOR HIGH SCHOOL STUDENTS, INCLUDING EDUCATIONAL MATERIALS AND TEACHER SALARIES.

Funded Amount:

$5,000

Requested By:

BRADLEY, PAULIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

TODAY’S STUDENTS, TOMORROW’S TEACHERS
3 WEST MAIN STREET
ELMSFORD, NY  10523
(914) 345–3444

Name of Project Director:

BETTYE PERKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ECONOMICALLY CHALLENGED STUDENTS A CHANCE TO PARTICIPATE IN A MENTORING AND CAREER DEVELOPMENT PROGRAM.

Funded Amount:

$7,500

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:
TODAY’S STUDENTS, TOMORROW’S TEACHERS
3 WEST MAIN STREET
ELMSFORD, NY  10523
(914) 345–3444

Name of Project Director:
BETTYE PERKINS

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE FOR ECONOMICALLY CHALLENGED STUDENTS TO PARTICIPATE IN THE MENTORING AND CAREER DEVELOPMENT PROGRAM.

Funded Amount:
$2,500

Requested By:
BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:
EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

TODAY’S STUDENTS, TOMORROW’S TEACHERS
3 WEST MAIN STREET
ELMSFORD, NY 10523
(914) 345–3444

Name of Project Director:

BETTY PERKINS

Purpose of Project:

FUNDS WILL BE USED TO RECRUIT HIGH SCHOOL STUDENTS AND ENGAGE THEM IN TUTORING AND INTERNSHIPS, SUPPORTS THEIR ACCEPTANCE INTO POST SECONDARY EDUCATION.

Funded Amount:

$10,000

Requested By:

PRETLOW

Name of Administering State Agency:

EDUCATION DEPARTMENT
TOMPKINS COUNTY PUBLIC LIBRARY
101 EAST GREEN STREET
ITHACA, NY 14850
(607) 272–4557

JANET STEINAR

FUNDS WILL BE USED TO PROVIDE SUNDAY STAFFING FOR LIBRARY HOURS.

$L18,000

LIFTON

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

TONAWANDA/GRAND ISLAND TEACHER CENTER
202 BROAD STREET
TONAWANDA, NY 14150
(716) 695–6172

Name of Project Director:

MARY VACANTI

Purpose of Project:

FUNDS WILL BE USED TO ACQUIRE EDUCATIONAL MATERIALS TO ENHANCE LESSONS AND PROGRAMS.

Funded Amount:

$2,500

Requested By:

SCHIMMINGER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

TONAWANDA/GRAND ISLAND TEACHER CENTER
202 BROAD STREET
TONAWANDA, NY 14150
(716) 695-6172

Name of Project Director:

MARY VACANTI

Purpose of Project:

FUNDS WILL BE USED TO ACQUIRE EDUCATIONAL MATERIALS TO ENHANCE LESSONS AND PROGRAMS.

Funded Amount:

$2,500

Requested By:

HOYT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

TOWN OF COPAKE
230 MOUNTAIN VIEW ROAD
COPAKE, NY 12516
(518) 329−1234

Name of Project Director:

REGINALD CROWLEY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE TWO AED DEFIBRILLATORS FOR TOWN HALL AND TOWN PARK BUILDING.

Funded Amount:

$2,000

Requested By:

MOLINARO

Name of Administering State Agency:

EDUCATION DEPARTMENT
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

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP EDUCATIONAL MATERIALS AND TO PURCHASE RECYCLING CONTAINERS FOR SCHOOLS.

Funded Amount:

$6,000

Requested By:

SCHIMEL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

TUCKAHOE UNION FREE SCHOOL DISTRICT
29 ELM STREET
TUCKAHOE, NY 10707
(914) 337-6600 Ext: 251

Name of Project Director:

MICHAEL YAZURLO

Purpose of Project:

FUNDS WILL BE USED FOR SUMMER SCHOOL IN-STATE BUS TRANSPORTATION FOR STUDENTS FROM EASTCHESTER, PELHAM, AND TUCKAHOE.

Funded Amount:

$9,000

Requested By:

PAULIN

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

TURNING POINT
5220 4TH AVENUE
BROOKLYN, NY 11220–1812
(718) 439–0077

Name of Project Director:

BRUCE CARMEL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE "GED AND BEYOND" PROGRAM, INCLUDING BUT NOT LIMITED TO EQUIPMENT AND SUPPLIES. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

ORTIZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

TWENTY FIRST CENTURY SAVE OUR KIDS TASK FORCE, INC.
P.O. BOX 888
PLAINVIEW, NY 11803
(516) 433–9444

Name of Project Director:

GINGER LIEBERMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TRAINING TO PARENTS AND EDUCATORS ON ISSUES SUCH AS VIOLENCE PREVENTION AND BULLYING IN SCHOOLS AND ONLINE.

Funded Amount:

$5,000

Requested By:

LAVINE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

UNIFIED NEW CASSEL COMMUNITY REVITALIZATION CORPORATION
211 GARDEN STREET
WESTBURY, NY 11590
(516) 997-9399

Name of Project Director:

CYNTHIA WILLIAMS

Purpose of Project:

FUNDS WILL BE USED FOR COMPUTER CLASSES TO ASSIST COMMUNITY MEMBERS LEARN TO READ, WRITE AND SPEAK ENGLISH.

Funded Amount:

$10,000

Requested By:

LAVINE

Name of Administering State Agency:

EDUCATION DEPARTMENT
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

UNION SQUARE PARTNERSHIP, INC.
4 IRVING PLACE, ROOM 1148–S
NEW YORK, NY 10003
(212) 460–1200

Name of Project Director:

TANYA NAVAS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ACADEMIC SUPPORT, EXTRA–CURRICULAR ACTIVITIES, COLLEGE AND CAREER PROGRAMS AND CHARACTER EDUCATION AND COUNSELING.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

UNITY NEIGHBORHOOD CENTER, INC.  
3822 DYRE AVENUE  
BRONX, NY 10466  
(718) 994–8400

Name of Project Director:

JESSE COLLINS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MATERIALS AND SUPPLIES TO EXPAND SERVICES IN PUBLIC SCHOOL 87 AND PUBLIC SCHOOL 21. THIS PROGRAM PROVIDES INSTRUCTION IN DANCE, DRAWING AND PAINTING.

Funded Amount:

$5,000

Requested By:

HEASTIE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

UNIVERSITY HEIGHTS HIGH SCHOOL
WEST 181 STREET AND UNIVERSITY AVENUE
BRONX, NY 10453
(718) 289–5302

Name of Project Director:

BRENDA BRAVO

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE ENHANCEMENT OF THE
COMPUTER LAB.

Funded Amount:

$12,000

Requested By:

DIAZ–L

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

UPPER MANHATTAN SPECIALIZED SCIENCE HIGH SCHOOL INITIATIVE, LTD.
1380 RIVERSIDE DRIVE, ROOM 12G
NEW YORK, NY  10033
(917) 751−0374

Name of Project Director:

DARREN GUEZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTERS, PRINTERS, DESKS AND OTHER SUPPLIES USED TO TUTOR PUBLIC SCHOOL STUDENTS FOR ENTRY EXAMS FOR SPECIALIZED PUBLIC HIGH SCHOOLS.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

UPSTATE NEW YORK FAMILIES FOR EFFECTIVE AUTISM TREATMENT, INC.
P.O. BOX 10174
ROCHESTER, NY  14610
(585) 234–1220

Name of Project Director:

JENNIFER BAXTER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE SOCIAL SKILLS EDUCATION PROGRAM FOR CHILDREN WITH AUTISM.

Funded Amount:

$5,000

Requested By:

GANTT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

UPSTATE NEW YORK FAMILIES FOR EFFECTIVE AUTISM TREATMENT, INC.
383 LAURELTON ROAD
ROCHESTER, NY  14609
(585) 704–1896

Name of Project Director:

GIA CARROLL

Purpose of Project:

FUNDS WILL BE USED TO EXPAND UPON THE SUMMER PROGRAM AT CAMP ARROWHEAD, FOR CHILDREN WITH AN AUTISM SPECTRUM DISORDER.

Funded Amount:

$10,000

Requested By:

MORELLE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

URBAN YOGA FOUNDATION, INC.
68 DANFORTH AVENUE
JERSEY CITY, NY  07302
(917) 710–5437

Name of Project Director:

GHYLIAN BELL

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT YOGA WORKSHOPS WITH NEW YORK CITY PUBLIC SCHOOL STUDENTS IN ORDER TO RELIEVE STRESS, IMPROVE CONCENTRATION, AND IMPROVE PHYSICAL HEALTH.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

VALHALLA SCHOOLS FOUNDATION, INC.
P.O. BOX 91
VALHALLA, NY 10595
(914) 686-9055

Name of Project Director:

LORI ADELSBERG

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND INSTALL SMART BOARDS IN SCHOOLS.

Funded Amount:

$11,000

Requested By:

BRODSKY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

VALLEY STREAM CENTRAL SCHOOL DISTRICT
ONE KENT ROAD
VALLEY STREAM, NY 11580
(516) 872-5601

Name of Project Director:

DR. MARC F. BERNSTEIN

Purpose of Project:

FUNDS WILL BE USED FOR SMART BOARDS.

Funded Amount:

$5,000

Requested By:

BARRA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

VALLEY STREAM SCHOOL DISTRICT #13
585 NORTH CORONA AVENUE
VALLEY STREAM, NY 11580
(516) 568−6100

Name of Project Director:

DR. ELIZABETH LISER

Purpose of Project:

FUNDS WILL BE USED FOR SMART BOARDS.

Funded Amount:

$5,000

Requested By:

BARRA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

VALLEY STREAM SCHOOL DISTRICT #24
75 HORTON AVENUE
VALLEY STREAM, NY 11581
(516) 256–0153

Name of Project Director:

DR. EDWARD M. FALE

Purpose of Project:

FUNDS WILL BE USED FOR SMART BOARDS.

Funded Amount:

$5,000

Requested By:

BARRA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

VALLEY STREAM SCHOOL DISTRICT #30
175 NORTH CENTRAL AVENUE
VALLEY STREAM, NY 11580
(516) 285–9881

Name of Project Director:

EDWARD A. CULLEN

Purpose of Project:

FUNDS WILL BE USED FOR SMART BOARDS.

Funded Amount:

$5,000

Requested By:

BARRA

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

VILLA MARIA COLLEGE OF BUFFALO
240 PINE RIDGE ROAD
BUFFALO, NY  14225
(716) 961−1824

Name of Project Director:

MARY ROBINSON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTERS AND SOFTWARE/LICENSES THAT WILL SUPPORT ACTIVE LEARNING OPPORTUNITIES FOR STUDENTS PURSuing A DEGREE IN FASHION DESIGN AND MERCHANDISING.

Funded Amount:

$7,500

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLEs, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

VISUAL ARTS RESEARCH AND RESOURCE CENTER RELATING TO THE CARIBBEAN, INC.
408 WEST 58TH STREET
NEW YORK, NY 10019
(212) 307–7420

Name of Project Director:

MARTA MORENO VEGA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE VISUAL ARTS, EXHIBITIONS, SEMINARS, CONCERTS, CONFERENCES, AND LECTURES.

Funded Amount:

$75,000

Requested By:


Name of Administering State Agency:

EDUCATION DEPARTMENT
WALLKILL PUBLIC LIBRARY
P.O. BOX C
WALLKILL, NY 12589
(845) 895–3707

MARY LOU CAROLAN

FUNDS WILL BE USED FOR CHILDREN’S SERVICES AND COMMUNITY OUTREACH.

$5,000

KIRWAN

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

WASHINGTON HEIGHTS – INWOOD COALITION
652 WEST 187TH STREET
NEW YORK, NY 10033
(212) 781–6722

Name of Project Director:

JOHN SWAUGER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF SPONSORING A LITERACY CONTEST — WRITTEN, VISUAL WORKS AND CULTURAL PROJECTS WILL BE SUBMITTED ON WOMEN'S HISTORY.

Funded Amount:

$5,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

WATERFORD–HALFMOON UFSD
125 MIDDLETOWN ROAD
WATERFORD, NY 12188
(518) 237–0800 Ext: 3509

Name of Project Director:

JOSEPH SIRACUSE

Purpose of Project:

FUNDS WILL BE USED TO REPLACE THE OLD DANGEROUS PLAYGROUND EQUIPMENT WITH MORE INTERACTIVE EQUIPMENT IN ORDER TO ENGAGE THE STUDENTS IN MORE ACTIVE AND STRENuous PHYSICAL ACTIVITY.

Funded Amount:

$10,000

Requested By:

CANESTRARI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

WATERLOO LIBRARY AND HISTORICAL SOCIETY
31 EAST WILLIAMS STREET
WATERLOO, NY 13165
(315) 539–3313

Name of Project Director:

LYNN PATTI

Purpose of Project:

FUNDS WILL BE USED FOR A HANDICAP RAMP.

Funded Amount:

$5,000

Requested By:

KOLB

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

WATERVLIET PUBLIC LIBRARY
1501 BROADWAY
WATERVLIET, NY 12189
(518) 274−4471

Name of Project Director:

GINGER HEWITT

Purpose of Project:

FUNDS WILL BE USED TO REPLACE THE LIBRARY’S PUBLIC ACCESS COMPUTERS: PURCHASING TOWERS, FLASH DRIVES, MP3 PLAYER DOWNLOADS, THAT INCLUDE MUSIC AND VIDEOS, DIGITAL CAMERA TECHNOLOGY, ETC.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

WAVE HILL INCORPORATED
675 WEST 252ND STREET
BRONX, NY 10471
(718) 549–3200

Name of Project Director:

KATE FRENCH

Purpose of Project:

FUNDS WILL BE USED FOR THE PROFESSIONAL DEVELOPMENT OF TEACHERS, ACTIVE TEACHING SUPPORT, ENGLISH LANGUAGE ASSISTANCE, AND SPECIAL NEEDS CLASSES, AS WELL AS PARENT INVOLVEMENT OPPORTUNITIES.

Funded Amount:

$10,000

Requested By:

DINOWITZ

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

WCNY RADIO  
506 OLD LIVERPOOL ROAD  
LIVERPOOL, NY 13088  
(315) 453−2424

Name of Project Director:

ANN MADSEN

Purpose of Project:

FUNDS WILL BE USED TO CONVERT WCNY−FM RADIO TO ALL−DIGITAL RADIO BROADCASTING.

Funded Amount:

$20,000

Requested By:

DESTITO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

WEBSTER PUBLIC LIBRARY
WEBSTER PLAZA, 980 RIDGE ROAD
WEBSTER, NY  14580
(585) 872-7075

Name of Project Director:

THERESA BENNETT

Purpose of Project:

FUNDS WILL BE USED TO REPLACE 12 COMPUTERS IN THE LIBRARY'S COMPUTER LAB FOR CONTINUED PUBLIC USE AND COMPUTER CLASSES.

Funded Amount:

$15,000

Requested By:

KOON

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

WEST BABYLON TOTAL STUDENT MIND AND BODY, INC.
P.O. BOX 1212
WEST BABYLON, NY 11704
(631) 321–3057

Name of Project Director:

LOU HOWARD

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE HEALTH AND WELLNESS IN THE WEST BABYLON SCHOOLS.

Funded Amount:

$10,000

Requested By:

SWEENEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

WEST HEMPSTEAD SCHOOL DISTRICT
252 CHESTNUT STREET
WEST HEMPSTEAD, NY 11552
(516) 390–3107

Name of Project Director:

DR. JOHN HOGAN

Purpose of Project:

FUNDS WILL BE USED FOR MENTORS AND LEADERS AND PROGRAMMING.

Funded Amount:

$10,000

Requested By:

ALFANO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT
321 LIST AVENUE
ROCHESTER, NY  14617
(585) 336–2993

Name of Project Director:

WILLIAM DOMM

Purpose of Project:

FUNDS WILL BE USED FOR AN EDUCATIONAL PROGRAM THAT PROMOTES AUTO EFFICIENCY/ELECTRICAL VEHICLES FOR CURRENT USAGE.

Funded Amount:

$10,000

Requested By:

MORELLE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

WESTCHESTER JEWISH COMMUNITY SERVICES, INC.
845 NORTH BROADWAY
WHITE PLAINS, NY 10603
(914) 761-0600  Ext: 228

Name of Project Director:

KRISTEN MACALUSO

Purpose of Project:

FUNDS WILL BE USED TO INFORM FAMILIES ABOUT SERVICES FOR CHILDREN WITH AUTISM AND TO SUPPORT THE FAMILIES IN THE UTILIZATION OF THOSE SERVICES. PROGRAMS ARE PROVIDED TO ALL IN THE COMMUNITY ON A NON-SECTARIAN BASIS.

Funded Amount:

$8,000

Requested By:

BRADLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

WESTHAMPTON FREE LIBRARY
7 LIBRARY AVENUE
WESTHAMPTON BEACH, NY 11978
(631) 288–3335

Name of Project Director:

MATTHEW BOLLERMAN

Purpose of Project:

FUNDS WILL BE USED FOR INCREASED LIBRARY PROGRAMMING.

Funded Amount:

$1,000

Requested By:

THIELE

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

WOODWARD MEMORIAL LIBRARY
7 WOLCOTT STREET
LEROY, NY 14482
(585) 768–8300

Name of Project Director:

SUE BORDER

Purpose of Project:

FUNDS WILL BE USED FOR A COMPUTER WORK STATION.

Funded Amount:

$1,500

Requested By:

HAWLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

WYANDANCH PUBLIC LIBRARY
14 SOUTH 20TH STREET
WYANDANCH, NY 11798
(631) 643–4848

Name of Project Director:

COREY FLEMING

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE TECHNOLOGY IN THE LIBRARY, INCLUDING WIRELESS HOTSPOTS AND BROADBAND SERVICES.

Funded Amount:

$20,000

Requested By:

SWEENEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

XAVERIAN HIGH SCHOOL
7100 SHORE ROAD
BROOKLYN, NY 11209
(718) 836−7100

Name of Project Director:

DR. SALVATORE C. FERRERA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE RYKEN READING PROGRAM, WHICH ENCOURAGES STUDENTS TO DEVELOP THEIR ACADEMIC ABILITIES IN WRITING, RESEARCH AND MATHEMATICS.

Funded Amount:

$10,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

YAI – WILLIAM O’CONNOR
420 95TH STREET
BROOKLYN, NY 11209
(718) 680–9751

Name of Project Director:

CLARE BONAFADE

Purpose of Project:

FUNDS WILL BE USED FOR AUTISTIC EDUCATIONAL PROGRAMS.

Funded Amount:

$3,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

YATES COMMUNITY LIBRARY
15 NORTH MAIN STREET, (P.O. BOX 485)
LYNDONVILLE, NY 14098
(585) 765-9041

Name of Project Director:

JEAN BOGUE

Purpose of Project:

FUNDS WILL BE USED FOR A COMPUTER SYSTEM AND CD/DVD SHELVING.

Funded Amount:

$1,500

Requested By:

HAWLEY

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

YESHIVA OF MANHATTAN BEACH
60 WEST END AVENUE
BROOKLYN, NY 11235
(718) 743−5511

Name of Project Director:

ANNE LIEB

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF PUBLICIZING THE HOLOCAUST LIBRARY. INFORMATION ON THE HOLOCAUST WILL BE SHARED WITH THE COMMUNITY.

Funded Amount:

$3,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

YONKERS PUBLIC SCHOOL DISTRICT
1 LARKIN CENTER
YONKERS, NY 10701
(914) 376-8030

Name of Project Director:

DEBBIE WILSON

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF SMARTBOARDS, WHICH IS AN EDUCATIONAL RESOURCE TOOL THAT ENHANCES TEACHING AND LEARNING IN THE CLASSROOM AT FAMILY SCHOOL 32.

Funded Amount:

$5,000

Requested By:

SPANO

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

YORKTOWN SCHOOL DISTRICT
2725 CROMPOUND ROAD
YORKTOWN HEIGHTS, NY 10598
(914) 243–8021

Name of Project Director:

THOMAS COLE

Purpose of Project:

FUNDS WILL BE USED FOR GRAPHIC CALCULATORS GRADES 8–12.

Funded Amount:

$5,000

Requested By:

BALL

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

YOUNG MEN’S CHRISTIAN ASSOCIATION OF THE CAPITAL DISTRICT
465 NEW KARNER ROAD
ALBANY, NY 12205
(518) 869–3500 Ext: 9920

Name of Project Director:

REGINA LAGATTA

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE BLACK & LATINO ACHIEVERS PROGRAM BY PROVIDING TRANSPORTATION TO STUDENTS ATTENDING CAREER CLUSTER EVENTS WITHIN NEW YORK STATE AND FOR COSTS ASSOCIATED WITH VISITING COLLEGES AND UNIVERSITIES IN THE REGION.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

YOUNG MEN’S CHRISTIAN ASSOCIATION OF THE CAPITAL DISTRICT
465 NEW KARNER ROAD
ALBANY, NY 12205
(518) 869−3500  Ext: 9920

Name of Project Director:

REGINA LAGATTA

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE COLLEGE TOUR PROGRAM OF THE BLACK & LATINO ACHIEVERS PROGRAM BY PROVIDING A COLLEGE VISIT EXPERIENCE TO INSTITUTIONS WITHIN NEW YORK STATE.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

YOUNG PEOPLE'S CHORUS OF NEW YORK CITY, INC.
1395 LEXINGTON AVENUE
NEW YORK, NY  10128
(212) 289–7779

Name of Project Director:

RENEE DANGER–JAMES

Purpose of Project:

FUNDS WILL BE USED TO OFFSET GENERAL OPERATING EXPENSES, WHICH INCLUDE BUT ARE NOT LIMITED TO PROVIDING CHILDREN OF DIVERSE ABILITIES AND BACKGROUNDS A COMPREHENSIVE KNOWLEDGE OF MUSIC THROUGH TEACHING VOCAL TECHNIQUES, MUSIC READING AND WRITING, PERFORMANCE EXPERIENCE, EXPOSURE TO PROFESSIONAL ARTISTS, ETC.

Funded Amount:

$28,000

Requested By:

SILVER

Name of Administering State Agency:

EDUCATION DEPARTMENT
Legal Name, Address, and Telephone Number:

1199 PLAZA SERVICES CORPORATION
2106 FIRST AVENUE
NEW YORK, NY  10029
(212) 289–3836

Name of Project Director:

RAIZA TORRES

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL, RECREATIONAL AND/OR SOCIAL SERVICES TO SENIORS RESIDING IN EAST HARLEM.

Funded Amount:

$5,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

AARP CHAPTER #580
129 EAST HAMPTON ROAD
LINDENHURST, NY 11757
(631) 226-4862

Name of Project Director:

CELESTE BIGGS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR SENIORS.

Funded Amount:

$2,500

Requested By:

SWEENEY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

AARP CHAPTER #603
1121 THROGMORTON AVENUE
BRONX, NY  10465
(718) 792–5076

Name of Project Director:

JERRY GERARDI

Purpose of Project:

FUNDS WILL BE USED TO DEFRAY THE COST OF AARP SPONSORED TRIPS WITHIN NEW YORK STATE, PROVIDING COMMUNITY SENIORS WITH SOCIAL, CULTURAL/EDUCATIONAL ACTIVITIES.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

AARP PEACHTREE CHAPTER #0997
177 DREISER LOOP, ROOM 0
BRONX, NY 10475
(718) 548−5335

Name of Project Director:

JOSEPHINE COLLINS

Purpose of Project:

FUNDS WILL BE USED TO DEFRAY THE COST OF AARP SPONSORED TRIPS
WITHIN NEW YORK STATE, PROVIDING COMMUNITY SENIORS WITH SOCIAL,
CULTURAL/EDUCATIONAL ACTIVITIES.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE FOR THE AGING
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ABRAHAM RESIDENCES I AND II
3811 SURF AVENUE
BROOKLYN, NY 11224
(718) 266–3666

Name of Project Director:

MALKA BERNSTEIN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL AND RECREATIONAL PROGRAMMING FOR SENIORS IN THE COMMUNITY. PROGRAMS ARE OFFERED TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

AGING IN AMERICA COMMUNITY SERVICES, INC.
1500 PELHAM PARKWAY SOUTH
BRONX, NY 10461
(718) 409–7970

Name of Project Director:

MOLLY DANIELS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE IN–STATE TRANSPORTATION AND SUPPLIES FOR COMMUNITY ACTIVITIES.

Funded Amount:

$10,000

Requested By:

HEASTIE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ALLERTON AVENUE HOMEOWNERS AND TENANT ASSOCIATION
1415 ALLERTON AVENUE
BRONX, NY 10469
(718) 652–0414

Name of Project Director:

NICK CONCIATORI

Purpose of Project:

Funds will be used for expenses of the senior center including, but not limited to, recreational activities, in-state transportation and educational information.

Funded Amount:

$5,000

Requested By:

RIVERA–N

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ALZHEIMER’S ASSOCIATION  
435 EAST HENRIETTA ROAD  
ROCHESTER, NY 14620  
(585) 760–5400

Name of Project Director:

SHARON BOYD

Purpose of Project:

FUNDS WILL BE USED FOR THE CAREGIVER’S CONNECT PROGRAM.

Funded Amount:

$5,000

Requested By:

OAKS

Name of Administering State Agency:

OFFICE FOR THE AGING
SFY 2008−2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

AMERICAN ITALIAN COALITION OF AMICO, INC.—AMICO EXTENDED SERVICE PROGRAM
138 BAY 20TH STREET
BROOKLYN, NY 11214
(718) 256−3445

Name of Project Director:

JERRY CHIAPPETTA

Purpose of Project:

FUNDS WILL BE USED TO WORK WITH AREA SENIORS, TO ENHANCE A PROGRAM THAT SERVES OVER 250 SENIOR CITIZENS PER DAY WITH MEALS AND OTHER SERVICES.

Funded Amount:

$11,000

Requested By:

ABBATE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

AMHERST SENIOR CITIZENS FOUNDATION
370 JOHN JAMES AUDUBON PARKWAY
AMHERST, NY 14228
(716) 636–3050

Name of Project Director:

CATHARINE M. WEISS

Purpose of Project:

FUNDS WILL BE USED TO REPLACE HOME DELIVERY EQUIPMENT FOR MEALS ON WHEELS PROGRAM.

Funded Amount:

$5,000

Requested By:

HAYES

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ARC XVI FORT WASHINGTON, INC.
4111 BROADWAY
NEW YORK, NY 10033
(212) 781-5701

Name of Project Director:

FERN HERTZBERG

Purpose of Project:

FUNDS WILL BE USED FOR AN ADULT DAY CARE CENTER, AN IN-STATE TRANSPORTATION PROGRAM, AND TO ORGANIZE SENIOR DAY.

Funded Amount:

$8,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ARROCHAR FRIENDSHIP CLUB
85 JEROME AVENUE
STATEN ISLAND, NY  10305
(718) 720–6110

Name of Project Director:

LEONORA VACCARO

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF MATERIALS AND FOR COMMUNITY OUTREACH.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE FOR THE AGING
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ATLANTIC TERMINAL SENIOR CENTER
501 CARLTON AVENUE
BROOKLYN, NY  11238
(718) 638–6910

Name of Project Director:

CLAUDETTE MACEY

Purpose of Project:

FUNDS WILL BE USED FOR RECREATIONAL AND EDUCATIONAL PROGRAMMING FOR SENIOR CITIZENS.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BAY RIDGE CENTER FOR OLDER ADULTS
411 Ovington Avenue
Brooklyn, NY 11209
(718) 748-0873

Name of Project Director:

ELLEN LAUER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH EDUCATIONAL AND RECREATIONAL SERVICES FOR SENIOR CITIZENS.

Funded Amount:

$3,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BAY RIDGE CHAPTER #3630 OF AARP, INC.
560–80TH STREET
BROOKLYN, NY 11209
(718) 748–3581

Name of Project Director:

EDMUND J. MODERACKI

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE THE OVERALL QUALITY OF LIFE FOR COMMUNITY SENIORS BY PROVIDING PROGRAMS, SCHEDULED MEETINGS, INFORMATION, AND DISTRIBUTION OF MATERIALS REGARDING HEALTH CARE, POLICE OFFICERS, LAWYERS, COMMUNITY ORGANIZATIONS, INC.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BAYSIDE SENIOR CENTER
45–50 195TH STREET
FLUSHING, NY 11358
(718) 357–4903

Name of Project Director:

JUDY CLEVE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE OPERATING EXPENSES ASSOCIATED WITH PROVIDING SENIOR TRANSPORTATION SERVICES.

Funded Amount:

$5,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BEDFORD PARK MULTI-SERVICE CENTER FOR SENIORS CITIZENS, INC.
243 EAST 204TH STREET
BRONX, NY  10458
(718) 365–3725

Name of Project Director:

PAT BURLACE

Purpose of Project:

FUNDS WILL BE USED TO ALLEVIATE HUNGER BY ANNUALLY SERVING
APPROXIMATELY 35,000 NUTRITIOUS MEALS TO FRAIL AND LOW-INCOME
ELDERLY IN THE BRONX.

Funded Amount:

$10,000

Requested By:

RIVERA–J

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BERGEN BASIN COMMUNITY DEVELOPMENT CORP. INC.
2303 BERGEN AVENUE
BROOKLYN, NY 11234
(718) 444–0101 Ext: 11

Name of Project Director:

PAUL CURALIE

Purpose of Project:

FUNDS WILL BE USED FOR SENIOR RECREATIONAL PROGRAMS AT MIDWOOD ($2,500), SHELLBANK LEISURE LEAGUE ($1,660), GOOD SHEPHERD SENIOR ($1,660), MARINE PARK ACTIVE ADULTS ($1,660), AND PHILLIP HOWARD SENIOR ($1,520) PROGRAMS.

Funded Amount:

$9,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BFFY CATHERINE SHERIDAN SENIOR CENTER
35–25 83RD STREET
JACKSON HEIGHTS, NY  11372
(718) 458–4600

Name of Project Director:

LAWRENCE KARFMAN

Purpose of Project:

FUNDS WILL BE USED FOR CULTURAL ACTIVITIES FOR SENIORS, INCLUDING EXERCISE, PAINTING, MUSIC PROGRAMS, IN–STATE TRIPS AND ANY OTHER CULTURAL ACTIVITIES AND EVENTS. PROGRAMS ARE OPEN TO ALL SENIORS ON A NON–SECTARIAN BASIS.

Funded Amount:

$3,500

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:
BRIARWOOD SENIOR CENTER
139–30 QUEENS BOULEVARD
BRIARWOOD, NY  11435
(178) 526–0106

Name of Project Director:
EVA KADISH

Purpose of Project:
FUNDS WILL BE USED FOR RECREATIONAL ACTIVITIES FOR SENIORS, AS WELL AS IN−STATE TRANSPORTATION FOR FIELD TRIPS. PROGRAMS ARE OPEN TO ALL SENIORS ON A NON−SECTARIAN BASIS.

Funded Amount:
$2,000

Requested By:
LANCMAN

Name of Administering State Agency:
OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BRIARWOOD SENIOR PROGRAM
139–30 QUEENS BOULEVARD
BRIARWOOD, NY 11435
(718) 805–2550

Name of Project Director:

NAOMI ALTMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE BRIARWOOD SENIOR PROGRAM, INCLUDING THE PURCHASE OF SUPPLIES AND FOOD, AS WELL AS EXPENSES RELATED TO CLASSES AND LECTURES.

Funded Amount:

$4,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BRONX DANCE THEATRE, INC.
585 EAST 187TH STREET, 2ND FLOOR
BRONX, NY  10458
(718) 354–2725

Name of Project Director:

NEIL GOLDSTEIN

Purpose of Project:

FUNDS WILL BE USED TO ESTABLISH A BOROUGH–WIDE SENIOR CITIZEN DANCE COMPANY AGES 60+. SENIORS WILL RECEIVE DANCE TRAINING AND WORKSHOPS, AND THEN PERFORM.

Funded Amount:

$2,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BROOKLYN CHINESE–AMERICAN ASSOCIATION, INC.
5002 8TH AVENUE
BROOKLYN, NY 11220
(718) 438–0008

Name of Project Director:

PAUL P. MAK

Purpose of Project:

FUNDS WILL BE USED TO ASSESS THE NEEDS OF AREA SENIORS, AS WELL AS TO PROVIDE RECREATIONAL PROGRAMS, NECESSARY EQUIPMENT, AND REFRESHMENTS FOR SENIOR PROGRAMS AND MEETINGS.

Funded Amount:

$2,000

Requested By:

ABBATE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BROOKLYN–WIDE INTER–AGENCY COUNCIL OF THE AGING, INC.
5901 – 13TH AVENUE
BROOKLYN, NY  11219
(718) 686–1333

Name of Project Director:

KATHLEEN MEYERS

Purpose of Project:

FUNDS WILL BE USED TO MAINTAIN AND IMPROVE SENIOR SERVICES.

Funded Amount:

$1,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BROOKLYN–WIDE INTER–AGENCY COUNCIL OF THE AGING, INC.
5901 13TH AVENUE
BROOKLYN, NY 11219
(718) 686–1333

Name of Project Director:

KATHLEEN MYERS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SOCIAL, RECREATIONAL, AND EDUCATIONAL PROGRAMS FOR SENIOR CITIZENS.

Funded Amount:

$2,600

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BROOKS SENIOR CENTER, INC.
143–22 109TH AVENUE
JAMAICA, NY 11435
(718) 291–3935

Name of Project Director:

JOHN MCRAE

Purpose of Project:

FUNDS WILL BE USED TO HELP PROVIDE A VARIETY OF SOCIAL SERVICES AND PROGRAMS, AS WELL AS FOR RECREATIONAL ACTIVITIES FOR SENIORS ON A NON–SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

COOK

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BROOME COUNTY OFFICE FOR AGING
BROOME CO. OFF BLDG. – GOV’T PLAZA, 44 HAWLEY ST. POB 1766
BINGHAMTON, NY  13902
(607) 778–2411

Name of Project Director:

DONNA BATES

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SOFA, TABLES, CAMERA AND COMPUTER FOR CENTERS, AND PRODUCE MATERIALS TO PROMOTE THE AGING FUTURES PROGRAMS.

Funded Amount:

$10,000

Requested By:

LUPARDO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BRULENE, NORTHRIDGE, SOUTHRIDGE NORC PROGRAM
34–10 94TH STREET
JACKSON HEIGHTS, NY 11372
(718) 396–5426

Name of Project Director:

SHARON SHERMAN

Purpose of Project:

FUNDS WILL BE USED FOR CULTURAL AND RECREATIONAL PROGRAMS AND ACTIVITIES, INCLUDING IN–STATE TRIPS FOR THE SENIORS OF THE NORC PROGRAM IN JACKSON HEIGHTS – BRULENE, NORTHRIDGE 1,2,3 AND SOUTHRIDGE 1 AND 2.

Funded Amount:

$10,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BURDEN CENTER FOR THE AGING, INC.
1484 FIRST AVENUE
NEW YORK, NY 10075
(212) 879–7400  Ext: 301

Name of Project Director:

MARIENA VACCARO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE ACTIVITIES OF A MULTI-SERVICE SENIOR CENTER AND TO CREATE NEW INITIATIVES THAT HELP SENIORS REMAIN ACTIVE AND INVOLVED. CARTER BURDEN LUNCHEON CLUB AND SENIOR PROGRAM (CBLC & SP) PROVIDES DAILY CONGREGATE MEALS AND HEALTH AND WELLNESS PROGRAMS TO 120 PEOPLE AND 110 HOME DELIVERED MEALS.

Funded Amount:

$7,500

Requested By:

KELLNER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BWICA EDUCATIONAL FUND, INC.
5901 13TH AVENUE
BROOKLYN, NY 11219
(718) 686−1333

Name of Project Director:

KATHLEEN MEYERS

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT EDUCATIONAL LEADERSHIP TRAINING AND NETWORK ACTIVITIES TO SUPPORT BWICA’S 17 LOCAL INTERAGENCY COUNCILS AND IMPROVE SERVICE DELIVERY TO SENIORS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

BWICA EDUCATIONAL FUND, INC.
5901 13TH AVENUE
BROOKLYN, NY  11219
(718) 686–1333

Name of Project Director:

KATHLEEN MYERS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SENIOR PROGRAMS SUCH AS IN−STATE TRIPS, FILMS AND GUEST SPEAKERS.

Funded Amount:

$1,500

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CARING COMMUNITY, INC.
20 WASHINGTON SQUARE NORTH
NEW YORK, NY 10011
(212) 777–3555  Ext: 118

Name of Project Director:

ARTHUR MAKAR

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EXERCISE, ART AND OTHER CLASSES AND SOCIAL ACTIVITIES FOR OLDER ADULTS AT VARIOUS LOCATIONS WITHIN THE COMMUNITY.

Funded Amount:

$7,500

Requested By:

GLICK

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.
191 JORALEMON STREET
BROOKLYN, NY 11201
(718) 722−6000

Name of Project Director:

JUDY KLEVE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE IN−STATE TRANSPORTATION TO FRAIL HOMEBOUND ELDERLY PERSONS, WHO ARE OVER 60 YEARS OLD, THROUGHOUT THE BOROUGH OF QUEENS.

Funded Amount:

$15,000

Requested By:

WEPRIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.
191 JORALEMON STREET
BROOKLYN, NY 11201
(718) 722−6123

Name of Project Director:

PEGGY KELLEHER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF IN−STATE TRANSPORTATION SERVICES FOR SENIORS AT GLENWOOD AND BAY SENIOR CENTERS. THIS PROGRAM IS OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.
157–16 65TH AVENUE
FLUSHING, NY 11365
(718) 358–3541

Name of Project Director:

FRAN STAPLES

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MUSIC THERAPY FOR PARTICIPANTS. THE PROGRAM PROVIDES A MUSIC INSTRUCTOR, AS WELL AS ONGOING THERAPEUTIC CLASSES. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.
171 JORALEMON STREET
BROOKLYN, NY  11201
(718) 722–6024

Name of Project Director:

MARGARET KELLEHER

Purpose of Project:

FUNDS WILL BE USED FOR THE PETE MCGUINNESS SENIOR CENTER TO ENHANCE AND IMPROVE THE SENIOR CENTER’S CULTURAL AND HEALTH PROGRAMS. PROGRAMS ARE OPEN TO ALL SENIORS IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:
CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.
191 JORALEMON STREET
BROOKLYN, NY  11201
(718) 387–2316

Name of Project Director:
MARGARET KELLEHER

Purpose of Project:
FUNDS WILL BE USED FOR THE NORTHSIDE SENIOR CITIZEN CENTER TO ENHANCE THE CENTER’S HEALTH AND CULTURAL PROGRAMS. PROGRAMS ARE OPEN TO ALL SENIORS ON A NON-SECTARIAN BASIS.

Funded Amount:
$3,000

Requested By:
LENTOL

Name of Administering State Agency:
OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC.
191 JORALEMON STREET
BROOKLYN, NY 11201
(718) 357–4903

Name of Project Director:

JUDITH KLENE

Purpose of Project:

FUNDS WILL BE USED FOR SENIOR PROGRAMS THAT PROVIDE RECREATIONAL, CULTURAL AND EDUCATIONAL ACTIVITIES FOR SENIORS AT THE DELLAMONICA SENIOR CENTER AND STEINWAY SENIOR CENTER. PROGRAMS ARE OPEN TO ALL SENIORS ON A NON–SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CENTRAL HARLEM SENIOR CITIZENS COALITION, INC.
34 WEST 134TH STREET
NEW YORK, NY 10037
(212) 926-4871

Name of Project Director:

RITA L. CARRINGTON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES AND PROGRAMS FOR SENIORS IN CENTRAL HARLEM.

Funded Amount:

$5,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CENTRAL NY REGIONAL TRANSPORTATION AUTHORITY
P.O. BOX 820, 200 CORTLAND AVENUE
SYRACUSE, NY 13205
(315) 442–3300

Name of Project Director:

BETTY PETRIE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADDITIONAL IN−STATE TRANSPORTATION UNDER THE SENIOR TRANSPORTATION SERVICE TO ELDERLY RESIDENTS PROGRAM, THUS PROVIDING ACCESS TO MEDICAL APPOINTMENTS, FOOD, SHOPPING, MEAL PROGRAMS AND SOCIAL ACTIVITIES.

Funded Amount:

$10,000

Requested By:

STIRPE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CHABAD OF NORTHEASTERN QUEENS, INC.
212–12 26TH AVENUE
BAYSIDE, NY 11360
(718) 279–1457

Name of Project Director:

RABBI YOSSI BLESOFSKY

Purpose of Project:

FUNDS WILL BE USED FOR THE FRIENDSHIP CIRCLE PROGRAM, WHICH ORGANIZES VISITATION WITH LOCAL SENIORS, AS WELL AS FOR DIFFERENT SOCIAL AND RECREATIONAL ACTIVITIES. THE PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CHINESE AMERICAN PLANNING COUNCIL, INC.
136–18 39TH AVENUE, 8TH FLOOR
FLUSHING, NY  11354
(718) 358–8899

Name of Project Director:

JENNIFER LO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH SENIOR COMMUNITY SERVICES, AS WELL AS TO PROVIDE CONGREGATE MEALS FOR NAN SHAN SENIOR CENTER.

Funded Amount:

$15,000

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CHINESE–AMERICAN PLANNING COUNCIL, INC.
150 ELIZABETH STREET
NEW YORK, NY 10012
(212) 941–0920

Name of Project Director:

ALLEN COHEN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A PROGRAM ASSISTANT THAT WILL PERFORM ADMINISTRATIVE SERVICES, AS WELL AS PROVIDE LENDING SERVICES TO CLIENTS.

Funded Amount:

$30,000

Requested By:

SILVER, YOUNG

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CHRISTOPHER BLENMAN SENIOR CENTER
720 EAST NEW YORK AVENUE
BROOKLYN, NY 11203
(718) 773–7400

Name of Project Director:

CLAUDETTE MACEY

Purpose of Project:

FUNDS WILL BE USED FOR THE EDUCATION AND RECREATION OF SENIORS, INCLUDING COMPUTER CLASSES, BOWLING AND IN–STATE TRIPS.

Funded Amount:

$2,500

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CHURCH OF ST. MARGARET MARY
9−18 27TH AVENUE
ASTORIA, NY 11102
(718) 721−9020

Name of Project Director:

DENISE DOLLARD

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOOD AND MEALS TO SENIORS ON A NON−SECTARIAN BASIS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CHURCH OF ST. MEL’S LEISURE CLUB
28–20 154TH STREET
FLUSHING, NY 11354
(718) 886–2056

Name of Project Director:

CHARLES GRAZIANO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL, RECREATIONAL AND SOCIAL EVENTS FOR SENIORS. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CHURCH OF ST. SEBASTIAN
39–63 57TH STREET
WOODSIDE, NY 11377
(718) 429–4442

Name of Project Director:

REV. MONSIGNOR MICHAEL HARDIMAN

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE EDUCATIONAL AND RECREATIONAL PROGRAMS FOR SENIOR CITIZENS. THESE PROGRAMS ARE OPEN TO ALL SENIORS IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

MARKEY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CHURCH OF ST. SEBASTIAN
39–63 57TH STREET
WOODSIDE, NY  11377
(718) 429−4442

Name of Project Director:

MONSIGNOR MICHAEL HARDIMAN

Purpose of Project:

FUNDS WILL BE USED FOR, BUT NOT LIMITED TO, CULTURAL ACTIVITIES FOR SENIORS, INCLUDING IN−STATE TRIPS AND OTHER RECREATIONAL ACTIVITIES. PROGRAMS ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE FOR THE AGING
CITY OF LONG BEACH
1 WEST CHESTER STREET
LONG BEACH, NY  11561
(516) 431–1000  Ext: 306

LAURIE BUSCEMI

FUNDS WILL BE USED FOR STAFFING OF A PROGRAM THAT PROVIDES DANCE THERAPY AND MOVEMENT FOR SENIOR CITIZENS IN THE COMMUNITY.

$5,000

WEISENBERG

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CITY OF LONG BEACH
1 WEST CHESTER STREET
LONG BEACH, NY  11561
(516) 431−1000  Ext: 306

Name of Project Director:

LAURIE BUSCEMI

Purpose of Project:

FUNDS WILL BE USED FOR SPECIALISTS THAT WILL LEAD DAILY, WEEKLY AND MONTHLY WORKSHOPS AND/OR RECREATIONAL GROUPS. THE BOARD WILL ADVISE AND ASSIST THE CITY COUNCIL ON QUALITY OF LIFE ISSUES FOR SENIORS IN LONG BEACH.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CLAREMONT HOMEOWNERS AND TENANT CIVIC IMPROVEMENT CORPORATION
1325 TELLER AVENUE
BRONX, NY 10456
(646) 463−6400

Name of Project Director:

D. LEE EZELL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A TELEPHONE REASSURANCE PROGRAM FOR HOMEBOUND SENIORS. IN ADDITION, INFORMATIONAL SESSIONS FOR MOBILE SENIORS WILL ALSO BE PROVIDED.

Funded Amount:

$35,000

Requested By:

GREENE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CLEARVIEW ASSISTANCE PROGRAM
163–59 17TH AVENUE
WHITESTONE, NY 11357
(718) 352–4157

Name of Project Director:

GARY BABAD

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET EXPENSES THAT PROVIDE VARIOUS EDUCATIONAL AND RECREATIONAL SERVICES TO SENIORS IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CO-OP VILLAGE SENIOR CARE  
197 EAST BROADWAY  
NEW YORK, NY  10002  
(212) 979-5592

Name of Project Director:

MARION LAGER

Purpose of Project:

FUNDS WILL BE USED TOWARD OPERATIONAL EXPENSES, ASSISTING IN THE ADMINISTRATION OF VARIOUS PROGRAMS, INCLUDING BUT NOT LIMITED TO RECREATIONAL PROGRAMS, SOCIAL SERVICES, NURSING SERVICES, TRANSPORTATION, GROUP AND VOLUNTEER SERVICES, TO SENIORS AGED 60+ IN CO-OP VILLAGE.

Funded Amount:

$78,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:
COMMUNITY AGENCY FOR SENIOR CITIZENS, INC.
56 BAY STREET
STATEN ISLAND, NY 10301
(718) 981–6226

Name of Project Director:
NIKKI ODLIVAK

Purpose of Project:
FUNDS WILL BE USED TO OFFSET THE COSTS OF THE 10TH ANNUAL POETRY FESTIVAL FOR SENIORS IN THE COMMUNITY, INCLUDING THE PURCHASE OF SUPPLIES, REFRESHMENTS, AWARDS AND RELATED FEES.

Funded Amount:
$5,000

Requested By:
HYER–SPENCER

Name of Administering State Agency:
OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

COMMUNITY BAPTIST CHURCH
46–19 206 STREET
BAYSIDE, NY 11361
(718) 229–0675

Name of Project Director:

REV. PHILLIP CHARLES JOUBERT

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE SOCIAL AND RECREATIONAL PROGRAMS FOR OLDER ADULTS. PROGRAMS ARE OPEN TO ALL SENIORS ON A NON–SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

COMMUNITY FOOD RESOURCE CENTER, INC.
39 BROADWAY, 10TH FLOOR
NEW YORK, NY  10006
(212) 344–0195

Name of Project Director:

PATRICIA CALDWELL

Purpose of Project:


Funded Amount:

$12,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

COMMUNITY PROGRAMS CENTER OF LONG ISLAND
2210 SMITHTOWN AVENUE
RONKONKOMA, NY  11779
(631) 586–4644

Name of Project Director:

ELIZABETH GEARY

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE CONSTRUCTION AND INSTALLATION OF A COVERED WALKWAY WHICH WILL PROTECT ELDERLY PARTICIPANTS IN CPC’S DAYHAVEN PROGRAM.

Funded Amount:

$3,000

Requested By:

INGLEBRIGHT

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

COMMUNITY SENIOR CENTER OF FLUSHING, INC.
137-70 NORTHERN BOULEVARD
FLUSHING, NY  11354
(718) 886-2873

Name of Project Director:

HYUNG BIN IM

Purpose of Project:

FUNDS WILL BE USED FOR SENIOR SERVICES THAT ENGAGE IMMIGRANT SENIOR CITIZENS AND PREVENT ISOLATION, ENCOURAGING SENIORS TO LIVE FASTER, ACTIVE, AND HEALTHY LIFESTYLES BY PROVIDING HOT LUNCHES, SOCIAL SERVICES COUNSELING, EXERCISE CLASSES, CULTURAL ACTIVITIES AND ENGLISH CLASSES.

Funded Amount:

$6,000

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CONCERNED HOME MANAGERS FOR THE ELDERLY, INC.
11 BROADWAY, SUITE #400
NEW YORK, NY  10004
(212) 514−7147

Name of Project Director:

CAROL KAMINE−BROWN

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE PEER MENTORSHIP PROGRAM, IN ORDER TO IMPROVE CARE TO THE HOMEBOUND ILL AND DISABLED ELDERS.

Funded Amount:

$5,000

Requested By:

BOYLAND

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CONCERNED HOME MANAGERS FOR THE ELDERLY, INC.
11 BROADWAY, SUITE 400
NEW YORK, NY 10004
(212) 514–7147

Name of Project Director:

CAROL KAMINE–BROWN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE MENTORSHIP PROGRAM WHICH PROVIDES GUIDANCE AND SUPPORT TO NEW AIDES.

Funded Amount:

$3,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CONSELYEA STREET BLOCK ASSOCIATION, INC.
211 AINSLIE STREET
BROOKLYN, NY  11211
(718) 963–3793

Name of Project Director:

TILLIE TARANTINO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE TELEPHONE COMMUNICATION PROGRAM FOR HOMEBOUND SENIORS.

Funded Amount:

$3,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CONSTANTIA SENIOR CENTER
OCO, INC. 239 ONEIDA STREET
FULTON, NY 13069
(315) 598–4717

Name of Project Director:

DEIRDRE MCCARTHY

Purpose of Project:

FUNDS WILL BE USED FOR A SOUND SYSTEM FOR THE CENTER.

Funded Amount:

$1,000

Requested By:

TOWNSEND

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CONTELLO SENIOR SOCIAL CLUB
2740 CROPSEY AVENUE, APT. 2F
BROOKLYN, NY 11214
(718) 266–7924

Name of Project Director:

LEONARD IMMERMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A PLACE FOR SENIORS TO MEET AND HAVE SOCIAL GATHERINGS, DISCUSSION GROUPS, ENTERTAINMENT, AND REFRESHMENTS.

Funded Amount:

$1,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

CORNELL CO–OPERATIVE EXTENSION OF ALBANY COUNTY
FAITH PLAZA, ROUTE 9W
RAVENA, NY 12143
(518) 756–8650

Name of Project Director:

LISA GODLEWSKI

Purpose of Project:

FUNDS WILL BE USED TO ASSIST SENIORS WITH HEALTH AND SAFETY HOME IMPROVEMENTS.

Funded Amount:

$5,000

Requested By:

GORDON–T

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

COUNCIL TOWERS HOUSING DEVELOPMENT FUND CORPORATION
777 CO–OP CITY BOULEVARD
BRONX, NY 10475
(718) 320–7535

Name of Project Director:

MARYANNE PASQUARIELLO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE NUTRITIOUS MEALS AND A VARIETY OF HEALTH AND SOCIAL SERVICES FOR THE ELDERLY.

Funded Amount:

$200,000

Requested By:

ABBATE, BENEDETTO, BRENNAN, BROOK–KRASNY, CANESTRARI, CLARK, CYMBROWITZ–S, DINOWITZ, GLICK, GOTTFRIED, HIKIND, HOYT, MAISEL, MAYERSOHN, MILLMAN, O’DONNELL, PHEFFER, ROSENTHAL, WEINSTEIN, WEPRIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

DAVIDSON SENIOR CENTER
950 UNION AVENUE
BRONX, NY  10459
(718) 328–2811

Name of Project Director:

DAVID S. TAYLOR

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF PROJECTS AT THE SENIOR CENTER, INCLUDING BUT NOT LIMITED TO, EDUCATIONAL AND RECREATIONAL ACTIVITIES.

Funded Amount:

$5,000

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

DORCHESTER SENIOR CITIZENS CENTER, INC.
1419 DORCHESTER ROAD
BROOKLYN, NY  11226
(718) 941–6700

Name of Project Director:

JANET SCHOR

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE COST OF ESL INSTRUCTORS.

Funded Amount:

$4,000

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

DOROT, INC.
171 WEST 85TH STREET
NEW YORK, NY 10024
(212) 769–2850

Name of Project Director:

VIVIAN FENSTER EHRlich

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A TRANSITIONAL HOUSING PROGRAM FOR SENIORS.

Funded Amount:

$5,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

DOUBLEDAY BABCOCK SENIOR CENTER, INC.
45 EAST MAIN STREET
OYSTER BAY, NY 11771
(516) 922-1770 Ext: 308

Name of Project Director:

GAIL SPERANZA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE QUALITY OF LIFE SERVICES FOR SENIOR CITIZENS BY HOSTING SOCIAL FUNCTIONS.

Funded Amount:

$5,000

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

DOUGLASS SENIOR CENTER, INC.
868 AMSTERDAM AVENUE
NEW YORK, NY  10025
(212) 666−4019

Name of Project Director:

SUNNY PHILIP

Purpose of Project:

FUNDS WILL BE USED TO EXPAND ART PROGRAMS AND FUND CULTURAL/RECREATIONAL IN−STATE FIELD TRIPS.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

DUTCHESS COUNTY OFFICE OF AGING
27 HIGH STREET
POUGHKEEPSIE, NY 12601
(845) 486–2555

Name of Project Director:

JOHN BEALE

Purpose of Project:

FUNDS WILL BE USED TO UNDERWRITE COSTS OF SENIOR CONCERTS.

Funded Amount:

$3,000

Requested By:

KIRWAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

EAST 233RD STREET SENIOR CENTER, INC.
P.O. BOX 291
BRONX, NY 10466
(718) 653–2326

Name of Project Director:

RACHEL MCNEIL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MATERIALS FOR SENIOR PROGRAMS AND RECREATIONAL ACTIVITIES.

Funded Amount:

$7,000

Requested By:

HEASTIE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

EAST HARLEM COMMITTEE ON AGING, INC.
312 EAST 109TH STREET, 3RD FLOOR
NEW YORK, NY 10029
(212) 369-0878

Name of Project Director:

ROBERTA ROBLEDA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL AND EDUCATIONAL SERVICES TO THE SENIOR POPULATION IN EAST HARLEM.

Funded Amount:

$2,500

Requested By:

POWELL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

EASTCHESTER SENIOR CITIZEN NUTRITION PROGRAM
LAKE ISLE CLUB, 660 WHITE PLAINS ROAD
EASTCHESTER, NY 10709
(914) 337-0390

Name of Project Director:

NORAH ROSSI

Purpose of Project:

FUNDS WILL BE USED FOR A SERIES OF EDUCATIONAL ENRICHMENT PROGRAMS FOR SENIOR CITIZENS.

Funded Amount:

$2,000

Requested By:

PAULIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

EASTSIDE COMMUNITY GROUP FOR SENIOR CITIZENS, INC.
340 EAST 24TH STREET
NEW YORK, NY 10010
(212) 585–6051

Name of Project Director:

PRISCILLA MAYSONET

Purpose of Project:

FUNDS WILL BE USED TO INCREASE AWARENESS OF AVAILABLE COMPUTER FACILITIES AND PROVIDE COMPUTER LAB ASSISTANCE TO ELDERLY RESIDENTS.

Funded Amount:

$5,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

EILEEN DUGAN SENIOR CITIZENS CENTER
380 COURT STREET
BROOKLYN, NY 11231
(718) 596–1956

Name of Project Director:

CAROL REID REMBERT

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ON–GOING DANCE, EXERCISE AND NUTRITION PROGRAMS FOR SENIORS.

Funded Amount:

$5,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ELMCOR YOUTH AND ADULT ACTIVITIES, INC.
33–16 108TH STREET
CORONA, NY  11368
(718) 651–0096

Name of Project Director:

ANN HENDERSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL, EDUCATION, CULTURAL AND HEALTH PROMOTION ACTIVITIES FOR THE SENIOR POPULATION OF THIS COMMUNITY. FUNDS SHOULD BE SPLIT EVENLY BETWEEN LEFRANK SENIOR CENTER AND THE ELMCOR YOUTH AND ADULT ACTIVITIES, INC.

Funded Amount:

$20,000

Requested By:

AUBRY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ENCORE COMMUNITY SERVICES
239 WEST 49TH STREET
NEW YORK, NY 10019
(212) 581-2910  Ext: 111

Name of Project Director:

SR. LILLIAN MCNAMARA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A RANGE OF RECREATIONAL AND OUTREACH SERVICES TO SENIORS, INCLUDING THE HOMEBOUND. THESE INCLUDE YOGA, IN-STATE TRIPS AND THE PRINTING OF SEVERAL IN-HOUSE PUBLICATIONS (MONTHLY CALENDAR, BROCHURES, FLYERS, ETC.) TO KEEP SENIORS INFORMED AND "IN TOUCH."

Funded Amount:

$5,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ERICKSON PLACE AARP #5174
3279 RADIO DRIVE
BRONX, NY 10465
(718) 828−2309

Name of Project Director:

ANN JACK

Purpose of Project:

FUNDS WILL BE USED FOR VARIOUS IN−STATE TRIPS FOR THE SENIORS IN THE COMMUNITY.

Funded Amount:

$1,000

Requested By:

BENEDETTI

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

FAIRPORT–PERINTON SENIOR LIVING COUNCIL, INC.
31 SOUTH MAIN STREET
FAIRPORT, NY  14450
(585) 421−3240

Name of Project Director:

KAL WYSOKOWSKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TRANSPORTATION SERVICES TO SENIORS, GIVING THEM AN OPPORTUNITY TO CONTINUE LIVING INDEPENDENTLY.

Funded Amount:

$10,000

Requested By:

KOON

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

FAITH BAPTIST CHURCH OF CORAM YOUTH AWARENESS, INC.
P.O. BOX 151
CORAM, NY 11727
(631) 732–1133

Name of Project Director:

REV. DR. BERESFORD ADAMS

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE SNAP PROGRAM, INCLUDING THE PURCHASE OF GASOLINE FOR THE DELIVERY VAN. THE PROGRAM IS OPEN TO ALL SENIORS ON A NON-SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

FEDERATION OF ORGANIZATIONS
ONE FARMINGDALE ROAD, ROUTE 109
WEST BABYLON, NY 11704
(631) 669–5355

Name of Project Director:

RUTH DEL COL

Purpose of Project:

Funds will be used for Senior Support Services Program.

Funded Amount:

$1,000

Requested By:

CONTE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

FENIMORE SENIOR CENTER, INC.
276 FENIMORE STREET
BROOKLYN, NY 11225
(718) 462–6756

Name of Project Director:

MATTIE ROBERSON

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE PROPER OPERATION OF THE CENTER, INCLUDING FOOD PURCHASES, INSURANCE FEES, STAFF SUPPORT AND GENERAL UPKEEP OF THE FACILITY.

Funded Amount:

$2,500

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

FILIAL PIETY SOCIETY, INC.
43-16 43RD AVENUE
LONG ISLAND CITY, NY  11104
(718) 784-2897

Name of Project Director:

DAVID SHIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FAMILY SUPPORT SERVICES TO SENIOR CITIZENS.

Funded Amount:

$5,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

FIVE TOWNS SENIOR CENTER, INC.
124 FRANKLIN PLACE
WOODMERE, NY 11598
(516) 374-4747

Name of Project Director:

GEORGIANA WOLSSON

Purpose of Project:

FUNDS WILL BE USED TO PARTIALLY SUPPORT THE COSTS ASSOCIATED WITH A PROGRAM COORDINATOR WHO PLANS, ORGANIZES, AND IMPLEMENTS ALL PROGRAMS TO BENEFIT SENIOR CITIZENS.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

FOREST PARK SENIOR CITIZENS CENTER, INC.
86–22 85TH STREET
WOODHAVEN, NY 11421
(718) 849–2222

Name of Project Director:

DONNA CALTABIANO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PEOPLE OVER THE AGE OF 60 WITH HOT NUTRITIOUS MEALS. ALSO, SEMINARS ON HEALTH AND NUTRITION, RECREATIONAL AND SOCIAL ACTIVITIES, AND REFERRALS FOR ENRICHMENT PROGRAMS WILL BE PROVIDED.

Funded Amount:

$30,000

Requested By:

SEMINERIO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

FORT GREENE GRANT SQUARE SENIOR CENTER
19 ROGERS AVENUE
BROOKLYN, NY  11216
(718) 638–6910

Name of Project Director:

CLAUDETTE MACEY

Purpose of Project:

FUNDS WILL BE USED FOR RECREATIONAL AND EDUCATIONAL PROGRAMMING FOR SENIOR CITIZENS.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

FORT GREENE SENIOR CITIZENS COUNCIL, INC.
966 FULTON STREET
BROOKLYN, NY 11238
(718) 252-5046

Name of Project Director:

JEAN WARD

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE EDUCATIONAL AND RECREATIONAL PROGRAMS FOR SENIORS AT THE FORT GREENE SENIOR ACTION CENTER.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

FORT HAMILTON SENIOR CENTER
9941 FORT HAMILTON PARKWAY
BROOKLYN, NY 11209
(718) 439-4296

Name of Project Director:

LYNN MCEVOY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL ACTIVITIES FOR SENIORS.

Funded Amount:

$1,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

FORT WASHINGTON HOUSES SERVICES FOR THE ELDERLY, INC.
99 FORT WASHINGTON AVENUE
NEW YORK, NY  10032
(212) 927–5600

Name of Project Director:

REBECCA CAREL

Purpose of Project:

FUNDS WILL BE USED TO ORGANIZE SENIOR DAY, AND TO PROVIDE SUPPORT AND SERVICES THAT HELP SENIORS REMAIN HEALTHY AND ACTIVE.

Funded Amount:

$5,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

GARTH ROAD SENIOR CENTER
SENIOR PROGRAMS AND SERVICES, 40 MILL ROAD
EASTCHESTER, NY 10709
(914) 771–3340

Name of Project Director:

JUDY CONNOLLY

Purpose of Project:

FUNDS WILL BE USED FOR A SERIES OF EDUCATIONAL ENRICHMENT PROGRAMS FOR SENIOR CITIZENS.

Funded Amount:

$2,000

Requested By:

PAULIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:
GLEN COVE ADULT DAY PROGRAM
130 GLEN STREET
GLEN COVE, NY 11542
(516) 759-2345

Name of Project Director:
STEPHANIE LAKE

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE SENIORS WITH SOCIAL AND RECREATIONAL ACTIVITIES, AS WELL AS GENERAL DAY CARE.

Funded Amount:
$5,000

Requested By:
LAVINE

Name of Administering State Agency:
OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

GLEN COVE SENIOR CENTER
130 GLEN STREET
GLEN COVE, NY  11542
(516) 759−9610

Name of Project Director:

CAROL WALDMAN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL, RECREATIONAL AND/OR SOCIAL PROGRAMS, WHICH WILL IMPROVE THE QUALITY OF LIFE FOR SENIORS.

Funded Amount:

$5,000

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

GLENRIDGE SENIOR CITIZEN MULTISERVICE & ADVISORY CENTER, INC.
59-03 SUMMERFIELD STREET
RIDGEWOOD, NY 11385
(718) 386-5136

Name of Project Director:

KATHLEEN MCCARTHY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL AND EDUCATIONAL PROGRAMS, AND ALSO FOR FLOOR AND ELEVATOR MAINTENANCE AT THE SENIOR CENTER.

Funded Amount:

$4,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

GLENRIDGE SENIOR CITIZEN MULTISERVICE & ADVISORY CENTER, INC.
59−03 SUMMERFIELD STREET
RIDGEWOOD, NY  11385
(718) 386−3131

Name of Project Director:

KATHLEEN MCCARTHY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CONTINUING OPERATING ASSISTANCE FOR THE SENIOR CENTER, INCLUDING COSTS FOR A PART−TIME BOOKKEEPER AND A PART−TIME FRONT DOOR RECEPTIONIST.

Funded Amount:

$5,000

Requested By:

SEMINERIO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

GODDARD–RIVERSIDE COMMUNITY CENTER
593 COLUMBUS AVENUE
NEW YORK, NY  10024
(212) 873–6600

Name of Project Director:

STEPHAN RUSSO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE NUTRITIONAL FOOD AND MEALS TO SENIOR CITIZENS.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE FOR THE AGING
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

GOLDEN AGE CENTER
3278 WHITEHAVEN ROAD
GRAND ISLAND, NY  14072
(716) 773–9682

Name of Project Director:

BARBARA GANNON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROGRAMMING FOR ELDERLY ON GRAND ISLAND.

Funded Amount:

$5,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

GOLDEN AGE CLUB OF ST. MARY’S CHURCH
70–31 48TH AVENUE
WOODSIDE, NY  11377
(718) 672–4848

Name of Project Director:

MARILYN THOMAS

Purpose of Project:

FUNDS WILL BE USED FOR CULTURAL ACTIVITIES AND FOR RECREATIONAL ACTIVITIES FOR THE SENIORS. PROGRAMS ARE OPEN TO ALL SENIORS OF THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

GOLDEN RING CLUB
69-10 164TH STREET
FLUSHING, NY 11365
(718) 591-0403

Name of Project Director:

NAOMI ALTMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE PROGRAMS OF THE GOLDEN RING CLUB, INCLUDING THE PURCHASE OF SUPPLIES, EQUIPMENT AND FOOD, AS WELL AS OTHER ACTIVITIES AND SPECIAL TRIPS WITHIN NEW YORK STATE.

Funded Amount:

$2,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

GRACE AGARD SENIOR CENTER
966 FULTON STREET
BROOKLYN, NY 11238
(718) 638-6910

Name of Project Director:

CLAUDETTE MACEY

Purpose of Project:

FUNDS WILL BE USED FOR RECREATIONAL AND EDUCATIONAL PROGRAMMING FOR SENIOR CITIZENS.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

GRAND STREET SETTLEMENT, INC.
80 PITT STREET
NEW YORK, NY 10002
(212) 674–1740  Ext: 202

Name of Project Director:

MIRIAM COLON

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE COMPREHENSIVE HEALTH CARE AND WELLNESS PROGRAMS OF THE SENIOR CENTER.

Funded Amount:

$5,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

GREAT KILLS FRIENDSHIP CLUB
11 SAMPSON AVENUE
STATEN ISLAND, NY  10308
(718) 967–3799

Name of Project Director:

LEONORA VACCARO

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF MATERIALS AND FOR COMMUNITY OUTREACH.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

GREATER WHITESTONE TAXPAYERS COMMUNITY CENTER, INC.
150–74 6 AVENUE
WHITESTONE, NY 11357
(718) 746–1767

Name of Project Director:

HELEN MANDRES

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF OPERATING A COMMUNITY CENTER FOR SENIOR CITIZENS.

Funded Amount:

$5,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

GREEK ORTHODOX COMMUNITY OF SAINT DEMETRIOS, INC.
84–35 152 STREET
JAMAICA, NY 11432
(718) 291–2420

Name of Project Director:

DOROTHY KATOPIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LECTURES AND MEETINGS FOR SENIORS IN THE COMMUNITY, ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

GREENWICH HOUSE, INC.
224 WEST 30TH STREET
NEW YORK, NY 10001
(212) 991-0003

Name of Project Director:

GERRI MATUSEWITCH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A RANGE OF FREE CULTURAL AND EDUCATIONAL ACTIVITIES FOR OLDER ADULTS, INCLUDING PAINTING, POETRY AND EXERCISE CLASSES. THE PROGRAM IS LOCATED AT 27 BARROW STREET IN MANHATTAN.

Funded Amount:

$7,500

Requested By:

GLICK

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

GURWIN JEWISH GERIATRIC CENTER
68 HAUPPAUGE ROAD
COMMACK, NY 11725
(631) 715–2565

Name of Project Director:

MARC SUNTUP

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$2,500

Requested By:

RAIA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HAMILTON MADISON HOUSE, INC.
50 MADISON STREET
NEW YORK, NY 10038
(212) 349−3724

Name of Project Director:

FLOYD COHEN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES, INCLUDING PERSONNEL, IN ORDER TO SUPPORT THE MANY PROGRAMS OFFERED TO THE MULTI−ETHNIC SENIOR CITIZENS OF THE COMMUNITY.

Funded Amount:

$34,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HANAC RAVENSWOOD SENIOR CENTER
34–35A 12TH STREET
LONG ISLAND CITY, NY 11106
(718) 786–1550

Name of Project Director:

JOHN P. KAITERIS

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM ENHANCEMENTS FOR THE SENIOR CITIZEN PARTICIPANTS IN THE HANAC RAVENSWOOD SENIOR CENTER.

Funded Amount:

$9,500

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HANAC, INC.
29–19 24TH AVENUE
ASTORIA, NY 11102
(718) 267–6910

Name of Project Director:

CHRIS AMENDOLA

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET THE OPERATIONAL EXPENSES OF PROVIDING SENIOR TRANSPORTATION SERVICES IN COMMUNITY BOARD #7.

Funded Amount:

$1,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HANAC, INC.
45 JOHN STREET, SUITE 1000
NEW YORK, NY 10038
(718) 964−9815

Name of Project Director:

MARIA RIVERA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE ARTS AND CRAFTS, MISCELLANEOUS SUPPLIES AND FOOD/REFRESHMENTS FOR PARTICIPANTS. FUNDS WILL ALSO BE USED FOR GENERAL OPERATING COSTS.

Funded Amount:

$5,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HANAC, INC.
49 W. 45TH STREET, 4TH FLOOR
NEW YORK, NY  10036
(212) 840–8005

Name of Project Director:

JOHN KAITERIS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE VOLUNTEER PROGRAM AT THE LOCAL SENIOR CENTER.

Funded Amount:

$2,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HANAC, INC.
31–14 30TH AVENUE
ASTORIA, NY  11102
(718) 276–6910

Name of Project Director:

CHRIS AMENDOLA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE SENIOR PARA–TRANSIT PROGRAM.

Funded Amount:

$15,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HANAC, INC.
49 W. 45TH STREET
NEW YORK, NY  10036
(718) 728−3586

Name of Project Director:

NICO NICOLAIDES

Purpose of Project:

Funds will be used to provide programs for seniors including cultural trips (within New York State), arts and crafts, and exercise programs operated at St. Demetrios of Astoria. Programs are open to all seniors on a non−sectarian basis.

Funded Amount:

$5,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HAPPY GO LUCKY CLUB
2326 84TH STREET
BROOKLYN, NY  11214
(718) 372−4000

Name of Project Director:

ANNA MAGARACI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL AND EDUCATIONAL ACTIVITIES FOR SENIOR CITIZENS INCLUDING GAMES, PARTIES, LECTURES, ETC. TO ENRICH THE LIVES OF ALL SENIORS. PROGRAMS ARE OPEN TO ALL SENIORS ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

COLTON

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HARBOR HOUSE SENIOR CENTER
3024 WEST 24TH STREET
BROOKLYN, NY 11224
(718) 372–5775

Name of Project Director:

ETTY FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR THE SENIORS. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HARLEM INTERAGENCY COUNCIL FOR THE AGED, INC.
50 WEST 139TH STREET
NEW YORK, NY 10037
(212) 234–1060

Name of Project Director:

HOWARD FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROGRAMS FOR SENIOR CITIZENS, INCLUDING THE NEEDS, ISSUES AND CONCERNS OF OLDER ADULTS. ADDITIONALLY, FUNDS WILL BE USED FOR THE PREVENTION OF ISOLATION OF SENIORS IN NEW YORK STATE.

Funded Amount:

$10,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HEALTH ADVOCATES FOR OLDER PEOPLE HOUSING DEVELOPMENT FUND COMPANY, INC.
49 EAST 73RD STREET, SUITE 5
NEW YORK, NY 10021
(212) 288-7620

Name of Project Director:

ADRIENNE ROSELL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH A PERSONAL CARE COORDINATOR WHO WILL SUPERVISE AND ENSURE THAT PERSONAL CARE IS PROVIDED TO THE SENIORS IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

BING

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HEALTH ADVOCATES FOR OLDER PEOPLE, INC.
593 PARK AVENUE
NEW YORK, NY 10065
(212) 980–1700

Name of Project Director:

NANCY HOUGHTON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST ASSOCIATED WITH A PROGRAM COORDINATOR WHO WILL SUPERVISE AND RUN THE HEALTHY AGING, VOLUNTEER AND ADVOCACY AND EDUCATION PROGRAMS.

Funded Amount:

$5,000

Requested By:

BING

Name of Administering State Agency:

OFFICE FOR THE AGING
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

HEALTH ASSOCIATION OF NIAGARA COUNTY, INC.
1302 MAIN STREET
NIAGARA FALLS, NY 14301
(716) 285–8224 Ext: 131

Name of Project Director:

REV. JIMMY ROWE

Purpose of Project:

FUNDS WILL BE USED FOR A FITNESS PROGRAM FOR SENIORS.

Funded Amount:

$5,000

Requested By:

DELMONTE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HEIGHTS AND HILL COMMUNITY COUNCIL, INC.
160 MONTAGUE STREET
BROOKLYN, NY 11201
(718) 596-8789

Name of Project Director:

JUDY WILLIG

Purpose of Project:

FUNDS WILL BE USED FOR OUTREACH AND SPEAKERS, ACTIVITIES AND EVENTS FOR SENIORS AND THEIR FAMILIES AS THE CATCHMENT AREA IS EXPANDING.

Funded Amount:

$4,500

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HENRY STREET SETTLEMENT
265 HENRY STREET
NEW YORK, NY  10002
(212) 766–9200

Name of Project Director:

VEORONA JEETER

Purpose of Project:

Funds will be used to support and enhance all senior services programs, including the Senior Center, Meals–On–Wheels, VLADECK CARES/NORC, Senior Companions and the Sunday Program.

Funded Amount:

$55,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE FOR THE AGING
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:

$3,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HOLY FAMILY ROMAN CATHOLIC CHURCH
175–20 74TH AVENUE
FLUSHING, NY  11366
(718) 969–2448

Name of Project Director:

FATHER JAMES W. KING

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE OPPORTUNITY FOR RECREATIONAL, EDUCATIONAL AND SOCIAL ACTIVITIES FOR SENIORS. PROGRAMS ARE OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HOMECREST COMMUNITY SERVICES, INC.
1413 AVENUE T
BROOKLYN, NY  11229
(718) 376–4036

Name of Project Director:

TIPHANIE TSANG

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE SENIOR HEALTH FAIR, INCLUDING LIGHT REFRESHMENTS, EQUIPMENT, ETC.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HOUSING OPTIONS AND GERIATRIC ASSOCIATION RESOURCES, INC.
751 DAWSON STREET
BRONX, NY   10455
(718) 742–7669

Name of Project Director:

NORIS COLON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CASE MANAGEMENT SERVICES TO THE SENIOR CASE ASSISTANCE PROGRAM, HOUSING PLACEMENT, ENTITLEMENTS, HEALTH AND MENTAL SERVICES, SOCIALIZATION AND RECREATIONAL ACTIVITIES, ADVOCACY AND REHABILITATION SERVICES.

Funded Amount:

$20,000

Requested By:

DIAZ–R

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HUDSON GUILD
441 WEST 26TH STREET
NEW YORK, NY 10001
(212) 760–9804

Name of Project Director:

BRIAN SABER

Purpose of Project:

FUNDS WILL BE USED FOR THE FULTON SENIOR CENTERS, PROVIDING OUTREACH SERVICES TO THE ELDERLY IN CHELSEA, AS WELL AS PROVIDING SOCIAL SERVICES.

Funded Amount:

$10,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

HUNTS POINT MULTI SERVICE CENTER, INC.
754 EAST 151ST STREET
BRONX, NY 10455
(718) 401-5444

Name of Project Director:

MANUEL ROSA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MEALS TO SENIOR CITIZENS.

Funded Amount:

$60,000

Requested By:

ARROYO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

INSTITUTE FOR THE PUERTO RICAN HISPANIC ELDERLY, INC.
105 EAST 22ND STREET, SUITE 615
NEW YORK, NY 10010
(212) 677–4181

Name of Project Director:

SULEIKA CABRERA DRINAME

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE MANAGING PROGRAMS TO PROVIDE ACCESS TO INFORMATION FOR SENIORS.

Funded Amount:

$3,000

Requested By:

DIAZ–L

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

INSTITUTE FOR THE PUERTO RICAN HISPANIC ELDERLY, INC.
105 E 22ND STREET, ROOM 615
NEW YORK, NY 10010
(212) 677–4181

Name of Project Director:

SULEIKA CABRERA DRINANE

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN PROVIDING SERVICES AT THE
JACKSON HEIGHTS/ELMHURST SENIOR CENTER IN SUNNYSIDE, LONG
ISLAND, AND ASTORIA.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

INSTITUTE FOR THE PUERTO RICAN HISPANIC ELDERLY, INC.
105 EAST 22ND STREET
NEW YORK, NY 10010
(212) 677−4181

Name of Project Director:

SULEIKA CABRERA DRINANE

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE INSTITUTE’S ABILITY TO PROVIDE MULTI−RANGE SERVICES TO THE HISPANIC AND MINORITY COMMUNITIES, AS WELL AS TO PROVIDE TECHNICAL ASSISTANCE TO OTHER AGENCIES THAT PROVIDE A WIDE VARIETY OF SERVICES TO SENIOR CITIZENS (I.E., MEDICAID REFERRALS/IMMIGRATION, ETC.).

Funded Amount:

$15,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:
INSTITUTE FOR THE PUERTO RICAN/ HISPANIC ELDERLY, INC.
105 EAST 22ND STREET – ROOM 615
NEW YORK, NY  10010
(212) 677–4181

Name of Project Director:
SULEIKA CARBRERA DRINANE

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE PUERTO RICAN/HISPANIC SENIORS THE TOOLS TO ALLOW THEM TO OVERCOME SERIOUS EDUCATIONAL, COMMUNICATION AND SERVICE GAPS IN SOCIETY THAT ARE FORMIDABLE BARRIERS TO ACCESS AND ADVANCEMENT.

Funded Amount:
$50,000

Requested By:
AUBRY

Name of Administering State Agency:
OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

INTERFAITH CAREGIVERS VOLUNTEER PROGRAM
2975 INDEPENDENCE AVENUE
BRONX, NY 10463
(718) 548–1700  Ext: 477

Name of Project Director:

GRACE BOYA

Purpose of Project:

FUNDS WILL BE USED TO ENCOURAGE VOLUNTEERING WITHIN THE HISPANIC COMMUNITY IN THE BRONX, TO AID ELDERLY RESIDENTS WITH DAY–TO–DAY ACTIVITIES, AND PROVIDE VALUABLE SERVICES TO THE ELDERLY COMMUNITY.

Funded Amount:

$5,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE FOR THE AGING
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

JACKSON HEIGHTS–ELMHURST KEHILLAH
33–27 91ST STREET
JACKSON HEIGHTS, NY 11372
(718) 457–4591

Name of Project Director:

BEN ASELROD

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE WORKSHOPS AND FORUMS WITHIN THE COMMUNITY. FUNDS WILL ALSO BE USED FOR SENIOR BENEFIT WORKSHOPS AND CULTURAL ACTIVITIES. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$30,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JACOB RIIS HOUSES SENIOR CENTER
809 EAST 6TH STREET
NEW YORK, NY 10009
(212) 260–8669

Name of Project Director:

MARIELY CERDA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SENIORS WITH MEALS AND EDUCATIONAL/RECREATIONAL ACTIVITIES.

Funded Amount:

$5,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JAMAICA SERVICE PROGRAM FOR OLDER ADULTS, INC.
162-04 JAMAICA AVENUE
JAMAICA, NY 11432
(718) 657-6500

Name of Project Director:

CAROL HUNT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL SERVICES TO SENIOR CITIZENS.

Funded Amount:

$5,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JAMES LENOX HOUSE ASSOCIATION, INC.
49 EAST 73RD STREET
NEW YORK, NY 10021
(212) 288–7379

Name of Project Director:

ADRIENE ROSELL

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE REGISTERED NURSE SERVICES TO SENIORS IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

BING

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JASA SCHEUER HOUSES
3601 SURF AVENUE
BROOKLYN, NY 11224
(718) 373–8954

Name of Project Director:

SVETLANA MARMER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR THE SENIORS. PROGRAMS ARE OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JASA SENIOR CENTER LUNA PARK
2880 WEST 12TH STREET
BROOKLYN, NY 11224
(718) 996-6666

Name of Project Director:

ADRIENNE SLOMIN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A TELEVISION AND A TELEVISION STAND ON WHEELS, AS WELL AS FOR SENIOR ARTS AND CRAFTS PROGRAMS, WHICH ARE OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

BROOK-KRASNY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JASA WARBASSE CARES FOR SENIORS
2844 OCEAN PARKWAY
BROOKLYN, NY 11235
(718) 996−5200

Name of Project Director:

KARIN STIEBER

Purpose of Project:

FUNDS WILL BE USED TOWARDS EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR THE SENIORS, WHICH ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JASA WEST SIDE SENIOR CENTER
120 WEST 76TH STREET
NEW YORK, NY 10023
(212) 712–0170

Name of Project Director:

PHYLLIS ROTH

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL AND RECREATIONAL PROGRAMS FOR SENIORS, WHICH ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JASA WHITESTONE
12–45 CLINTONVILLE STREET
WHITESTONE, NY 11357
(718) 286–1500

Name of Project Director:

MARIE GLYNN

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET OPERATING EXPENSES OF PROVIDING SENIORS WITH RECREATIONAL AND EDUCATIONAL PROGRAMS, ALL OF WHICH ARE OPEN TO EVERYONE IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$1,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JAY–HARAMA SENIOR CENTER
2600 OCEAN AVENUE
BROOKLYN, NY 11229
(718) 891–1110

Name of Project Director:

RISA ERPS

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE EDUCATIONAL AND RECREATIONAL PROGRAMS FOR SENIORS.

Funded Amount:

$3,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JCC OF THE GREATER FIVE TOWNS, INC.
207 GROVE AVENUE
CEDARHURST, NY  11516
(516) 569−6733

Name of Project Director:

CATHY BYRNE

Purpose of Project:

FUNDS WILL BE USED TO OPERATE A DAY CARE PROGRAM FOR ADULTS WHO ARE FRAIL AND ELDERLY AND REQUIRE A SOCIAL/RECREATIONAL, PROFESSIONAL PROGRAM TO MONITOR THEIR MENTAL AND PHYSICAL HEALTH. PROGRAMS ARE OPEN TO ALL SENIORS ON A NON−SECTARIAN BASIS.

Funded Amount:

$20,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWISH ASSOCIATION FOR SERVICES FOR THE AGED
132 WEST 31 STREET
NEW YORK, NY 10001
(212) 273–5200

Name of Project Director:

SHEILA GALVEZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL PROGRAMS FOR SENIORS IN THE COMMUNITY. PROGRAMS ARE OFFERED TO ALL SENIORS ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWISH ASSOCIATION FOR SERVICES FOR THE AGED
60 WEST END AVENUE
BROOKLYN, NY  11235
(718) 646-1118

Name of Project Director:

ANNA BELLA

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE PHYSICAL FITNESS TO THE MEMBERS OF THE SENIOR CENTER AND TO DEFRAY OPERATING EXPENSES. PROGRAMS ARE OPEN TO ALL SENIORS IN THE COMMUNITY ON A NON-SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWSH ASSOCIATION FOR SERVICES FOR THE AGED
132 WEST 31ST STREET
NEW YORK, NY 10001
(718) 273-5250

Name of Project Director:

BOB WEBER

Purpose of Project:

FUNDS WILL BE USED FOR IN−STATE TRIPS, ARTS AND CRAFTS, DANCING AND OTHER CULTURAL PROGRAMS FOR THE SENIORS OF JASA AT CONGREGATION TIFERETH ISRAEL IN JACKSON HEIGHTS. PROGRAMS ARE OPEN TO ALL SENIORS ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWISH ASSOCIATION FOR SERVICES FOR THE AGED
132 WEST 31ST STREET, 15TH FLOOR
NEW YORK, NY 10001
(212) 273–5262

Name of Project Director:

AGNES HALAREWICZ

Purpose of Project:

FUNDS WILL BE USED FOR A COMPREHENSIVE SERVICE PROGRAM FOR SENIORS WHO ARE FACING HEALTH AND SAFETY HAZARDS AND POSSIBLE EVICTION PROCEEDINGS DUE TO THE LIVING CONDITIONS OF THEIR HOMES.

Funded Amount:

$4,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWSH ASSOCIATION FOR SERVICES FOR THE AGED
132 W. 31ST STREET, 1ST FLOOR
NEW YORK, NY  10001
(212) 273−5200

Name of Project Director:

BOB WEBBER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF INSTRUCTORS FOR CLASSES IN TAI−CHI, EXERCISE, LINE DANCING, AND MUSIC. SERVICES ARE AVAILABLE ON A NON−SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWHISH ASSOCIATION FOR SERVICES FOR THE AGED
NASSAU SUFFOLK SERVICE CENTER, 158 THIRD STREET, SUITE 4
MINEOLA, NY 11501
(516) 742−2050

Name of Project Director:

JOLENE BODEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CULTURAL AND EDUCATIONAL
PROGRAMS OF COURSES, LECTURES, WORKSHOPS, AS WELL AS
CONCERTS FOR THE "YOUNG−OLD." PROGRAMS ARE OPEN TO ALL IN THE
COMMUNITY ON A NON−SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWISH ASSOCIATION FOR SERVICES FOR THE AGED
132 WEST 31ST STREET, 15TH FLOOR
NEW YORK, NY 10001
(212) 273–5208

Name of Project Director:

GERI WRIGHT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THERAPEUTIC ACTIVITIES AND
SOCIALIZATION THAT BENEFITS ALZHEIMER’S DISEASE AND DEMENTIA
CLIENTS. FUNDS WILL ALSO BE USED TO PROVIDE RESPITE AND SUPPORT
FOR THE CLIENT’S CAREGIVERS AND/OR FAMILIES.

Funded Amount:

$3,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE FOR THE AGING
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

JEWISH ASSOCIATION FOR SERVICES FOR THE AGED
132 WEST 31ST STREET, 13TH FLOOR
NEW YORK, NY 10001
(212) 273−5200

Name of Project Director:

ROBERT WEBER

Purpose of Project:

FUNDS WILL BE USED FOR IN−STATE TRANSPORTATION FOR THE CENTER ($5,000) AND FOR THE PURCHASE OF SERVICES, INSTRUCTION AND/OR EQUIPMENT FOR EACH OF THE FOLLOWING: JASA/ROCKAWAY PARK SENIOR CENTER, JASA/ROY REUTHER SENIOR CENTER AND FOR THE JASA/BROOKDALE SENIOR CENTER ($3,000/CENTER).

Funded Amount:

$14,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWSH COMMUNITY CENTER OF STATEN ISLAND, INC.
1466 MANOR ROAD
STATEN ISLAND, NY 10314
(718) 475–5273

Name of Project Director:

SHEILA LIPTON

Purpose of Project:

FUNDS WILL BE USED FOR COSTS OF A DRIVER TO TRANSPORT SENIOR ADULTS TO AND FROM THE JCC SENIOR CENTER, WHICH IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWHISH COMMUNITY COUNCIL OF CANARSIE, INC.
1170 PENNSYLVANIA AVENUE, SUITE 1B
BROOKLYN, NY  11239
(718) 495–6210

Name of Project Director:

AVROHOM HECHT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ASSISTANCE TO THE ELDERLY LIVING IN CANARSIE WHO ARE DEALING WITH POVERTY, HOMELESSNESS, DOMESTIC VIOLENCE, ETC.

Funded Amount:

$8,500

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWSH COMMUNITY COUNCIL OF GREATER COEY ISLAND, INC.
3001 WEST 37TH STREET
BROOKLYN, NY 11224–1479
(718) 449–5000

Name of Project Director:

RABBI MOSHE WIENER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HOUSEKEEPING SERVICES AND VARIOUS EDUCATIONAL AND RECREATIONAL SERVICES TO A FRAIL, LOW INCOME AND FUNCTIONALLY DISABLED SENIOR CITIZEN POPULATION OF SOUTHERN BROOKLYN.

Funded Amount:

$40,000

Requested By:

BROOK–KRASNY, CYMBROWITZ–S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND, INC.
3001 WEST 37 STREET
BROOKLYN, NY  11224
(718) 449−5000

Name of Project Director:

RABBI MOSHE WIENER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE NUTRITIONAL, EDUCATIONAL AND RECREATIONAL SERVICES FOR THIS SENIOR CENTER. PROGRAMS ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND, INC.
3001 WEST 37TH STREET
BROOKLYN, NY  11224
(718) 449–5000

Name of Project Director:

RABBI MOSHE WIENER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL SERVICES FOR SENIORS AT OCEAN PARKWAY SENIOR CENTER AND JAY HARAMA SENIOR CENTER. SERVICES ARE OPEN TO ALL SENIORS IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$7,210

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWSH COMMUNITY COUNCIL OF GREATER CONEY ISLAND, INC.
3001 WEST 37TH STREET
BROOKLYN, NY 11224
(718) 449-5000 Ext: 220

Name of Project Director:

RABBI MOSHE WIENER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE IN−STATE TRANSPORTATION TO THE FRAIL ELDERLY IN THE COMMUNITY, BOTH TO AND FROM LOCAL SENIOR CENTERS. THIS PROGRAM IS OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWSH COMMUNITY COUNCIL OF GREATER CONEY ISLAND, INC.
3001 WEST 37TH STREET
BROOKLYN, NY 11224
(718) 449-5000 Ext: 220

Name of Project Director:

RABBI MOSHE WEINER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE IN-STATE TRANSPORTATION SERVICES TO FUNCTIONALLY IMPAIRED SENIORS, BLIND/DEAF SENIORS AND FOR CRIME VICTIMIZED SENIORS. SERVICES ARE PROVIDED ON A NON-SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

JACOBS

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND, INC.
3001 WEST 37TH STREET
BROOKLYN, NY 11224
(718) 449–5000

Name of Project Director:

RABBI WIENER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TRANSPORTATION FOR THE ELDERLY, AS WELL AS, PROVIDE MEALS ON WHEELS TO HOMEBOUND SENIORS. SERVICES ARE OPEN TO ALL SENIORS ON A NON-SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWSH COMMUNITY COUNCIL OF KINGS BAY, INC.
3495 NOSTRAND AVENUE
BROOKLYN, NY 11229
(718) 648-7703 Ext: 226

Name of Project Director:

ALEKSANDRA ANTANOVSKAY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TRANSPORTATION SERVICES FOR SENIORS WHO ARE UNABLE TO TAKE MASS TRANSPORTATION OR CANNOT AFFORD CAR SERVICES TO MEDICAL APPOINTMENTS. FUNDS WILL ALSO BE USED FOR POSCE, WHICH TRANSPORTS ELDERLY TO SENIOR CENTERS TWO DAYS A WEEK. PROGRAMS ARE OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$9,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWSH COMMUNITY COUNCIL OF PELHAM PARKWAY, INC.
2157 HOLLAND AVENUE
BRONX, NY 10462
(718) 792−4744

Name of Project Director:

DAVID EDELSTEIN

Purpose of Project:

FUNDS WILL BE USED TO ASSURE THAT LOCAL SENIORS HAVE ACCESS TO PUBLIC BENEFITS AND ADVOCACY. IN ADDITION, FUNDS WILL PROVIDE GUIDANCE WITH HOUSING RELATED ISSUES IN THE SURROUNDING NEIGHBORHOOD. SERVICES ARE OPEN TO ALL IN THE COMMUNITY ON A NON−SECTARIAN BASIS.

Funded Amount:

$20,000

Requested By:

RIVERA−N

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

JEWISH FAMILY SERVICE OF ORANGE COUNTY, INC.
720 ROUTE 17M
MIDDLETOWN, NY  10940
(845) 341−1173

Name of Project Director:

ELIZABETH KADESH

Purpose of Project:

FUNDS WILL BE USED FOR SUPPORTIVE HOME VISITS TO ISOLATED, FRAIL ELDERLY PERSONS IN ORANGE COUNTY. PROGRAM IS OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

GUNTHER−A

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

KENMORE TOWN OF TONAWANDA MEALS ON WHEELS, INC.
169 SHERIDAN PARKSIDE DRIVE
TONAWANDA, NY 14150
(716) 874–3595

Name of Project Director:

JEAN BENNETT

Purpose of Project:

FUNDS WILL BE USED TO ACQUIRE KITCHEN AND OFFICE EQUIPMENT.

Funded Amount:

$6,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

KINGS BAY YM–YWHA, INC.
3495 NOSTRAND AVENUE
BROOKLYN, NY 11229
(718) 648–7703 Ext: 238

Name of Project Director:

LEONARD PELAKH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TRANSPORTATION AND A SUPERVISED RESPITE PROGRAM FOR SENIOR ALZHEIMER’S PATIENTS IN ORDER TO RELIEVE CAREGIVERS.

Funded Amount:

$6,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

KINGS BAY YM−YWHA, INC.
3495 NOSTRAND AVENUE
BROOKLYN, NY  11229
(718) 648−7703  Ext: 238

Name of Project Director:

LEONARD PETLAKH

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE A TWO−DAY A WEEK PROGRAM FOR THE VISUALLY IMPAIRED AND SENIORS.

Funded Amount:

$8,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

KINGSBRIDGE HEIGHTS COMMUNITY CENTER, INC.
3101 KINGSBRIDGE TERRACE
BRONX, NY  10463
(718) 884–0700

Name of Project Director:

PAUL WALZER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES TO THE SENIORS OF THE KINGSBRIDGE HEIGHTS COMMUNITY, INCLUDING TRANSPORT SERVICES, CRIME VICTIM ASSISTANCE, COMPUTERS, RECREATION AND NUTRITION.

Funded Amount:

$15,000

Requested By:

RIVERA–J

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

KIPS BAY BOYS AND GIRLS CLUB, INC.
1930 RANDALL AVENUE
BRONX, NY 10473
(718) 824–8910

Name of Project Director:

DANIEL QUINTERO

Purpose of Project:

FUNDS WILL BE USED TO OPERATE ACTIVITIES OF THE CASTLE HILL SENIOR CENTER.

Funded Amount:

$4,000

Requested By:

RIVERA–P

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

KOREAN AMERICAN SENIOR CITIZENS SOCIETY OF GREATER NY, INC.
149–18 41ST AVENUE
FLUSHING, NY  11355
(718) 461–3545

Name of Project Director:

MICHAEL CHIEW

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH
COMPUTER INSTRUCTION, ESL AND ESOL PROGRAMS, AS WELL AS
NATURALIZATION STUDIES FOR SENIOR CITIZENS IN THE COMMUNITY.

Funded Amount:

$3,000

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

LADIES BIKUR CHOLIM DSATMOR
545 BEDFORD AVENUE
BROOKLYN, NY 11211
(718) 387−7749

Name of Project Director:

SARA STERN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A LUNCH AND SOCIAL PROGRAM FOR SENIOR CITIZENS WITHIN THE COMMUNITY ON A NON−SECTARIAN BASIS, PROVIDING FOR THOSE WHO ARE NORMALLY HOUSE−BOUND.

Funded Amount:

$7,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

LEXINGTON HEARING AND SPEECH CENTER, INC.
30TH AVENUE AND 75TH STREET
JACKSON HEIGHTS, NY 11370
(718) 899−9846

Name of Project Director:

GINA CARROLL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE ELDERLY WITH ACCESS TO QUALITY, AFFORDABLE HEARING EXAMS AND FOLLOW−UP.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

LEXINGTON HEARING AND SPEECH CENTER, INC.
25-02 75TH STREET
JACKSON HEIGHTS, NY  11370
(718) 350–3300

Name of Project Director:

GINA CARROLL

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE PROGRAM TO SERVE THE ELDERLY BY PROVIDING ACCESS TO QUALITY, AFFORDABLE HEARING EXAMS AND APPROPRIATE FOLLOW–UP.

Funded Amount:

$1,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:
LEXINGTON SCHOOL FOR THE DEAF FOUNDATION
30TH AVENUE AND 75TH STREET
JACKSON HEIGHTS, NY 11370
(718) 899-9846

Name of Project Director:
GINA CARROLL

Purpose of Project:
FUNDS WILL BE USED TO EXPAND THE PROGRAM TO SERVE THE ELDERLY BY PROVIDING ACCESS TO QUALITY, AFFORDABLE HEARING EXAMS AND APPROPRIATE FOLLOW-UP.

Funded Amount:
$3,000

Requested By:
LAFAYETTE

Name of Administering State Agency:
OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

LIFESPAN
1900 SOUTH CLINTON AVENUE
ROCHESTER, NY 14618
(585) 244–8400

Name of Project Director:

ANN MARIE COOK

Purpose of Project:

FUNDS WILL BE USED TO ASSIST FRAIL, VULNERABLE OLDER ADULTS WITH SUCH SERVICES AS BUDGETING, BILL PAYING, ACCESS TO ADDICTION PREVENTION PROGRAMS, AND ELDER ABUSE PREVENTION. LIFESPAN IS A NON–PROFIT AGENCY DEDICATED TO PROVIDING INFORMATION GUIDANCE AND SERVICES TO OLDER ADULTS.

Funded Amount:

$50,000

Requested By:

MORELLE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

LINCOLN HOUSE OUTREACH, INC.
303 WEST 66TH STREET
NEW YORK, NY 10023
(212) 845-8958

Name of Project Director:

EVELYN RICH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SENIORS WITH QUALITY OF LIFE SERVICES.

Funded Amount:

$4,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

LONG BEACH PUBLIC LIBRARY
111 WEST PARK AVENUE
LONG BEACH, NY 11561
(516) 432-7201  Ext: 320

Name of Project Director:

GEORGE TREPP

Purpose of Project:

FUNDS WILL BE USED TO OPERATE EXERCISE PROGRAMS AND LECTURES ON PHYSICAL FITNESS AND POSITIVE IMAGING FOR SENIOR CITIZENS.

Funded Amount:

$3,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE FOR THE AGING
MARLBORO SENIOR CENTER  
2298 WEST 8TH STREET  
BROOKLYN, NY  11223  
(718) 373−6161

ROSEANNE DEGENNARO

FUNDS WILL BE USED TO PROVIDE RECREATIONAL PROGRAMS FOR SENIORS, INCLUDING ARTS, CRAFTS, DANCING, AND DISCUSSION GROUPS, TO ENRICH THE LIVES OF ALL THOSE PARTICIPATING. THIS PROGRAM IS OPEN TO ALL SENIORS ON A NON−SECTARIAN BASIS.

$2,000

COLTON

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

MARLBORO SENIOR CENTER
2298 WEST 8TH STREET
BROOKLYN, NY 11223
(718) 373–6161

Name of Project Director:

ROSEANNE DEGENNARO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR THE SENIORS, WHICH ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

MARY MCCLEOD BETHUNE SENIOR CENTER
1970 AMSTERDAM AVENUE
NEW YORK, NY  10032
(212) 928–6607

Name of Project Director:

YOLANDA MAYRANT

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE TO BRING TECHNOLOGY TO SENIORS BY TEACHING THEM VARIOUS COMPUTER APPLICATIONS.

Funded Amount:

$10,000

Requested By:

FARRELL, JR

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

MASSAPEQUA AARP #4727
P.O. BOX 49
MASSAPEQUA, NY 11758
(516) 541-5978

Name of Project Director:

SAL PASSARETTI

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS FOR SENIOR CITIZEN ORGANIZATION.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MAIDEN LANE, 21ST FLOOR
NEW YORK, NY  10038
(212) 453–9500

Name of Project Director:

PETER BREST

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A VARIETY OF HEALTH AND SOCIAL SERVICES TO THE ELDERLY.

Funded Amount:

$200,000

Requested By:

ABBATE, BENEDETTO, BRENNAN, BROOK−KRASNY, CANESTRARI, CLARK, CYMBROWITZ−S, DINOWITZ, GLICK, GOTTFRIED, HIKIND, HOYT, MAISEL, MAYERSOHN, MILLMAN, O’DONNELL, PHEFFER, ROSENTHAL, WEINSTEIN, WEPRIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MAIDEN LANE, 21ST FLOOR
NEW YORK, NY  10038
(212) 453–9500

Name of Project Director:

LARISA BOAS

Purpose of Project:

FUNDS WILL BE USED FOR THE DELIVERY OF MEALS TO HOMEBOUND LOWER–INCOME SENIORS. THE PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$7,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

MID-ISLAND CHAPTER #3900 OF AARP, INC.
77 EVA AVENUE
STATEN ISLAND, NY 10306
(718) 351–5665

Name of Project Director:
ENES GABRIELE

Purpose of Project:
FUNDS WILL BE USED TO IMPROVE THE OVERALL QUALITY OF LIFE FOR COMMUNITY SENIORS, BY PROVIDING PROGRAMS, SCHEDULED MEETINGS, INFORMATION AND DISTRIBUTION OF MATERIALS REGARDING HEALTH CARE, POLICE OFFICERS, LAWYERS, COMMUNITY ORGANIZATIONS, ETC.

Funded Amount:
$1,000

Requested By:
HYER−SPENCER

Name of Administering State Agency:
OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

MIDDLE COUNTRY LIBRARY FOUNDATION, INC.
101 EASTWOOD BOULEVARD
CENTEREACH, NY 11720
(631) 585–9393

Name of Project Director:

SANDRA FEINBERG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES AND PROGRAMS FOR SENIOR CITIZENS AT MIDDLE COUNTRY LIBRARY.

Funded Amount:

$3,000

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

MIDLAND BEACH – STATEN ISLAND CHAPTER #4410 OF AARP, INC.
130 FINLEY AVENUE
STATEN ISLAND, NY 10306
(718) 979–4467

Name of Project Director:

MICHAEL EDELMAN

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE THE OVERALL QUALITY OF LIFE FOR COMMUNITY SENIORS BY PROVIDING PROGRAMS, SCHEDULED MEETINGS, INFORMATION, AND DISTRIBUTION OF MATERIALS REGARDING HEALTHCARE, POLICE OFFICERS, LAWYERS, COMMUNITY ORGANIZATIONS, ETC.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

MILLER AVENUE COMMUNITY SENIOR PROGRAM
2482 PITKIN AVENUE
BROOKLYN, NY 11208
(718) 235–6177

Name of Project Director:

WINFORD BISHOP

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE IN–STATE TRANSPORTATION FOR SENIORS TO THE CENTER AND TO MEDICAL APPOINTMENTS. FUNDS WILL ALSO BE USED FOR OVERHEAD COSTS OF THE PROGRAM.

Funded Amount:

$7,500

Requested By:

TOWNS

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

MITCHELL–LINDEN SENIOR CITIZENS CLUB, INC.
27–05 PARSONS BOULEVARD
FLUSHING, NY 11354
(718) 539–7783

Name of Project Director:

THELMA NOWVE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE WEEKLY REFRESHMENTS DURING HOLIDAYS, BIRTHDAYS, AND ANNIVERSARY CELEBRATIONS.

Funded Amount:

$5,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

MONTGOMERY COUNTY OFFICE FOR THE AGING
380 GUY PARK AVENUE
AMSTERDAM, NY 12010
(518) 843−2300

Name of Project Director:

CLIFFORD BALDER

Purpose of Project:

FUNDS WILL BE USED FOR MOVING EXPENSES.

Funded Amount:

$5,000

Requested By:

AMEDORE

Name of Administering State Agency:

OFFICE FOR THE AGING
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

MORNINGSIDE RETIREMENT AND HEALTH SERVICES, INC.
100 LASALLE STREET, #MC
NEW YORK, NY 10027
(212) 666–4000

Name of Project Director:

RONALD BRUNO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE ACTIVITIES FOR THE MRHS NORC PROGRAM.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE FOR THE AGING
MORRIS SENIOR CENTER
80 EAST 181 STREET
BRONX, NY 10453
(718) 933−5300

ESTER SANCHEZ POLANCO

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL, RECREATIONAL AND SOCIAL PROGRAMS AND ACTIVITIES FOR SENIORS.

$5,000

DIAZ−L

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

MORRISANIA AIR RIGHTS SENIOR CITIZENS ASSOCIATION, INC.
3135 PARK AVENUE
BRONX, NY  10451
(718) 992−2528

Name of Project Director:

SULEIKA CABRERA DRINANE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR SENIORS.

Funded Amount:

$3,500

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

MOSHOLU–MONTEFIORE COMMUNITY CENTER, INC.
3450 DEKALB AVENUE
BRONX, NY 10467
(718) 882–4000

Name of Project Director:

RITA SANTELLA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SOCIALIZATION OPPORTUNITIES FOR TRACY TOWERS SENIORS THROUGH EDUCATIONAL AND RECREATIONAL SERVICES.

Funded Amount:

$3,000

Requested By:

RIVERA–N

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

MOSHOLU–MONTEFIORE COMMUNITY CENTER, INC.
3450 DEKALB AVENUE
BRONX, NY 10467
(718) 882–4000

Name of Project Director:

RITA SANTELLA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SOCIALIZATION OPPORTUNITIES FOR SCOTT TOWERS AND THE AMALGAMATED SENIORS THROUGH EDUCATIONAL AND RECREATIONAL SERVICES.

Funded Amount:

$5,000

Requested By:

RIVERA–N

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

MOST PRECIOUS BLOOD CHURCH
70 BAY 47TH STREET
BROOKLYN, NY 11214
(718) 372−8022

Name of Project Director:

MARIO CALDARERA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL AND SOCIAL PROGRAMS FOR SENIOR CITIZENS, INCLUDING REFRESHMENTS, GAMES AND CRAFTS. THIS PROGRAM IS OPEN TO ALL SENIORS IN THE COMMUNITY ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

COLTON

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

MOUNT KISCO SENIOR GROUP
104 MAIN STREET
MOUNT KISCO, NY 10549
(914) 666–8766

Name of Project Director:

ELIZABETH DIETER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT FOR EXISTING RECREATIONAL PROGRAMS; INCLUDING INSTRUCTIONAL AND CULTURAL PROGRAMS, AND IN–STATE TRIPS, EXCLUSIVELY TO SENIORS IN THE COMMUNITY.

Funded Amount:

$6,000

Requested By:

BRADLEY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

NATIONAL COUNCIL OF JEWISH WOMEN, INC.
820 SECOND AVENUE
NEW YORK, NY 10017
(212) 687–5030

Name of Project Director:

LAURIE LUDMER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SENIORS WHO HAVE ALZHEIMER’S WITH QUALITY OF LIFE PROGRAMMING.

Funded Amount:

$3,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

NATIONAL COUNCIL OF YOUNG ISRAEL
27–16 HEALY AVENUE
FAR ROCKAWAY, NY 11691
(718) 327–0297

Name of Project Director:

FAYE GROSS

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE RECREATION, HEALTH AND EDUCATION PROGRAMS UTILIZED BY SENIORS AT THE LEAGUE. PROGRAMS ARE OPEN TO ALL SENIORS ON A NON–SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

NEIGHBORHOOD SELF−HELP BY OLDER PERSONS PROJECT, INC.
953 SOUTHERN BOULEVARD
BRONX, NY 10459
(718) 542−0006

Name of Project Director:

EVELYN LAURENO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CASE WORK SERVICES, HEALTH
MANAGEMENT SERVICES, AND ACCESS TO BENEFITS FOR THE ELDERLY.

Funded Amount:

$30,500

Requested By:

DIAZ−R

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

NEW DORP BEACH FRIENDSHIP CLUB
128 CEDAR GROVE AVENUE
STATEN ISLAND, NY 10306
(718) 967–3934

Name of Project Director:

LEONORA VACCARO

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF MATERIALS AND FOR COMMUNITY OUTREACH.

Funded Amount:

$1,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

NEW DORP CHAPTER #2712 OF AARP, INC.
233 NAUGHTON AVENUE
STATEN ISLAND, NY  10305
(718) 351–8532

Name of Project Director:

ROY GARLISI

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE THE OVERALL QUALITY OF LIFE FOR COMMUNITY SENIORS, BY PROVIDING PROGRAMS, SCHEDULED MEETINGS, INFORMATION, AND DISTRIBUTION OF MATERIALS REGARDING HEALTH CARE, POLICE OFFICERS, LAWYERS, COMMUNITY ORGANIZATIONS, ETC.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

NEW LANE SENIOR CENTER
70 NEW LANE
STATEN ISLAND, NY 10305
(718) 448–5936

Name of Project Director:

DEBBIE COPPOLA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES NEEDED TO PREPARE AND DISTRIBUTE NEWSLETTERS, WHICH WILL INFORM SENIORS OF MEETINGS REGARDING HEALTH CARE, POLICE OFFICERS, LAWYERS, COMMUNITY ORGANIZATIONS, ETC.

Funded Amount:

$5,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

NEW YORK FOUNDATION FOR SENIOR CITIZENS, INC.
11 PARK PLACE, SUITE 1416
NEW YORK, NY  10007
(212) 962–7653

Name of Project Director:

LINDA HOFFMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A SENIOR CITIZENS HOME SHARING AND RESPITE PROGRAM.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

NEW YORK FOUNDATION FOR SENIOR CITIZENS, INC.
11 PARK PLACE, SUITE 1416
NEW YORK, NY 10007
(212) 962-7559

Name of Project Director:

LINDA HOFFMAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF A HOME SHARING PROGRAM FOR SENIOR CITIZENS.

Funded Amount:

$5,000

Requested By:

BING

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

NORTH BUFFALO COMMUNITY DEVELOPMENT CORPORATION
203 SANDERS ROAD
BUFFALO, NY 14216
(716) 874–6133

Name of Project Director:

DEBORAH CIELENCKI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES ASSOCIATED WITH THE SENIOR CITIZEN FRAIL AND ELDERLY PROGRAM.

Funded Amount:

$10,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

NORTH FLUSHING SENIOR CENTER, INC.
29-09 137TH STREET
FLUSHING, NY 11354
(718) 358-9193

Name of Project Director:

ROBERTA GOLD

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET EXPENSES ASSOCIATED WITH OPERATING RECREATIONAL AND FOOD/MEAL PROGRAMS.

Funded Amount:

$5,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

NORTH FLUSHING SENIOR CENTER, INC.
29–09 137TH STREET
FLUSHING, NY 11354
(718) 358–9193

Name of Project Director:

ROBERTA GOLDENBERG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR SENIORS LIVING IN THE COLLEGE POINT AND SURROUNDING COMMUNITIES.

Funded Amount:

$5,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

NORTH UTICA SENIOR CITIZENS RECREATION CENTER, INC.
50 RIVERSIDE DRIVE
UTICA, NY 13502
(315) 724-2430

Name of Project Director:

YVONNE MCCLUSKY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS RELATED TO THE ENERGY EXPENSES OF THE CENTER.

Funded Amount:

$5,000

Requested By:

DESTITO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

OCEAN BAY COMMUNITY DEVELOPMENT CORPORATION  
339 BEACH 54TH STREET, GROUND FLOOR  
ARVERNE, NY  11692  
(917) 345–3642

Name of Project Director:

PAT SIMON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE SENIOR VAN INITIATIVE THAT PROVIDES NEEDED IN–STATE TRANSPORTATION TO SENIORS THROUGHOUT THE PENINSULA.

Funded Amount:

$40,000

Requested By:

TITUS

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

OCEAN BREEZE CHAPTER #4007 OF AARP, INC.
42 RAMBLEWOOD AVENUE
STATEN ISLAND, NY 10308
(718) 356–1114

Name of Project Director:

JOSEPH BONAMO

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE THE OVERALL QUALITY OF LIFE FOR COMMUNITY SENIORS BY PROVIDING PROGRAMS, SCHEDULED MEETINGS, INFORMATION, AND DISTRIBUTION OF MATERIALS REGARDING HEALTH CARE, POLICE OFFICERS, LAWYERS, COMMUNITY ORGANIZATIONS, ETC.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

OCEAN PARKWAY COMMUNITY DEVELOPMENT CORPORATION
4520 18TH AVENUE
BROOKLYN, NY 11204
(718) 435-1300

Name of Project Director:

RABBI YAACOV LEBOVITZ

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH PROVIDING SENIOR SERVICES CONCENTRATING ON ESL AND EXERCISE/HEALTH PROGRAMS, INCLUDING COSTS FOR INSTRUCTIONS AND PROGRAM SUPERVISION.

Funded Amount:

$10,000

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

OLDER ADULTS TECHNOLOGY SERVICES, INC.
316 FIFTH STREET, #1
BROOKLYN, NY 11215
(718) 360–1707

Name of Project Director:

TOM KAMBER

Purpose of Project:

FUNDS WILL BE USED TO TRAIN SENIOR CITIZENS IN TECHNOLOGY, INVOLVE YOUTH IN TRAINING SENIORS, PROMOTE TECHNOLOGY USE BY SENIORS FOR HEALTH CARE, SOCIAL AND CIVIC ENGAGEMENT.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

OLDER ADULTS TECHNOLOGY SERVICES, INC.
1713 8TH AVENUE, #8
BROOKLYN, NY 11215
(718) 360–1707

Name of Project Director:

THOMAS KAMBER

Purpose of Project:

FUNDS WILL BE USED TO TRAIN AND SUPPORT OLDER ADULTS IN USING TECHNOLOGY TO IMPROVE THEIR QUALITY OF LIFE.

Funded Amount:

$5,000

Requested By:

BING

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ONE STOP SENIOR SERVICES
747 AMSTERDAM AVENUE, 3RD FLOOR
NEW YORK, NY 10025
(212) 864−7900

Name of Project Director:

RUTH ELLEN SIMMONDS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SENIORS WITH SUPPORT TO ADDRESS ISSUES SUCH AS HOUSING PROBLEMS, MEDICAID, SOCIAL SECURITY, MEDICAL, AND PSYCHIATRIC REFERRALS, ETC.

Funded Amount:

$5,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ONE STOP SENIOR SERVICES
747 AMSTERDAM AVENUE, 3RD FLOOR
NEW YORK, NY 10025
(212) 864-7900

Name of Project Director:

RUTH-ELLEN SIMMONDS

Purpose of Project:

FUNDS WILL BE USED FOR VARIED PROGRAMS THAT HELP SENIORS WITH RESOLVING HOUSING PROBLEMS, APPLYING FOR MEDICAID, AND OTHER SOCIAL SERVICE BENEFITS.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE FOR THE AGING
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ORLEANS COUNTY NUTRITION PROGRAM FOR THE ELDERLY
29 EAST STATE STREET
ALBION, NY 14411
(585) 589–7817

Name of Project Director:

DAVID SPAKER

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING OPERATIONAL EXPENSES.

Funded Amount:

$3,100

Requested By:

HAWLEY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

OUR LADY OF GRACE GOLDEN AGE CLUB
430 AVENUE W
BROOKLYN, NY 11223
(718) 627–2020

Name of Project Director:

ANN SPADERO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SOCIAL AND RECREATIONAL ACTIVITIES FOR SENIORS ON A NON–SECTARIAN BASIS. THE PROGRAMS PROVIDE A PLACE WHERE SENIORS CAN INTERACT Socially.

Funded Amount:

$2,500

Requested By:

COLTON

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

OUR LADY OF GRACE SENIOR CENTER
430 AVENUE W
BROOKLYN, NY  11223
(718) 336–4916

Name of Project Director:

ANN SPADARO

Purpose of Project:

FUNDS WILL BE USED FOR SUPPLIES FOR THE SENIOR CENTER. SERVICES AND PROGRAMS THAT THE CENTER OFFERS ARE OPEN TO ALL SENIORS IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

OUR LADY OF THE BLESSED SACRAMENT LEISURE CLUB
34–24 203RD STREET
BAYSIDE, NY 11361
(718) 424–8848

Name of Project Director:

LOU TIRELLA

Purpose of Project:

FUNDS WILL BE USED FOR OUTREACH PROGRAMS FOR SENIOR CITIZENS. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

OVINGTON CHAPTER #5055 OF AARP, INC.
576 76TH STREET
BROOKLYN, NY  11209
(718) 833−0220

Name of Project Director:

AL ASFAZADOUR

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE THE OVERALL QUALITY OF LIFE FOR COMMUNITY SENIORS BY PROVIDING PROGRAMS, SCHEDULED MEETINGS, INFORMATION, AND DISTRIBUTION OF MATERIALS REGARDING HEALTH CARE, POLICE OFFICERS, LAWYERS, COMMUNITY ORGANIZATIONS, ETC.

Funded Amount:

$1,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

PARK SLOPE GERIATRIC DAY CENTER, INC.
199 14TH STREET
BROOKLYN, NY  11215
(718) 499−7701

Name of Project Director:

MARIANNE NICOLOSI

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ADULT DAY SERVICES PROGRAMMING, INCLUDING MEALS, ACTIVITIES, SERVICES, ETC.

Funded Amount:

$3,500

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

PARK SLOPE GERIATRIC DAY CENTER, INC.
199 14TH STREET
BROOKLYN, NY 11215
(718) 499−7701

Name of Project Director:

MARYANN NICOLOSI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ELDERLY AND DISABLED SENIORS WITH DAYCARE AND NECESSARY IN−STATE TRANSPORTATION.

Funded Amount:

$6,000

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

PARK SLOPE GERIATRIC DAY CENTER, INC.
199 14TH STREET
BROOKLYN, NY 11215
(718) 499–7701

Name of Project Director:

MARIANNE NICOLOSI

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE CENTER’S TRANSPORTATION PROGRAM, WHICH PROVIDES SENIORS WITH IN–STATE TRANSPORTATION TO DOCTOR’S APPOINTMENTS AND RECREATIONAL TRIPS.

Funded Amount:

$4,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

PARK SLOPE SENIOR CITIZEN CENTER
463A 7TH STREET
BROOKLYN, NY  11215
(718) 832−3726

Name of Project Director:

DENISE JOHNSON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH PROVIDING YOGA CLASSES, OFFICE AND PROGRAM SUPPLIES, AND PERSONNEL.

Funded Amount:

$6,000

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

PENN SOUTH SOCIAL SERVICES, INC.
321 8TH AVENUE
NEW YORK, NY 10001
(646) 698−0611

Name of Project Director:

NAT YALOWITZ

Purpose of Project:

FUNDS WILL BE USED FOR A COMPREHENSIVE SOCIAL HEALTH SERVICE PROGRAM FOR SENIORS AT PENN SOUTH COOP SITE.

Funded Amount:

$10,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

PER SCHOLAS, INC.
1231 LAFAYETTE AVENUE
BRONX, NY 10474
(718) 991-8400

Name of Project Director:

PLINEO AYALA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE 12 COMPUTERS FOR A SENIOR CENTER IN THE NORTHWEST BRONX, AND TO TRAIN 12 SENIORS ON HOW TO OPERATE THEM.

Funded Amount:

$5,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

PLAINEDGE SENIOR CITIZENS
P.O. BOX 152
FARMINGDALE, NY 11735
(516) 694–6431

Name of Project Director:

GERI BOROS

Purpose of Project:

FUNDS WILL BE USED FOR COSTS OF VARIOUS ACTIVITIES.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

PLAINVIEW OLD BETHPAGE CARES
45 MANETTO HILL ROAD
PLAINVIEW, NY 11803
(516) 822−3535

Name of Project Director:

ELISSA FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A WIDE RANGE OF SERVICES TO OLDER ADULTS (AGE 60+) TO ENABLE THEM TO REMAIN IN THEIR HOMES.

Funded Amount:

$3,500

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

PLAINVIEW OLD BETHPAGE SENIORS CLUB  
85 JAMAICA AVENUE  
PLAINVIEW, NY  11803  
(516) 937–6424

Name of Project Director:

RACHEL STAIANO

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE THE QUALITY OF LIFE FOR SENIOR CITIZENS BY PROVIDING SOCIAL AND RECREATIONAL FUNCTIONS.

Funded Amount:

$10,000

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

POMONOK SENIOR SOCIAL CLUB
67–09 KISSENA BOULEVARD
FLUSHING, NY 11367
(718) 591–3377

Name of Project Director:

NAOMI ALTMAN

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE PROGRAMS OF THE SENIOR SOCIAL CLUB INCLUDING THE PURCHASE OF SUPPLIES, FOOD AND SPECIAL ACTIVITIES.

Funded Amount:

$3,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

PRESBYTERIAN SENIOR SERVICES
PSS PARKSIDE SENIOR CENTER, 644 ADEE AVENUE
BRONX, NY 10467
(718) 881−7780

Name of Project Director:

DAVID TAYLOR

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SENIOR CITIZENS SOCIALIZATION OPPORTUNITIES THROUGH RECREATIONAL AND EDUCATIONAL SERVICES.

Funded Amount:

$4,000

Requested By:

RIVERA−N

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

PROJECT OPEN, INC.
180 WEST END AVENUE, APT. 1G
NEW YORK, NY 10023
(212) 721–8708

Name of Project Director:

ROCHELLE SHEREFF

Purpose of Project:

FUNDS WILL BE USED TO MAINTAIN IN−STATE TRANSPORT SERVICES FOR SENIORS (I.E., FOR SHOPPING, APPOINTMENTS, ETC.).

Funded Amount:

$4,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

QUEENS COMMUNITY HOUSE, INC.
108–25 62ND DRIVE
FOREST HILLS, NY 11375
(718) 592–5757

Name of Project Director:

NAOMI ALTMAN

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE PROGRAMS AT BOTH THE FOREST HILLS AND POMONOK BRANCHES OF THE QUEENS COMMUNITY HOUSE. IN ADDITION, FUNDS WILL BE USED TO SUPPORT THE VAN SERVICE FOR THE HANDICAPPED AND DISABLED ELDERLY.

Funded Amount:

$18,500

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

QUEENS INTERAGENCY COUNCIL ON THE AGING, INC.
80–02 KEW GARDENS ROAD
KEW GARDENS, NY 11415
(718) 268–5954

Name of Project Director:

BRUCE CUNNINGHAM

Purpose of Project:

FUNDS WILL BE USED FOR OUTREACH PROGRAMS FOR SENIOR CITIZENS.

Funded Amount:

$5,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:
 QUEENS INTERAGENCY COUNCIL ON THE AGING, INC.
 80–02 KEW GARDENS ROAD, SUITE 202
 KEW GARDENS, NY 11415
 (718) 268–5954

Name of Project Director:
 BRUCE CUNNINGHAM

Purpose of Project:
 FUNDS WILL BE USED TO FULFILL THE MISSION OF PROVIDING
 EDUCATIONAL PROGRAMS, CONFERENCES, TRAINING, AND ADVOCACY
 ACTIVITIES FOR OLDER ADULTS.

Funded Amount:
 $1,000

Requested By:
 NOLAN

Name of Administering State Agency:
 OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:
QUEENS INTERAGENCY COUNCIL ON THE AGING, INC.
80-02 KEW GARDENS ROAD, SUITE 202
KEW GARDENS, NY 11415
(718) 268-5954

Name of Project Director:
BRUCE CUNNINGHAM

Purpose of Project:
FUNDS WILL BE USED FOR MONTHLY EDUCATIONAL AND TRAINING PROGRAMS, YEARLY IN–STATE CONFERENCES AND OTHER ACTIVITIES SERVING SENIOR CENTERS IN THE COMMUNITY AND THROUGHOUT QUEENS.

Funded Amount:
$3,000

Requested By:
PHEFFER

Name of Administering State Agency:
OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

QUEENS JEWISH COMMUNITY COUNCIL, INC.
119-45 UNION TURNPIKE
FOREST HILLS, NY 11375
(718) 544–9033

Name of Project Director:

CYNTHIA ZALINSKY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE CONTINUATION OF THE MEALS ON WHEELS PROGRAM, AS PART OF THE LIFE SAVING INITIATIVES OF THE QJCC. THIS PROGRAM IS OPEN TO ALL SENIORS IN THE COMMUNITY ON A NON-SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

WEPRIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

QUEENS JEWISH COMMUNITY COUNCIL, INC.
119–45 UNION TURNPIKE
FOREST HILLS, NY 11375
(718) 544–9033

Name of Project Director:

CYNTHIA ZALISKY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE COUNCIL’S SERVICES TO SENIOR CITIZENS, INCLUDING MEALS ON WHEELS, LEGAL SERVICES, COUNSELING FOR SENIORS IN NEED, AND IMMIGRANT SERVICES. SERVICES ARE OPEN TO ALL SENIORS IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

QUEENS JEWISH COMMUNITY COUNCIL, INC.
119–45 UNION TURNPIKE
FOREST HILLS, NY 11375
(718) 544–9033

Name of Project Director:

CYNTHIA ZALISKY

Purpose of Project:

FUNDS WILL BE USED FOR SERVICING THE NEEDS OF SENIORS, INCLUDING MEALS–ON–WHEELS, LEGAL SERVICES, NEW IMMIGRANT SERVICES, AS WELL AS COUNSELING FOR SENIORS IN NEED ON A NON–SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

MAYERSON

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

QUEENS JEWISH COMMUNITY COUNCIL, INC.
119-45 UNION TURNPIKE
FOREST HILLS, NY 11375
(718) 544-9033

Name of Project Director:

CYNTHIA ZALISKY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SENIOR PROGRAMMING AND EDUCATIONAL AND RECREATIONAL SERVICES.

Funded Amount:

$8,000

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:
QUEENS JEWISH COMMUNITY COUNCIL, INC.
119–45 UNION TURNPIKE
FOREST HILLS, NY  11375
(718) 544–9033  Ext: 22

Name of Project Director:
CYNTHIA ZALISKY

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE EMERGENCY MEDICAL LIFE LINE COMMUNICATIONS TO HOMEBOUND SENIORS AND TO PROVIDE MEALS–ON–WHEELS SERVICES.

Funded Amount:
$5,000

Requested By:
PHEFFER

Name of Administering State Agency:
OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

QUEENS MULTI-SERVICE CENTER
76-01 MYRTLE AVENUE
GLENDALE, NY 11385
(718) 366-0200

Name of Project Director:

ROSANN ROSADO

Purpose of Project:

FUNDS WILL BE USED TO IMPLEMENT SENIOR SERVICES, CRIME VICTIM ASSISTANCE, ELDER ABUSE SERVICE, SOCIAL SERVICE COUNSELING, BASIC HEALTH SERVICES, FOOD PANTRY, AND SATURDAY PROGRAMS.

Funded Amount:

$3,000

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE FOR THE AGING
RABBI ISRAEL MEYER HACOHEN RABBINICAL SEMINARY OF AMERICA
69–10 75TH STREET
MIDDLE VILLAGE, NY 11379
(718) 894–3441

RABBI RICHARD LEVY

FUNDS WILL BE USED TO INSTRUCT SENIORS IN THE USE OF COMPUTERS.
The program is open to all seniors on a non-sectarian basis.

$6,000

HEVESI

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

REGINA PACIS SENIOR CITIZENS ORGANIZATIONS, INC.
2424 CROPSEY AVENUE
BROOKLYN, NY  11214
(718) 372–6020

Name of Project Director:

IDA SCIORTINO

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE RECREATIONAL AND SOCIAL PROGRAMS FOR ALL SENIOR CITIZENS IN THE COMMUNITY, INCLUDING GAMES, ARTS AND CRAFTS, LECTURES, ETC.

Funded Amount:

$2,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE FOR THE AGING
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

RICHMOND SENIOR SERVICES, INC.
500 JEWETT AVENUE
STATEN ISLAND, NY 10302
(718) 816–1811

Name of Project Director:
BEVERLY NEUHAUS

Purpose of Project:
FUNDS WILL BE USED FOR OPERATING EXPENSES, INCLUDING BUT NOT LIMITED TO PURCHASE OF OFFICE SUPPLIES, PRODUCTION OF INFORMATIONAL BROCHURES, AND PERSONNEL SUPPORT.

Funded Amount:
$2,500

Requested By:
TITONE

Name of Administering State Agency:
OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

RIDGEWOOD BUSHWICK SENIOR CITIZENS COUNCIL, INC.
319 STANHOPE STREET
BROOKLYN, NY  11237
(718) 366–3038

Name of Project Director:

JEANIE LAINO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF PROVIDING SENIORS WITH AN ANNUAL PICNIC.

Funded Amount:

$20,000

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK–KRASNY, CAMARA, COLTON, CYMBROWITZ–S, GORDON–D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ–V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

RIDGEWOOD BUSHWICK SENIOR CITIZENS COUNCIL, INC.
555 BUSHWICK AVENUE
BROOKLYN, NY  11206
(718) 821–0254  Ext: 110

Name of Project Director:

CHRISTIANA FISHER

Purpose of Project:

FUNDS WILL BE USED TO FURTHER DEVELOP/UPGRADE AND MAINTAIN THE ORGANIZATION’S WEBSITE.

Funded Amount:

$40,000

Requested By:

LOPEZ–V

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

RIDGEWOOD BUSHWICK SENIOR CITIZENS COUNCIL, INC.
555 BUSHWICK AVENUE
BROOKLYN, NY  11206
(718) 821−0254  Ext: 110

Name of Project Director:

CHRISTIANA FISHER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF ACTIVITIES FOR SENIORS INCLUDING CULTURAL PROGRAMS, CRAFTS AND IN−STATE TRIPS.

Funded Amount:

$45,000

Requested By:

LOPEZ–V

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

RIDGEWOOD BUSHWICK SENIOR CITIZENS COUNCIL, INC.
555 BUSHWICK AVENUE
BROOKLYN, NY 11206
(718) 821–0254

Name of Project Director:

JEANNE LAINO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SENIOR CITIZENS WITH AN ANNUAL PICNIC.

Funded Amount:

$1,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

RIDGEWOOD BUSHWICK SENIOR CITIZENS COUNCIL, INC.
555 BUSHWICK AVENUE
BROOKLYN, NY 11206
(718) 366−3038

Name of Project Director:

JEANNIE LAINO

Purpose of Project:

FUNDS WILL BE USED TO PARTIALLY OFFSET THE COST OF THE ANNUAL SENIOR CITIZEN PICNIC, WHICH INCLUDES TWO FREE MEALS. THESE FUNDS WILL PROVIDE FOR BUSES TO THE ANNUAL PICNIC FOR 30 MONTROSE AVENUE AND 25 BOERUM STREET, AS WELL AS SENIORS FROM OTHER LOCAL CENTERS.

Funded Amount:

$4,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

RIDGEWOOD BUSHWICK SENIOR CITIZENS COUNCIL, INC.  
555 BUSHWICK AVENUE  
BROOKLYN, NY 11385  
(718) 821-0254

Name of Project Director:

ROSEANN ROSADO

Purpose of Project:

QUEENS MULTI SERVICE HAS AN EXISTING TRANSPORTATION SERVICE IN PLACE WHEREBY CAB RIDES ARE PROVIDED TO AND FROM MEDICAL APPOINTMENTS FOR SENIOR CITIZENS. FUNDS WILL ALLOW THE ENHANCEMENT OF THIS PROGRAM.

Funded Amount:

$5,000

Requested By:

SEMINERIO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

RIDGEWOOD BUSHWICK SENIOR CITIZENS COUNCIL, INC.
59-04 DECATUR STREET
RIDGEWOOD, NY 11385
(718) 366-5591

Name of Project Director:

RACHEL KAIGHIM-SHIELDS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE RESPITE CARE CENTER DESIGNATED TO PROVIDE RELIEF TO INFORMAL, PRIMARY CAREGIVERS OF DEPENDENT, FRAIL ELDERLY WHO LIVE AT HOME.

Funded Amount:

$4,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

RIDGEWOOD SENIORS' COMMUNITY CORPORATION
68−52 FRESH POND ROAD
RIDGEWOOD, NY 11385
(718) 497−2908

Name of Project Director:

BARBARA TOSCANO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AN OUTREACH PROGRAM FOR SENIORS WITH SPECIAL NEEDS, SPECIFICALLY FOR THE MENTALLY AND MOBILITY CHALLENGED SENIORS, INCLUDING MEALS, IN−STATE TRANSPORTATION, RECREATION, AND SOCIAL SERVICES.

Funded Amount:

$20,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

RIDGEWOOD SENIORS' COMMUNITY CORPORATION
68–52 FRESH POND ROAD
RIDGEWOOD, NY  11385
(718) 497–2908

Name of Project Director:

BARBARA TOSCANO

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE OPERATIONAL ASSISTANCE, INCLUDING UTILITY COSTS, STAFF, AND THE CONTINUATION OF THE MEALS ON WHEELS PROGRAM FOR THE SENIORS.

Funded Amount:

$10,000

Requested By:

SEMINERIO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

RIVERDALE NEIGHBORHOOD HOUSE, INC.
5521 MOSHOLU AVENUE
BRONX, NY 10471–1645
(718) 549–8100

Name of Project Director:

DANIEL EUDENE

Purpose of Project:

FUNDS WILL BE USED FOR TRP, A PROGRAM WHERE HOMEBOUND ELDERLY RECEIVE A DAILY TELEPHONE CALL TO AVOID ISOLATION AND LONELINESS WHILE CONFIRMING THEIR HEALTH AND WELL-BEING TO MEMBERS OF THEIR FAMILY.

Funded Amount:

$10,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

RIVERDALE SENIOR SERVICES, INC.
2600 NETHERLAND AVENUE
BRONX, NY 10463
(718) 884−5900

Name of Project Director:

JULIA SCHWARTZ−LEEPER

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE THE HEALTH OF SENIORS THROUGH COUNSELING AND EDUCATION, AS WELL AS HELP THEM MAINTAIN THEIR INDEPENDENCE IN THE COMMUNITY BY USING VOLUNTEERS TO ASSIST IN THIS AND OTHER ASPECTS OF THE CENTER’S PROGRAM.

Funded Amount:

$10,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ROBERT COUCHE SENIOR CENTER
137-57 FARMERS BOULEVARD
SPRINGFIELD GARDENS, NY 11434
(718) 978-8352

Name of Project Director:

ELEANOR GIBSON–KELLY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A VARIETY OF SOCIAL SERVICES AND PROGRAMS, AS WELL AS RECREATIONAL ACTIVITIES FOR SENIORS.

Funded Amount:

$10,000

Requested By:

COOK

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ROCHDALE VILLAGE SOCIAL SERVICES, INC.
169-65 137TH AVENUE
JAMAICA, NY 11434
(718) 949-3499

Name of Project Director:

SHERBA JAMES

Purpose of Project:

FUNDS WILL BE USED FOR THE ROCHDALE VILLAGE NORC PROGRAM, WHICH PROVIDES CASE MANAGEMENT, CASE ASSISTANCE, AS WELL AS EDUCATIONAL AND RECREATIONAL PROGRAMS TO THOSE INDIVIDUALS RESIDING WITHIN THE HOUSING COMMUNITY. FUNDS WILL ALSO OFFSET ADMINISTRATIVE AND OPERATING EXPENSES OF THE PROGRAM.

Funded Amount:

$15,000

Requested By:

COOK

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ROCKLAND COMMUNITY COLLEGE SENIOR CITIZEN CLUB
185 NORTH MAIN STREET
SPRING VALLEY, NY 10977
(845) 352–3321

Name of Project Director:

NATALIE STEIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ACCESS TO EVENTS FOR SENIORS THROUGH TRANSPORTATION, AND FOR THE PURCHASE OF SPEAKERS.

Funded Amount:

$2,000

Requested By:

JAFFEE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ROMAN CATHOLIC CHURCH OF ST. KEVIN
45–21 194TH STREET
FLUSHING, NY 11358
(718) 357–8888

Name of Project Director:

JOHN SULLIVAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR SENIORS. PROGRAMS ARE OPEN TO ALL SENIORS ON A NON–SECTARIAN BASIS.

Funded Amount:

$1,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ROOSEVELT ISLAND SENIORS ASSOCIATION, INC.
546 MAIN STREET
NEW YORK, NY 10044
(212) 980–1888

Name of Project Director:

REMA TOWNSEND

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A COMPUTER PROGRAM, WHICH WILL ALLOW SENIORS TO USE COMPUTERS, INTERNET AND DIGITAL TECHNOLOGY.

Funded Amount:

$4,000

Requested By:

KELLNER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SACRED HEART LEISURE CLUB
215–35 38TH AVENUE
BAYSIDE, NY 11361
(718) 428–2200

Name of Project Director:

SISTER KATHLEEN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH PROVIDING RECREATIONAL SERVICES AND MEALS FOR SENIORS. PROGRAMS ARE OFFERED ON A NON–SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SALVATION ARMY
120 WEST 14TH STREET
NEW YORK, NY  10011
(718) 337−7340

Name of Project Director:

CARRIE SCHINDELE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CULTURAL AND RECREATIONAL TRIPS WITHIN NEW YORK STATE, RENTAL OF BUSES IF NEEDED, AND OTHER CULTURAL ACTIVITIES FOR THE SENIORS ATTENDING THE PROGRAMS AT THE QUEENS TEMPLE IN JACKSON HEIGHTS, QUEENS. PROGRAMS ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SAMARITAN VILLAGE, INC.
138-02 QUEENS BOULEVARD
BRIARWOOD, NY 11435
(718) 206-2000

Name of Project Director:

MATTHEW ANCONA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE TECHNOLOGY AND RECREATIONAL EQUIPMENT FOR THE PURPOSE OF PROVIDING LECTURES AND PRESENTATIONS FOR SENIORS.

Funded Amount:

$6,500

Requested By:

MARKEY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SAMUEL FIELD YM & YWHA, INC.
58–20 LITTLE NECK PARKWAY
LITTLE NECK, NY 11362
(718) 225–6750

Name of Project Director:

KAREN SCHWAB

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN INTERNAL SUPPORTIVE NETWORK OF SERVICES FOR ANYONE OVER THE AGE OF 60 WHO RESIDES IN THE NORTHEAST QUEENS AREA WITHIN A FAMILIAR AND NON–THREATENING PLACE. SERVICES INCLUDE IN–STATE TRANSPORTATION, COUNSELING, ADVOCACY, EDUCATION, SOCIALIZATION, INCLUDING LINKAGES AND REFERRALS.

Funded Amount:

$20,000

Requested By:

WEPRIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SAMUEL FIELD YM & YWHA, INC.
58–20 LITTLE NECK PARKWAY
LITTLE NECK, NY 11362
(718) 225–6750  Ext: 241

Name of Project Director:

STEVE GOODMAN

Purpose of Project:

FUNDS WILL BE USED TO TRAIN SENIORS TO PROVIDE SUPPORTIVE SERVICES TO A LARGE NUMBER OF FRAIL ELDERS, INCLUDING ASSISTANCE WITH PAYING BILLS, TRANSPORTATION SERVICES AND FRIENDLY VISITING.

Funded Amount:

$4,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SAN GENNARO SENIOR CITIZEN CLUB, INC.
1556 WILLIAMSBRIDGE ROAD
BRONX, NY 10461
(718) 931–4440

Name of Project Director:

GEORGE MOFFA

Purpose of Project:

Funds will be used to provide socialization opportunities for senior citizens in the community through educational and recreational services.

Funded Amount:

$3,000

Requested By:

RIVERA–N

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SEA CLIFF CHAMBER PLAYERS, INC.
P.O. BOX 9017
WOODBURY, NY  11797
(877) 444–4488

Name of Project Director:

DAVID WINKLER

Purpose of Project:

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

Funded Amount:

$1,500

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE FOR THE AGING
**Legal Name, Address, and Telephone Number:**

SEARCH AND CARE, INC.  
1844 SECOND AVENUE  
NEW YORK, NY 10128  
(212) 289–5300 Ext: 206

**Name of Project Director:**

BRIAN C. KRAVITZ

**Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE PERSONALIZED CARE MANAGEMENT SERVICES, AND FINANCIAL SUPPORT (BILL-PAYING AND BUDGETING ASSISTANCE) TO FRAIL, HOMEBOUND ELDERLY RESIDENTS.

**Funded Amount:**

$5,000

**Requested By:**

KELLNER

**Name of Administering State Agency:**

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SELFHELP AUSTIN STREET CENTER  
106–06 QUEENS BOULEVARD  
FOREST HILLS, NY 11375  
(718) 359–0860

Name of Project Director:

RACHAEL EPSTEIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LUNCH, ACTIVITIES, LECTURES, HEALTH TALKS, AND CASE ASSISTANCE FOR SENIORS.

Funded Amount:

$4,000

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SELFHELP BIG SIX TOWERS
NORC COMMUNITY ROOM – 59–55 47TH AVENUE
WOODSIDE, NY  11377
(718) 458–8579

Name of Project Director:

JENNIFER CINELLI

Purpose of Project:

FUNDS WILL BE USED TO INCREASE THE OPPORTUNITIES FOR COMPUTER TRAINING INCLUDING, BUT NOT LIMITED TO BASIC COMPUTER SOFTWARE USE TO ADVANCED EMAIL AND INTERNET SKILLS; AND IMPLEMENTATION OF COGNITIVE STIMULATION SOFTWARE, WHICH HELPS MAINTAIN BRAIN HEALTH AND MENTAL ACUITY IN SENIORS.

Funded Amount:

$6,000

Requested By:

MARKEY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SELFHELP COMMUNITY SERVICES, INC.
67-00 192ND STREET
FRESH MEADOWS, NY 11365
(718) 454-6286

Name of Project Director:

JENNIFER CINELLI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE IN-STATE BUS TRANSPORTATION TO THE SENIORS OF THE SELFHELP FRESH MEADOWS SENIOR PROGRAM TO TRAVEL WITHIN THE AREA TO ATTEND ENRICHMENT PROGRAMS.

Funded Amount:

$5,000

Requested By:

WEPRIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SELFHELP COMMUNITY SERVICES, INC.
520 8TH AVENUE
NEW YORK, NY 10018
(718) 939–6210

Name of Project Director:

PHYLLIS TOBIN

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS WHICH ENHANCE THE LIVES OF SENIORS IN THE FLUSHING COMMUNITY. PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO, MULTI-CULTURAL PROGRAMS, ESL CLASSES, ETC.

Funded Amount:

$5,500

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SELFHELP COMMUNITY SERVICES, INC.
520 8TH AVENUE
NEW YORK, NY 10018
(718) 939–6210

Name of Project Director:

PHYLLIS TOBIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SELFHELP SENIOR HOUSING IN FLUSHING, AS WELL AS EQUIPMENT FOR ENTERTAINMENT TO DECREASE SENIOR ISOLATION.

Funded Amount:

$3,000

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SELFHELP COMMUNITY SERVICES, INC.
520 8TH AVENUE
NEW YORK, NY  10018
(718) 939–6210

Name of Project Director:

PHYLLIS TOBIN

Purpose of Project:

FUNDS WILL BE USED TO BRING MULTICULTURAL PERFORMERS TO BENJAMIN ROSENTHAL SENIOR CENTER, GIVING SENIORS THE OPPORTUNITY TO ENHANCE CROSS CULTURAL UNDERSTANDINGS.

Funded Amount:

$5,500

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SELFHELP COMMUNITY SERVICES, INC.
208–11 26TH AVENUE
BAYSIDE, NY 11360
(718) 224–7888

Name of Project Director:

ERIN BRENnan

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE CAMPUS’ EDUCATIONAL ACTIVITIES FOR IMMIGRANT SENIORS, EDUCATE AND SUPPORT CAREGIVERS, AND FOR THE SENIOR EXERCISE PROGRAM.

Funded Amount:

$5,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SELFHELP COMMUNITY SERVICES, INC.
520 8TH AVENUE
NEW YORK, NY  10018
(718) 633–1300

Name of Project Director:

TOVA KLEIN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF A CASE MANAGER WHO WILL PROVIDE DIRECT SERVICES TO THE SENIORS IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SELFHELP COMMUNITY SERVICES, INC.
33–68 21ST STREET
LONG ISLAND CITY, NY 11106
(718) 278–5439

Name of Project Director:

MARY HAYES

Purpose of Project:

FUNDS WILL BE USED TO ENABLE SENIORS TO AGE COMFORTABLY IN THEIR HOMES WITH DIGNITY AND INDEPENDENCE, BY PROVIDING SOCIAL SERVICES AND ASSISTING SENIORS WITH TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS.

Funded Amount:

$5,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SELFHELP MASPETH SENIOR CENTER
69–61 GRAND AVENUE
MASPETH, NY  11378
(718) 429–3636

Name of Project Director:

DONNA DECIELO

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE SENIORS IN CARING FOR THEIR HEALTH INCLUDING, BUT NOT LIMITED TO PROVIDING MORE OPPORTUNITIES FOR MILD FORMS OF EXERCISE THAT IMPROVE FITNESS LEVELS AND DECREASE THE THREAT OF AILMENTS SUCH AS ARTHRITIS, RHEUMATISM, INCONTINENCE, AND HIGH BLOOD PRESSURE.

Funded Amount:

$10,000

Requested By:

MARKEY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR ACTION IN A GAY ENVIRONMENT, INC.
305 SEVENTH AVENUE, 6TH FLOOR
NEW YORK, NY 10001
(212) 741-2247  Ext: 235

Name of Project Director:

CATHERINE THURSTON

Purpose of Project:

FUNDS WILL BE USED TO SUSTAIN SERVICES FOR SAGE CLIENTS AND RESIDENTS OF THE UPPER EAST SIDE, INCLUDING HOME VISITS, CASE MANAGEMENT, CLIENT ADVOCACY AND REFERRALS.

Funded Amount:

$2,500

Requested By:

KELLNER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR ACTION IN A GAY ENVIRONMENT, INC.
305 SEVENTH AVENUE, 6TH FLOOR
NEW YORK, NY 10001
(212) 741–2247

Name of Project Director:

CATHERINE THURSTON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE DIRECT SERVICES SUCH AS CLIENT HOME VISITS, AS WELL AS COLLABORATIVE PROGRAMMING WITH COMMUNITY BASED ORGANIZATIONS.

Funded Amount:

$4,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR ACTION IN A GAY ENVIRONMENT, INC.
305 SEVENTH AVENUE, 16TH FLOOR
NEW YORK, NY 10001
(212) 741–2247

Name of Project Director:

MICHAEL ADAMS

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF SUPPORTIVE SERVICES, CONGREGATE ACTIVITIES, PEER SUPPORT PROGRAMS, AND ASSISTANCE IN AGING IN PLACE FOR THE GLBT COMMUNITY.

Funded Amount:

$5,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR ACTION IN A GAY ENVIRONMENT, INC.
305 SEVENTH AVENUE, 6TH FLOOR
NEW YORK, NY 10001
(212) 741–2247 Ext: 228

Name of Project Director:

MICHAEL ADAMS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH OPERATING SAGE PROGRAMS AT THE LGBT CENTER, WHICH PROVIDE RECREATIONAL AND EDUCATIONAL PROGRAMS TO THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR ACTION IN A GAY ENVIRONMENT, INC.
305 7TH AVENUE, 6TH FLOOR
NEW YORK, NY  10001
(212) 741–2247

Name of Project Director:

MICHAEL ADAMS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SOCIAL AND SUPPORTIVE SERVICES FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER ELDERS.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR CARE CONNECTION DBA EDDY SENIORCARE  
504 STATE STREET 
SCHENECTADY, NY 12305  
(518) 382–3290

Name of Project Director:

BERNADETTE HALLAM

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT TRANSPORTATION NEEDS OF SCHENECTADY COUNTY’S SENIORS WHO ARE STRUGGLING TO MAINTAIN THEMSELVES AT HOME.

Funded Amount:

$10,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR CENTER OF KINGSBURY & FORT EDWARD AREA INC.
78 OAK STREET
HUDSON FALLS, NY 12839
(518) 747–9352

Name of Project Director:

VINCENT PALACINO

Purpose of Project:

FUNDS WILL BE USED FOR A HANDICAPPED ACCESSIBLE MINIBUS.

Funded Amount:

$5,000

Requested By:

MCDONALD

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR CITIZENS AFFAIRS COUNCIL
SHELTER ISLAND SENIOR CENTER
ROUTE 114, P.O. BOX 970, SHELTER ISLAND, NY 11964
(631) 749–0015

Name of Project Director:

JAMES DOUGHERTY

Purpose of Project:

FUNDS WILL BE USED FOR A SENIOR SERVICES PROGRAM TO ASSIST SENIORS ON SHELTER ISLAND AND PROVIDE EDUCATIONAL AND RECREATIONAL SERVICES.

Funded Amount:

$2,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR CITIZENS COUNCIL OF CLINTON COUNTY
5139 NORTH CATHERINE STREET
PLATTSBURGH, NY 12901
(518) 561–8320

Name of Project Director:

JAN DEAN

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT AND SUPPLIES FOR THE NUTRITION PROGRAM.

Funded Amount:

$10,000

Requested By:

DUPREY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR CITIZENS LEAGUE OF FLATBUSH, INC.
550 OCEAN PARKWAY
BROOKLYN, NY 11218
(718) 253−0508

Name of Project Director:

LENORE FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN EDUCATIONAL PROGRAM FOR SENIORS BY PROVIDING LECTURERS AND FORMING DISCUSSION GROUPS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR CITIZENS LEAGUE OF FLATBUSH, INC.
550 OCEAN PARKWAY
BROOKLYN, NY  11218
(718) 438−7441

Name of Project Director:

LENORE FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED FOR VARIOUS EDUCATION PROGRAMS (YOGA, DANCE, ARTS AND CRAFTS), LECTURERS AND DISCUSSION GROUPS. FUNDS WILL BE USED TO OFFSET COST OF INSTRUCTORS.

Funded Amount:

$7,000

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR CITIZENS OF WESTBURY
360 POST ROAD
WESTBURY, NY 11590
(516) 334-5886

Name of Project Director:

MAUREEN DROGE

Purpose of Project:

FUNDS WILL BE USED FOR OPERATIONAL EXPENSES FOR PROGRAMS FOR SENIOR CITIZENS.

Funded Amount:

$3,000

Requested By:

WALKER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR CITIZENS OF WESTBURY, INC.
360 POST AVENUE
WESTBURY, NY 11590
(516) 334-5886

Name of Project Director:

MAUREEN DROGE

Purpose of Project:

FUNDS WILL BE USED FOR OPERATIONAL EXPENSES.

Funded Amount:

$4,000

Requested By:

MCKEVITT

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR CLUB AT ST. KEVIN’S PARISH
45–50 195TH STREET
FLUSHING, NY 11358
(718) 631–1964

Name of Project Director:

JOHN SULLIVAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES OF RECREATIONAL AND EDUCATIONAL PROGRAMS FOR SENIORS AND FOR THE PURCHASE OF SUPPLIES AND EQUIPMENT. PROGRAMS ARE OPEN TO THE PUBLIC ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR LEAGUE OF YOUNG ISRAEL
141–55 77TH AVENUE
FLUSHING, NY 11367
(718) 263–6995

Name of Project Director:

ALAN GOMBO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND SOCIAL ACTIVITIES FOR THE SENIOR CITIZENS OF THE COMMUNITY ON A NON-SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR NET  
790 PARK AVENUE  
HUNTINGTON, NY 11743  
(631) 427–3700  Ext: 268

Name of Project Director:

SLAVO VERO

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$2,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SENIOR SERVICES CENTERS OF THE ALBANY AREA, INC.
25 DELAWARE AVENUE
ALBANY, NY 12210
(518) 463–4381

Name of Project Director:

CARMEL PATRICK

Purpose of Project:

FUNDS WILL BE USED FOR THE ELDERSOURCE LINE, A FREE INFORMATION AND REFERRAL PROGRAM AVAILABLE TO RESIDENTS IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE FOR THE AGING
SFY 2008−2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

SENIORS HELPING SENIORS, INC.
600 WEST 168TH STREET, BASEMENT
NEW YORK, NY 10032
(212) 543−9383

Name of Project Director:

ROBERTA TOURNOUR

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CASE ASSISTANCE TO PERSONS WHO HAVE BECOME FRAIL AND FORGETFUL; AND TO ASSIST IN MAINTAINING BENEFITS THAT HELP KEEP THE PERSON SAFE IN THE COMMUNITY WHERE THEY WANT TO LIVE.

Funded Amount:

$8,000

Requested By:

FARRELL, JR

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SEPHARDIC COMMUNITY YOUTH CENTER, INC.
1901 OCEAN PARKWAY
BROOKLYN, NY 11223
(718) 627−4300

Name of Project Director:

ILENE STAVRACH

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE SENIOR ADULT HOLIDAY PROGRAM, WHICH IS OPEN TO ALL MEMBERS OF THE COMMUNITY ON A NON−SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SEPHARDIC COMMUNITY YOUTH CENTER, INC.
1901 OCEAN PARKWAY
BROOKLYN, NY 11223
(718) 627–4300

Name of Project Director:

LINDA EBER

Purpose of Project:

FUNDS WILL BE USED FOR THE "AFTERNOONS OUT: SOCIAL ADULT DAY PROGRAM FOR PEOPLE WITH ALZHEIMER’S DISEASE AND MEMORY LOSS" PROGRAM. THIS PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SEPHARDIC MULTI-SERVICE SENIOR CITIZENS CENTER, INC.
485 KINGS HIGHWAY
BROOKLYN, NY 11223
(718) 336-1300

Name of Project Director:

MARIA NIGIDO

Purpose of Project:

FUNDS WILL BE USED FOR RECREATIONAL AND EDUCATIONAL PROGRAMS, WHICH ARE OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ-S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SERVICE PROGRAM FOR OLDER PEOPLE, INC.
302 WEST 91ST STREET
NEW YORK, NY 10024
(212) 787–7120

Name of Project Director:

NANCY HARVEY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MENTAL HEALTH AND OTHER CLINICAL SERVICES TO SENIORS.

Funded Amount:

$5,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SERVICE PROGRAM FOR OLDER PEOPLE, INC.
302 WEST 91ST STREET
NEW YORK, NY  10024
(212) 787−7120

Name of Project Director:

NANCY HARVEY

Purpose of Project:

FUNDS WILL BE USED FOR THE EXPANSION OF MENTAL HEALTH, SUBSTANCE ABUSE, AND CLINIC OUTREACH SERVICES.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SERVICES AND ADVOCACY FOR GAY ELDERS – LONG ISLAND, INC.
34 PARK AVENUE
BAY SHORE, NY 11706
(631) 665–2300

Name of Project Director:

DAVID KILMNICK

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT IN−SERVICE AND COMMUNITY EDUCATION TRAINING TO HEALTH AND HUMAN SERVICE PROVIDERS AND COMMUNITY−BASED ORGANIZATIONS TO CREATE CULTURALLY COMPETENT SERVICES AND SAFER SPACES FOR GLBT SENIORS.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SERVICES NOW FOR ADULT PERSONS, INC.
80–45 WINCHESTER BOULEVARD, BUILDING #4, CBU #29
QUEENS VILLAGE, NY 11427
(718) 454–2100

Name of Project Director:

DR. LINDA LEEST

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AND COORDINATE SERVICE PROGRAMS, WHICH CONSISTS OF IN–STATE TRANSPORTATION, CONGREGATE MEALS, CASE MANAGEMENT ASSISTANCE, HOME DELIVERED MEALS, EDUCATION / ADVOCACY AND INFORMATION.

Funded Amount:

$22,000

Requested By:

WEPRIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SERVICES NOW FOR ADULT PERSONS, INC.
80–45 WINCHESTER BOULEVARD, BUILDING 4
QUEENS VILLAGE, NY 11427
(718) 454–2100

Name of Project Director:

LINDA LEEST

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATION OF THE SENIOR PROGRAMS, INCLUDING, BUT NOT LIMITED TO, PERSONNEL, VEHICLE INSURANCE, AND OFFICE SUPPLIES.

Funded Amount:

$12,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SERVICES NOW FOR ADULT PERSONS, INC.
80–45 WINCHESTER BOULEVARD, BUILDING 2, CBU #29
QUEENS VILLAGE, NY 11429
(718) 454–2100

Name of Project Director:

LINDA LEEST

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOOD, IN−STATE TRANSPORTATION, AND SOCIAL SUPPORT SERVICES TO THE ELDERLY AND DEVELOPMENTALLY DISABLED SENIORS.

Funded Amount:

$2,500

Requested By:

CLARK

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SHALOM SENIOR CENTER
483 ALBANY AVENUE
BROOKLYN, NY 11203
(718) 774–9213

Name of Project Director:

SHIRMON HERZ

Purpose of Project:

FUNDS WILL BE USED TO DEFRAY THE COSTS ASSOCIATED WITH THE OPERATION AND MAINTENANCE OF A VEHICLE.

Funded Amount:

$2,500

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SHORE HILL HOUSING COMPANY, INC.
9000 SHORE ROAD
BROOKLYN, NY 11209
(718) 745−4730

Name of Project Director:

JOHN CRANE

Purpose of Project:

FUNDS WILL BE USED FOR SENIORS TO BE TRAINED AND EDUCATED WITH COMPUTER TECHNOLOGY.

Funded Amount:

$1,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SHORE RIDGE CARES, NORC
P.O. BOX 090001, FORT HAMILTON STATION
BROOKLYN, NY  11209
(718) 745–5360

Name of Project Director:

ELLEN LAUER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EMERGENCY PREPAREDNESS MATERIALS AND INFORMATION FOR THE ELDERLY AND FRAIL RESIDENTS IN CASE OF AN EMERGENCY.

Funded Amount:

$1,500

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SHOREFRONT JEWISH COMMUNITY COUNCIL, INC.
3049 BRIGHTON 6TH STREET
BROOKLYN, NY  11235
(718) 743–0575

Name of Project Director:

RABBI MOSHE WIENER

Purpose of Project:

FUNDS WILL BE USED FOR A COMPUTERIZED PROGRAM THAT WILL SCREEN SENIOR CITIZENS’ ELIGIBILITY IN 31 ENTITLEMENT BENEFIT PROGRAMS. THE PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SHOWS FROM THE HEART, INC.
244 LEONARD STREET
BROOKLYN, NY 11211
(718) 894−5800

Name of Project Director:

PATRICIA CLUNE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ENTERTAINMENT TO SENIOR CITIZENS. EACH SHOW INCLUDES A SING−A−LONG AND OTHER FORMS OF AUDIENCE INTERACTION.

Funded Amount:

$10,000

Requested By:

SEMINERIO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SIKH SENIOR CENTER/LABANA
113–10 101ST AVENUE
RICHMOND HILL, NY  11419
(908) 403–1516

Name of Project Director:

RIVYA KAUR

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR THE SENIORS IN THE COMMUNITY. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SONS OF ITALY TENANTS ASSOCIATION
2629 CROPSEY AVENUE, APT. 2G
BROOKLYN, NY 11214
(718) 946-2842

Name of Project Director:

JOANNE MONTALVO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL PROGRAMS FOR APPROXIMATELY 100 SENIOR CITIZENS. PROGRAMS ARE OPEN TO ALL SENIORS.

Funded Amount:

$1,500

Requested By:

COLTON

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SOUTH BEACH SENIOR CENTER  
126 LAMPORT BOULEVARD  
STATEN ISLAND, NY  10305  
(718) 448–5854

Name of Project Director:

JAMIE SANTORO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES NEEDED TO PREPARE AND DISTRIBUTE NEWSLETTERS, WHICH WILL INFORM SENIORS OF MEETINGS REGARDING HEALTH CARE, POLICE OFFICERS, LAWYERS, COMMUNITY ORGANIZATIONS, ETC.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SOUTH BRIDGE ADULT AND SENIOR CITIZEN ACTIVITIES CENTER, INC.
90 BEEKMAN STREET
NEW YORK, NY 10038
(212) 267−6190

Name of Project Director:

LOUIS KRIEGER

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET COSTS OF PART−TIME PROJECT DIRECTOR, TELEPHONE REASSURANCE PROGRAM, NEWSLETTER, IN−STATE TRIPS, CLASSES, ETC.

Funded Amount:

$44,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SOUTH QUEENS SENIORS
110–04 ATLANTIC AVENUE
RICHMOND HILL, NY  11418
(718) 441–6050

Name of Project Director:

CAROL SIMON

Purpose of Project:

FUNDS WILL BE USED FOR THE SUPPORT AND MAINTENANCE OF THE SENIOR PROGRAM, INCLUDING RENT ($1,000) AND INSURANCE.

Funded Amount:

$5,094

Requested By:

SEMINERIO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SOUTH ROME SENIOR CITIZENS, INC.
112 RIDGE STREET
ROME, NY 13440
(315) 339–6457

Name of Project Director:

LISLE SANBORN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS RELATED TO THE ENERGY EXPENSES OF THE CENTER.

Funded Amount:

$4,500

Requested By:

DESTITO

Name of Administering State Agency:

OFFICE FOR THE AGING
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

SOUTHEAST QUEENS MULTI-SERVICE SENIOR CITIZENS CENTERS, INC.
156-45 84TH STREET
HOWARD BEACH, NY 11414
(718) 738-8100

Name of Project Director:

ISSAC ALBALA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE IN-STATE TRANSPORTATION TO DISABLED AND FRAIL SENIORS WHO WOULD OTHERWISE BE UNABLE TO ATTEND THE SENIOR CENTER. ADDITIONALLY, FUNDS WILL GO TOWARDS THE PURCHASE OF SUPPLIES TO ENHANCE PROGRAMS AT THE CENTER.

Funded Amount:

$6,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SOUTHWEST QUEENS SENIOR SERVICES, INC.
87–04 88TH AVENUE
WOODHAVEN, NY  11421
(718) 847–9200

Name of Project Director:

JUDY KLEVE

Purpose of Project:

FUNDS WILL BE USED FOR SERVICES AND OPERATIONAL EXPENSES, AS WELL AS FOR IN–STATE TRANSPORTATION TO RECREATIONAL OUTINGS, MEDICAL APPOINTMENTS, DAYCARE, AND TO SENIOR CENTERS FOR OVER 100 RESIDENTS. FUNDS WILL BE EQUALLY DISBURSED AMONG THE WOODHAVEN, WAKEFIELD AND OZONE PARK SENIOR CENTERS.

Funded Amount:

$6,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:
SPANISH SPEAKING ELDERLY COUNCIL OF BROOKLYN, INC.
30 3RD AVENUE, ROOM 617
BROOKLYN, NY  11217
(718) 643−0232

Name of Project Director:
JOSE ORTIZ

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE SENIOR ACTIVITIES, INCLUDING ARTS AND CRAFTS, CERAMICS, DANCE CLASSES AND IN−STATE BUS TRIPS. FUNDS MAY ALSO BE USED TO PURCHASE EQUIPMENT FOR THE SENIOR CENTER.

Funded Amount:
$5,000

Requested By:
ORTIZ

Name of Administering State Agency:
OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. ANDREW AVELLINO FRIENDSHIP CLUB
35–60 158TH STREET
FLUSHING, NY 11358
(718) 359–0417

Name of Project Director:

CONSTANCE BENNETT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CULTURAL AND RECREATIONAL ACTIVITIES FOR SENIOR CITIZENS. PROGRAMS ARE OPEN TO ALL SENIORS ON A NON–SECTARIAN BASIS.

Funded Amount:

$4,500

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. ATHANASIUS GOLDEN AGE CLUB
2154 61ST STREET
BROOKLYN, NY   11204
(718) 236–0124

Name of Project Director:

LAURA TARAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL AND SOCIAL INTERACTION FOR SENIORS SUCH AS DANCING, ARTS AND CRAFTS, AS WELL AS DISCUSSION GROUPS AND RELATED HEALTH ACTIVITIES FOR SENIORS ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

COLTON

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. BRENDAN’S LEISURE TIME CLUB
1525 EAST 12TH STREET
BROOKLYN, NY 11230
(718) 339–2828

Name of Project Director:

BARBARA LATERZA

Purpose of Project:

FUNDS WILL BE USED FOR SENIOR RECREATIONAL PROGRAMS. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. CHARLES JUBILEE SENIOR CENTER
55 PIERREPONT STREET
BROOKLYN, NY  11201
(718) 855−0326

Name of Project Director:

ROBIN APPARICIO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOGA, AEROBICS AND ART CLASSES FOR OLDER ADULTS. PROGRAMS ARE OPEN TO ALL SENIORS ON A NON−SECTARIAN BASIS.

Funded Amount:

$3,500

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. DOMINICS YOUNG AT HEART CLUB
2001 BAY RIDGE PARKWAY
BROOKLYN, NY 11204
(718) 259-4636

Name of Project Director:

FRAN DEPACE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL ACTIVITIES FOR APPROXIMATELY 300 SENIOR CITIZENS, INCLUDING SOCIAL AND INTERACTIVE ACTIVITIES SUCH AS DANCING, DISCUSSION GROUPS, ETC. PROGRAMS ARE OPEN TO ALL SENIORS IN THE COMMUNITY ON A NON-SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

COLTON

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. EDMUND GOLDEN AGE
1902 AVENUE T
BROOKLYN, NY 11229
(718) 743–0102

Name of Project Director:

ANN PERRECA

Purpose of Project:

FUNDS WILL BE USED FOR OPERATIONAL EXPENSES INCLUDING, BUT NOT LIMITED TO, THE PURCHASE OF EQUIPMENT/SUPPLIES AND MISCELLANEOUS ITEMS FOR THE SENIOR CENTER. SERVICES ARE OPEN TO ALL SENIORS IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. FRANCIS COLLEGE
180 REMSEN STREET
BROOKLYN, NY 11201
(718) 489–5372

Name of Project Director:

CHRIS GIBBONS

Purpose of Project:

FUNDS WILL BE USED TO EXPAND AND ENHANCE THE SENIOR PROGRAM, WHICH OFFERS CULTURAL, EDUCATIONAL AND RECREATIONAL PROGRAMS FOR SENIORS, PRIMARILY IN THE BROOKLYN COMMUNITY.

Funded Amount:

$4,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. GABRIEL’S SENIOR CENTER
331 HAWTHORNE STREET
BROOKLYN, NY 11225
(718) 773-4049

Name of Project Director:

JUDITH VILLAROEL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET GENERAL OPERATING EXPENSES OF THE SENIOR CENTER, INCLUDING AN EXPANSION FOR THE COMPUTER LAB, TRAVEL EXPENDITURES WITHIN NEW YORK STATE, AND UPKEEP AND RENOVATIONS OF THE CENTER. THE CENTER IS OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. JOHN’S RIVERSIDE HOSPITAL
967 NORTH BROADWAY, PARK CARE PAVILION
YONKERS, NY  10701
(914) 964–4769

Name of Project Director:

CHARLES YOCKELSON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTERS AND PRINTERS FOR THE SENIOR EDUCATION PROGRAM.

Funded Amount:

$4,000

Requested By:

BRODSKY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. LUKE’S GOLDEN AGE CLUB
16–34 CLINTONVILLE STREET
WHITESTONE, NY 11357
(718) 746–8102

Name of Project Director:

MONSIGNOR JOHN TOSI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE GOLDEN AGE SENIOR CLUB. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. MARGARET’S SENIOR CENTER
66–05 79TH PLACE
MIDDLE VILLAGE, NY  11379
(718) 326–1911

Name of Project Director:

ANGELINA FERZOLA

Purpose of Project:

FUNDS WILL BE USED TO FACILITATE SENIOR AND CULTURAL ACTIVITIES. THIS PROGRAM IS OPEN TO ALL SENIORS ON A NON–SECTARIAN BASIS.

Funded Amount:

$6,000

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. MARK GOLDEN AGE CLUB
2609 EAST 19TH STREET
BROOKLYN, NY  11235
(718) 891−3101

Name of Project Director:

ELIZABETH MATHEW

Purpose of Project:

FUNDS WILL BE USED FOR A PROGRAM TO ENHANCE THE HEALTH OF SENIOR CITIZENS. THE HEALTH PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. MARY’S GOLDEN AGE CLUB
70–31 48TH AVENUE
WOODSIDE, NY  11377
(718) 672–4848

Name of Project Director:

CAROL TERRANO

Purpose of Project:

FUNDS WILL BE USED FOR RECREATIONAL PROGRAMS FOR SENIOR CITIZENS, WHICH ARE OPEN TO ALL SENIORS IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$1,500

Requested By:

MARKEY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. MARY’S SENIOR CENTER
10–15 49TH AVENUE
LONG ISLAND CITY, NY 11101
(718) 729–2688

Name of Project Director:

ED MCDAY

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE PROGRAMS PROVIDED TO SENIORS, INCLUDING DANCE CLASSES AND OTHER PROGRAMS WHICH ARE OPEN TO ALL SENIORS ON A NON–SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. NICHOLAS OF TOLENTINE PARISH GOLDEN AGE CLUB
150–75 GOETHALS AVENUE
JAMAICA, NY 11432
(718) 969–3226

Name of Project Director:

CATHERINE O’NEILL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL, RECREATIONAL AND/OR SOCIAL ACTIVITIES FOR SENIORS IN THE COMMUNITY. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$1,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. RITA’S SENIOR CLUB
36-25 11TH STREET
LONG ISLAND CITY, NY 11101
(718) 786-2856

Name of Project Director:

FRANCES FITZPATRICK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A MEAL PROGRAM FOR SENIOR CITIZENS DURING THE HOLIDAYS ON A NON-SECTARIAN BASIS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. ROCCO'S SENIOR CENTER  
216 27TH STREET  
BROOKLYN, NY 11232  
(718) 768–9798

Name of Project Director:

ANDREW DIORIO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF SENIOR ACTIVITIES, INCLUDING ARTS AND CRAFTS, CERAMICS, ETC. FUNDS WILL ALSO BE USED FOR IN–STATE BUS TRIPS AND THE PURCHASE OF EQUIPMENT FOR THE CENTER. ACTIVITIES ARE OFFERED TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ST. ROSALIA–REGINA PACIS NEIGHBORHOOD IMPROVEMENT ASSOCIATION–SENIOR PROGRAM
1258 65TH STREET
BROOKLYN, NY 11219
(718) 236–5266

Name of Project Director:

ROSA CASELLA

Purpose of Project:

FUNDS WILL BE USED TO WORK WITH AREA SENIOR CENTERS TO ASSESS THE NEEDS OF PARTICULAR CENTERS AND THE NEEDS OF AREA SENIORS. IT WILL ALSO PROVIDE RECREATIONAL PROGRAMS, NECESSARY EQUIPMENT AND REFRESHMENTS FOR SENIOR PROGRAMS AND MEETINGS.

Funded Amount:

$32,000

Requested By:

ABBATE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.
415 EAST 93RD STREET
NEW YORK, NY  10128
(212) 360–7620

Name of Project Director:

WANDA WOOTEN

Purpose of Project:

FUNDS WILL BE USED FOR THE ELDERS AT HOME PROGRAM, WHICH PROVIDES TELEPHONE CONFERENCE CALL OUTREACH AND SOCIAL SUPPORT TO HOUSEBOUND ELDERLY RESIDENTS OF THE COMMUNITY. FUNDS WILL PROVIDE THE TELEPHONES AND PHONE SERVICE NEEDED TO OFFER THIS SERVICE TO THE SENIOR COMMUNITY.

Funded Amount:

$7,500

Requested By:

BING

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

STATEN ISLAND COMMUNITY SERVICES FRIENDSHIP CLUBS, INC.
11 SAMPSON AVENUE
STATEN ISLAND, NY  10308
(718) 967–3799

Name of Project Director:

LEONORA VACCARO

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF MATERIALS AND FOR COMMUNITY OUTREACH.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

STATEN ISLAND FRIENDSHIP CLUBS, INC.
11 SAMPSON AVENUE
STATEN ISLAND, NY 10308
(718) 667-3162

Name of Project Director:

LEONORA VACCARO

Purpose of Project:

FUNDS WILL BE USED FOR RECREATIONAL ACTIVITIES FOR SENIOR CITIZENS AT ITS GREAT KILLS AND MIV/MOUNT LORETTO SITES.

Funded Amount:

$7,000

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

STATEN ISLAND INTER−AGENCY COUNCIL FOR THE AGING, INC.
460 BRIELLE AVENUE, ADMINISTRATION BUILDING, ROOM 123
STATEN ISLAND, NY 10314
(718) 667−3162

Name of Project Director:

CAROL DUNN

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP, PRODUCE, PRINT AND DISTRIBUTE INFORMATIONAL MATERIALS ON A NUMBER OF TOPICS.

Funded Amount:

$2,500

Requested By:

TITONE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

STATEN ISLAND INTER–AGENCY COUNCIL FOR THE AGING, INC.
C/O SEA VIEW HOSPITAL, 460 BRIELLE AVENUE, ROOM 123
STATEN ISLAND, NY  10314
(718) 667–3162

Name of Project Director:

CAROL L. DUNN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF PRINTING BOOKLETS AND INFORMATION FOR SENIORS.

Funded Amount:

$1,500

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

STEPHANIE JOYCE KAHN FOUNDATION, INC.
2–12 WEST PARK AVENUE, SUITE 210
LONG BEACH, NY 11561
(516) 889–5105

Name of Project Director:

STEPHANIE JOYCE KAHN

Purpose of Project:

FUNDS WILL BE USED TO SERVE HOMEBOUND INDIVIDUALS, THE FRAIL ELDERLY, CHRONICALLY ILL, ETC. TRAINED VOLUNTEERS VISIT RECIPIENTS, BRINGING CASSETTE PLAYERS AND RECORDED MATERIALS. THEREAFTER, PERSONS OBTAIN RECORDINGS THROUGH THE MAIL AT NO COST.

Funded Amount:

$24,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

STEUBEN COUNTY OFFICE FOR AGING
3 EAST PULTNEY SQUARE
BATH, NY 14810
(607) 664–2298

Name of Project Director:

LINDA TETOR

Purpose of Project:

FUNDS WILL BE USED FOR VARIOUS SENIOR PROGRAMS.

Funded Amount:

$25,000

Requested By:

BACALLES

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

STS. SIMON AND JUDE ROMAN CATHOLIC CHURCH
185 VAN SICKLEN STREET
BROOKLYN, NY  11223
(718) 376−7814

Name of Project Director:

SADIE FAVARA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL PROGRAMS FOR SENIORS, SUCH AS ARTS AND CRAFTS, DANCING, AND DISCUSSION GROUPS, TO ENRICH THE LIVES OF ALL THOSE PARTICIPATING. THESE PROGRAMS ARE OPEN TO ALL SENIORS ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

COLTON

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SUFFERN SENIORS
41 WASHINGTON AVENUE
SUFFERN, NY  10901
(845) 369–3673

Name of Project Director:

ROSEMARY SCHELLACI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ENTERTAINMENT, CULTURAL OUTREACH AND TRANSPORTATION FOR SUFFERN SENIORS.

Funded Amount:

$2,000

Requested By:

JAFFEE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SUFFOLK COMMUNITY COUNCIL, INC.
180 OSER AVENUE, SUITE 850
HAUPPAUGE, NY 11788
(631) 434−9277

Name of Project Director:

JUDY PANNULLO

Purpose of Project:

FUNDS WILL BE USED FOR THE PROMOTION AND DEVELOPMENT OF LIVABLE COMMUNITIES IN AN EFFORT TO PROVIDE SENIORS WITH OPTIONS.

Funded Amount:

$5,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SUNNYSIDE COMMUNITY SERVICES, INC.
43–31 39TH STREET
SUNNYSIDE, NY 11104
(718) 784–6173

Name of Project Director:

JUDY ZANGWILL

Purpose of Project:

FUNDS WILL BE USED FOR SERVICES SUCH AS IN–STATE TRANSPORTATION TO AND FROM SENIOR CENTERS, A CASE AIDE, VOLUNTEER COORDINATOR TO RECRUIT AND SUPPORT VOLUNTEERS, AND COMPUTER INSTRUCTOR TO PROVIDE TECHNICAL ASSISTANCE FOR THE BENEFITS PROGRAM.

Funded Amount:

$22,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

SUNSET BAY COMMUNITY SERVICES, INC.
150 55TH STREET
BROOKLYN, NY 11220
(718) 492–9370

Name of Project Director:

MARIA CARDONA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SENIOR ACTIVITIES, INCLUDING ARTS AND CRAFTS, CERAMICS, DANCE, AS WELL AS IN–STATE FIELD BUS TRIPS.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:
SURF SOLOMON SENIOR CENTER
3001 WEST 37TH STREET
BROOKLYN, NY 11224
(718) 449−6363

Name of Project Director:
GRACE BRAND

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL ACTIVITIES TO SENIORS IN THE COMMUNITY ON A NON−SECTARIAN BASIS.

Funded Amount:
$2,000

Requested By:
BROOK−KRASNY

Name of Administering State Agency:
OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

TAIWAN CENTER, INC.
137–44 NORTHERN BOULEVARD
FLUSHING, NY  11354
(718) 445–7007

Name of Project Director:

YI–MIAO HUANG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MEALS FOR SENIORS, RECREATIONAL ACTIVITIES, SOCIAL SERVICES AND EDUCATIONAL SEMINARS FOR ALL SENIORS IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

THE DALE ASSOCIATION, INC.
33 ONTARIO STREET
LOCKPORT, NY 14094
(716) 433−1886

Name of Project Director:

PATTY ROCKWOOD

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMMATIC FUNDING FOR SERVICES TO THE ELDERLY.

Funded Amount:

$12,500

Requested By:

COLE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

THREE HIERARCHS SENIOR CENTER
1724 AVENUE P
BROOKLYN, NY  11223
(718) 339–0280

Name of Project Director:

TED PAVLOUNIS

Purpose of Project:

FUNDS WILL BE USED FOR RECREATIONAL PURPOSES FOR SENIOR CITIZENS. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

TILDEN TOWERS II SENIOR CITIZEN CENTER
801 TILDEN STREET
BRONX, NY 10467
(718) 515–0185

Name of Project Director:

HAROLD PAYNE

Purpose of Project:

FUNDS WILL BE USED FOR A PROGRAM DIRECTOR TO RUN PROGRAMS DEDICATED TO IMPROVE THE QUALITY OF LIFE FOR LOCAL SENIORS.

Funded Amount:

$10,000

Requested By:

HEASTIE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

TODT HILL FRIENDSHIP CLUB / BERRY HOUSES FRIENDSHIP CLUB
11 SAMPSON AVENUE
STATEN ISLAND, NY 10308
(718) 356–5050

Name of Project Director:

LEONORA VACCARO

Purpose of Project:

FUNDS WILL BE USED FOR RENOVATIONS OF CLUB FACILITIES, AS WELL AS FOR THE PURCHASE OF NEW EQUIPMENT AND FURNITURE.

Funded Amount:

$10,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

TOMPKINS COUNTY OFFICE FOR THE AGING
320 N. TIOGA STREET
ITHACA, NY   14850
(607) 274–5482

Name of Project Director:

LISA HOLMES

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MEDICAL ALERT (PERSONAL EMERGENCY RESPONSE) MACHINES TO FRAIL, ELDERLY AND DISABLED RESIDENTS OF TOMPKINS COUNTY.

Funded Amount:

$10,000

Requested By:

LIFTON

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

TOMPKINS HOUSES TENANTS UNION, INC.
77 TOMPKINS AVENUE, 1ST FLOOR
BROOKLYN, NY 11206
(347) 702–4080

Name of Project Director:

LEONA KEITH

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP A COMPUTER LITERACY PROGRAM AND OTHER PROJECTS TO OCCUPY TIME FOR SENIORS.

Funded Amount:

$2,500

Requested By:

TOWNS

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

TOWN OF BERNE  
P.O. BOX 57  
BERNE, NY 12023  
(518) 872–1448

Name of Project Director:

KEVEN CROSIER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SENIORS WITH NEEDED IN–STATE TRANSPORTATION, AS WELL AS TO HELP DEFRAY THE COSTS OF A VAN.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

TOWN OF ISLIP DEPARTMENT OF HUMAN SERVICES
401 MAIN STREET, ROOM 102
ISLIP, NY 11751
(631) 224-5310

Name of Project Director:

EMILY CHAPPELL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TRANSPORTATION SERVICES TO SENIOR CITIZENS IN THE OAKDALE AREA WHO WOULD NOT OTHERWISE BE ABLE TO MAKE USE OF THE TOWN’S SENIOR CENTER.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

TOWN OF NORTH HEMPSTEAD
220 PLANDOME ROAD
MONHASSET, NY  11030
(516) 869−7841

Name of Project Director:

DAN NACHBAR

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:

TRINITY SENIOR SERVICES, INC.
104–02 ROCKAWAY BEACH BOULEVARD
ROCKAWAY PARK, NY  11694
(718) 474–5993

Name of Project Director:

DR. GERALDINE M. CHAPEY

Purpose of Project:

FUNDS WILL BE USED TO OFFER OVER 1,000 UNDERSERVED SENIORS, WHO ARE GEOGRAPHICALLY ISOLATED, IN–STATE BUS TRIPS, CULTURAL EVENTS, INTERGENERATIONAL ACTIVITIES AND SOCIALIZATION EVENTS FOR SENIORS WHO DO NOT OTHERWISE HAVE ACCESS TO THESE SERVICES.

Funded Amount:

$5,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

TRUMP 4 US
2942 WEST 5TH STREET
BROOKLYN, NY 11224
(718) 946-7973

Name of Project Director:

ELLEN HALPERN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL ACTIVITIES TO SENIORS IN THE COMMUNITY ON A NON-SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

BROOK-KRASNY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

TRUMP OUTREACH PROGRAM FOR SENIORS
464 NEPTUNE AVENUE, BUILDING 4, SECTION B, ROOM 3
BROOKLYN, NY 11224
(718) 946–7573

Name of Project Director:

ALLA PLISS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL ACTIVITIES TO SENIORS IN THE COMMUNITY ON A NON-SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

TUCKAHOE SENIOR CITIZENS CENTER
4 UNION PLACE
TUCKAHOE, NY 10707
(914) 337–8487

Name of Project Director:

BARBARA STIERES

Purpose of Project:

FUNDS WILL BE USED FOR A WEEKLY EXERCISE PROGRAM FOR SENIOR ADULTS TO BUILD STRENGTH, FLEXIBILITY, AND BALANCE.

Funded Amount:

$2,000

Requested By:

PAULIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

TWO BRIDGES NEIGHBORHOOD COUNCIL, INC.  
80 RUTGER’S SLIP  
NEW YORK, NY 10002  
(212) 349−9869

Name of Project Director:

BEN SILBER

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES PROVIDED FOR MULTI−ETHNIC SENIOR CITIZENS AT THE COUNCIL’S HELEN HARRIS BUILDING SENIOR CENTER.

Funded Amount:

$9,500

Requested By:

SILVER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

UNITED HINDU CULTURAL COUNCIL OF USA NORTH AMERICA
118–09 SUTTER AVENUE
RICHMOND HILL, NY  11419
(718) 323–8900

Name of Project Director:

CHAN JAMOONA

Purpose of Project:

FUNDS WILL BE USED TO ENRICH THE LIVES OF SENIOR CITIZENS, PROVIDING NUTRITIONAL SERVICES, WORKSHOPS CULTURAL IN–STATE TRIPS AND EDUCATIONAL PROGRAMS. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

UNITED JEWISH COUNCIL OF THE EAST SIDE, INC.
235 EAST BROADWAY
NEW YORK, NY 10002
(212) 233–6037

Name of Project Director:

BETSY JACOBSON

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE LIVES OF OLDER ADULTS THROUGH PROGRAMS AND SERVICES THAT PROMOTE HEALTH AND WELLNESS, DECREASE LONELINESS AND ISOLATION AND PROVIDE SOCIAL AND ECONOMIC OPPORTUNITIES TO ENHANCE QUALITY OF LIFE.

Funded Amount:

$5,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

UNITED JEWISH COUNCIL OF THE EAST SIDE, INC.
235 BROADWAY
NEW YORK, NY  10002
(212) 233−6037

Name of Project Director:

JOEL KAPLAN

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE DELIVERY OF SERVICES TO THE ELDERLY WITH PARTICULAR EMPHASIS ON OUTREACH TO THE HOMEBOUND. PROGRAMS ARE OFFERED TO ALL IN THE COMMUNITY ON A NON−SECTARIAN BASIS.

Funded Amount:

$12,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

UNITED NEIGHBORS OF EAST MIDTOWN, INC.
310 EAST 42ND STREET
NEW YORK, NY 10017
(212) 682−1830

Name of Project Director:

JOAN MINTZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE INFORMATION, REFERRALS, CASE MANAGEMENT, AND VOLUNTEER SERVICES.

Funded Amount:

$1,500

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

UNITED SENIOR CITIZENS OF SUNSET PARK, INC.
475 53RD STREET
BROOKLYN, NY  11220
(718) 439–8646

Name of Project Director:

GRISEL ARMADOR

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SENIOR ACTIVITIES, INCLUDING ARTS AND CRAFTS, CERAMICS, DANCE CLASSES, AS WELL AS TO PURCHASE EQUIPMENT FOR THE SENIOR CENTER.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

UNIVERSITY HEIGHTS COMMUNITY DEVELOPMENT ASSOCIATION, INC.
3242 MAIN STREET
BUFFALO, NY 14214
(716) 832−1010 Ext: 223

Name of Project Director:

ALYCE CUDDY

Purpose of Project:

FUNDS WILL BE USED TO FURTHER EXPAND THE REACH OF SENIOR SERVICES IN THE AREAS OF RECREATION, CONTINUED EDUCATION, DAILY NUTRITION AND SOCIALIZATION.

Funded Amount:

$7,500

Requested By:

HOYT

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK
184 ELDRIDGE STREET
NEW YORK, NY 10002
(212) 674-9120

Name of Project Director:

MICHAEL ZISSE

Purpose of Project:

FUNDS WILL BE USED FOR EXERCISE CLASSES AT THE SETTLEMENT’S SENIOR CENTER, LOCATED IN NYCHA’S RAPHAEL HERNANDEZ BUILDING.

Funded Amount:

$12,000

Requested By:

GLICK, SILVER

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

VAN NEST COMMUNITY ASSOCIATION, INC.
661 MORRIS PARK AVENUE
BRONX, NY 10462
(718) 792–2925

Name of Project Director:

ZENA TWYMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SOCIALIZATION OPPORTUNITIES FOR SENIORS IN THE COMMUNITY THROUGH EDUCATIONAL AND RECREATIONAL PROGRAMS AND TO OFFSET COSTS ASSOCIATED WITH THE OPERATIONS OF THESE PROGRAMS.

Funded Amount:

$2,500

Requested By:

RIVERA–N

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

VILLAGE OF NORTH SYRACUSE
600 SOUTH BAY ROAD
NORTH SYRACUSE, NY 13212
(315) 458−0900

Name of Project Director:

TERESA ROTH

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS FOR SENIOR PROGRAMMING, INCLUDING IN−STATE BUS TRIPS, EDUCATIONAL AND RECREATIONAL PROGRAMS, AS WELL AS FOR SOCIAL ACTIVITIES.

Funded Amount:

$3,000

Requested By:

STIRPE

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

VISITING NEIGHBORS, INC.
611 BROADWAY, SUITE 510
NEW YORK, NY 10012
(212) 260–6200 Ext: 11

Name of Project Director:

DR. CYNTHIA MAURER

Purpose of Project:

FUNDS WILL BE USED TO ENABLE THE FRAIL AND ELDERLY TO REMAIN INDEPENDENT AND ABLE TO LIVE IN THE COMMUNITY. SERVICES INCLUDE FRIENDLY VISITING, HEALTH ADVOCACY, SHOP AND ESCORT HELP, INFORMATION AND REFERRALS.

Funded Amount:

$5,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

VISITING NEIGHBORS, INC.
611 BROADWAY, SUITE 510
NEW YORK, NY 10012
(212) 260-6200

Name of Project Director:

LAURA SCHARF

Purpose of Project:

FUNDS WILL BE USED FOR OUTREACH TO SENIORS IN THE COMMUNITY, AS WELL AS TO OFFSET THE COSTS OF A RENTAL SPACE, WHERE ALL ACTIVITIES TAKE PLACE.

Funded Amount:

$6,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

VISITING NEIGHBORS, INC.
611 BROADWAY, SUITE 510
NEW YORK, NY 10012
(212) 260–6200

Name of Project Director:

CYNTHIA MAURER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT SERVICES TO FRAIL ELDERLY RESIDENTS, INCLUDING IN–STATE TRANSPORTATION TO RECREATIONAL ACTIVITIES AND MEDICAL APPOINTMENTS, AS WELL AS FRIENDLY VISITING, ETC.

Funded Amount:

$1,500

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

WASHINGTON HEIGHTS AND INWOOD COUNCIL ON AGING, INC.
4111 BROADWAY
NEW YORK, NY 10033
(212) 781–5700

Name of Project Director:

FERN HERTZBERG

Purpose of Project:

FUNDS WILL BE USED FOR SENIOR’S EXERCISE EQUIPMENT TO INITIATE A WALKING PROGRAM FOR NEIGHBORHOOD SENIORS.

Funded Amount:

$4,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

WASHINGTON HEIGHTS COMMUNITY SERVICES, INC.  
650 WEST 187TH STREET  
NEW YORK, NY   10033  
(212) 781–8331

Name of Project Director:

DAVID JOHNSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT AND SERVICES THAT HELP SENIORS REMAIN HEALTHY AND ACTIVE. FUNDS WILL ALSO BE USED TO ORGANIZE THE CENTER’S ANNUAL SENIOR DAY CELEBRATION.

Funded Amount:

$8,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

WASHINGTON HEIGHTS INWOOD PRESERVATION AND RESTORATION CORPORATION
121 BENNETT AVENUE, ROOM 11–A
NEW YORK, NY 10033
(212) 568–5450

Name of Project Director:

ELIZABETH WURSBURGER

Purpose of Project:

FUNDS WILL BE USED FOR THE SOCIAL ADULT DAY CARE (SADC) PROGRAM FOR SENIORS WITH COGNITIVE DEFICIENCIES. THIS PROGRAM OFFERS THERAPEUTIC MENTAL AND PHYSICAL STIMULATION FOR THE PARTICIPANTS.

Funded Amount:

$2,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

WATERVIEW TOWERS SOCIAL CLUB
1935 SHORE PARKWAY, APT. 9K
BROOKLYN, NY  11214
(718) 266−7620

Name of Project Director:

SEYMOUR WEINER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A PLACE FOR SENIORS TO MEET AND HAVE SOCIAL GATHERINGS, DISCUSSION GROUPS, ENTERTAINMENT, REFRESHMENTS AND IN−STATE TRIPS.

Funded Amount:

$1,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

WATERVLIET SENIOR CITIZEN CENTER, INC.
1501 BROADWAY
WATERVLIET, NY 12189
(518) 273–4422

Name of Project Director:

TERESA ASHLINE

Purpose of Project:

FUNDS WILL BE USED TO FURNISH THE DINING ROOM/RECREATIONAL AREA, AND ALSO FOR THE PURCHASE OF A TELEVISION AND PUBLIC ADDRESS SYSTEM.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

WAYSIDE BAPTIST CHURCH  
1746–60 BROADWAY  
BROOKLYN, NY 11207  
(718) 922–1304

Name of Project Director:

HARVEY STONE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT MULTIPLE SENIOR PROGRAMS, EDUCATION AND RECREATIONAL, SPONSORED BY THE WAYSIDE BAPTIST CHURCH. THESE PROGRAMS ARE NON-SECTARIAN AND ARE OPEN TO ALL IN THE COMMUNITY.

Funded Amount:

$110,300

Requested By:

BOYLAND

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

WEST SIDE SENIOR CENTER, INC.
717 COURT STREET
UTICA, NY 13502
(315) 735–0735

Name of Project Director:

JOSEPHINE WOLANIN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS RELATED TO THE ENERGY EXPENSES OF THE CENTER.

Funded Amount:

$5,000

Requested By:

DESTITO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

WESTCHESTER PUBLIC−PRIVATE MEMBERSHIP FUND FOR AGING SERVICES, INC.
9 SOUTH FIRST AVENUE, 10TH FLOOR
MT. VERNON, NY  10550
(914) 813–6435

Name of Project Director:

MARTHA MARZANO

Purpose of Project:

FUNDS WILL BE USED TOWARD THE ANNUAL SENIOR HOLIDAY SHOW, WHERE SENIOR CITIZENS PUT ON PERFORMANCES THAT ENTERTAIN THE COMMUNITY.

Funded Amount:

$10,000

Requested By:

SPANO

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

WILLIAM HODSON COMMUNITY CENTER, INC.
1320 WEBSTER AVENUE
BRONX, NY 10456
(718) 538–1515

Name of Project Director:

ROSIE MILLS

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF PROJECTS AT THE SENIOR CENTER, INCLUDING EDUCATIONAL AND RECREATIONAL CLASSES.

Funded Amount:

$10,000

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

WYOMING COUNTY OFFICE FOR THE AGING
8 PERRY AVENUE
WARSAW, NY 14569
(585) 786–8833

Name of Project Director:

ANDREA L. ALDINGER

Purpose of Project:

FUNDS WILL BE USED FOR THE FILE OF LIFE.

Funded Amount:

$3,000

Requested By:

BURLING

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

YOUNG ISRAEL OF BEDFORD BAY SENIOR CENTER
2114 BROWN STREET
BROOKLYN, NY 11229
(718) 769–2417

Name of Project Director:

MYRNA NEWMAN

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE EDUCATIONAL AND RECREATIONAL PROGRAMS FOR SENIORS. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

YOUNG ISRAEL OF FOREST HILLS SENIOR LEAGUE
68–07 BURNS STREET
FOREST HILLS, NY  11375
(718) 258–2218

Name of Project Director:

SUSAN RABINOWICZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATION, IN–STATE TRIPS, AND SPEAKERS FOR SENIOR CENTERS. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

YOUNG ISRAEL OF HILLCREST
169–07 JEWEL AVENUE
FLUSHING, NY 11365
(718) 969–2990

Name of Project Director:

JULIUS M. COHN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HOT MEALS, ENTERTAINMENT, LECTURES AND AN OCCASIONAL SHOW TO SENIORS. PROGRAMS ARE OPEN TO ALL SENIORS ON A NON–SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

YOUNG ISRAEL SENIOR SERVICES, INC.
1694 OCEAN AVENUE
BROOKLYN, NY 11230
(718) 253–7800

Name of Project Director:

SARAH KLEIN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF MUSIC/ENTERTAINMENT AT THE SENIOR CENTER. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE FOR THE AGING
Legal Name, Address, and Telephone Number:

ALTAMONT PROGRAM, INC.
426 DUANE AVENUE
SCHENECTADY, NY  12304
(518) 377−2448  Ext: 202

Name of Project Director:

JACKIE GENTILE

Purpose of Project:

FUNDS WILL BE USED FOR SAFETY AND ENERGY IMPROVEMENTS TO TRANSITIONAL HOUSING FOR VETERANS AND PERSONS IN RECOVERY.

Funded Amount:

$2,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

ARCHDIOCESE DRUG ABUSE PREVENTION PROGRAM
2709 SCHURZ AVENUE
BRONX, NY  10465
(718) 904–1333

Name of Project Director:

FRANCES MATURO

Purpose of Project:

FUNDS WILL BE USED TO ALERT CHILDREN/TEENAGERS ABOUT THE DANGERS OF UNDERAGE DRINKING.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
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 ATTANSIO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF CAMELOTS 2008/2009 PUBLIC AWARENESS PROGRAMMING, THROUGH THE UTILIZATION OF LOCAL BILLBOARDS, AND ADVERTISING TO ASSIST WITH EDUCATION AND PREVENTION OF ADDICTION.

Funded Amount:

$5,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

CAMELOT OF STATEN ISLAND, INC.
25 CHAPEL STREET, ROOM 1201
BROOKLYN, NY 11201
(718) 356–5100

Name of Project Director:

ANGELA ATTANASIO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATION, AND INFORMATION WHICH WILL CONTINUE TO CHANGE THE WAY PEOPLE VIEW ADDICTION AND INFORM THE COMMUNITY ABOUT SERVICES THAT ARE AVAILABLE TO THEM. ALL WHO INQUIRE WILL BE ADMITTED TO THE PROGRAMS.

Funded Amount:

$2,000

Requested By:

HYER–SPENCER

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 11021
(516) 466–2509

Name of Project Director:

MARIA CUADRA

Purpose of Project:

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

Funded Amount:

$3,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

DEPARTMENT OF EDUCATION – DIOCESE OF BROOKLYN
85–18 61ST ROAD
REGO PARK, NY 11374
(718) 565–2200

Name of Project Director:

EILEEN DWYER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT DRUG PREVENTION PROGRAMS INCLUDING, BUT NOT LIMITED TO THE PURCHASE OF PREVENTION CURRICULA, BOOKS AND VIDEOS, AND DEVELOPMENT TRAINING FOR STAFF. THIS PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

MARKEY

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

DEPARTMENT OF EDUCATION – DIOCESE OF BROOKLYN
85–18 61ST ROAD
REGO PARK, NY 11374
(718) 565–2200

Name of Project Director:

EILEEN DWYER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ALCOHOL, TOBACCO AND DRUG PREVENTION SERVICES TO THE 157 ELEMENTARY AND 20 HIGH SCHOOLS IN BROOKLYN AND QUEENS THROUGH AFTER SCHOOL PROGRAMS. FUNDS WILL ALSO BE USED TO INITIATE A BOOKMARK CONTEST PROGRAM. THESE PROGRAMS ARE OPEN TO ALL YOUTH IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

EL REGRESO FOUNDATION, INC.
141 SOUTH 3RD STREET
BROOKLYN, NY 11211
(718) 384–3600

Name of Project Director:

TOM NAPOLITANO

Purpose of Project:

FUNDS WILL BE USED FOR OFFICE FURNISHINGS AND EQUIPMENT AT THE NEW AMBULATORY PROGRAM LOCATED AT 728 DRIGGS AVENUE IN BROOKLYN.

Funded Amount:

$14,000

Requested By:

LOPEZ–V

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

INSTITUTE FOR PROFESSIONAL DEVELOPMENT IN THE ADDICTIONS, INC.
1 PINE WEST PLAZA, SUITE 105
ALBANY, NY  12205
(518) 690–0660

Name of Project Director:

MICHELLE N. CLEARY

Purpose of Project:

FUNDS WILL BE USED TO HELP PROVIDE CAREER SERVICES FOR PERSONS SUFFERING FROM ADDICTIONS.

Funded Amount:

$50,000

Requested By:

FARRELL, JR, PHEFFER, SCHROEDER

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

JEWSH BOARD OF FAMILY AND CHILDREN'S SERVICES, INC.
120 W. 57TH STREET
NEW YORK, NY  10009
(718) 676–4280

Name of Project Director:

DEBORAH ZIVHT

Purpose of Project:

FUNDS WILL BE USED TO HELP TEENS AT RISK OF SUBSTANCE ABUSE WITH PROBLEMS AT SCHOOL, THOSE INVOLVED IN FAMILY CONFLICTS AND OTHER STRESSES OF TEENAGE LIFE BY OFFERING SUBSTANCE−ABUSE PREVENTION, AS WELL AS EARLY INTERVENTION SERVICES. OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

JEWISH FAMILY SERVICE COMPULSIVE GAMBLING PROGRAM
70 BARKER STREET
BUFFALO, NEW YORK  14209
(716) 883–1914

Name of Project Director:

MARLENE SCHILLINGER

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING SERVICES THROUGHOUT THE CITY OF BUFFALO AND ERIE COUNTY, INCLUDING OUTREACH, COUNSELING, AND RECOVERY FOR COMPULSIVE GAMBLERS.

Funded Amount:

$35,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

LONG BEACH REACH, INC.
2−12 WEST PARK AVENUE, SUITE 200
LONG BEACH, NY 11561
(516) 889−2332

Name of Project Director:

JOSEPH SMITH

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE SERVICES AVAILABLE IN THE OUTPATIENT CHEMICAL DEPENDENCY PROGRAM, INCLUDING CASE MANAGEMENT AND OTHER ANCILLARY SERVICES TO A POPULATION OF CLIENTS THAT HAVE CHRONIC, LONGSTANDING CHEMICAL ABUSE HISTORIES.

Funded Amount:

$35,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

LONG ISLAND COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE
207 HILLSIDE AVENUE
WILLSTON PARK, NY
(516) 747−2606

Name of Project Director:

JACK JERDAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE FOOTPRINTS FOR LIFE PROGRAM.

Funded Amount:

$2,000

Requested By:

MCKEVI TT

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

NEXT STEP, INC.
276 SHERMAN STREET
ALBANY, NY  12206
(518) 465–5249

Name of Project Director:

MARSHA NADELL PENROSE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF CDTA SWIPER CARDS FOR THE RESIDENTS AND TO BE ABLE TO PURCHASE ADDITIONAL YMCA MEMBERSHIPS FOR THE WOMEN AS WELL, WHO ARE IN THE FACILITY’S RESIDENTIAL TREATMENT PROGRAM.

Funded Amount:

$3,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

OCEANSIDE COUNSELING CENTER, INC.
71 HOMECREST COURT
OCEANSIDE, NY 11572
(516) 766–6283

Name of Project Director:

ELLEN BAMBRICK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE DRUG AND ALCOHOL ABUSE PREVENTION AND TREATMENT PROGRAMS ON A YEAR–ROUND BASIS.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

OUTREACH DEVELOPMENT CORPORATION
117-11 MYRTLE AVENUE
RICHMOND HILL, NY 11418
(718) 847-9233

Name of Project Director:

KATHLEEN RIDDLE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATION FOR ADOLESCENTS PARTICIPATING IN SUBSTANCE ABUSE TREATMENT AND TO ASSIST ADOLESCENTS WHO HAVE BEEN VICTIMS OF ABUSE, OR WHO ARE AT RISK, TO DEVELOP THE SKILLS NECESSARY TO BUILD HEALTHY RELATIONSHIPS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

PHOENIX HOUSES OF NEW YORK
34–25 VERNON BOULEVARD
LONG ISLAND CITY, NY 11106
(718) 726–8484

Name of Project Director:

JOSE ROSARIO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PHOENIX HOUSE IN LONG ISLAND CITY AND ITS RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:
RESOURCES TRAINING CENTER, INC.
482 39TH STREET
BROOKLYN, NY  11232
(718) 871–7433

Name of Project Director:
DONNA MAE DEPOLA

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE PROJECTORS, COMPUTER SOFTWARE AND FURNITURE FOR THE RESOURCE TRAINING CENTER, WHICH PROVIDES TRAINING TO DRUG COUNSELORS.

Funded Amount:
$4,000

Requested By:
ORTIZ

Name of Administering State Agency:
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

RUSSIAN AMERICAN COMMUNITY COALITION, INC.
3101 OCEAN PARKWAY, SUITE 7C
BROOKLYN, NY 11235
(718) 714–6717

Name of Project Director:

SERGEY KOVALYOV

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH DRUG ADDICTION PROGRAMS.

Funded Amount:

$2,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

SAFE FOUNDATION, INC.
P.O. BOX 230060, 355 QUENTIN ROAD
BROOKLYN, NY 11223
(718) 336−4112

Name of Project Director:

CAROL RHINE

Purpose of Project:

FUNDS WILL BE USED TO ADDRESS THE PROBLEMS OF YOUTH ALCOHOL, DRUG USE AND GAMBLING. PROJECT SAFE GIVES EACH STUDENT THE OPPORTUNITY TO GROW AND DEVELOP PERSONAL AND SOCIAL SKILLS.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

SAMARITAN VILLAGE, INC.
88–83 VAN WYCK EXPRESSWAY
JAMAICA, NY 11435
(718) 206–2000 Ext: 1265

Name of Project Director:

NANCY GIAGNACOVA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SUBSTANCE ABUSE TREATMENT, MENTAL HEALTH, AND PROGRAMS FOR THE HANDICAPPED.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

ST. VINCENT’S CATHOLIC MEDICAL CENTERS OF NEW YORK
275 NORTH STREET
HARRISON, NY  10528
(914) 925−5300

Name of Project Director:

BRIAN FITZSIMMONS

Purpose of Project:

FUNDS WILL BE USED TO EXPAND OUTREACH AND CHEMICAL
DEPENDENCY EDUCATION SERVICES TO AT−RISK LATINOS IN THE
WESTCHESTER COMMUNITY.

Funded Amount:

$10,000

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

THE ALTAMONT PROGRAM, INC.
134 FRANKLIN STREET
ALBANY, NY 12202
(518) 465–8034

Name of Project Director:

JACQUELYN GENTILE

Purpose of Project:

FUNDS WILL BE USED FOR THE EXPANSION OF THE ALTAMONT PROGRAM FOR THE PURPOSE OF PROVIDING RESIDENTIAL HOUSING, AND ALCOHOL/SUBSTANCE ABUSE PREVENTION AND MENTAL HEALTH SERVICES IN BROOKLYN.

Funded Amount:

$300,000

Requested By:

BOYLAND, CAMARA, TOWNS

Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Legal Name, Address, and Telephone Number:

107TH PRECINCT COMMUNITY COUNCIL
71-01 PARSONS BOULEVARD
FLUSHING, NY 11365
(718) 969-5973

Name of Project Director:

SUSAN MATLOFF

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE ACTIVITIES OF THE COMMUNITY COUNCIL, INCLUDING THE ANNUAL CHILDREN’S HALLOWEEN AND HOLIDAY PARTIES, AND THE ANNUAL NATIONAL NIGHT OUT AGAINST CRIME. ADDITIONALLY, FUNDS WILL BE USED TO PURCHASE SUPPLIES AND POSTAGE.

Funded Amount:

$3,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

107TH PRECINCT COMMUNITY COUNCIL
71−01 PARSONS BOULEVARD
FLUSHING, NY  11365
(718) 969−5974

Name of Project Director:

CAROL ANN FOLEY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SAFE HOLIDAY ACTIVITIES FOR THE YOUTH IN THE COMMUNITY.

Funded Amount:

$1,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

111TH STREET BOYS−OLD TIMERS, INC.  
413 EAST 120TH STREET, SUITE 303  
NEW YORK, NY 10035  
(718) 671−8594

Name of Project Director:  
CHARLIE CANDELARIO

Purpose of Project:
FRUNDS WILL BE USED FOR EDUCATIONAL, RECREATIONAL AND SOCIAL YOUTH ACTIVITIES.

Funded Amount:  
$10,000

Requested By:  
POWELL

Name of Administering State Agency:  
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

68TH PRECINCT YOUTH COUNCIL, INC.
262 73RD STREET
BROOKLYN, NY  11209
(718) 680–6179

Name of Project Director:

RICHARD SHORRY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS FOR PERMITS, EQUIPMENT, REFEREES, TROPHIES AND ADMINISTRATION FOR THE LEAGUE WHICH SERVICES THE YOUTH WITH NUMEROUS SPORTS PROGRAMS THROUGHOUT THE YEAR.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

69TH PRECINCT COMMUNITY COUNCIL, INC.
9720 FOSTER AVENUE
BROOKLYN, NY 11236
(917) 362-1584

Name of Project Director:

JOHN SALOQUB

Purpose of Project:

FUNDS WILL BE USED FOR PUBLICIZING THE ACTIVITIES OF THE PRECINCT COMMUNITY COUNCIL AND FOR SUPPORT OF ITS YOUTH PROGRAM AND OTHER COMMUNITY PROGRAMS.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

71ST PRECINCT COMMUNITY COUNCIL, INC.
421 EMPIRE BOULEVARD
BROOKLYN, NY 11225
(718) 756–2814

Name of Project Director:

KARL COHEN

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH A COMMUNITY PICNIC IN JUNE (E.G. FOOD, ENTERTAINMENT, ETC.), WHERE PUBLIC SAFETY PERSONNEL AND COMMUNITY RESIDENTS CAN FORM STRONGER ALLIANCES, MAKING THEIR COMMUNITY A SAFER PLACE TO LIVE.

Funded Amount:

$3,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

77TH PRECINCT COMMUNITY COUNCIL, INC.
127 UTICA AVENUE
BROOKLYN, NY 11213
(718) 230–7095 Ext: 102

Name of Project Director:

JAMES CALDWELL

Purpose of Project:

FUNDS WILL BE USED FOR ATHLETIC LEAGUES, A NEWSLETTER, AND PROGRAMS FOR SENIORS AND YOUTH IN THE COMMUNITY.

Funded Amount:

$4,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

78TH PRECINCT COMMUNITY COUNCIL
65 6TH AVENUE
BROOKLYN, NY  11217
(212) 589−7540

Name of Project Director:

PAULINE BLAKE

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN THE ORGANIZATION OF SUMMER YOUTH RECREATIONAL PROGRAMS.

Funded Amount:

$2,500

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

7TH PRECINCT COMMUNITY COUNCIL, INC.
19 1/2 PIT ST, 2ND FLOOR
NEW YORK, NY 10002
(212) 477-7301

Name of Project Director:

DONALD WEST

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF EDUCATIONAL IN-STATE
FIELD TRIPS AND TRANSPORTATION, ADVERTISING AND VARIOUS
ACTIVITIES FOR YOUTH AGES 10 TO 20.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

84TH PRECINCT COMMUNITY COUNCIL CORP.
301 GOLD STREET
BROOKLYN, NY  11201
(718) 802−3857

Name of Project Director:

LESLIE LEWIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ACTIVITIES INCLUDING IN−STATE YOUTH TRIPS, POLICE AWARDS, SENIOR TRIPS WITHIN NEW YORK STATE AND COUNCIL MEETINGS.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

88TH PRECINCT COMMUNITY COUNCIL
298 CLASSON AVENUE
BROOKLYN, NY 11205
(718) 636–6569

Name of Project Director:

DELIA HUNTLEY–ADOSSA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUMMER YOUTH ACTIVITIES AND ENRICHMENT PROGRAMS.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
A.S.U. OF NEW YORK, INC.
1986 WEST 6TH STREET, 2ND FLOOR
BROOKLYN, NY 11223
(718) 339–8380

Name of Project Director:
ANGELO SICILIANO

Purpose of Project:
FUNDS WILL BE USED TO ASSIST SENIOR CITIZENS WITH THEIR DAILY NEEDS AND PROVIDE RECREATIONAL OUTINGS. FUNDS WILL ALSO BE USED TO SUPPORT INDOOR/OUTDOOR SOCCER PROGRAMS AND A CULTURAL EXCHANGE PROGRAM. THESE PROGRAMS ARE OPEN TO ALL IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:
$12,000

Requested By:
COLTON

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ABYSSINIAN DEVELOPMENT CORPORATION
4 WEST 125TH STREET
NEW YORK, NY 10027
(212) 368-4471

Name of Project Director:

SHEENA WRIGHT

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL AND JOB TRAINING SERVICES, LEADERSHIP TRAINING, COUNSELING AND SUPPORT Activities FOR YOUTH.

Funded Amount:

$5,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AD-HOC COMMITTEE FOR SELDEN CENTEREACH YOUTH ASSOCIATION, INC.
P.O. BOX 439
SELDEN, NY 11784
(631) 732−2186

Name of Project Director:

SAL BUSH

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH EXPENSES ASSOCIATED WITH THE TEEN TUTORING PROGRAM, WHERE MIDDLE COUNTRY HIGH SCHOOL STUDENTS VOLUNTEER THEIR TIME TO ASSIST YOUNGER STUDENTS WITH THEIR STUDIES.

Funded Amount:

$2,000

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ADDED VALUE AND HERBAN SOLUTIONS, INC.
305 VAN BRUNT STREET
BROOKLYN, NY 11231
(718) 855–5531

Name of Project Director:

IAN MARVEY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROJECT INITIATIVES SUCH AS MARKET GARDENING AND MEDIA LITERACY PROGRAMS.

Funded Amount:

$1,500

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
ADOPT−A−FRIEND, INC.
2000 WESTCHESTER AVENUE, P.O. BOX 129
BRONX, NY 10462
(718) 239–8134

Name of Project Director:
SHEIKH MOUSSA DRAMMEH

Purpose of Project:
FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PRESENTATIONS THROUGHOUT THE COMMUNITY.

Funded Amount:
$3,000

Requested By:
RIVERA−P

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AFRICAN AMERICAN MEN OF WESTCHESTER, INC.
333 MAMARONECK AVENUE, PMB 293
WHITE PLAINS, NY 10605
(914) 949–9463

Name of Project Director:

MELVIN BURRUSS

Purpose of Project:

FUNDS WILL BE USED TO RECOGNIZE YOUNG PEOPLE IN WESTCHESTER COUNTY WHOSE LIVES REFLECT THE TEACHINGS OF DR. KING, AND WHO HAVE MADE A DIFFERENCE IN THEIR COMMUNITY, BY HOSTING A LUNCHEON.

Funded Amount:

$7,500

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AFRICAN CULTURAL CENTER OF BUFFALO, INC.
350 MASTEN AVENUE
BUFFALO, NY 14209
(716) 884-2013

Name of Project Director:

AGNES M. BAIN

Purpose of Project:

FUNDS WILL BE USED FOR RECREATIONAL AND EDUCATIONAL PROGRAMS FOR YOUTH, AFTER SCHOOL, AS WELL AS DURING SUMMER.

Funded Amount:

$40,000

Requested By:

PEOPLES

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AGING IN AMERICA COMMUNITY SERVICES, INC.
1500 PELHAM PARKWAY SOUTH
BRONX, NY 10461
(718) 409−7970

Name of Project Director:

MARIA UZOVICH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPLIES FOR THE FOOD PROGRAM.

Funded Amount:

$17,000

Requested By:

HEASTIE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
AGING IN AMERICA COMMUNITY SERVICES, INC.
1500 PELHAM PARKWAY SOUTH
BRONX, NY 10461
(718) 824-4004

Name of Project Director:
HENRIETTA KOLE

Purpose of Project:
FUNDS WILL BE USED TO OFFER A FREE SUMMER CAMP FOR LOW-INCOME AND DISADVANTAGED CHILDREN THAT WILL PROVIDE MENTORING AND GUIDANCE FROM LOCAL SENIOR CITIZENS.

Funded Amount:
$4,000

Requested By:
RIVERA-N

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AIDS – RELATED COMMUNITY SERVICES
40 SAW MILL RIVER ROAD
HAWTHORNE, NY 10532
(800) 992–1442

Name of Project Director:

ELLEN WEIS COOPER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FOOD FOR THE WESTCHESTER COUNTY FOOD PANTRY PROGRAM.

Funded Amount:

$10,000

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ALBANY COUNTY OPPORTUNITY, INC.
333 SHERIDAN AVENUE
ALBANY, NY 12206
(518) 463−3175

Name of Project Director:

KATHLEEN CLOUTIER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A NEW COMPUTER SYSTEM SERVER, AS WELL AS NECESSARY SOFTWARE UPGRADES.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
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 TO HELP REPLACE A 22 YEAR OLD PLAYGROUND, AS WELL AS MAKING IT ACCESSIBLE FOR CHILDREN WITH SPECIAL NEEDS. THE CENTER IS OPEN TO ALL CHILDREN ON A NON−SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ALLIANCE FOR COMMUNITY SERVICES, INC.
110 EAST BURNSIDE AVENUE
BRONX, NY 10453
(718) 583–1900

Name of Project Director:

LEO MARTINEZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET ADMINISTRATIVE AND OPERATIONAL COSTS OF THE ALLIANCE, INCLUDING, BUT NOT LIMITED TO, RENT, TELEPHONE, AND ELECTRICAL EXPENSES, AND SUPPORT STAFF.

Funded Amount:

$16,000

Requested By:

DIAZ–L

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ALTAMONT PROGRAM, INC.
40 EAGLE STREET
ALBANY, NY 12207
(518) 463–8485

Name of Project Director:

REV. PETER YOUNG

Purpose of Project:

FUNDS WILL BE USED TO MAKE THE SCHUYLER INN IN MENANDS (WHICH IS OWNED BY THE ALTAMONT PROGRAM), HOME OF THE ALTAMONT PROGRAM’S HOMELESS VETERANS PROGRAM AND THE TRAVELERS AID PROGRAM, ENERGY EFFICIENT WITH NEW WINDOWS AND HEATING.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ALTERNATIVES FOR CHILDREN  
175 WOLF HILL ROAD  
MELVILLE, NY 11747  
(631) 277-0777

Name of Project Director:

MARIE FICANO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LITERACY BASED CURRICULUM AND EQUIPMENT AND PROVIDE TRAINING AND MENTORSHIP.

Funded Amount:

$5,000

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AMERICAN ARK, INC.
2250 83RD STREET, #2L
BROOKLYN, NY 11214
(718) 256-4137

Name of Project Director:

BORIS TENZER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF ACTIVITIES AND THE CREATION OF A DOCUMENTARY ABOUT THE IMMIGRATION OF RUSSIAN JEWISH FAMILIES TO AMERICA AND THE UNIQUE HISTORY OVER THE SPAN OF THE LAST 40 YEARS.

Funded Amount:

$2,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AMERICAN ASSOCIATION FOR THE IMPROVEMENT OF BOXING, INC.
86 FLETCHER AVENUE
MT. VERNON, NY 10552
(914) 664–4571

Name of Project Director:

STEVEN ACUNTO

Purpose of Project:

FUNDS WILL BE USED FOR THE PRINTING AND DISTRIBUTION OF THE SPANISH VERSION OF THE CHAMPION BOXING GUIDE (BOXING TIPS), WHICH WOULD ELIMINATE THE LANGUAGE BARRIER THAT WOULD PREVENT THOSE SPANISH–SPEAKING RESIDENTS THE OPPORTUNITY TO PARTICIPATE IN THIS SPORT.

Funded Amount:

$3,500

Requested By:

SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AMERICAN ASSOCIATION OF JEWS FROM THE FORMER USSR, NEW YORK
CHAPTER
100 CHURCH STREET, SUITE 1608
NEW YORK, NY 10007
(212) 964–1946

Name of Project Director:

INNA SMTAVITSKY

Purpose of Project:

FUNDS WILL BE USED FOR CIVIC EDUCATION PROGRAMS, WHICH WILL
ENCOURAGE INTEGRATION AND INVOLVEMENT IN CIVIC AND SOCIAL
AFFAIRS. THE PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AMERICAN BROTHERHOOD FOR THE RUSSIAN DISABLED, INC.
1849 86TH STREET
BROOKLYN, NY 11214
(718) 232-3004

Name of Project Director:

MICHAEL KREMEROV

Purpose of Project:

FUNDS WILL BE USED TO WORK WITH DISABLED PEOPLE IN THE COMMUNITY, HOST PROGRAMS AND TO OFFSET THE COSTS ASSOCIATED WITH THE PRODUCTION OF A BROCHURE/PAMPHLET ENTITLED "ENCYCLOPEDIA ABRUD," WHICH WILL PROVIDE THE COMMUNITY WITH KNOWLEDGE OF TRANSPORTATION LAWS AND INFORMATION FOR PEOPLE WITH DISABILITIES AND SENIORS.

Funded Amount:

$2,000

Requested By:

ABBATE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AMERICAN BROTHERHOOD FOR THE RUSSIAN DISABLED, INC.
1849 86TH STREET
BROOKLYN, NY  11214
(718) 232–3004

Name of Project Director:

MICHAEL KREMEROV

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH TO THE RUSSIAN IMMIGRANT COMMUNITY IN BENSONHURST AND BRIGHTON BEACH, AS WELL AS TO AID DISABLED PERSONS IN THE COMMUNITY.

Funded Amount:

$3,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AMERICAN COMMUNITY EMPOWERMENT, INC.
69 LLOYD COURT
EAST MEADOW, NY 11554
(516) 832–6151

Name of Project Director:

ZAHID SYED

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH PROGRAMS.

Funded Amount:

$2,500

Requested By:

MCKEVITT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AMERICAN FAMILY COMMUNITY SERVICES, INC.
37–63 76TH STREET
JACKSON HEIGHTS, NY  11372
(718) 639–8370

Name of Project Director:

RODOLFO FLORES

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN ENGLISH AS A SECOND LANGUAGE (ESL) TEACHING PROGRAM, AS WELL AS EDUCATION TO ASSIST NEW IMMIGRANTS, PROVIDING THE SERVICES NEEDED TO WORK TOWARDS BECOMING AMERICAN CITIZENS.

Funded Amount:

$3,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AMERICAN FAMILY COMMUNITY SERVICES, INC.
37–63 76TH STREET, 3RD FLOOR
JACKSON HEIGHTS, NY 11372
(718) 639–8370

Name of Project Director:

RODOLFO FLORES

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH COURSES, SEMINARS, LECTURES, ESL AND SPANISH CLASSES, FOR SUPPLIES NEEDED, AND/OR FOR THE PURCHASE OF COMPUTERS.

Funded Amount:

$5,000

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AMERICAN LEGION POST 150
18 WEST O'REILLY STREET
KINGSTON, NY  12401
(845) 338−1914

Name of Project Director:

CHARLIE MANFRO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE PURCHASE OF UNIFORMS AND EQUIPMENT FOR A JUNIOR BASEBALL LEAGUE.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AMERICAN RED CROSS IN GREATER NEW YORK
520 WEST 49TH STREET
NEW YORK, NY  10023
(718) 875–2106

Name of Project Director:

JOAN FOLEY

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT A SWIM CLUB FOR YOUTH IN THE JACKSON HEIGHTS AND WOODSIDE COMMUNITIES.

Funded Amount:

$5,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AMITY LITTLE LEAGUE, INC.
2920 AVENUE R, PMB #38
BROOKLYN, NY  11229
(718) 648–8135

Name of Project Director:

SAL CHIACCHERE

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF SPORTS EQUIPMENT.

Funded Amount:

$2,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ANDREW GLOVER YOUTH PROGRAM, INC.
100 CENTRE STREET, ROOM 1541
NEW YORK, NY 10013
(212) 349-6381

Name of Project Director:

JUDITH SMITH

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE COURT ADVOCACY AND CRIME PREVENTION PROGRAMS FOR YOUTHFUL OFFENDERS FROM THE LOWER EAST SIDE.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ANGELDOCS, INC,
195–39 HILLSIDE AVENUE
HOLLISWOOD, NY 11423
(718) 776–9699

Name of Project Director:

DR. DOROTHY OGUNDU

Purpose of Project:

FUNDS WILL BE USED TOWARD A SERIES TO HELP ADOLESCENTS PREPARE FOR ADULTHOOD THROUGH DISCUSSIONS THAT PERTAIN TO BODY IMAGE, NUTRITION, AND FEMALE ANATOMY TO BOOSTER SELF CONFIDENCE. FUNDS WILL ALSO HELP SUPPORT THE ADOLESCENTS PREPAREDNESS PROGRAM.

Funded Amount:

$10,000

Requested By:

COOK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ARAB–AMERICAN FAMILY SUPPORT CENTER, INC.
150 COURT STREET
BROOKLYN, NY  11201
(718) 643–8000

Name of Project Director:

BRET DENNING

Purpose of Project:

FUNDS WILL BE USED TOWARD THE ANNUAL SUMMER YOUTH CAMP, WHICH PROVIDES CULTURAL ACTIVITIES AND LITERACY PROJECTS WHILE DEVELOPING STRONGER ACADEMIC AND SOCIAL SKILLS. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ARBOR HILL COMMUNITY CENTER, INC.
47 NORTH LARK STREET
ALBANY, NY 12210
(518) 449−5155  Ext: 116

Name of Project Director:

TANISHA MURPHY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A SAFE, ENRICHING AFTER SCHOOL AND SUMMER CAMP PROGRAM FOR CHILDREN, 5−12 YEARS OF AGE, WHOSE PARENTS ARE AMONG THE WORKING POOR OR POOR.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ARTURO BENITEZ BASEBALL LITTLE LEAGUE, INC.
760 BRYANT AVENUE
BRONX, NY 10474
(718) 328-1188

Name of Project Director:

MARGARITA VILLEGAS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL ACTIVITY FOR YOUNGSTERS OF THE SOUTH BRONX.

Funded Amount:

$3,000

Requested By:

ARROYO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ASIAN AMERICANS FOR EQUALITY FAIR HOUSING CENTER, INC.
277 GRAND STREET, 3RD FLOOR
NEW YORK, NY 10002
(718) 680−1374

Name of Project Director:

CHRISTOPHER KUI

Purpose of Project:

FUNDS WILL BE USED FOR HOUSING AND ASSISTANCE TO SENIORS AND FAMILIES IN QUEENS.

Funded Amount:

$3,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ASIAN–AMERICAN CONSULTING SERVICE, INC.
677 SENECA AVENUE
RIDGEWOOD, NY 11385
(718) 381–3607

Name of Project Director:

TRAN THINGUYET

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AFTER SCHOOL PROGRAMS FOR CHILDREN AND ESL CIVIC PROGRAMS FOR ADULTS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ASOCIACION TEPEYAC DE NEW YORK
103–04 39TH AVENUE
CORONA, NY 11368
(212) 633–7108

Name of Project Director:

JOEL MAGALLAN

Purpose of Project:

FUNDS WILL BE USED FOR AFTER SCHOOL PROGRAMS, WORKSHOPS, ESL CLASSES, SEMINARS, AND COMPUTERS. FUNDS WILL ALSO OFFSET THE COSTS ASSOCIATED WITH RENT, SUPPLIES AND PRODUCTION COSTS.

Funded Amount:

$2,500

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ASOPEC LITTLE LEAGUE OF NEW YORK, INC.
99–02 37TH AVENUE, #219
CORONA, NY 11368
(718) 544–6449

Name of Project Director:

LUIS PAZADINES

Purpose of Project:

FUNDS WILL BE USED FOR SPORTS PROJECTS, SUPPLIES, UMPIRE FEES, IN–STATE FIELD TRIPS, EQUIPMENT, AND UNIFORMS.

Funded Amount:

$5,000

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ASPHALT GREEN, INC.
555 EAST 90TH STREET
NEW YORK, NY 10128
(212) 369–8890  Ext: 2290

Name of Project Director:

TOM FRAMBACH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE SPORTS LEAGUES FOR UNDERSERVED YOUTH AGES 7–14 IN THE EAST HARLEM AND YORKVILLE NEIGHBORHOODS OF MANHATTAN.

Funded Amount:

$10,000

Requested By:

KELLNER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ASPHALT GREEN, INC.
555 EAT 90TH STREET
NEW YORK, NY  10128
(212) 369–8890

Name of Project Director:

THOMAS FRAMBACH

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH PROVIDING FREE SPORTS LEAGUES FOR UNDERSERVED YOUTH (AGES 7–14) IN THE EAST HARLEM AND YORKVILLE NEIGHBORHOODS.

Funded Amount:

$2,500

Requested By:

BING, KELLNER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ASSOCIATION OF HOLOCAUST SURVIVORS FROM THE FORMER SOVIET UNION, INC.
AVENUE Z JEWISH CENTER, 875 AVENUE Z
BROOKLYN, NY 11235
(718) 454−2086

Name of Project Director:

MARK GOLDOVSKIIY

Purpose of Project:

FUNDS WILL BE USED TO HELP HOLOCAUST SURVIVORS COPE WITH LIFE IN THE UNITED STATES BY PROVIDING COUNSELING AND/OR EDUCATING THEM ON THE SOCIETY IN WHICH THEY LIVE.

Funded Amount:

$2,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ASSOCIATION OF INFORMED VOICES INC.
7201 15TH AVENUE
BROOKLYN, NY 11228
(718) 877-9100

Name of Project Director:

WANDA IHRIG

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT YOUTH PROGRAMS, AS WELL AS FOR THE PURCHASE OF TRAVEL EQUIPMENT AND PROGRAM SUPPLIES.

Funded Amount:

$5,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ASSOCIAZIONI SICILIANE UNITE OF NEW YORK, INC.
1986 WEST 6TH STREET, 2ND FLOOR
BROOKLYN, NY  11223
(718) 339–8380

Name of Project Director:

ANGELO SICILIANO

Purpose of Project:

FUNDS WILL BE USED FOR: COMMUNITY OUTREACH AND REFERRAL FOR SOCIAL SERVICE SUPPORT; PROGRAMS FOR YOUTH; CULTURAL PROGRAMS FOR ALL MEMBERS OF THE COMMUNITY; AND SERVICES FOR IMMIGRANTS.

Funded Amount:

$10,000

Requested By:

ABBATE, COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ASTOR HOME FOR CHILDREN
P.O. BOX 5005
RHINEBECK, NY 12572
(845) 871−1000

Name of Project Director:

MILLINDA WEISBURG

Purpose of Project:

FUNDS WILL BE USED FOR SUBSTANTIAL UPGRADES TO THEIR EARLY CHILDHOOD EDUCATION FACILITY IN MILLERTON.

Funded Amount:

$10,000

Requested By:

MOLINARO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ASTOR LITTLE LEAGUE, INC.
2542 WESTERVELT AVENUE
BRONX, NY 10469
(718) 519–0395

Name of Project Director:

PETER ZOCCHI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FIELD MAINTENANCE AND OFFSET THE COSTS ASSOCIATED WITH THE PURCHASE OF EQUIPMENT.

Funded Amount:

$2,000

Requested By:

RIVERA–N

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ASTOR LITTLE LEAGUE, INC.
2542 WESTERVELT AVENUE
BRONX, NY 10469
(718) 324–2880

Name of Project Director:

PETE ZOCCHIO

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT.

Funded Amount:

$2,500

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ASTORIA–LONG ISLAND CITY NAACP
4–05 ASTORIA BOULEVARD, P.O. BOX 6234
LONG ISLAND CITY, NY 11106
(718) 278–5400

Name of Project Director:

MARION JEFFRIES

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AFTER SCHOOL OR EXTENDED DAY PROGRAMS TO PROVIDE ACADEMIC, PHYSICAL, AND CULTURAL EDUCATION AS WELL AS TUTORIALS, ADVANCED OR SPECIALIZED STUDIES, ACCESS TO TECHNOLOGY FOR LEARNING, AND OTHER SERVICES TO STUDENTS FROM PS 111 AND OTHER LONG ISLAND CITY, SUNNYSIDE, AND RIDGEWOOD SCHOOLS.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

AUBURNDALE SOCCER CLUB, INC.
4620 HOLLES COURT BOULEVARD
FLUSHING, NY 11358
(718) 961–2582

Name of Project Director:

THOMAS DEBONIS

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH PROVIDING A SOCCER PROGRAM FOR YOUTH.

Funded Amount:

$5,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

AWAKE – ASIAN WOMEN’S ALLIANCE FOR KINSHIP AND EQUALITY, INC.
130 N. MAIN STREET
NEW CITY, NY  10956
(845) 598–2542

Name of Project Director:

JASLIN CHOPRA

Purpose of Project:

FUNDS WILL BE USED FOR OUTREACH AND TRAINING TO ASSIST AWAKE VOLUNTEERS IN CREATING AWARENESS OF DOMESTIC VIOLENCE IN THE ASIAN COMMUNITY.

Funded Amount:

$4,000

Requested By:

JAFFEE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BADEN STREET SETTLEMENT OF ROCHESTER
152 BADEN STREET
ROCHESTER, NY 14605
(585) 325–4910

Name of Project Director:

RON THOMAS

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$47,598

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BADEN STREET SETTLEMENT ROCHESTER, INC.
152 BADEN STREET
ROCHESTER, NY  14605
(585) 325–4910

Name of Project Director:

RON THOMAS

Purpose of Project:

FUNDS WILL BE USED TO IMPLEMENT AFTER SCHOOL KARATE CLASSES AT AN ELEMENTARY SCHOOL LEVEL.

Funded Amount:

$10,000

Requested By:

MORELLE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BAILEY HOUSE, INC.
275 7TH AVENUE, 12TH FLOOR
NEW YORK, NY 10001
(212) 633−2500  Ext: 209

Name of Project Director:

REGINA R. QUATTROCHI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPORT MATERIALS FOR THE COMMUNITY OUTREACH PEER EDUCATION PROGRAM.

Funded Amount:

$4,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BAILEY HOUSE, INC.
275 7TH AVENUE, 12TH FLOOR
NEW YORK, NY  10001
(212) 633−2500

Name of Project Director:

REGINA QUATTROCHI

Purpose of Project:

FUNDS WILL BE USED FOR COPE, A PROGRAM THAT TRAINS AND USES PEERS AS ROLE MODELS IN PROMOTING HIV RISK EDUCATION AND PREVENTION.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BAILEY’S CAFE, INC.
279 STERLING PLACE, #3A
BROOKLYN, NY 11238
(718) 622–4537

Name of Project Director:

STEFANIE SIEGEL

Purpose of Project:

FUNDS WILL BE USED TO BRING ELDERS, YOUTH AND VETERANS TOGETHER BY HONORING PERSONAL STORIES AND CREATING A PUBLIC MURAL PAINTING PROJECT. THE MURAL WILL TRANSLATE THE STORIES OF THOSE WHO ARE SELDOM HEARD FROM INTO IMPROVISATIONAL THEATER PIECES TO BE PERFORMED THROUGHOUT THE CITY.

Funded Amount:

$1,000

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BALL HOGGS SPORTS AND RECREATION PROGRAM
23-36 101 STREET
EAST ELMHURST, NY 11369
(646) 261-3080

Name of Project Director:

DARNELL CHILDS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE BASKETBALLS, BASEBALLS, BATS AND GLOVES FOR THE GAME, AS WELL AS A COMMUNITY AWARENESS BASEBALL LEAGUE ON A NON-SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

AUBRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BARRY AND FLORENCE FRIEDBERG JEWISH COMMUNITY CENTER, INC.
15 NEIL COURT
OCEANSIDE, NY 11572
(516) 766−4341

Name of Project Director:

ARNIE PREMINGER

Purpose of Project:

FUNDS WILL BE USED TO OPERATE EDUCATIONAL, SOCIAL AND RECREATIONAL PROGRAMS AND EVENTS DESIGNED TO MEET THE NEEDS OF "LATCHKEY" CHILDREN RESIDING IN LONG BEACH, LIDO BEACH, ATLANTIC BEACH, ISLAND PARK AND POINT LOOKOUT. PROGRAMS ARE OPEN TO ALL YOUTH ON A NON−SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BAY RIDGE COMMUNITY COUNCIL, INC.
P.O. BOX 090001, FORT HAMILTON STATION
BROOKLYN, NY 11209
(718) 745–3166

Name of Project Director:

BOB CASSARA

Purpose of Project:

FUNDS WILL BE USED TO BUY EQUIPMENT NEEDED FOR THE ART WINDOW PROJECT: PAINTS, BRUSHES, PROP CLOTHES, TAPE, COST OF MEDALS, AWARDS, AND PRINTING FOR STUDENTS.

Funded Amount:

$3,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BAY RIDGE COMMUNITY SERVICE CENTER
411 Ovington Avenue
Brooklyn, NY 11209
(718) 748−0873

Name of Project Director:

ELLEN LAUER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE CENTER’S TRAINING PROGRAM, INCLUDING BUT NOT LIMITED TO REFURBISHING THE SENIOR CENTER AND POSSIBLE PURCHASE OF TABLE(S) FOR HANDICAPPED. PROGRAMS ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BAY RIDGE SAINT PATRICK’S PARADE, INC.
7304 5TH AVENUE, P.O. BOX 233
BROOKLYN, NY 11209
(718) 440–5775

Name of Project Director:

JACK MALONE

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES ASSOCIATED WITH BANDS, INSURANCE, PRINTING FLYERS, AND ADVERTISING.

Funded Amount:

$5,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BAYPORT AERODROME SOCIETY, INC.  
P.O. BOX 728  
BAYPORT, NY 11705  
(631) 472–2393

Name of Project Director:

KEVIN KILROY

Purpose of Project:

FUNDS WILL BE USED TO HELP WITH THE ANNUAL "GOOD NEIGHBOR"  
PICNIC FOR AREA RESIDENTS, INCLUDING OFFSETTING THE COST OF  
FOOD, SUPPLIES AND FUEL.

Funded Amount:

$2,500

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

BAYSIDE LITTLE LEAGUE, INC.
P.O. BOX 610054
BAYSIDE, NY 11361
(718) 225−0178

Name of Project Director:

ROBERT REID

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND HELP OFFSET OPERATING EXPENSES OF THE LITTLE LEAGUE.

Funded Amount:

$1,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BE PROUD, INC.
2805 EAST 26TH STREET, ROOM 2D
BROOKLYN, NY 11235
(718) 788–7773

Name of Project Director:

RAISA CHERNINA

Purpose of Project:

FUNDS WILL BE USED TO UNITE AND EDUCATE THE PARENTS WHO HAVE ADOPTED CHILDREN FROM THE FORMER SOVIET UNION.

Funded Amount:

$2,500

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BE PROUD, INC.
2805 EAST 26 STREET, #2D
BROOKLYN, NY  11235
(718) 788–7773

Name of Project Director:

RAISA CHERNINA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE IMMIGRANT COMMUNITY WITH EDUCATIONAL PROGRAMS RELATING TO CIVICS AND AMERICAN LAW.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BECHIROT, INC.
140–12 69TH ROAD
FLUSHING, NY 11367
(718) 501–2553

Name of Project Director:

RUTH SANDERS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT WORKSHOPS ON FAMILY AND INTERPERSONAL RELATIONSHIPS, COMMUNICATION SKILLS, INTERNET SAFETY, AND BULLYING. THE GOAL IS TO CREATE A SENSE OF SELF WORTH AND PREVENT NEGATIVE AND SELF DESTRUCTIVE BEHAVIORS.

Funded Amount:

$3,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BEDFORD STUYVESANT RESTORATION CORPORATION
1368 FULTON STREET
BROOKLYN, NY 11216
(718) 230–0693

Name of Project Director:

PEGGY ALSTON

Purpose of Project:

FUNDS WILL BE USED TO ENCOURAGE YOUTH THROUGH CULTURAL AWARENESS, ARTISTIC EXPRESSION AND ACADEMIC SUPPORT, THUS ENHANCING THE QUALITY OF COMMUNITY LIFE.

Funded Amount:

$5,000

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BEDFORD STUYVESANT YMCA
121 BEDFORD AVENUE
BROOKLYN, NY 11216
(718) 789–1497

Name of Project Director:

JOHN RAPPAPORT

Purpose of Project:

FUNDS WILL BE USED FOR SPORTS AND RECREATIONAL PROGRAMMING FOR YOUTH AND FAMILIES AT THE BEDFORD STUYVESANT YMCA.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BELLPORT HAGERMAN EAST PATCHOGUE ALLIANCE, INC.
1492 MONTAUK HIGHWAY
BELLPORT, NY 11713
(631) 286–9236

Name of Project Director:

HELEN MARTIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AMUSEMENT ATTRACTIONS FOR THE NATIONAL NIGHT OUT EVENT HELD FOR AT RISK YOUTH.

Funded Amount:

$1,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BENSONHURST COUNCIL OF JEWISH ORGANIZATIONS, INC.
8635 21ST AVENUE, SUITE 1–B
BROOKLYN, NY 11214
(718) 333–1834

Name of Project Director:

SHIRLEY FINEMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES TO THE COMMUNITY IN THE AREAS OF EDUCATION AND SOCIAL SERVICES. SERVICES ARE OPEN TO ALL IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

ABBATE, COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BERGEN BEACH YOUTH ORGANIZATION, INC.
P.O. BOX 340167
BROOKLYN, NY  11234
(718) 531–6600

Name of Project Director:

PAT SOLAMITA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL ACTIVITIES FOR AREA YOUTH (I.E. BASEBALL, FOOTBALL LEAGUES), AS WELL AS FOR IN–STATE TRIPS TO CULTURAL INSTITUTIONS AND SPORTS EVENTS.

Funded Amount:

$8,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BETHANY HOSPITALITY CENTER, INC.
27 STATE STREET
TROY, NY 12180
(518) 273–3529

Name of Project Director:

LORI A. HOUSTON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADVOCACY, REFERRALS AND EMERGENCY SUPPLIES TO A MINIMUM OF 750 HOMELESS AND AT−RISK (POVERTY−STRICKEN) RESIDENTS OF RENSSELAER COUNTY.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BEVERLY HILLS ATHLETIC ASSOCIATION, INC.
P.O. BOX 26
CHEEKTOWAGA, NY 14225
(716) 907–0004

Name of Project Director:

LAWRENCE SZCZEPANSKI

Purpose of Project:

FUNDS WILL BE USED FOR PLANNED IMPROVEMENTS INCLUDING BUILDING ROOF, REPLACING LAWN TRACTOR, UPGRADING OF BALL FIELDS, AND EQUIPMENT.

Funded Amount:

$7,000

Requested By:

GABRYSZAK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BIG BROTHERS AND BIG SISTERS OF NEW YORK CITY, INC.
223 EAST 30TH STREET
NEW YORK, NY  10016
(212) 686–2042

Name of Project Director:

RUTH RATHBLOTT

Purpose of Project:

FUNDS WILL BE USED FOR AN AFTER SCHOOL PROJECT DESIGNED TO TEACH YOUNG PEOPLE ABOUT DISCIPLINE, RESPONSIBILITY AND VALUES.

Funded Amount:

$25,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BIG BROTHERS BIG SISTERS OF ROCKLAND COUNTY, INC.
65 NORTH MAIN STREET
NEW CITY, NY 10956
(845) 634−2199

Name of Project Director:

GILLIAN E. BALLARD

Purpose of Project:

FUNDS WILL BE USED TO CULTIVATE AN INTERVENTION PILOT PROJECT WORKING WITH CHILDREN OF INCARCERATED PARENTS.

Funded Amount:

$10,000

Requested By:

JAFFEE, ZEBROWSKI−K

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BIG BROTHERS BIG SISTERS OF ROCKLAND COUNTY, INC.
65 NORTH MAIN STREET
NEW CITY, NY  10956
(845) 634–2199

Name of Project Director:

GILLIAN E. BALLARD

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE MENTORING PROGRAM FOR CHILDREN IN ROCKLAND COUNTY WHO HAVE AN INCARCERATED PARENT.

Funded Amount:

$7,000

Requested By:

JAFFEE, ZEBROWSKI–K

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION, INC.
1492 CENTRAL AVENUE
ALBANY, NY 12205
(518) 862−1250  Ext: 27

Name of Project Director:

KAREN J. BROWN

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE BIG BROTHERS BIG SISTERS MENTORING PROGRAMS IN ALBANY.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION, INC.
1492 CENTRAL AVENUE
ALBANY, NY 12205
(518) 862−1250  Ext: 27

Name of Project Director:

KAREN BROWN

Purpose of Project:

FUNDS WILL BE USED TO HELP INCREASE SERVICES TO CHILDREN AND FAMILIES IN THE CAPITAL REGION. THE PROGRAM HELPS RECRUIT AND TRAIN VOLUNTEERS WHO MENTOR AT−RISK CHILDREN.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BIG BROTHERS BIG SISTERS OF THE SOUTHERN ADIRONDACKS, INC.
65 RIDGE STREET
GLENS FALLS, NY 12801
(518) 798–1010 Ext: 303

Name of Project Director:

AMANDA MODY

Purpose of Project:

Funds will be used to purchase technology equipment.

Funded Amount:

$4,000

Requested By:

SAYWARD

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BLACK ROCK RIVERSIDE LITTLE LEAGUE FOOTBALL
46 NEWFIELD STREET
BUFFALO, NY 14207
(716) 875–4630

Name of Project Director:

JIM ROGAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF EQUIPMENT PURCHASES AND SUPPLIES FOR THE LITTLE LEAGUE.

Funded Amount:

$4,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BLOOMINGDALE FAMILY PROGRAM, INC. HEAD START
125 WEST 109TH STREET
NEW YORK, NY  10025
(212) 663–4067

Name of Project Director:

SUSAN FEINGOLD

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE THE PLAYGROUND OF A COMMUNITY HEADSTART PROGRAM.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BOOKER T. WASHINGTON COMMUNITY CENTER
23 CHAPMAN AVENUE
AUBURN, NY 13201
(315) 253−3207

Name of Project Director:

MONIQUE WRIGHT−WILLIAMS

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$12,742

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BORO PARK JEWISH COMMUNITY COUNCIL, INC.
4608 13TH AVENUE
BROOKLYN, NY 11219
(718) 972−6600

Name of Project Director:

RABBI YECHIEL KAUFMAN

Purpose of Project:

FUNDS WILL BE USED FOR OUTREACH AND COUNSELLING OF CITIZENS WHO NEED ASSISTANCE IN APPLYING FOR MEDICAID, FOOD STAMPS, SOCIAL SECURITY, ETC. PROGRAMS ARE GIVEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$8,000

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BOY SCOUT TROOP #182
395 PENNYFIELD AVENUE
BRONX, NY 10465
(718) 892-0284

Name of Project Director:

NANCY HERBERT

Purpose of Project:

FUNDS WILL BE USED TO HELP DEFRAY THE COSTS OF VARIOUS SCOUTING ACTIVITIES.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BOY SCOUT TROOP #182 OF ST. AGATHA R.C. CHURCH
702 48TH STREET
BROOKLYN, NY  11220
(718) 854–1733

Name of Project Director:

RAYMOND LEESHA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE CAMPING EQUIPMENT. FUNDS WILL ALSO BE USED FOR CAMPING FEES AND IN–STATE TRANSPORTATION TO CAMPING FACILITIES.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BOY SCOUTS OF AMERICA – GREATER NEW YORK COUNCIL
EMPIRE STATE BUILDING, 350 5TH AVENUE, SUITE 530
NEW YORK, NY 10118
(212) 651−2883

Name of Project Director:

WILLIAM MONTENARO

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE LEADERSHIP IN OUR YOUTH BY PROVIDING COMMUNITY PROGRAMS THAT EDUCATE YOUNG MEN AND WOMEN ABOUT LAW ENFORCEMENT THROUGH PARTICIPATION, WORKSHOPS AND SEMINARS.

Funded Amount:

$2,500

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BOY SCOUTS OF AMERICA – GREATER NEW YORK COUNCIL
350 5TH AVENUE, SUITE 530, EMPIRE STATE BUILDING
NEW YORK, NY 10118
(212) 651–2883

Name of Project Director:

WILLIAM MONTENARO

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE LEADERSHIP IN OUR YOUTH BY PROVIDING COMMUNITY PROGRAMS THAT EDUCATE YOUNG MEN AND WOMEN ABOUT LAW ENFORCEMENT THROUGH PARTICIPATION, WORKSHOPS AND SEMINARS.

Funded Amount:

$2,500

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BOY SCOUTS OF AMERICA THEODORE ROOSEVELT COUNCIL
644 BROADWAY
MASSAPEQUA, NY 11758
(516) 797–7600  Ext: 120

Name of Project Director:

SARAH GELLER

Purpose of Project:

FUNDS WILL BE USED FOR CAMPERSHIP PROGRAMS.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BOYS & GIRLS CLUB OF EDEN
8284 MAIN STREET
EDEN, NY 14057
(716) 992-2702

Name of Project Director:

DEBRA FOPPLE

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT AND IMPLEMENTATION.

Funded Amount:

$2,500

Requested By:

QUINN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

BOYS & GIRLS CLUB OF ELMA, MARILLA, WALES, INC.
P.O. BOX 394
ELMA, NY 14059
(716) 652–9292

Name of Project Director:

JAMES COATSWORTH

Purpose of Project:

Funds will be used for upgrading learning center computers and printers, purchase of audio–visual equipment, recreation equipment and installation of a 30 foot climbing wall.

Funded Amount:

$7,500

Requested By:

COLE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BOYS AND GIRLS CLUB OF MOUNT VERNON, NEW YORK, INC.
350 SOUTH SIXTH AVENUE
MOUNT VERNON, NY 10550
(914) 668-9580

Name of Project Director:

LOWES MOORE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS TO ENHANCE THE QUALITY AND VERSATILITY OF SERVICES OFFERED TO CHILDREN, AS WELL AS FOR THE PURCHASE OF A SMART BOARD.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BOYS AND GIRLS CLUB OF MOUNT VERNON, NEW YORK, INC.
350 SOUTH SIXTH AVENUE
MOUNT VERNON, NY  10550
(914) 668−9580

Name of Project Director:

LOWES MOORE

Purpose of Project:

FUNDS WILL BE USED FOR AFTER SCHOOL PROGRAMS THAT PROVIDE MENTORING AND SUPERVISION TO INSPIRE AND ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE FROM DISADVANTAGED CIRCUMSTANCES.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BOYS AND GIRLS CLUB OF NORTHERN WESTCHESTER, INC.
351 MAIN STREET
MOUNT KISCO, NY  10549
(914) 666–8069

Name of Project Director:

BRIAN SKANES

Purpose of Project:

FUNDS WILL BE USED TO COMPLETE THE INSTALLATION OF THE KITCHEN FACILITIES FOR THE KIDS CAFE. THIS WILL ENABLE THE BOYS AND GIRLS CLUB TO PROVIDE HOT, HEALTHY MEALS, AND EXTEND ITS USE FOR TEACHING PURPOSES.

Funded Amount:

$15,000

Requested By:

BRADLEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BOYS AND GIRLS REPUBLIC, INC.
888 EAST 6TH STREET
NEW YORK, NY 10009
(212) 686–8888

Name of Project Director:

VERONA MIDDLETON–JETER

Purpose of Project:

FUNDS WILL BE USED FOR THE ONGOING SUPPORT OF YOUTH PROGRAMS.

Funded Amount:

$45,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BRANCHES
1 HIGHLAND STREET
AUBURN, NY 13021
(315) 283-6215

Name of Project Director:

KARIN MOSKOV

Purpose of Project:

FUNDS WILL BE USED CHILDREN’S READING CORNER: FURNITURE, RUGS AND BOOKS.

Funded Amount:

$2,500

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BRENTWOOD ALUMNI STUDENT ASSOCIATION, INC.
32 SOUTH FIFTH AVENUE
BRENTWOOD, NY 11717
(631) 245–3957

Name of Project Director:

WILLIAM MOSS, III

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATION OF THE MENTORING PROGRAM, AS WELL AS TO OFFSET GENERAL OPERATING COSTS OF THE ASSOCIATION.

Funded Amount:

$2,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BRENTWOOD SUMMIT COUNCIL, INC.
P.O. BOX 709
BRENTWOOD, NY 11717
(631) 979–4223

Name of Project Director:

MIKE MILAZZO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES OF THE SUMMIT CONFERENCE, INCLUDING THE PURCHASE OF STATIONERY AND STAMPS, MAILINGS, ETC.

Funded Amount:

$3,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BRIARWOOD COMMUNITY CIVIC ASSOCIATION
139–15 PERSHING CRESCENT
BRIARWOOD, NY 11435
(718) 297–4542

Name of Project Director:

SEYMOUR SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR THE YOUTH IN THE COMMUNITY.

Funded Amount:

$3,500

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BRIARWOOD LITTLE LEAGUE  
224–42 93RD ROAD  
QUEENS VILLAGE, NY 11428  
(917) 864–7378

Name of Project Director:

SEYMOUR SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP SPORTS CLINICS FOR CHILDREN AGES EIGHT AND UP. CLINICS ARE OPEN TO ALL IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BRIDGEFIELD CIVIC LEAGUE, INC.
3551 LACONIA AVENUE
BRONX, NY 10469
(718) 654–6413

Name of Project Director:

MILDRED EDWARDS

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE DAY−TO−DAY OPERATIONS OF THE AFTER SCHOOL PROGRAM, INCLUDING BUT NOT LIMITED TO SUPPLIES, MATERIALS, UTILITIES, ETC.

Funded Amount:

$7,000

Requested By:

HEASTIE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BRIDGEHAMPTON CHILD CARE AND RECREATION CENTER
P.O. BOX 1197
BRIDGEHAMPTON, NY 11932
(631) 537-0616 Ext: 12

Name of Project Director:

BONNIE CANNON

Purpose of Project:

FUNDS WILL BE USED FOR AFTER SCHOOL PROGRAMS.

Funded Amount:

$5,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BRIGADIERS MUSIC ASSOCIATION, INC.
P.O. BOX 11776
SYRACUSE, NY  13218
(315) 383–2499

Name of Project Director:

THOMAS A. JOHNSON

Purpose of Project:

FUNDS WILL BE USED TO REPLACE MUSICAL INSTRUMENTS THAT ARE IN EXCESS OF 15 YEARS OF AGE, AND FOR THE PURCHASE OF MARCHING BAND UNIFORMS.

Funded Amount:

$10,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BRITTANY MAIER AND FRIENDS FOUNDATION
2 ANCHOR COURT
HUNTINGTON STATION, NY  11746
(631) 470–0840

Name of Project Director:

TAMMY MAIER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE
OPERATION OF A MUSIC LEARNING CENTER, INCLUDING A RENTED SPACE
AND COSTS OF THE MUSICAL PROGRAMS WHICH ARE PROVIDED TO
CHILDREN WITH DISABILITIES AND THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BROAD CHANNEL ATHLETIC CLUB, INC.
P.O. BOX 1
BROAD CHANNEL, NY 11693
(718) 318–2096

Name of Project Director:

JACK ALLEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SPORTING EQUIPMENT AND UNIFORMS FOR THE BENEFIT OF YOUTH IN THE COMMUNITY.

Funded Amount:

$4,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BRONX CLERGY TASK FORCE
127 DREISER LOOP
BRONX, NY  10475
(718) 790–9120

Name of Project Director:

ANGELA M. ROSARIO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AFTER SCHOOL PROGRAMS, WHICH ARE OPEN TO ALL CHILDREN ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BRONX HOUSE, INC.
990 PELHAM PARKWAY SOUTH
BRONX, NY 10461
(718) 792−1800

Name of Project Director:

HOWARD MARTIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A DRUM PROGRAM FOR LOW INCOME AND DISADVANTAGED CHILDREN.

Funded Amount:

$5,000

Requested By:

RIVERA−N

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BRONX YOUTH UPTOWN DEVELOPERS COALITION, INC.
P.O. BOX 690221
BRONX, NY 10469
(718) 231–4201

Name of Project Director:

ADRIAN ARMSTRONG

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT FOR THE SUMMER BASKETBALL PROGRAM.

Funded Amount:

$10,000

Requested By:

HEASTIE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BRONX YOUTH UPTOWN DEVELOPERS COALITION, INC.
P.O. BOX 690221
BRONX, NY 10469
(718) 231−4201

Name of Project Director:

ANDY KING

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE UNIFORMS, BOOKS, AND DICTIONARIES.

Funded Amount:

$2,000

Requested By:

DIAZ−L

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BROOKLYN CHINESE−AMERICAN ASSOCIATION, INC.
5002 8TH AVENUE
BROOKLYN, NY 11220
(718) 438−0008

Name of Project Director:

PAUL MAK

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES AND MATERIALS FOR THE
AFTER SCHOOL PROGRAM.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BROOKLYN CRICKET LEAGUE, INC.
518 EAST 42ND STREET
BROOKLYN, NY  11203
(917) 865−1888

Name of Project Director:

DONALD SUTHERLAND

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET RECREATIONAL FIELD AND FACILITY RENTAL FEES.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BROOKLYN FOUR PLUS ONE, INC.
P.O. BOX 22872
BROOKLYN, NY  11202
(917) 373–2882

Name of Project Director:

DONNA L. HENRY

Purpose of Project:

FUNDS WILL BE USED TO EMPOWER THE COMMUNITY RESIDENTS WITH INFORMATION ON HEALTH AND NUTRITION, YOGA AND MEDITATION TECHNIQUES, AS WELL AS FOR ENTERTAINMENT THROUGH A CLASSIC ART OF JAZZ SERIES.

Funded Amount:

$2,000

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BROOKLYN PARENTS FOR PEACE, INC.
41 SCHEMERHORN STREET, PMB 106
BROOKLYN, NY 11201
(718) 624−5921

Name of Project Director:

NORA GORDON

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE THE ANNUAL PEACE FAIR WHICH PROVIDES THE OPPORTUNITY FOR CHILDREN AND ADULTS TO LEARN ABOUT SOCIAL ISSUES AND PARTICIPATE IN WORKSHOPS, PERFORMANCES AND ART ACTIVITIES.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

BROOKLYN YOUTH CHORUS ACADEMY, INC.
179 PACIFIC STREET
BROOKLYN, NY 11201
(718) 243–9447 Ext: 235

Name of Project Director:

GAIL STONE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ON−GOING REHEARSALS AND PERFORMANCES.

Funded Amount:

$4,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BROOME COUNTY COUNCIL OF CHURCHES, INC.
3 OTSENINGO STREET
BINGHAMTON, NY  13903
(607) 724−9130

Name of Project Director:

ED BLAINE

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF WHOLESALE FOOD TO REPLENISH WAREHOUSE STOCK. THE FOOD PROGRAM IS OFFERED TO ALL IN NEED ON A NON−SECTARIAN BASIS.

Funded Amount:

$6,500

Requested By:

LUPARDO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BROWN MARTIN LUTHER KING STRIVERS AFTER SCHOOL PROGRAM
484 WASHINGTON AVENUE
BROOKLYN, NY 11238
(718) 638−6121

Name of Project Director:

RENA HOLMES

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL AND RECREATIONAL PROGRAMMING FOR YOUTH.

Funded Amount:

$10,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BUFFALO REUSE, INC.
P.O. BOX 1132
BUFFALO, NY  14213
(716) 885−4131

Name of Project Director:

MICHAEL GAINER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HANDS−ON LEARNING AND A GED COMPLETION PROGRAM FOR AT−RISK YOUTH (16–24 YEARS) WHILE ALSO PROMOTING COMMUNITY BUILDING THROUGH DECONSTRUCTION.

Funded Amount:

$8,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BUILDING BLOCS FOUNDATION, INC.
305 BROADWAY, 9TH FLOOR
NEW YORK, NY 10007
(212) 822-1468

Name of Project Director:

DALE BRYANT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE BROOKLYN TEENAGERS WITH PROGRAMS ABOUT HOW TO BE FISCALLY RESPONSIBLE ADULTS – THROUGH LECTURE AND CLASSROOM INTERACTION ON PERSONAL BANKING, BUDGETING, DEBT MANAGEMENT, INVESTING AND CONSUMER RIGHTS.

Funded Amount:

$3,000

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

BUILDING BRIDGES OF LONG ISLAND, INC.
80 SHORE ROAD
PORT WASHINGTON, NY 11050
(516) 767−8672

Name of Project Director:

RABBI SHALOM M. PASTIEL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE ANTI−GANG TEEN LEADERSHIP PROGRAM, WHICH PROVIDES TEENAGERS WITH AFTER SCHOOL SPORTS, VOLUNTEER OPPORTUNITIES AND SOCIAL PROGRAMMING ACTIVITIES, ON A NON−SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CALVARY FOOD PANTRY CNY
90 FRANKLIN STREET
AUBURN, NY 13021
(315) 252-7772

Name of Project Director:

NANCY SHEFFIELD

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING OPERATIONAL EXPENSES AND WHEELCHAIR RAMP PROJECT.

Funded Amount:

$2,500

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CAMBA
1720 CHURCH AVENUE, 2ND FLOOR
BROOKLYN, NY 11226
(718) 287-2600

Name of Project Director:

JOANNE M. OPLUSTIL

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$23,622

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CAMP FRIENDSHIP
339 8TH STREET
BROOKLYN, NY  11215
(718) 965−3695

Name of Project Director:

WILLIAM J. SOLOMON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AFTER SCHOOL SPORTS AND EDUCATIONAL ACTIVITIES FOR YOUTH BETWEEN THE AGES OF 5−14 YEARS.

Funded Amount:

$2,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CAMP PA–QUA–TUCK
P.O. BOX 677
CENTER MORICHES, NY 11934
(631) 878–1070

Name of Project Director:

WILLIAM F. DALTON

Purpose of Project:

FUNDS WILL BE USED FOR CAMP PROGRAMS.

Funded Amount:

$2,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CAMP VENTURE, INC.
25 SMITH STREET, SUITE 510
NANUET, NY 10954
(845) 624−3860

Name of Project Director:

BARBARA REECE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE CAMP VENTURE EQUESTRIAN CENTER, INCLUDING THE EXPENSE OF BUILDING A NEW INDOOR RIDING FACILITY FOR CHILDREN AND ADULTS, AND THE PRODUCTION OF A DVD SHOWING THE ACCOMPLISHMENTS OF THE DEVELOPMENTALLY DISABLED RIDERS.

Funded Amount:

$10,000

Requested By:

ZEBROWSKI−K

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

 CANARSIE ADOLESCENT RECREATIONAL PROGRAM, INC.
 1310 PAERDEGAT AVENUE NORTH
 BROOKLYN, NY 11236
 (718) 531–7930

Name of Project Director:

 JOSEPH BETANCOURT

Purpose of Project:

 FUNDS WILL BE USED FOR THE PURCHASE OF BOATING SAFETY EQUIPMENT.

Funded Amount:

 $4,000

Requested By:

 MAISEL

Name of Administering State Agency:

 OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
CAPITAL AREA COUNCIL OF CHURCHES, INC.
646 STATE STREET
ALBANY, NY 12203
(518) 462-5450

Name of Project Director:
REV. JOHN U. MILLER

Purpose of Project:
FUNDS WILL BE USED TO HELP SUPPORT A HOMELESS SHELTER THAT HOLDS 19 BEDS.

Funded Amount:
$5,000

Requested By:
MCENENY

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CAPITAL DISTRICT SENIOR SOFTBALL, INC.
15 CHEVY CHASE LANE
CLIFTON PARK, NY 12065
(518) 877–5961

Name of Project Director:

JERRY SMITH

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE UPGRADING THE FIELDS AND EQUIPMENT TO MAINTAIN A SAFE AND ENJOYABLE PLAYING ATMOSPHERE, AS WELL AS FOR THE PURCHASE OF A NEW TRACTOR.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CAPITAL REGION FRIENDSHIP CIRCLE, INC.
854 WARREN STREET
ALBANY, NY 12208
(518) 438-4220

Name of Project Director:

LIBA ANDRUSIER

Purpose of Project:

FUNDS WILL BE USED TO OFFER PARENTS OF CHILDREN WITH SPECIAL NEEDS THE OPPORTUNITY TO RELAX AND REGAIN ENERGY, WHILE OFFERING THE CHILDREN THE OPPORTUNITY TO PLAY AND SOCIALIZE IN THIS PROGRAM.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CAPTAIN YOUTH AND FAMILY SERVICES, INC.
5 MUNICIPAL PLAZA, SUITE 3
CLIFTON PARK, NY 12065
(518) 371–1185

Name of Project Director:

MICHAEL DAUGHERTY

Purpose of Project:

FUNDS WILL BE USED TO MAKE NEEDED IMPROVEMENTS TO CHERYL'S LODGE, A COMMUNITY OUTREACH CENTER LOCATED AT THE TURF’S MOBILE HOME PARK IN THE TOWN OF HALFMOON. FUNDS WILL BE USED TO UPGRADE HEATING AND AIR CONDITIONING AT THE LODGE.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CAREGIVERS OUTREACH MINISTRY EMPOWERMENT, INC.
3007 EDSON AVENUE
BRONX, NY  10469
(718) 379–3159

Name of Project Director:

DIANE COOPER

Purpose of Project:

FUNDS WILL BE USED TO IMPLEMENT AN OUTREACH PROGRAM IN THE SENIOR COMMUNITY CENTERS, CHURCHES AND NURSING HOMES IN ORDER TO EDUCATE THE COMMUNITY AND IMPLEMENT FAMILY CARE MODELS. THE PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CARIBBEAN WOMEN'S HEALTH ASSOCIATION, INC.
21 SNYDER AVENUE
BROOKLYN, NY  11226
(718) 826−2942

Name of Project Director:

CHERYL HALL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE DOMESTIC VIOLENCE SERVICES AND SUPPORTIVE CASE MANAGEMENT SERVICES.

Funded Amount:

$3,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CAROUSEL SOCIETY OF THE NIAGARA FRONTIER
P.O. BOX 672, 180 THOMPSON STREET
NORTH TONAWANDA, NY  14120
(716) 693–1885

Name of Project Director:

VICKI J. PRAGER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL OBJECTIVES AND EVENTS IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CAROUSEL SOCIETY OF THE NIAGARA FRONTIER
180 THOMPSON STREET, P.O. BOX 672
NORTH TONAWANDA, NY  14120
(716) 693−1885

Name of Project Director:

VICKI J. PRAGER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL OBJECTIVES AND EVENTS.

Funded Amount:

$5,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CARVER COMMUNITY CENTER
700 CRAIG STREET
SCHENECTADY, NY  12307
(518) 374–8456

Name of Project Director:

BUD MAZUREK

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$19,622

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CASA CULTURAL DOMINICANA DEL BRONX
1883 BATHGATE AVENUE
BRONX, NY 10457
(718) 993-4463

Name of Project Director:

FELIPE FEBLES

Purpose of Project:

FUNDS WILL BE USED TO OFFER CULTURAL PROGRAMS FOR THE EMERGING DOMINICAN POPULATION.

Funded Amount:

$6,000

Requested By:

DIAZ–L

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CASA MEXICO, INC.
145 EAST 116 STREET, 4TH FLOOR
NEW YORK, NY 10029
(917) 492–0807

Name of Project Director:

GEORGE HERNANDEZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH PROVIDING CULTURAL AND ARTISTIC MEXICAN PROGRAMS, AS WELL AS FOR SPACE RENTAL, AND SUPPLIES.

Funded Amount:

$2,500

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES COMMUNITY SERVICES, ARCHDIOCESE OF NEW YORK
59 PEARL STREET
KINGSTON, NY 12401
(845) 340–9170 Ext: 2

Name of Project Director:

THOMAS KELLY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT FOR THE ULSTER COUNTY CYO BASKETBALL PROGRAM, SERVING ALL AREA YOUTH ON A NON-SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES DAYCARE
23 LIBERTY STREET
BATH, NY 14810
(607) 776–8085

Name of Project Director:

LAURA OPELT

Purpose of Project:

FUNDS WILL BE USED FOR THE ONGOING OPERATIONS.

Funded Amount:

$12,000

Requested By:

BACALLES

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES OF BROOME COUNTY, INC.
232 MAIN STREET
BINGHAMTON, NY  13905
(607) 729−9166

Name of Project Director:

DAN YEAGER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FOOD ITEMS FOR THE FOOD PANTRY. THIS PROGRAM IS OPEN TO ALL IN NEED ON A NON−SECTARIAN BASIS.

Funded Amount:

$6,500

Requested By:

LUPARDO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES OF LIVINGSTON COUNTY
10 CHAPEL STREET
MOUNT MORRIS, NY 14510
(585) 658-4466

Name of Project Director:

JOSEPH DIMINO

Purpose of Project:

FUNDS WILL BE USED FOR THE CONNECTIONS PROGRAM.

Funded Amount:

$5,000

Requested By:

BURLING

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES OF SCHENECTADY
818 UNION STREET
SCHENECTADY, NY 12308
(518) 372–5667  Ext: 120

Name of Project Director:

LOREEN KAISER

Purpose of Project:

FUNDS WILL BE USED TO ASSIST THE UNINSURED WITH FAMILY COUNSELING.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES OF SCHENECTADY COUNTY
818 UNION STREET
SCHENECTADY, NY 12308
(518) 372–5667  Ext: 102

Name of Project Director:

PEGGY REIDY

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING OPERATIONAL COSTS TO PROVIDE SERVICES TO SENIORS.

Funded Amount:

$5,000

Requested By:

AMEDORE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES OF SCHOHARIE COUNTY
489 WEST MAIN STREET
COBLESKILL, NY 12043
(518) 234–3581

Name of Project Director:

TOM MAYER

Purpose of Project:

FUNDS WILL BE USED FOR ADOPTION OF A NEW DOMESTIC VIOLENCE PROGRAM.

Funded Amount:

$4,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY
9TH STREET & INGALLS AVENUE, P.O. BOX 1410
TROY, NY 12181
(518) 274–5986

Name of Project Director:
KIMBERLY PISER

Purpose of Project:
FUNDS WILL BE USED TO EXPAND THE SUMMER PROGRAM, THEREBY PROVIDING 20 ADDITIONAL CHILDREN FROM THE NORTH CENTRAL TROY COMMUNITY THE ABILITY TO PARTICIPATE IN RECREATIONAL AND EDUCATIONAL ACTIVITIES. THIS PROGRAM IS OPEN TO ALL CHILDREN ON A NON-SECTARIAN BASIS.

Funded Amount:
$10,000

Requested By:
CANESTRARI

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER, INC.
1945 EAST RIDGE ROAD
ROCHESTER, NY  14622
(585) 339–9800

Name of Project Director:

KATHLEEN TERMINE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE ADDITIONAL EQUIPMENT AND COMPUTERS FOR THE OFFICE, WHICH WILL BE USED TO STORE RECORDS, COMMUNICATE, UPDATE FILES AND COMPLETE APPLICATIONS FOR DEVELOPMENTALLY DISABLED, TRAUMATIC BRAIN INJURY AND HIV/AIDS PATIENTS, SERVING THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

MORELLE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CATHOLIC FAMILY CENTER
87 NORTH CLINTON AVENUE
ROCHESTER, NY 14604
(585) 262−7084

Name of Project Director:

BENJAMIN MURPHY

Purpose of Project:

FUNDS WILL BE USED FOR THE WAYS TO WORK PROGRAM.

Funded Amount:

$3,000

Requested By:

REILICH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

CATHOLIC FAMILY CENTER OF THE DIOCESE OF ROCHESTER
87 NORTH CLINTON AVENUE
ROCHESTER, NY  14604
(585) 262–7160

Name of Project Director:

CAROLYN PORTANOVA

Purpose of Project:

FUNDS WILL BE USED FOR AN INDUSTRIAL KITCHEN AT 79 NORTH CLINTON AVENUE, IN ORDER FOR SOUP AND OTHER PRODUCTS TO BE MADE AND THEN SOLD. THE EXPANDED SITE WOULD ALLOW EMPLOYMENT OF UP TO 60 WOMEN A YEAR, THE ABILITY TO RUN MORE THAN ONE SHIFT, AND INCREASE HOURS FOR PEAK TIMES. THE PROGRAM AND SERVICES ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$15,000

Requested By:

JOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

CATHOLIC MIGRATION OFFICE
1258 65TH STREET
BROOKLYN, NY 11219
(718) 236–3000

Name of Project Director:

REV. RONALD T. MARINO

Purpose of Project:

FUNDS WILL BE USED TO CREATE A PROJECT THAT WILL ADDRESS
SUBSTANDARD LIVING CONDITIONS THROUGHOUT THE COMMUNITY.
FUNDS WILL ALSO BE USED FOR LEGAL SERVICES, COMMUNITY
ORGANIZING AND PUBLIC ADVOCACY. PROGRAMS ARE OPEN TO ALL ON A
NON–SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CATTARAUGUS COUNTY YOUTH BUREAU
200 ERIE STREET
LITTLE VALLEY, NY 14755
(716) 938−9111

Name of Project Director:

ANTHONY EVANS

Purpose of Project:

FUNDS WILL BE USED FOR YOUTH BUREAU SUPPORT/OPERATIONS.

Funded Amount:

$6,000

Requested By:

GIGLIO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

CELEBRATING REAL FAMILY LIFE
83 HIGHVIEW AVENUE
STATEN ISLAND, NY 10301
(646) 715–8227

Name of Project Director:

TAMMY GREER BROWN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE WORKSHOPS AND INITIATIVES AIMED AT STRENGTHENING FAMILY RELATIONSHIPS BETWEEN CHILDREN AND PARENTS AND BETWEEN THE PARENTS THEMSELVES, IN SOUTHEAST QUEENS, NEW YORK.

Funded Amount:

$15,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CENTER FOR BATTERED WOMEN'S LEGAL SERVICES
P.O. BOX 1406, WALL STREET STATION
NEW YORK, NY 10268
(212) 349−6009

Name of Project Director:

LAUREL W. EISNER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT VICTIMS OF DOMESTIC VIOLENCE BY PROVIDING FOR LEGAL ASSISTANCE, COUNSELING, ADVOCACY, AND SHELTER SERVICES.

Funded Amount:

$265,000

Requested By:

SILVER, WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CENTER FOR FAMILY LIFE
345 43RD STREET
BROOKLYN, NY 11232
(718) 788−3500

Name of Project Director:

ERIKA LEA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE COMPREHENSIVE FAMILY−CENTERED SERVICES ON BEHALF OF CHILDREN AND YOUTH.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CENTER FOR THE WOMEN OF NEW YORK
120–55 QUEENS BOULEVARD
KEW GARDENS, NY 11424
(718) 793–0672

Name of Project Director:

ANN JULIANO JAWIN

Purpose of Project:

FUNDS WILL BE USED FOR A PROGRAM OF PREVENTION, TRAINING, AND EDUCATION FOR WOMEN AT RISK OF DOMESTIC VIOLENCE, TEENAGE PREGNANCY, AND SUBSTANCE ABUSE. THE CENTER PROVIDES COUNSELING, JOB TRAINING, AND OTHER SERVICES TO WOMEN, TEENS, AND THEIR FAMILIES.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CENTER FOR THE WOMEN OF NEW YORK
120–55 QUEENS BOULEVARD
KEW GARDENS, NY 11424
(718) 793–0672

Name of Project Director:

ANN JAWIN

Purpose of Project:

FUNDS WILL BE USED FOR TRAINING AND COUNSELING FOR AT–RISK WOMEN, TEENS AND CHILDREN.

Funded Amount:

$2,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CENTER FOR THE WOMEN OF NEW YORK
120–55 QUEENS BOULEVARD
KEW GARDENS, NY  11424
(718) 793–0627

Name of Project Director:

ANN JULIANO JAWIN

Purpose of Project:

FUNDS WILL BE USED FOR A COMPREHENSIVE PROGRAM OF PREVENTION, TRAINING AND EDUCATION FOR WOMEN AT RISK OF DOMESTIC VIOLENCE, TEENAGE PREGNANCY AND SUBSTANCE ABUSE. THE CENTER PROVIDES COUNSELING, JOB TRAINING AND A RANGE OF OTHER SERVICES FOR WOMEN, ADOLESCENTS AND THEIR FAMILIES.

Funded Amount:

$1,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CENTRAL FAMILY LIFE CENTER
59 WRIGHT STREET
STATEN ISLAND, NY 10304
(718) 273–8414

Name of Project Director:

DEMETRIUS CAROLINA

Purpose of Project:

FUNDS WILL BE USED TO COVER THE COSTS OF OPERATING AND MAINTAINING AN AFTER SCHOOL PROGRAM FOR CHILDREN AGES 6–12. FUNDS WILL ALSO BE USED TO PURCHASE SUPPLIES AND OTHER MATERIALS FOR THE PROGRAM. PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CENTRAL ISLIP CIVIC COUNCIL, INC.
P.O. BOX 219
CENTRAL ISLIP, NY 11722
(631) 348-0669

Name of Project Director:

NANCY MANFREDONIA

Purpose of Project:

FUNDS WILL BE USED FOR THE MAINTENANCE AND OPERATION OF PROVIDING FOOD FOR THE NEEDY.

Funded Amount:

$10,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CENTRAL NASSAU GUIDANCE & COUNSELING SERVICES
950 SOUTH OYSTER BAY ROAD
HICKSVILLE, NY 11801
(516) 822−6111

Name of Project Director:

BARBARA BARTELL

Purpose of Project:

FUNDS WILL BE USED FOR EXPANDING TRAINING PROGRAMS FOR STAFF AND CLIENTS.

Funded Amount:

$3,500

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CENTRAL NASSAU GUIDANCE AND COUNSELING SERVICES INC.
950 SOUTH OYSTER BAY ROAD
HICKSVILLE, NY 11801
(516) 822-6111

Name of Project Director:

PAULE T. PACTHER

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE THE COMPUTER SYSTEM, TO BETTER PROVIDE COUNSELING PROGRAMS TO THE COMMUNITY.

Funded Amount:

$4,000

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CENTRAL QUEENS YM AND YWHA
67–09 108TH STREET
FOREST HILLS, NY 11375
(718) 268–5011

Name of Project Director:

DAVID POSNER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE LIBRARY, INCLUDING BUT NOT LIMITED TO PROVIDING EDUCATIONAL PROGRAMS, AND PURCHASING BOOKS/MATERIALS, ETC.

Funded Amount:

$50,000

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CENTRO CIVICO COLUMBIANO, INC.
90–37 CORONA AVENUE
ELMHURST, NY 11373
(718) 699–4833

Name of Project Director:

MIRTHA MONTERROSA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTERS AND PROVIDE ESL AND CULTURAL COURSES, WORKSHOPS, SEMINARS AND PROJECTS IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CENTRO JUVENIL RAFAEL TONY FERNANDEZ, INC.
504 WEST 139TH STREET, SUITE #2
NEW YORK, NY  10031
(212) 491–7701

Name of Project Director:

RAFAEL TONY FERNANDEZ

Purpose of Project:

FUNDS WILL BE USED TO ENABLE A SOFTBALL YOUTH LEAGUE TO MAINTAIN CURRENT LEVELS OF MEMBERSHIP AND ACTIVITY.

Funded Amount:

$10,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHABAD LUBAVITCH OF WEST BRIGHTON
P.O. BOX 245491
BROOKLYN, NY 11224
(718) 964-9833

Name of Project Director:

RABBI WINNER

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE YOUTH LEADERSHIP MENTORING PROGRAM, WHICH IS OPEN TO ALL YOUTH IN THE COMMUNITY ON A NON-SECTARIAN BASIS.

Funded Amount:

$1,500

Requested By:

BROOK-KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHANCE FOR CHILDREN, YOUTH INFORMATION CENTER, INC.
20-97 FULTON STREET, 2ND FLOOR
BROOKLYN, NY  11233
(718) 756-0968

Name of Project Director:

LILLIAN BURLEY

Purpose of Project:

FUNDS WILL BE USED TO BUY FOOD FOR PEOPLE WITH SPECIAL NEEDS, INCLUDING AIDS, HIGH BLOOD PRESSURE, DIABETES AND OBESITY. FUNDS WILL ALSO BE USED TO INCREASE THE HOURS OF OPERATION IN THE SPECIAL NEEDS FOOD PANTRY.

Funded Amount:

$3,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHARLOTTE COMMUNITY DEVELOPMENT CORPORATION
P.O. BOX 12664, 128 LATTA ROAD
ROCHESTER, NY 14612
(585) 269–2700

Name of Project Director:

GLENN GARDNER

Purpose of Project:

FUNDS WILL BE USED TO ESTABLISH COMMUNITY EVENTS, SUCH AS A PUBLIC MARKET, "MOVIE NIGHTS", STORYTELLING, LECTURE SERIES AND PUBLIC SAFETY FAIRS.

Funded Amount:

$5,000

Requested By:

MORELLE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

CHARLOTTE YOUTH ATHLETIC ASSOCIATION
P.O. BOX 12524
ROCHESTER, NY  14612
(585) 663−0030

Name of Project Director:

BRIAN LABIGAN

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE THE BASEBALL FIELDS AT ONTARIO BEACH PARK.

Funded Amount:

$5,000

Requested By:

MORELLE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHEER CENTRAL USA, INC.
2227 SOUTH PARK AVENUE
BUFFALO, NY 14220
(716) 821-5301

Name of Project Director:

BILL DORSHEIMER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE BLEACHERS AND STAGING FOR CHEERLEADING COMPETITIONS.

Funded Amount:

$5,000

Requested By:

SCHROEDER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

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

Name of Project Director:

ALANE FAGIN

Purpose of Project:

FUNDS WILL BE USED FOR THEIR BULLY PREVENTION PROGRAMS.

Funded Amount:

$4,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD ABUSE PREVENTION SERVICES
P.O. BOX 176
ROSLYN, NY 11576
(516) 621–0552

Name of Project Director:

ALANE FAGIN

Purpose of Project:

FUNDS WILL BE USED FOR ABUSE PREVENTION PROGRAMS.

Funded Amount:

$1,500

Requested By:

MCKEVITT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

CHILD ABUSE PREVENTION SERVICES
P.O. BOX 176
ROSLYN, NY 11576
(516) 621–0552

Name of Project Director:

ALANE FAGIN

Purpose of Project:

FUNDS WILL BE USED FOR THE EXPANSION OF CHILD SAFETY AND CHILD ABUSE PROGRAMS AND SERVICES TO STUDENTS.

Funded Amount:

$2,000

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD ABUSE PREVENTION SERVICES (CAPS)
P.O. BOX 176
ROSLYN, NY 11576
(516) 621−0552

Name of Project Director:

ALANE FAGIN

Purpose of Project:

FUNDS WILL BE USED FOR CHILD ABUSE PREVENTION PROGRAMS.

Funded Amount:

$3,000

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD ABUSE PREVENTION SERVICES, INC.
1579 NORTHERN BOULEVARD, P.O. 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:

$2,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD ADVOCACY CENTER OF THE FINGERS LAKES
8 BANTA STREET
PHELPS, NY 14532
(315) 548–3232

Name of Project Director:

AMY WALTERS

Purpose of Project:

FUNDS WILL BE USED FOR CHILD ADVOCACY MATERIALS.

Funded Amount:

$5,000

Requested By:

KOLB

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD CARE COUNCIL OF NASSAU, INC.
925 HEMPSTEAD TURNPIKE, SUITE 400
FRANKLING SQUARE, NY 11010
(516) 358−9250

Name of Project Director:

JAN BARBIERI

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH COMMUNITY OUTREACH AND AWARENESS.

Funded Amount:

$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD CARE COUNCIL OF NASSAU, INC.
925 HEMPSTEAD TURNPIKE, SUITE 400
FRANKLIN SQUARE, NY 11010
(516) 358–9250

Name of Project Director:

JAN BARBIERI

Purpose of Project:

FUNDS WILL BE USED FOR TECHNOLOGY UPGRADES AND OPERATION.

Funded Amount:

$1,500

Requested By:

MCKEVITT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD CARE COUNCIL OF SUFFOLK COUNTY, INC
60 CALVERT AVENUE
COMMACK, NY 11725
(631) 462–0303

Name of Project Director:

JANET WALERSTEIN

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$1,500

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
CHILD CARE COUNCIL OF SUFFOLK, INC.
60 CALVERT AVENUE
COMMACK, NY 11725
(631) 462-0444

Name of Project Director:
JANET WALERSTEIN

Purpose of Project:
FUNDS WILL BE USED FOR WEB-BASED PROGRAMS AND OUTREACH.

Funded Amount:
$1,500

Requested By:
EDDINGTON

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD CARE COUNCIL OF THE FINGER LAKES, INC.
202 GRANT AVENUE
AUBURN, NY 13021
(315) 255–6994

Name of Project Director:

CINDY SMITH

Purpose of Project:

FUNDS WILL BE USED FOR OUTREACH PROGRAMS.

Funded Amount:

$2,500

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD CARE SOLUTIONS, INC.
6724 THOMPSON ROAD
SYRACUSE, NY 13211
(315) 446–1220 Ext: 310

Name of Project Director:

PEGGY LIUZZI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT FOR THE EARLY CHILDHOOD CAREER ADVANCEMENT LADDER PROGRAM.

Funded Amount:

$11,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD CARE SOLUTIONS, INC.
6724 THOMPSON ROAD
SYRACUSE, NY 13211
(315) 446−1220

Name of Project Director:

GRETCHEN KINNEL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT FOR THE EARLY CHILDHOOD CAREER ADVANCEMENT LADDER PROGRAM RUN BY CHILD CARE SOLUTIONS.

Funded Amount:

$8,500

Requested By:

MAGNARELLI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD CENTER OF NEW YORK, INC.
60–02 QUEENS BOULEVARD, LOWER LEVEL
WOODSIDE, NY 11377
(718) 651–7770

Name of Project Director:

SANDRA HAGAN

Purpose of Project:

FUNDS WILL BE USED FOR COUNSELING, YOUTH DEVELOPMENT, AND TRAINING COUNSELING STAFF.

Funded Amount:

$5,000

Requested By:

MARKEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD CENTER OF NEW YORK, INC.  
60-02 QUEENS BOULEVARD, LOWER LEVEL  
WOODSIDE, NY 11377  
(718) 641-7770

Name of Project Director:

SANDRA HAGAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES FOR SCHOOL OUTREACH, AFTER SCHOOL PROGRAMS, AND CHILD AND FAMILY CLINIC PLUS.

Funded Amount:

$2,500

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD CENTER OF NEW YORK, INC.
60-02 QUEENS BOULEVARD, LOWER LEVEL
WOODSIDE, NY 11377
(718) 651-7770

Name of Project Director:

SANDRA HAGAN

Purpose of Project:

FUNDS WILL BE USED TO EXPAND SERVICES TO TROUBLED QUEENS CHILDREN AND THEIR FAMILIES.

Funded Amount:

$4,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD CENTER OF NEW YORK, INC.
62−02 QUEENS BOULEVARD − LOWER LEVEL
WOODSIDE, NY 11377
(718) 651−7770

Name of Project Director:

SANDRA HAGAN

Purpose of Project:

Funds will be used for the after school and summer program at PS 223, which will provide activities such as: homework help, tutoring, recreation (baseball, basketball), performance arts, music awareness, literacy, math and science enrichment, and service learning and recreational trips within New York State.

Funded Amount:

$10,000

Requested By:

COOK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD CENTER OF NEW YORK, INC.
60–02 QUEENS BOULEVARD
WOODSIDE, NY  11373
(718) 651−7770  Ext: 211

Name of Project Director:

ELIZABETH TRAVERSO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EMOTIONALLY DISTURBED CHILDREN, ADOLESCENTS AND THEIR FAMILIES WITH INTENSIVE HOME−BASED SUPPORT TO AVERT PSYCHIATRIC HOSPITALIZATION. HOME VISITS, LINAGE TO OTHER NEEDED SERVICES AND 24/7 ON CALL FOR PARENTS SERVICES ARE AVAILABLE. THIS YEAR, THE PROGRAM WILL BE EXPANDED TO INCLUDE SOCIAL SUPPORT GROUPS, EDUCATIONAL TESTING, TUTORING AND SUPPORT GROUPS FOR PARENTS.

Funded Amount:

$7,500

Requested By:

AUBRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD CENTER OF NEW YORK, INC.
60–02 QUEENS BOULEVARD
WOODSIDE, NY  11377
(718) 651–7770

Name of Project Director:

SONDRA HAGEN

Purpose of Project:

FUNDS WILL BE USED TO STRENGTHEN PROGRAMS THAT ASSIST FAMILIES AND CHILDREN (AGES 0–3) WITH CHILD CARE AND TEEN BATTERING PREVENTION.

Funded Amount:

$5,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD CENTER OF NEW YORK, INC.
60–02 QUEENS BOULEVARD
WOODSIDE, NY  11377
(718) 651–7770

Name of Project Director:

JACKIE COHEN

Purpose of Project:

FUNDS WILL BE USED TOWARD THE SUMMER LEADERSHIP PROGRAM, PROVIDING AN OVERNIGHT RETREAT FOR 12–15 YEAR OLDS; AND FOR THE WORLD OF WORK FOR TEENS PROGRAM, PROVIDING TRAININGS AND RESOURCE MATERIAL.

Funded Amount:

$4,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILD CENTER OF NEW YORK, INC.
60–02 QUEENS BOULEVARD
WOODSIDE, NY  11377
(718) 651–7770

Name of Project Director:

SANDRA HAGAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE WEEKLY HOME VISITS FOR FAMILIES OF NEWBORNS IDENTIFIED BY STAFF AT ST. JOHN’S ESPISCOPAL HOSPITAL AS BEING AT RISK FOR ABUSE OR NEGLECT. IN ADDITION, THEY WILL PROVIDE CHILD SCREENINGS AT DAYCARE AND HEAD START CENTERS, TREATMENT FOR CHILDREN AND THEIR FAMILIES, SUPPLIES AND IN–STATE TRAVEL EXPENSES.

Funded Amount:

$5,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILDREN OF BELLEVUE, INC.
462 FIRST AVENUE, ME-15
NEW YORK, NY 10016
(212) 562-4130

Name of Project Director:

BARBARA PAXTON

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP AND INITIATE SOCIAL PROGRAMS FOR CHILDREN BEING TREATED AT BELLEVUE HOSPITAL CENTER.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILDREN OF PARENTS WITH AIDS, INC.
COLLEGE STATION, P.O. BOX 561
NEW YORK, NY  10030
(347) 326–8080

Name of Project Director:

LINDA L. FLEMING

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LIFE SKILLS TRAINING AND EDUCATION TO AT RISK YOUNG ADULTS.

Funded Amount:

$5,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILDREN’S AID SOCIETY
105 EAST 22ND STREET, SUITE 908
NEW YORK, NY 10010
(212) 284–4587

Name of Project Director:

RICHARD NEGRON

Purpose of Project:

FUNDS WILL BE USED FOR THE DEVELOPMENT OF A PARENT ENGAGEMENT STRATEGY FOR IMMIGRANT FAMILIES. THE PROGRAM WILL FOCUS ON THREE CORE COMPONENTS: ACCESSING SERVICES, EDUCATION/LEADERSHIP, AND COUNSELING.

Funded Amount:

$40,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILDREN’S AID SOCIETY
105 EAST 22ND STREET, SUITE 908
NEW YORK, NY 10010
(212) 284–4587

Name of Project Director:

RICHARD NEGRON

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE POSITIVE RECREATIONAL ACTIVITIES FOR PARENTS AND SCHOOLS AND TO ASSIST PARENTS IN ORGANIZING THEMSELVES.

Funded Amount:

$10,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILDREN’S AID SOCIETY
350 EAST 88TH STREET
NEW YORK, NY 10128
(212) 876–0500

Name of Project Director:

KAREN SOLLMON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE RHINELANDER’S SATURDAY PROGRAM FOR CHILDREN AND TEENS, A FREE RECREATIONAL PROGRAM FOR DEAF YOUNG PEOPLE IN NEW YORK CITY. EXPENSES INCLUDE BUT ARE NOT LIMITED TO ARTS, SPORTS, GAMES, VISITS TO IN−STATE MUSEUMS AND OTHER IN−STATE FIELD TRIPS.

Funded Amount:

$10,000

Requested By:

KELLNER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILDREN’S AID SOCIETY
105 EAST 22ND STREET
NEW YORK, NY 10010
(212) 949−4921

Name of Project Director:

SANDY GUTIEREZ

Purpose of Project:

FUNDS WILL BE USED FOR THE BRONX YOUTH COUNCIL, A PROGRAM OF CHILDREN’S AID SOCIETY, WHICH UNITES AND EMPOWERS SOUTH BRONX MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS TO EDUCATE COMMUNITIES, RAISE THE CIVIC AWARENESS OF PEERS AND SERVE AS ADVOCATES FOR YOUTH ON COMMUNITY ISSUES.

Funded Amount:

$9,500

Requested By:

DIAZ−R

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILDREN’S AID SOCIETY
1515 SOUTHERN BOULEVARD
BRONX, NY  10460
(718) 589−3400

Name of Project Director:

LORENA JIMENEZ

Purpose of Project:

FUNDS WILL BE USED TO ENRICH AND SUPPORT THE YOUTH LEADERSHIP GROUP, WHICH ANNUALLY SPONSORS A YOUTH SPEAK−OUT, CONFERENCES AND COMMUNITY EVENTS.

Funded Amount:

$5,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHILDREN’S CENTER AT SUNY MORRISVILLE, INC.
BAILEY HALL, P.O. BOX 901
MORRISVILLE, NY 13460
(315) 684–6400

Name of Project Director:

JENNIFER BRITTON

Purpose of Project:

FUNDS WILL BE USED FOR THE EXPANSION OF THE CENTER’S SPACE.

Funded Amount:

$10,000

Requested By:

MAGEE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHINESE–AMERICAN PLANNING COUNCIL, INC.
150 ELIZABETH STREET
NEW YORK, NY  10012
(212) 941–0920

Name of Project Director:

DAVID CHEN

Purpose of Project:

Funds will be used for expenses related to the Settlement House Program’s responsibility to provide a comprehensive range of services that are based on the needs of the residents of the neighborhoods it serves.

Funded Amount:

$35,608

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHINESE–AMERICAN PLANNING COUNCIL, INC.
150 ELIZABETH STREET
NEW YORK, NY  10012
(212) 941–0920

Name of Project Director:

ALLEN COHEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL, RECREATIONAL, HEALTH, WELLNESS, AND SOCIAL SERVICE PROGRAMS FOR CHILDREN AND TEENS IN CHINATOWN AND LITTLE ITALY.

Funded Amount:

$118,000

Requested By:

SILVER, YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHINESE-AMERICAN PLANNING COUNCIL, INC.
6022 7TH AVENUE
BROOKLYN, NY  11220
(718) 492-0409

Name of Project Director:

CHAN XIE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES TO THE YOUTH OF THE COMMUNITY. SERVICES INCLUDE YOUTH COUNSELING, JOB READINESS PROGRAM, YOUTH ADVISORY COUNCIL AND YOUTH VOLUNTEER PROGRAM.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

CHOICES 301, INC.
6642 WESTFALL ROAD
ALTAMONT, NY 12009
(518) 423–8426

Name of Project Director:

EDWARD FRANK

Purpose of Project:

FUNDS WILL BE USED TOWARD THE RECONSTRUCTION OF THE DISPLAY TO MAKE IT EASIER TO TRANSPORT, AND TO ENHANCE THE DURABILITY OF THE EXHIBIT. FUNDS WILL ALSO BE USED FOR STORAGE, TRANSPORTATION AND SUPPLIES.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHURCH AVENUE MERCHANTS BLOCK ASSOCIATION, INC.
1720 CHURCH AVENUE
BROOKLYN, NY 11226
(718) 287–2600

Name of Project Director:

JOANNE M. OPLUSTIL

Purpose of Project:

FUNDS WILL BE USED TO SECURE GREATER QUANTITIES OF FOOD CONTRIBUTIONS, AND TO INCREASE BOTH THE NUMBER OF DAYS AND HOURS CAMBA IS OPEN TO FEED MORE PEOPLE.

Funded Amount:

$20,000

Requested By:

JACOBS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHURCH OF BLESSED SACRAMENT
50 ROSE AVENUE
VALLEY STREAM, NY 11580
(516) 825–7334

Name of Project Director:

REV. GERALD CESTARE

Purpose of Project:

FUNDS WILL BE USED FOR FOOD PANTRY

Funded Amount:

$7,000

Requested By:

BARRA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHURCH OF GOD
920 STATE STREET
SCHENECTADY, NY 12307
(518) 344-7022

Name of Project Director:

SCOTT CROWDER

Purpose of Project:

FUNDS WILL BE USED FOR DIAGNOSTIC AND TUTORIAL SERVICES FOR DISADVANTAGED YOUTH.

Funded Amount:

$2,000

Requested By:

AMEDORE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
CHURCH OF THE HOLY APOSTLES
296 NINTH AVENUE
NEW YORK, NY 10001
(212) 807–6799

JANET GRACEY

FUNDS WILL BE USED TO PROVIDE NUTRITIOUS HOT MEALS TO HOMELESS AND HUNGRY PEOPLE IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

$20,000

GOTTFRIED

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CHURCH OF THE SAVIOR
120 DEKRUIF PLACE
BRONX, NY  10475
(718) 379−4572

Name of Project Director:

REV. DR. ROBERT A. SMITH, JR.

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF VIDEOS AND INSTRUCTIONAL MATERIALS IN ORDER TO FOSTER A GREATER SENSE OF SELF ESTEEM IN CHILDREN THROUGH AWARENESS OF THEIR CULTURES. THE PROGRAM IS OPEN TO ALL CHILDREN IN THE COMMUNITY ON A NON−SECTARIAN BASIS.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CIRCULO DE LA HISPANIDAD
26 WEST PARK AVENUE
LONG BEACH, NY 11561
(516) 431–1135

Name of Project Director:

SARAH BREWSTER

Purpose of Project:

FUNDS WILL BE USED FOR A PROGRAM THAT SERVES HISPANIC WOMEN OF NASSAU COUNTY WHO ARE VICTIMS OF DOMESTIC VIOLENCE. AGES RANGE FROM 18 TO 70 YEARS.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CITIZENS ADVICE BUREAU
2054 MORRIS AVENUE
BRONX, NY 10453
(718) 365–0910

Name of Project Director:

CAROLYN MCLAUGHLIN

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$26,726

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CITIZENS ADVICE BUREAU, INC.
2054 MORRIS AVENUE
BRONX, NY 10453
(718) 365–0910  Ext: 122

Name of Project Director:

MARISOL ROSA–SALTARES

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EARLY CHILDHOOD AND PARENT EDUCATION PROGRAMS THAT GIVE PARENTS THE TOOLS TO BECOME SUCCESSFUL FIRST TEACHERS. THROUGH HOME VISITS AND WORKSHOPS, OVER 80 PARENTS WILL LEARN TO EDUCATIONALLY ENGAGE OVER 90 THREE TO FIVE YEAR OLD CHILDREN.

Funded Amount:

$25,000

Requested By:

GREENE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CITIZENS COMMITTEE FOR NEW YORK CITY, INC.
305 SEVENTH AVENUE, 15TH FLOOR
NEW YORK, NY 10001
(212) 989-0909 Ext: 550

Name of Project Director:

PETER H. KOSTMAYER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO NEIGHBORHOOD GROUPS FOR COMMUNITY IMPROVEMENT PROJECTS.

Funded Amount:

$5,000

Requested By:

BOYLAND

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CITIZENS COMMITTEE FOR NEW YORK CITY, INC.
305 SEVENTH AVENUE, 15TH FLOOR
NEW YORK, NY 10001
(212) 989−0909  Ext: 559

Name of Project Director:

ARIF ULLAH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TECHNICAL ASSISTANCE TO VOLUNTEER GROUPS TO IMPROVE THE QUALITY OF NEIGHBORHOOD LIFE.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CITIZENS COMMITTEE FOR NEW YORK CITY, INC.
305 7TH AVENUE
NEW YORK, NY 10001
(212) 989–0909

Name of Project Director:

ARIF ULLAH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TECHNICAL ASSISTANCE TO VOLUNTEER GROUPS TO IMPROVE THE QUALITY OF NEIGHBORHOOD LIFE.

Funded Amount:

$5,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CITIZENS COMMITTEE FOR NEW YORK CITY, INC.
305 7TH AVENUE, 15TH FLOOR
NEW YORK, NY 10001
(212) 989–0909

Name of Project Director:

PETER KOSTMAYER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE NEIGHBORHOOD RESOURCE PROGRAM, WHICH ASSISTS GROUPS IN BUILDING VOLUNTEER ORGANIZATIONS TO ADDRESS QUALITY OF LIFE ISSUES.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CITIZENS COMMITTEE FOR NEW YORK CITY, INC.
305 7TH AVENUE
NEW YORK, NY 10001
(212) 989−0400

Name of Project Director:

PETER KASTMAYER

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT WORKSHOPS FOR GRASSROOT GROUPS THAT NEED TO TACKLE PRESSING PROBLEMS IN THEIR COMMUNITY.

Funded Amount:

$2,500

Requested By:

TOWNS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CITIZENS COMMITTEE FOR NEW YORK CITY, INC.
305 7TH AVENUE, 15TH FLOOR
NEW YORK, NY 10001
(212) 989−0909

Name of Project Director:
PETER KOSTMEYER

Purpose of Project:

FUNDS WILL BE USED TO HELP LOCAL GROUPS BUILD EFFECTIVE VOLUNTEER ORGANIZATIONS, TO TACKLE COMMUNITY PROBLEMS AND IMPROVE THE QUALITY OF LIFE THROUGH WORKSHOPS, AND ONE−ON−ONE ASSISTANCE.

Funded Amount:

$3,000

Requested By:
PHEFFER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CITY OF ONEONTA
CITY HALL, 258 MAIN STREET
ONEONTA, NY 13820
(607) 432–6450

Name of Project Director:

JOSEPH A. BERNIER

Purpose of Project:

FUNDS WILL BE USED FOR COURT IMPROVEMENTS CONSISTING OF CLEANING ASPHALT, CRACK FILLING, CRACK REPAIR, NEW ASPHALT OVERLAY, SURFACE COATING, AND STRIPLING LINES.

Funded Amount:

$15,000

Requested By:

MAGEE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CITY OF SHERRILL
377 SHERRILL ROAD
SHERRILL, NY 13461
(315) 363–2440

Name of Project Director:

ROBERT COMIS

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTERS, GAMES, GAME TABLES, AND GYM EQUIPMENT FOR THE YOUTH CENTER.

Funded Amount:

$15,000

Requested By:

MAGEE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CITY OF WHITE PLAINS YOUTH BUREAU
OFFICE OF THE MAYOR, 11 AMHERST PLACE
WHITE PLAINS, NY  10601
(914) 422−1378

Name of Project Director:

FRANK WILLIAMS, JR.

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LEADERSHIP TRAINING TO AFRICAN AMERICAN TEENS IN WHITE PLAINS.

Funded Amount:

$3,500

Requested By:

BRADLEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CITY OF WHITE PLAINS YOUTH BUREAU
11 AMHERST PLACE
WHITE PLAINS, NY  10601
(914) 422–1378

Name of Project Director:

FRANK WILLIAMS, JR.

Purpose of Project:

FUNDS WILL BE USED TO INTRODUCE HUNDREDS OF AT RISK YOUTH TO THE GAME OF TENNIS, SPECIFICALLY YOUTH FROM LOW INCOME FAMILIES WHO HAVE LIMITED EXPOSURE TO RECREATIONAL ACTIVITIES.

Funded Amount:

$3,500

Requested By:

PAULIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CITY OF YONKERS PARKS DEPARTMENT
285 NEPPERHAN AVENUE
YONKERS, NY  10701
(914) 377–6430

Name of Project Director:

AUGIE CAMBRIA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS FOR UNIFORMS AND EQUIPMENT FOR THE YONKERS BOYS AND GIRLS YOUTH PROGRAMS.

Funded Amount:

$11,500

Requested By:

SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
CITY PARKS FOUNDATION
830 FIFTH AVENUE
NEW YORK, NY  10021
(212) 360–1399

Name of Project Director:
AMY MILLER

Purpose of Project:
FUNDS WILL BE USED FOR ATHLETIC AND ARTS PROGRAMS FOR YOUNG PEOPLE.

Funded Amount:
$5,000

Requested By:
BENEDETTO

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
CITY PARKS FOUNDATION
830 5TH AVENUE
NEW YORK, NY 10021
(212) 360–1399

DAVID RIVEL

FUNDS WILL BE USED TO PROVIDE ENVIRONMENTAL EDUCATION PROGRAMS AND SPORTS LEAGUES FOR YOUTH IN THE COMMUNITY.

$1,500

BROOK–KRASNY

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CLAREMONT NEIGHBORHOOD CENTERS, INC.
489 EAST 169TH STREET
BRONX, NY  10456
(718) 588−1000

Name of Project Director:

ABRAHAM JONES

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$73,650

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CLAREMONT NEIGHBORHOOD CENTERS, INC.
489 EAST 169TH STREET
BRONX, NY  10456
(718) 588–1000  Ext: 201

Name of Project Director:

ABRAHAM JONES

Purpose of Project:

FUNDS WILL BE USED FOR THE YOUTH JOURNALISM AND COMMUNITY OUTREACH PROGRAM.

Funded Amount:

$12,000

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
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 AT THE CENTER.

Funded Amount:

$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CLIFTON PARK CHABAD
485 MOE ROAD
CLIFTON PARK, NY 12065
(518) 459–0772

Name of Project Director:

RABBI YOSSI RUBIN

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN THE DEVELOPMENT AND EXPANSION OF EDUCATIONAL PROGRAMS AIMED AT YOUTH AND SENIORS IN THE COMMUNITY. THESE PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS, AND TEACH TOLERANCE.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CLIFTON PARK YOUTH HOCKEY ASSOCIATION, INC.
61 MANN BOULEVARD
CLIFTON PARK, NY 12065
(518) 210–7365

Name of Project Director:

SCOTT VIRKLER

Purpose of Project:

FUNDS WILL BE USED TO CREATE A NEW YOUTH HOCKEY PROGRAM FOR GIRLS IN CLIFTON PARK, AND HELP LOWER COST FOR GIRLS BEGINNING HOCKEY.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CLUB HERMANOS UNIDOS DE QUEENS, INC.
37–39 103RD STREET
CORONA, NY 11368
(718) 429–8394

Name of Project Director:

ZUNILDA REYNOSO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF EQUIPMENT AND UMPIRE FEES, ETC.

Funded Amount:

$10,000

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CO-OP CITY LITTLE LEAGUE, INC.
P.O. BOX 215, CO-OP CITY STATION
BRONX, NY 10457
(718) 379-8242

Name of Project Director:

LES TARLTON

Purpose of Project:

FUNDS WILL BE USED TO PAVE THE FIELD BEHIND THE STADIUM, FOR USE BY FAMILIES.

Funded Amount:

$1,500

Requested By:

BENEDETTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CO-OP CITY TENNIS CLUB
140 ASCH LOOP #20G
BRONX, NY 10475
(718) 671–4437

Name of Project Director:

MILTON ALEXANDER

Purpose of Project:

FUNDS WILL BE USED TO DEFRAY THE COSTS OF TENNIS INSTRUCTIONS AT TENNIS CLINICS.

Funded Amount:

$2,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COALITION AGAINST CHILD ABUSE AND NEGLECT
229 SEVENTH STREET, SUITE 00
GARDEN CITY, NY 11530
(516) 747−2966

Name of Project Director:

ANTHONY ZENKUS

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE OUTREACH AND PARENTAL AWARENESS PROGRAMS.

Funded Amount:

$5,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COALITION AGAINST CHILD ABUSE AND NEGLECT
229 7TH STREET
GARDEN CITY, NY 11530
(516) 747–2966

Name of Project Director:

CYNTHIA SCOTT

Purpose of Project:

FUNDS WILL BE USED FOR OUTREACH PROGRAMS ON CHILD ABUSE AND NEGLECT.

Funded Amount:

$2,000

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COALITION FOR THE HOMELESS, INC.
129 FULTON STREET
NEW YORK, NY 10038
(212) 776−2000

Name of Project Director:

MARY BROSNAHAN SULLIVAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE UPDATED AND UPGRADED TECHNOLOGY SYSTEMS TO BETTER SERVE CLIENTS.

Funded Amount:

$70,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COHOES COMMUNITY CENTER, INC.
22–40 REMSEN STREET
COHOES, NY  12047
(518) 237–7523

Name of Project Director:

ROBERT A. GULLIE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CRITICALLY NEEDED WEIGHT–ROOM EQUIPMENT SO THAT THE TOTAL MEMBERSHIP AND GUESTS MAY SATISFY THEIR DESIRE TO EXERCISE AND STAY IN GOOD HEALTH. FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND UP–DATE, CHANGE AND IMPROVE THE WELLNESS AND HEALTH PROGRAM.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COHOES LITTLE LEAGUE, INC.
P.O. BOX 652
COHOES, NY  12047
(518) 857−4167

Name of Project Director:

JOHN LAFOREST

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE AND REPLACE THE FENCING AROUND THE MAJOR FIELD, AS WELL AS TO IMPROVE THE GATES AROUND THE MINOR FIELD.

Funded Amount:

$5,000

Requested By:

CANESTRAI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COLONIAL YOUTH AND FAMILY SERVICES
P.O. BOX 391
MASTIC BEACH, NY 11951
(631) 281–4461

Name of Project Director:

STEVEN LASKOE

Purpose of Project:

FUNDS WILL BE USED FOR YOUTH SERVICES PROJECTS.

Funded Amount:

$2,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COLONIE GIRLS SOFTBALL
P.O. BOX 16093
ALBANY, NY 12212
(518) 456–7287

Name of Project Director:

MARKE METHE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FIRST AID KITS, MEDICAL SUPPLIES AND OTHER EMERGENCY EQUIPMENT TO BE USED AT THE SOFTBALL FACILITY.

Funded Amount:

$2,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COLONIE SOCCER CLUB
P.O. BOX 13623
ALBANY, NY 12212
(518) 435–1330

Name of Project Director:

DAVE YULE

Purpose of Project:

FUNDS WILL BE USED TOWARD THE CONSTRUCTION OF RESTROOMS FOR PARTICIPANTS AND THEIR FAMILIES TO USE AT THE CLUB’S PARK.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMMODORE BARRY CLUB OF BROOKLYN, INC.
367–95TH STREET, APT. 1A
BROOKLYN, NY  11209
(718) 833–3405

Name of Project Director:

MARY NOLAN

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE IRISH CULTURE BY REACHING OUT TO LOCAL SCHOOLS AND WORKING WITH CHILDREN, TEACHING THEM ABOUT A REVOLUTIONARY WAR HERO THROUGH PRINTED MATERIALS AND SKITS. FUNDS WILL ALSO BE USED FOR CLEANING UP AND PLANTING SHRUBS AND FLOWERS AT THE COMMODORE BARRY MONUMENT.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMMUNITY ACTION ORGANIZATION OF ERIE COUNTY, INC.
70 HARVARD PLACE
BUFFALO, NY 14209
(716) 881-5150

Name of Project Director:

L. NATHAN HARE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL AND EDUCATIONAL PROGRAMS FOR YOUTH AFTER SCHOOL, AS WELL AS SUMMER PROGRAMS.

Funded Amount:

$10,000

Requested By:

PEOPLES

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMMUNITY ACTION PROJECT, INC.
890 FLATBUSH AVENUE
BROOKLYN, NY 11226
(718) 287–4334

Name of Project Director:

MARGARET HUGHES

Purpose of Project:

FUNDS WILL BE USED TO FACILITATE EDUCATIONAL PROGRAMS THAT FOCUS ON EDUCATION REFORM, POLICE – COMMUNITY RELATIONS, QUALITY OF LIFE AND CIVIC PARTICIPATION.

Funded Amount:

$5,200

Requested By:

JACOBS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMMUNITY ACTION PROJECT, INC.
890 FLATBUSH AVENUE
BROOKLYN, NY 11226
(718) 287–4334

Name of Project Director:

MARGARET HUGHES

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH, PROVIDING TRAININGS AND LEADERSHIP DEVELOPMENT SKILLS TO PARENTS, TEACHERS, SCHOOL ADMINISTRATORS AND CONCERNED INDIVIDUALS IN THE COMMUNITIES OF FLATBUSH.

Funded Amount:

$3,000

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMMUNITY ASSOCIATION OF THE EAST HARLEM TRIANGLE, INC.
145 EAST 126TH STREET
NEW YORK, NY  10035
(646) 672–1503

Name of Project Director:

MIRIAM FALCON–LOPEZ

Purpose of Project:

FUNDS WILL BE USED TO OFFER YOUTH BETWEEN THE AGES OF 8–12 YEARS, TUTORIAL SERVICES, EDUCATION AND TRAINING ABOUT ENVIRONMENTAL ISSUES, I.E., PLANT LIFE. FUNDS WILL ALSO BE USED TO COVER THE COSTS OF FIELD TRIPS WITHIN NEW YORK.

Funded Amount:

$10,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMMUNITY CENTER OF PLAINVIEW–OLD BETHPAGE
P.O. BOX 334
PLAINVIEW, NY 11803
(516) 935–6243

Name of Project Director:

EUGENE GOIDELL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL SERVICES TO YOUTH, PARENTS AND SENIORS.

Funded Amount:

$2,750

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMMUNITY CENTER OF THE ROCKAWAY PENINSULA
257 BEACH 17TH STREET
FAR ROCKAWAY, NY  11691
(718) 868–2904

Name of Project Director:

JOEL KAPLAN

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN PLANNING AND IMPLEMENTATION OF RECREATIONAL OPPORTUNITIES FOR ROCKAWAY YOUTH PROGRAMS, INCLUDING IN–STATE TRANSPORTATION FOR SENIORS AND YOUTH.

Funded Amount:

$4,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMMUNITY HEALTH ACTION OF STATEN ISLAND, INC.
56 BAY STREET
STATEN ISLAND, NY 10301
(718) 808–1401

Name of Project Director:

RYAN CHAVEZ

Purpose of Project:

FUNDS WILL BE USED FOR PANTRY SUPPLIES, EQUIPMENT, AND OTHER EXPENSES OF THE PROGRAM.

Funded Amount:

$10,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMMUNITY HEALTH ACTION OF STATEN ISLAND, INC.
56 BAY STREET
STATEN ISLAND, NY 10301
(718) 808–1422

Name of Project Director:

RYAN CHAVEZ

Purpose of Project:

FUNDS WILL BE USED FOR OPERATIONAL SUPPORT AND EMERGENCY FOOD SUPPLIES FOR THE FOOD PANTRY.

Funded Amount:

$2,500

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMMUNITY HEALTH ACTION OF STATEN ISLAND, INC.
56 BAY STREET, 6TH FLOOR
STATEN ISLAND, NY  10301
(718) 808–1300

Name of Project Director:

RYAN CHavez

Purpose of Project:

FUNDS WILL BE USED FOR AN EMERGENCY FOOD PANTRY THAT FEEDS 50–75 PEOPLE EACH WEEK. FUNDS WILL ALSO BE USED FOR STOCKING THE PANTRY, AND COMMUNITY OUTREACH TO FAMILIES IN NEED.

Funded Amount:

$1,500

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMMUNITY LEAGUE OF THE HEIGHTS, INC.
500 WEST 159TH STREET
NEW YORK, NY  10032
(212) 795–4779  Ext: 112

Name of Project Director:

YVONNE STEANETT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT SERVICES FOR THE ACADEMIC PROGRAM FOR YOUTH REGISTERED IN CLOTH’S EDUCATIONAL PROGRAMS.

Funded Amount:

$4,000

Requested By:

FARRELL, JR

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMMUNITY MATERNITY SERVICES
27 NORTH MAIN AVENUE
ALBANY, NY 12203
(518) 482–8836

Name of Project Director:

SHERRI GIRAUD–SCHULZ

Purpose of Project:

FUNDS WILL BE USED TO REPLACE THE RESIDENTIAL DISHWASHER WITH A COMMERCIAL DISHWASHER.

Funded Amount:

$3,000

Requested By:

GORDON–T

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

COMMUNITY PLAY GROUP, INC.
204 HUDSON TERRACE
PIERMONT, NY 10968
(845) 359–9174

Name of Project Director:

SUSAN LOIACONO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MEALS THAT MEET THE NUTRITIONAL NEEDS OF CHILDREN WHO ATTEND THE DAY CARE PROGRAM.

Funded Amount:

$3,000

Requested By:

JAFFEE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMMUNITY PREVENTION ALTERNATIVES FOR FAMILIES IN CRISIS – NATURE
143–40 41ST AVENUE, APARTMENT 3H
FLUSHING, NY  11355
(718) 647–2694

Name of Project Director:

MARTHA FLORES–VAZQUEZ

Purpose of Project:

FUNDS WILL BE USED FOR SUPPLIES AND SPEAKERS TO HOLD EDUCATIONAL SEMINARS AVAILABLE TO THE PUBLIC, THAT WILL ADDRESS THE PROBLEMS OF DOMESTIC VIOLENCE AND ITS CAUSES AND EFFECTS ON SOCIETY.

Funded Amount:

$2,500

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMMUNITY PROGRAM CENTERS OF LONG ISLAND
2210 SMITHTOWN AVENUE
RONKONKOMA, NY 11779
(631) 585–2020

Name of Project Director:

ELIZABETH GEARY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A COMMERCIAL–SIZED REFRIGERATOR.

Funded Amount:

$5,000

Requested By:

BOYLE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMMUNITY RESOURCES
3450 VICTORY BOULEVARD
STATEN ISLAND, NY 10314
(718) 447−5200

Name of Project Director:

DANA T. MAGEE

Purpose of Project:

FUNDS WILL BE USED FOR COMPREHENSIVE REHABILITATION SERVICES FOR CHILDREN, PROVIDING HANDS ON MANIPULATIVES ACTIVITIES AND TOOLS TO IMPROVE THE CHILDREN’S COORDINATION.

Funded Amount:

$1,500

Requested By:

HYER−SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COMPASSION COALITION, INC.
509 LAFAYETTE STREET, P.O. BOX 526
UTICA, NY 13503
(315) 266−0039

Name of Project Director:

REV. CHARLES J. SWEET

Purpose of Project:

FUNDS WILL BE USED TO GIVE AWAY SEVERAL THOUSAND BACKPACKS WITH SCHOOL SUPPLIES INCLUDED, TO SCHOOL STUDENTS IN AN AREA WITH A HIGH POPULATION OF LOW−INCOME RESIDENTS IN THE UTICA AREA.

Funded Amount:

$14,000

Requested By:

DESTITO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CONCERNED CITIZENS OF BENSONHURST
8616 19TH AVENUE
BROOKLYN, NY  11214
(718) 688-0097

Name of Project Director:

ADELINE MICHAELS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE GROUP’S MONTHLY MEETINGS. MEETINGS WILL COVER A WIDE VARIETY OF COMMUNITY ISSUES SUCH AS PUBLIC SAFETY CONCERNS, ENVIRONMENTAL CONCERNS, SANITATION, HEALTH, ETC. FUNDS WILL ALSO BE USED FOR POSTAGE AND REFRESHMENTS, ETC.

Funded Amount:

$3,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CONCORD FAMILY SERVICES, INC.
1221 BEDFORD AVENUE
BROOKLYN, NY  11216
(718) 398–3499

Name of Project Director:

EVELYN SIMPSON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE AFTER SCHOOL EMPLOYMENT PROGRAM FOR YOUTH, INCLUDING AFTER SCHOOL ACTIVITIES AND JOB READINESS, AS WELL AS MULTI-MEDIA TRAINING FOR ENGINEERING.

Funded Amount:

$30,000

Requested By:

BOYLAND

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
CONCOURSE LITTLE LEAGUE
2191 VALENTINE AVENUE
BRONX, NY 10457
(646) 323−7022

RENE SANTOS

FUNDS WILL BE USED TO PURCHASE BASEBALL EQUIPMENT TO SERVE YOUTH.

$3,500

DIAZ−L

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CONESUS FOOD PANTRY
6176 ELM STREET
CONESUS, NY 14435
(585) 346-5581

Name of Project Director:

JEAN SPARKS

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH FOOD PANTRY.

Funded Amount:

$1,000

Requested By:

ERRIGO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CONEY ISLAND GENERATION GAP REUNION COMMITTEE CORP.
2904 NEPTUNE AVENUE
BROOKLYN, NY 11224
(718) 975–0447

Name of Project Director:

PAMELA HARRIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AFTER SCHOOL ACTIVITIES FOR YOUTH IN THE COMMUNITY.

Funded Amount:

$10,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CONGREGATION CHESED SHEL EMES, INC.
1224 52ND STREET
BROOKLYN, NY 11219
(718) 436–2121

Name of Project Director:

JOEL LEIFER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOOD FOR FAMILIES AND PATIENTS AT VARIOUS HOSPITALS, AS WELL AS TO PURCHASE EQUIPMENT FOR THE REFRIGERATION, PACKING AND OTHER FOOD RELATED COSTS. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$25,000

Requested By:

HIKIND

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CONGREGATION CHESED SHEL EMES, INC.
1224 52ND STREET
BROOKLYN, NY 11219
(718) 436–2121

Name of Project Director:

MENDEL ROSENBERG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE BURIALS FOR THE NEEDY AND OTHER RELATED COSTS. THIS PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$30,000

Requested By:

HIKIND

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CONGREGATION OF THE SHORE PARKWAY JEWISH CENTER
8885 26TH AVENUE
BROOKLYN, NY 11214
(718) 449−6530

Name of Project Director:

LESLIE BRESOWSKY

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE AND REPAIR THE PREMISES, INCLUDING BUT NOT LIMITED TO THE KITCHEN AND HANDICAP RAMP. THE RENOVATIONS AND REPAIRS ARE FOR THE CENTER, WHERE PROGRAMS ARE HELD AND OPEN TO THE PUBLIC ON A NON−SECTARIAN BASIS.

Funded Amount:

$3,500

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CONGREGATION OHR MOSHE, INC.
170−16 73RD AVENUE
FLUSHING, NY  11365
(718) 591−4888

Name of Project Director:

RABBI ASHER SCHECHTER

Purpose of Project:

FUNDS WILL BE USED TO INCULCATE WITHIN THE YOUTH OF THE
COMMUNITY A RESPONSIBILITY AND HEALTHY ATTITUDE TOWARD EACH
OTHER AND THOSE IN NEED IN THE COMMUNITY. PROGRAM IS OPEN TO
ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CONGREGATION YESHIVA MADREIGAS HAADAM, INC.
69–13 172ND STREET
FLUSHING, NY 11365
(718) 969–8501

Name of Project Director:

MOSHE FASKOWITZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TUTORING AND MENTORING, AND FOR BIG BROTHER LEADERSHIP AFTER HOURS FOR SCHOOL–AGE YOUNGSTERS. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CONGREGATIONS LINKED IN URBAN STRATEGY TO EFFECT RENEWAL, INC.
P.O. BOX 1248
YONKERS, NY  10702
(914) 963–6440  Ext: 209

Name of Project Director:

TONI VOLCHOK

Purpose of Project:

FUNDS WILL BE USED FOR THE DAY CAMP PROGRAM FOR LOW-INCOME AND HOMELESS FAMILIES IN SOUTH WEST YONKERS.

Funded Amount:

$2,500

Requested By:

SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CONGREGATIONS LINKED IN URBAN STRATEGY TO EFFECT RENEWAL, INC.
P.O. BOX 1248
YONKERS, NY  10702
(914) 963−6440

Name of Project Director:

TONI VOLCHOK

Purpose of Project:

FUNDS WILL BE USED FOR A DAY CAMP FOR LOW−INCOME AND HOMELESS FAMILIES IN SOUTHWEST YONKERS.

Funded Amount:

$2,500

Requested By:

PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CONGRESS OF ITALIAN–AMERICAN ORGANIZATIONS OF YONKERS, INC.
57 PARK HILL AVENUE
YONKERS, NY  10701
(914) 423–1371

Name of Project Director:

JAMES CILIBERTI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE OPERATION OF THE COMMUNITY CENTER, WHICH OFFERS VOCATIONAL, EDUCATIONAL, EMPLOYMENT, SOCIAL SERVICES REFERRALS, HELP WITH INCOME TAX PROBLEMS, AND VETERAN’S, SENIOR AND YOUTH SERVICES, ALL OF WHICH ARE OPEN TO THE COMMUNITY AT LARGE.

Funded Amount:

$20,000

Requested By:

SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CONNECT, INC.
P.O. BOX 20217, GREELEY SQUARE STATION
NEW YORK, NY  10001
(212) 683−0015

Name of Project Director:

KALA GANESH

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP A YEAR−LONG SERIES OF DOMESTIC VIOLENCE LEGAL CLINICS AND WORKSHOPS IN THE COMMUNITY.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COPIAGUE YOUTH COUNCIL, INC.
P.O. BOX 247, 650 GREAT NECK ROAD
COPIAGUE, NY 11726
(631) 841–1775

Name of Project Director:

CAROLE J. WILDER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF OPERATING THE YOUTH SERVICES PROGRAM.

Funded Amount:

$5,000

Requested By:

SWEEENEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COPIAGUE YOUTH LEAGUES, INC.
24 COLONIAL ROAD
COPIAGUE, NY 11726
(631) 598–2776

Name of Project Director:

MICKEY KANE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND TOWARDS THE OPERATION OF THE YOUTH RECREATION LEAGUE.

Funded Amount:

$5,000

Requested By:

SWEENEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CORNELIA CONNELLY CENTER FOR EDUCATION
220 EAST 4TH STREET
NEW YORK, NY 10009
(212) 982-2287

Name of Project Director:

CONSTANCE M. BUSH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ENRICHMENT ACTIVITIES THAT ARE ARTISTICALLY, INTELLECTUALLY AND PHYSICALLY CHALLENGING TO GIRLS FROM LOW-INCOME FAMILIES.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CORNING CLASSIC CHARITIES
131 EAST CORNING ROAD
CORNING, NY 14830
(607) 962–4441

Name of Project Director:

DAWN CASTELLANA

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE LPGA CORNING CLASSIC TO PROMOTE TOURISM.

Funded Amount:

$42,000

Requested By:

BACALLES

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CORNING FAMILY YMCA  
127 CENTERWAY  
CORNING, NY 14830  
(607) 962–7600

Name of Project Director:

MARK PRUTSMAN

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EXERCISE EQUIPMENT.

Funded Amount:

$6,000

Requested By:

BACALLES

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COUNCIL OF JEWISH EMIGRE COMMUNITY ORGANIZATIONS, INC.
100 CHURCH STREET, SUITE 1608
NEW YORK, NY 10007
(212) 566–2120

Name of Project Director:

ROMAN SCHMULENSON

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY RECREATIONAL PROGRAMS, WHICH ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COUNCIL OF JEWISH EMIGRE COMMUNITY ORGANIZATIONS, INC. (COJECO)
100 CHURCH STREET, SUITE 1608
NEW YORK, NY 10007
(212) 566-2120

Name of Project Director:

ROMAN SHMULENSON

Purpose of Project:

FUNDS WILL BE USED TO FACILITATE THE SUCCESSFUL INTEGRATION OF YOUNG RUSSIAN-SPEAKING IMMIGRANTS INTO AMERICAN SOCIETY BY INTRODUCING THEM TO CIVICS AND COMMUNITY INVOLVEMENT. THE PROGRAM IS OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$6,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COUNCIL OF JEWISH ORGANIZATIONS OF FLATBUSH, INC.
1550 CONEY ISLAND AVENUE
BROOKLYN, NY 11230
(718) 377−2900

Name of Project Director:

SUSAN LASHER

Purpose of Project:

FUNDS WILL BE USED FOR A PROGRAM THAT TARGETS NEEDY, SINGLE HEADS OF HOUSEHOLDS AND PROVIDES THEM WITH THE RESOURCES NECESSARY TO OBTAIN THE SOCIAL SERVICES TO WHICH THEY MAY BE ENTITLED, AND ALSO REFERS THEM TO APPROPRIATE AGENCIES. THE PROGRAMS ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COUNCIL OF JEWISH ORGANIZATIONS OF FLATBUSH, INC.
1550 CONEY ISLAND AVENUE
BROOKLYN, NY 11230
(718) 377-2900 Ext: 226

Name of Project Director:

RABBI YEchezkel Pikus

Purpose of Project:

FUNDS WILL BE USED TO ASSIST NEEDY, SOCIALLY ISOLATED SINGLE HEADS OF HOUSEHOLDS IN OBTAINING SOCIAL SERVICES, JOB TRAINING, AND EMPLOYMENT, AS WELL AS INTEGRATING THEM INTO THE FLATBUSH/MIDWOOD COMMUNITY. PROGRAMS ARE OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$8,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COUNCIL OF JEWISH ORGANIZATIONS OF FLATBUSH, INC.
1550 CONEY ISLAND AVENUE
BROOKLYN, NY 11230
(718) 377–2900

Name of Project Director:

RUTH PARIS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT WORK WITH HOMEBOUND, FRAIL ELDERLY AND HANDICAPPED IN THE COMMUNITY, AND TO SUPPORT THE EMPLOYMENT RESOURCE CENTER. SERVICES ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

JACOBS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COUNCIL OF JEWISH ORGANIZATIONS OF FLATBUSH, INC.
1550 CONEY ISLAND AVENUE
BROOKLYN, NY 11230
(718) 377-2900

Name of Project Director:

MARTIN KAHAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE OUTREACH TO SINGLE HEADS−OF−HOUSEHOLDS TO ENABLE THEM TO OBTAIN APPROPRIATE ENTITLEMENTS AND REFERRALS. PROGRAMS ARE OFFERED ON A NON−SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COUNCIL OF JEWISH ORGANIZATIONS OF STATEN ISLAND, INC.
984 POST AVENUE
STATEN ISLAND, NY 10302
(718) 720–4047

Name of Project Director:

BRACHA CABOT

Purpose of Project:

FUNDS WILL BE USED FOR OPERATIONAL COSTS ASSOCIATED WITH RUNNING THE EMERGENCY FOOD PANTRY, INCLUDING NUTRITIONAL COUNSELING, ASSISTANCE WITH HOUSING, AS WELL AS MEDICAL AND JOB TRAINING.

Funded Amount:

$2,500

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COUNCIL OF JEWISH ORGANIZATIONS OF STATEN ISLAND, INC.
984 POST AVENUE
STATEN ISLAND, NY 10302
(718) 720−4047

Name of Project Director:

BRACHA CABOT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE: SUPPLEMENTAL FOOD BASKETS TO NEEDY FAMILIES, CHILDREN, SENIORS, HOMEBOUNDS AND IMMIGRANTS; NUTRITIONAL COUNSELING; ASSISTANCE WITH ENTITLEMENTS; REFERRAL SERVICES FOR EMERGENCY HOUSING, MEDICAL, JOB COUNSELING AND TRAINING. PROGRAMS ARE OPEN TO ALL IN NEED ON A NON−SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
COUNCIL OF LEADERS OF NEIGHBORHOOD YOUTH, INC. (COLONY)
611 MINNEFORD AVENUE
BRONX, NY 10464
(718) 885–1197

Name of Project Director:
TOM MCMAHON

Purpose of Project:
FUNDS WILL BE USED TO HELP SPONSOR AFTER SCHOOL AND OTHER PROGRAMS (BASKETBALL, SOFTBALL, ETC.) FOR CHILDREN.

Funded Amount:
$3,000

Requested By:
BENEDETTO

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

COUNCIL ON THE ENVIRONMENT, INC.
51 CHAMBERS STREET, ROOM 228
NEW YORK, NY 10007
(212) 788–7900

Name of Project Director:

MICHAEL HURWITZ

Purpose of Project:

FUNDS WILL BE USED TO INFORM NEW YORKERS THROUGH EDUCATIONAL TOURS WITHIN NYS ABOUT HOW THEIR FOOD CHOICES IMPACT THE ENVIRONMENT, THE ECONOMY, AND THEIR BODIES – BY EXPOSING THEM TO FRESH, LOCALLY GROWN FOOD SYSTEMS AT THE GREENMARKETS, AND BY HIGHLIGHTING THE LINK BETWEEN SEASONAL, UNPROCESSED FOODS, GOOD HEALTH AND STRONG COMMUNITY.

Funded Amount:

$3,500

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CRIME VICTIMS SUPPORT SERVICES OF THE NORTH BRONX, INC.
1138 NEILL AVENUE
BRONX, NY 10461
(718) 823–4925

Name of Project Director:

JOANNE CICERO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE COMMUNITY WITH A RANGE OF FREE SERVICES INCLUDING, BUT NOT LIMITED TO, COUNSELING, SAFE HOUSE AND SHELTER PLACEMENT, DOMESTIC VIOLENCE ADVOCACY, AND A MONTHLY SUPPORT GROUP.

Funded Amount:

$5,000

Requested By:

RIVERA–N

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CROSS ISLAND YMCA
238–10 HILLSIDE AVENUE
BELLEROSE, NY 11426
(718) 479–0505

Name of Project Director:

DANA FEINBERG

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE INSTRUMENTS FOR A PROGRAM THAT PROVIDES MUSICAL INSTRUCTION AND THEORY AND INTRODUCE MUSIC TO YOUNG PEOPLE THROUGH GROUP INSTRUCTION AND PRIVATE LESSONS.

Funded Amount:

$5,000

Requested By:

WEPRIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CROSS ISLAND YMCA
238–10 HILLSIDE AVENUE
BELLEROSE, NY  11426
(718) 479–0505

Name of Project Director:

DANA FEINBERG

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE TEEN DEVELOPMENT PROGRAM.

Funded Amount:

$10,000

Requested By:

CLARK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CROSSROADS COUNSELING CENTER, INC.
440 FURROWS ROAD
HALBROOK, NY 11741
(631) 588–7810

Name of Project Director:

PATRICK CARALEO

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTERS / SOFTWARE TO IMPLEMENT TUTORIAL AND SUPPORT SERVICES FOR YOUTH AND FAMILIES.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CROTONA CAGE, INC.
1805 CROTONA AVENUE, SUITE 10–A
BRONX, NY  10457
(347) 225–3267

Name of Project Director:

CHRISTOPHER MOULTRIE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH A SUMMER BASKETBALL TOURNAMENT FOR CHILDREN IN THE COMMUNITY.

Funded Amount:

$3,000

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CROWN HEIGHTS JEWISH COMMUNITY COUNCIL, INC.
387 KINGSTON AVENUE
BROOKLYN, NY  11225
(718) 778–8808

Name of Project Director:

SARA KARASIK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ASSISTANCE TO FAMILIES IN STRESS AND IN DANGER OF BECOMING DYSFUNCTIONAL AND/OR ABUSIVE, THROUGH EARLY INTERVENTION AND THE GUIDANCE OF TRAINED SOCIAL WORKERS AND VOLUNTEERS.

Funded Amount:

$82,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CROWN HEIGHTS MEDIATION CENTER
256 KINGSTON AVENUE
BROOKLYN, NY 11213
(718) 773–6886

Name of Project Director:

AMY ELLENBOGEN

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE CURRENT SERVICES, INCLUDING YOUTH COURTS AND FACILITATION SERVICES WHICH PROMOTE TOLERANCE AND UNDERSTANDING AMONG DIVERSE GROUPS IN THE COMMUNITY.

Funded Amount:

$8,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CROWN HEIGHTS YOUTH COLLECTIVE, INC.
113 ROGERS AVENUE
BROOKLYN, NY 11216
(718) 756−1922

Name of Project Director:

RICHARD GREENE

Purpose of Project:

FUNDS WILL BE USED FOR YOUTH DEVELOPMENT: AFTER SCHOOL PROGRAMS, TECHNOLOGY, SPORTS AND ENTREPRENEURSHIP.

Funded Amount:

$5,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

CYPRESS HILLS LOCAL DEVELOPMENT CORPORATION
625 JAMAICA AVENUE
BROOKLYN, NY  11208
(718) 647–2800

Name of Project Director:

MICHELLE NEUGEBAUR

Purpose of Project:

Funds will be used for expenses related to the Settlement House Program’s responsibility to provide a comprehensive range of services that are based on the needs of the residents of the neighborhoods it serves.

Funded Amount:

$23,624

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DAVID HOCHSTEIN MEMORIAL MUSIC SCHOOL, INC.
50 N. PLYMOUTH AVENUE
ROCHESTER, NY 14614
(585) 454-4403

Name of Project Director:

DR. MARGARET QUACKENBUSH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MUSIC AND DANCE INSTRUCTION TO YOUTH FROM UNDERSERVED FAMILIES.

Funded Amount:

$5,000

Requested By:

GANTT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DEERFIELD AREA ASSOCIATION, INC.
P.O. BOX 901456
FAR ROCKAWAY, NY 11691
(718) 868–1060

Name of Project Director:

BARBARA SMITH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MUSICAL INSTRUCTION TO RESIDENTS.

Funded Amount:

$10,000

Requested By:

TITUS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DELAWARE YOUTH CENTER, INC.
8 CREAMERY ROAD, P.O. BOX 354
CALLICOON, NY 12723
(845) 887−5155

Name of Project Director:

TESS MCBEATH

Purpose of Project:

FUNDS WILL BE USED TO RESTORE AND RENOVATE THE YOUTH CENTER IN CALLICOON.

Funded Amount:

$3,000

Requested By:

GUNTHER−A

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DELBAC, INC.
P.O. BOX 250433
BROOKLYN, NY  11225
(718) 467–0999

Name of Project Director:

DOLORES VANISON–BLAKELY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ACADEMIC ENRICHMENT AND PERFORMING ARTS, OUTSIDE OF REGULAR SCHOOL HOURS (AFTER SCHOOL AND SATURDAY WORKSHOPS) AS WELL AS FOR EDUCATIONAL SERVICES TO FAMILIES.

Funded Amount:

$5,000

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DEPEW–LANCASTER BOYS & GIRLS CLUB, INC.
5440 BROADWAY
LANCASTER, NY 14086
(716) 683–6755

Name of Project Director:

DAVID HOCH

Purpose of Project:

FUNDS WILL BE USED TOWARD THE REPLACEMENT OF A NEW ROOF FOR THE LANCASTER BOYS AND GIRLS CLUB.

Funded Amount:

$10,000

Requested By:

GABRYSZAK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DEVEREUX MILLWOOD LEARNING CENTER
5 STEUBEN ROAD
GARRISON, NY 10524
(845) 788–1191

Name of Project Director:

LISA KEOGH

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM ASSIST WITH TRANSPORT STUDENTS WITH AUTISM TO WORK SITE.

Funded Amount:

$10,000

Requested By:

BALL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DIASPORA COMMUNITY SERVICES, INC.
182 4TH AVENUE
BROOKLYN, NY  11217
(718) 399−0200  Ext: 224

Name of Project Director:

LINDA KUMAH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE BIWEEKLY ESL, JOB TRAINING, SKILLS MANAGEMENT SESSIONS, CULTURAL, CHILDCARE SERVICES TO IMMIGRANT WOMEN.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DIASPORA COMMUNITY SERVICES, INC.
182 FOURTH AVENUE
BROOKLYN, NY 11217
(718) 399-0200

Name of Project Director:

CARINE JOCELYN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SERVICES TO POOR, IMMIGRANT WOMEN INCLUDING ESL CLASSES, LIFE SKILLS WORKSHOPS AND CASE MANAGEMENT.

Funded Amount:

$7,500

Requested By:

JACOBS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DIHR, INC.
891 AMSTERDAM AVENUE
NEW YORK, NY 10025
(212) 665−7072

Name of Project Director:

ANITA SCHWARTS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES TO ADULTS WITH DEVELOPMENTAL DISABILITIES, WITH PARTICULAR EMPHASIS ON SUPPORTED DEVELOPMENT.

Funded Amount:

$10,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DIRECTIONS FOR OUR YOUTH, INC.
21 WEST 86TH STREET, BSM2
NEW YORK, NY  10024
(212) 362–4020

Name of Project Director:

CARY GOODMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LIFE SKILLS FOR MIDDLE SCHOOL STUDENTS.

Funded Amount:

$7,500

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DIVISION
173 OLD TOWN ROAD
STATEN ISLAND, NY 10305
(718) 987−8872

Name of Project Director:

ALBERTA BRESCEIA

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL ANTI−SMOKING OUTREACH OF THE AMERICAN CANCER SOCIETY, EASTERN DIVISION.

Funded Amount:

$2,500

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DOMINICAN WOMEN’S DEVELOPMENT CENTER, INC.
519 WEST 189TH STREET, GROUP CENTER
NEW YORK, NY 10040
(212) 568–6616

Name of Project Director:

MIREYA CRUZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HELP TO VICTIMS OF DOMESTIC VIOLENCE, EDUCATING AND PROMOTING THE MARCH OF THE BRIDE’S PROJECT.

Funded Amount:

$5,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DOMINICO AMERICAN SOCIETY OF QUEENS, INC.
40–27 97TH STREET
CORONA, NY 11368
(718) 457–5395

Name of Project Director:

JOSE TEJADA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE ORGANIZATION'S PROGRAMMATIC STRUCTURE, IN PROVIDING ENGLISH AS A SECOND LANGUAGE (ESL) CLASSES, COMPUTER TRAINING, CITIZENSHIP AND CIVIC INSTRUCTION, AS WELL AS GED CLASSES. FUNDS WILL ALSO BE USED TO PURCHASE EQUIPMENT NEEDED FOR RUNNING THE PROGRAM.

Funded Amount:

$10,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DOMINICO AMERICAN SOCIETY OF QUEENS, INC.
40−27 97TH STREET
CORONA, NY  11368
(917) 751−8482

Name of Project Director:

CARLOS SUAREZ

Purpose of Project:

FUNDS WILL BE USED TO OFFER EDUCATIONAL ASSISTANCE TO LOW−INCOME IMMIGRANTS, INCLUDING ENGLISH AS A SECOND LANGUAGE, INSTRUCTION AND TRAINING FOR CITIZENSHIP CIVIC CLASSES.

Funded Amount:

$25,000

Requested By:

AUBRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DOMINICO AMERICAN SOCIETY OF QUEENS, INC.
40–27 97TH STREET
CORONA, NY 11368
(718) 457–5395

Name of Project Director:

JOSE TEJADA

Purpose of Project:

FUNDS WILL BE USED FOR YOUTH PROGRAMS, ESL CLASSES, WORKSHOPS, SEMINARS AND TO PURCHASE COMPUTERS.

Funded Amount:

$5,000

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DRESS FOR SUCCESS NASSAU COUNTY, LONG ISLAND
301 W. OLD COUNTRY ROAD
HICKSVILLE, NY 11801
(516) 873-5687

Name of Project Director:

INGRID FRAY

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE LOW INCOME WOMEN’S ECONOMIC AND SOCIAL DEVELOPMENT THROUGH CAREER DEVELOPMENT. FUNDS WILL ENABLE THE ORGANIZATION TO PROVIDE BUSINESS SUITS, RESUME WRITING AND INTERVIEW SKILL DEVELOPMENT.

Funded Amount:

$2,500

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DUNBAR ASSOCIATION
401 SOUTH AVENUE
SYRACUSE, NY  113204–4110
(315) 476–4269

Name of Project Director:

SHARON JACK–WILLIAMS

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$12,740

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DUTCHESS COUNTY YMCA
36 MONTGOMERY STREET, EASTMAN PARK
POUGHKEEPSIE, NY 12601
(845) 471–9622

Name of Project Director:

MILO BUNYI

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE SAFETY AND WELFARE OF MEMBERS AND YOUTH WHO USE THE FACILITY.

Funded Amount:

$7,500

Requested By:

KIRWAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DWARF–GIRAFFE ATHLETIC LEAGUE OF WHITESTONE, INC.
140–50 15TH ROAD
WHITESTONE, NY 11357
(718) 746–1539

Name of Project Director:

GENE BREN NAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ATHLETIC PROGRAMS IN ROLLER HOCKEY, BASEBALL, AND BASKETBALL FOR THE BOYS AND GIRLS OF NORTHEAST QUEENS. FUNDS WILL ALSO BE USED TO IMPROVE THE PHYSICAL CONDITION OF THE PLAYING FACILITIES.

Funded Amount:

$3,500

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

DYNAMIC YOUTH COMMUNITY, INC.
1830 CONEY ISLAND AVENUE
BROOKLYN, NY  11230
(718) 376−7923

Name of Project Director:

KAREN CARLINI

Purpose of Project:

FUNDS WILL BE USED TO TRANSPORT ADOLESCENTS AND YOUTH TO FAMILY VISITS, COURT APPEARANCES, DOCTOR APPOINTMENTS, ETC.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EAST FLATBUSH FAMILIES ENCOURAGING CHILDREN TODAY
742 EAST 37TH STREET
BROOKLYN, NY 11210
(347) 351-3447

Name of Project Director:

ERIC WATERMAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE YOUTH FOOTBALL PROGRAM, INCLUDING THE PURCHASE OF EQUIPMENT.

Funded Amount:

$2,500

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EAST GREENBUSH LITTLE LEAGUE, INC.
P.O. BOX 371
EAST GREENBUSH, NY 12061
(518) 527–5379

Name of Project Director:

RICHARD DEWEY

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE PLAYING FIELD TO MEET LITTLE LEAGUE REGULATION SIZE AND SAFETY GUIDELINES, AS WELL AS FOR THE REPLACEMENT OF FENCING, DUGOUTS, FIELD SURFACE, LIGHTING, BLEACHERS, AND STORAGE.

Funded Amount:

$10,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EAST HAMPTON DAY CARE CENTER
P.O. BOX 63
EAST HAMPTON, NY 11937
(631) 324-5560

Name of Project Director:

MELISSA SOUTH

Purpose of Project:

FUNDS WILL BE USED FOR A RENOVATION PROJECT.

Funded Amount:

$5,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EAST HARLEM BLOCK NURSERY, INC.
50C EAST 118TH STREET
NEW YORK, NY  10035
(212) 722–6350

Name of Project Director:

GUARDENIA WHITE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE QUALITY DAY CARE PROGRAMS TO FINANCIALLY CHALLENGED FAMILIES.

Funded Amount:

$5,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EAST HARLEM TUTORIAL PROGRAM, INC.
2050 2ND AVENUE
NEW YORK, NY 10029
(212) 831–0650

Name of Project Director:

MARIA PEREZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE SUMMER CAMP PROGRAM. THE SUMMER CAMP ENROLLS 185 SIX TO TWELVE YEAR OLDS FOR A SIX–WEEK LONG ARTS AND LITERACY INFUSED LEARNING EXPERIENCE, SO THAT KNOWLEDGE GAINED DURING THE SCHOOL YEAR IS NOT LOST DURING THE SUMMER.

Funded Amount:

$5,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EAST HIGHWAY LITTLE LEAGUE, INC.
3419 AVENUE S
BROOKLYN, NY  11234
(718) 968−7536

Name of Project Director:

JOE ARENA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES FOR THE LITTLE LEAGUE, INCLUDING BASEBALLS, BATS, UNIFORMS AND OTHER MISCELLANEOUS EQUIPMENT.

Funded Amount:

$1,500

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EAST RIVER DEVELOPMENT ALLIANCE, INC.
12–11 40TH AVENUE
LONG ISLAND CITY, NY 11101
(718) 784–0877

Name of Project Director:

BISHOP MITCHELL G. TAYLOR

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE PROGRAMS AND SERVICES PROVIDED BY ERDA TO THE COMMUNITY, INCLUDING, BUT NOT LIMITED TO, HOUSING, MENTORING, COLLEGE PREP, LEADERSHIP, LITERACY PROGRAMS, ET. AL.

Funded Amount:

$2,500

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EAST ROCHESTER YOUTH ACTIVITY CENTER, INC.
242 WEST COMMERCIAL STREET
EAST ROCHESTER, NY  14445
(585) 586–1003

Name of Project Director:

BARBARA MAINE

Purpose of Project:

FUNDS WILL BE USED FOR THE EXPANSION OF COMPREHENSIVE PROGRAMMING WHICH WILL BE OFFERED TO THE YOUTH OF EAST ROCHESTER WITH AN EMPHASIS ON SOCIAL INTERACTION, EDUCATION, RECREATION AND COMMUNITY SERVICE.

Funded Amount:

$5,000

Requested By:

KOON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EAST SIDE NEIGHBORHOOD RECREATION CENTER
596 PAWLING AVENUE
TROY, NY 12180
(518) 272–8029

Name of Project Director:

PHYLLIS SANDOW

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATION OF THE FOOD PANTRY, INCLUDING THE PURCHASE OF LIFE ESSENTIAL NON–FOOD ITEMS.

Funded Amount:

$5,000

Requested By:

GORDON–T

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EASTCHESTER COMMUNITY ACTION PROGRAM
142–144 MAIN STREET
TUCKAHOE, NY 10707
(914) 337–7768

Name of Project Director:

GERALDINE CRUMPTON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTERS FOR AN AFTER SCHOOL PROGRAM.

Funded Amount:

$7,500

Requested By:

PAULIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EASTER SEALS NEW YORK, INC.
88 EAST MAIN STREET
PORT JERVIS, NY 12771
(585) 957−9246

Name of Project Director:

BRIAN ANGLIN

Purpose of Project:

FUNDS WILL BE USED TO ASSIST STRUGGLING FAMILIES AND INDIVIDUALS IN OBTAINING FOOD, CLOTHING, MENTAL HEALTH CARE, PARENTING CLASSES AND OTHER VITAL SERVICES.

Funded Amount:

$5,000

Requested By:

GUNTHER−A

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EASTER SEALS NEW YORK, INC.
103 WHITE SPRUCE BOULEVARD
ROCHESTER, NY 14623
(518) 292−5831

Name of Project Director:

JOHN W. MCGRATH

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE OPERATION OF THE CAMP COLONIE PROGRAM, WHICH PROVIDES RECREATIONAL ACTIVITIES AND EVENTS FOR CHILDREN WITH SPECIAL NEEDS AND DISABILITIES.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EASTERN NEW YORK YOUTH SOCCER ASSOCIATION, INC.
25 BRYAN STREET
STATEN ISLAND, NY  10307
(718) 948–7744

Name of Project Director:

SAL RAPAGLIA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOUTH WITH THE VALUES AND EXPERIENCES OF SOCCER. YOUTH WILL BE GIVEN TRAINING AND AN OPPORTUNITY TO PLAY SOCCER ON TEAMS AND TO BE PROVIDED WITH THE NECESSARY EQUIPMENT, UNIFORMS, ETC.

Funded Amount:

$4,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EASTERN QUEENS ALLIANCE, INC.
P.O. BOX 300818
JAMAICA, NY 11430
(866) 372–4255

Name of Project Director:

BARBARA BROWN

Purpose of Project:

FUNDS WILL BE USED FOR THE SUMMER YOUTH ENVIRONMENTAL EDUCATION PROGRAM. STUDENTS ARE EXPOSED TO THE NATURAL ENVIRONMENT SURROUNDING JAMAICA BAY.

Funded Amount:

$15,000

Requested By:

TITUS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EBENEZER CHRISTIAN ACADEMY  
69 WISCONSIN AVENUE  
BAY SHORE, NY 11706  
(631) 828−0924

Name of Project Director:

MICHELLE DUNKLEY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF A NEW PLAYGROUND WHICH WILL BE AVAILABLE FOR USE BY ALL CHILDREN IN THE COMMUNITY AFTER SCHOOL AND ON WEEKENDS ON A NON–SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ECUADORIAN CIVIC COMMITTEE OF NEW YORK, INC.
41–12 102ND STREET
CORONA, NY 11368
(718) 476–3832

Name of Project Director:

OSWALDO GUZMAN

Purpose of Project:

FUNDS WILL BE USED TO AID IN THE DEVELOPMENT OF COMMUNITY PROGRAMS SUCH AS ESL, COMPUTER TRAINING COURSES, TRAINING, SEMINARS AND EDUCATIONAL WORKSHOPS.

Funded Amount:

$5,000

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EDITH AND CARL MARKS JEWISH COMMUNITY HOUSE OF BENSONHURST, INC.
7802 BAY PARKWAY
BROOKLYN, NY 11214
(718) 331−6800

Name of Project Director:

HOWARD WASSERMAN

Purpose of Project:

Funds will be used to provide services in the areas of education and social services, including assisting with HEOP, social security, STAR program, state programs, community services and veterans exemptions. Programs are open to all on a non-sectarian basis.

Funded Amount:

$2,000

Requested By:

ABBATE, COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EDITH AND CARL MARKS JEWISH COMMUNITY HOUSE OF BENSONHURST, INC.
7802 BAY PARKWAY
BROOKLYN, NY 11214
(718) 331−6800

Name of Project Director:

LYUVBOB MIKITYANSKYA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CITIZENSHIP CLASSES, LEGAL ASSISTANCE PERTAINING TO APPLICATIONS FOR CITIZENSHIP JOB PLACEMENT, AND VOCATIONAL COUNSELING. EMERGENCY ASSISTANCE IS ALSO AVAILABLE. THIS PROGRAM IS AVAILABLE TO ALL IN THE COMMUNITY ON A NON−SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EDUCATION CLINIC, INC.
219 WEST 132ND STREET
NEW YORK, NY  10027
(212) 234–6495

Name of Project Director:

BETH PETTIT

Purpose of Project:

FUNDS WILL BE USED TO EXPOSE TEENAGE YOUTH TO EMPLOYMENT SKILLS AND PROVIDE TUTORING SERVICES TO YOUNGER CHILDREN.

Funded Amount:

$10,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

   EDUCATIONAL ALLIANCE
   197 EAST BROADWAY
   NEW YORK, NY 10002
   (212) 780–2300

Name of Project Director:

   ROBIN BERNSTEIN

Purpose of Project:

   FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM'S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

   $72,108

Requested By:

   SCARBOROUGH

Name of Administering State Agency:

   OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EDUCATIONAL ALLIANCE, INC.
197 EAST BROADWAY
NEW YORK, NY  10002
(212) 780–2300

Name of Project Director:

MARION LAZER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOUTH OUTREACH WITHIN THE COMMUNITY.

Funded Amount:

$114,000

Requested By:

GLICK, SILVER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EDUCATIONAL ALLIANCE, INC.
197 EAST BROADWAY
NEW YORK, NY  10002
(212) 475–2210

Name of Project Director:

ROBIN BERNSTEIN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES, INCLUDING BUT NOT LIMITED TO PROVIDING EDUCATIONAL, SOCIAL SERVICES, ARTS AND RECREATION PROGRAMS WHICH, STRENGTHEN FAMILIES AND BUILD INCLUSIVE COMMUNITIES.

Funded Amount:

$271,000

Requested By:

GLICK, SILVER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EDUCATIONAL ALLIANCE, INC.
197 EAST BROADWAY
NEW YORK, NY 10002
(212) 780–2300  Ext: 414

Name of Project Director:

DANIEL ROSENTHAL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE PROGRAMS TO LOW-INCOME LOCAL FAMILIES TO PARTICIPATE IN EARLY CHILDHOOD EDUCATION, PARENTING INSTRUCTION AND AFTER SCHOOL PROGRAMS AT THE 14TH STREET Y.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EDUCATIONAL ALLIANCE, INC.
197 EAST BROADWAY
NEW YORK, NY 10002
(212) 475–2210

Name of Project Director:

MARION LAZER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATION AND INTERVENTION SUPPORT TO CHILDREN, ADULTS, AND FAMILIES FROM LOWER EAST SIDE COMMUNITIES WHO ARE NOT ELIGIBLE FOR GOVERNMENTALLY SUPPORTED SERVICES (SEVERAL LOCATIONS).

Funded Amount:

$178,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EDUCATIONAL CENTER FOR NEW AMERICANS, INC.
98–12 66TH AVENUE
REGO PARK, NY 11374
(718) 275–3318

Name of Project Director:

NACHUM KAZIEV

Purpose of Project:

FUNDS WILL BE USED TO HELP WITH FOOD DISTRIBUTION TO THE ELDERLY, HOMEBOUND, AND NEEDY OF THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

   EL BARRIO’S OPERATION FIGHTBACK, INC.
   413 EAST 120TH STREET, ROOM 403
   NEW YORK, NY  10035
   (212) 410–7900

Name of Project Director:

   GUS ROSADO

Purpose of Project:

   FUNDS WILL BE USED FOR COMPUTER UPGRADES, TECHNICAL SUPPORT AND SOFTWARE.

Funded Amount:

   $5,000

Requested By:

   POWELL

Name of Administering State Agency:

   OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EL CENTRO HISPANO, INC.
346 SOUTH LEXINGTON AVENUE
WHITE PLAINS, NY 10606
(914) 289−0550

Name of Project Director:

ISABEL VILLAR

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CLIENTS WITH INFORMATION ABOUT JOB OPPORTUNITIES AND RENTALS, AS WELL AS, CONSUMER EDUCATION, NUTRITION, HEALTH, IMMIGRANT ISSUES, LEGAL COUNSELING AND OTHER SERVICES.

Funded Amount:

$5,000

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ELDERS SHARE THE ARTS, INC.
138 SOUTH OXFORD STREET, 3RD FLOOR
BROOKLYN, NY  11217
(718) 398–3870  Ext: 103

Name of Project Director:

MARSHA GILDEN

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT AN INTERGENERATIONAL PROGRAM IN PARTNERSHIP WITH AN ELEMENTARY SCHOOL (P.S. 24) AND NEIGHBORING SENIOR CENTERS (ROSENTHAL SENIOR CENTER). STUDENTS AND ELDERS WILL ENGAGE IN EXPLORING EACH OTHER’S STORIES AND CULTURAL BACKGROUND.

Funded Amount:

$2,500

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ELMCOR YOUTH AND ADULT ACTIVITIES, INC.
33-16 108TH STREET
CORONA, NY 11368
(718) 651-0096

Name of Project Director:

GINA LEWIS

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE EXISTING YOUTH PROGRAMS, AND TO PROVIDE A BASKETBALL TOURNAMENT, IN-STATE TRAVEL AND SUPPLIES.

Funded Amount:

$30,000

Requested By:

AUBRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ELMJACK LITTLE LEAGUE
P.O. BOX 285
EAST ELMHURST, NY  11369
(917) 301–6118

Name of Project Director:

ELLEN MCDONALD

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE ELMJACK LITTLE LEAGUE BY IMPROVING FIELD CONDITIONS AND PURCHASING EQUIPMENT.

Funded Amount:

$3,500

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EMMANUEL COMMUNITY ECONOMIC DEVELOPMENT CORPORATION
36 ST. JAMES PLACE
BROOKLYN, NY  11205
(718) 622–1107

Name of Project Director:

SHEREEN WILLIAMS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PROGRAMMING FOR RE–ENTRY OF FORMERLY INCARCERATED INDIVIDUALS, AS WELL AS YOUTH ENTREPRENUERSHIP PROGRAMS.

Funded Amount:

$10,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ERIE REGIONAL HOUSING DEVELOPMENT CORPORATION
104 MARYLAND STREET
BUFFALO, NY 14201
(716) 845−0485

Name of Project Director:

NESTOR HERNANDEZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE TOOLS, SUPPLIES, AND OTHER EQUIPMENT TO SUPPORT THE LEADERSHIP SERVICE PROJECT OF THE CENTER’S AMERICORP PROGRAM.

Funded Amount:

$8,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

EVANGELICAL LUTHERAN CHURCH
68−59 60TH LANE
RIDGEWOOD, NY 11385
(718) 821−0233

Name of Project Director:

REV. MICHAEL T. ROSS

Purpose of Project:

FUNDS WILL BE USED FOR AN AFTER SCHOOL PROGRAM ON WEEKDAYS TO HELP STUDENTS WITH THEIR HOMEWORK AND ACADEMIC STUDIES, PROVIDE ORGANIZED RECREATIONAL ACTIVITIES, AND PROVIDE MENTORS. SERVICES ARE PROVIDED TO STUDENTS ON A NON−SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
FAILTE CARE CORPORATION
1040 JACKSON AVENUE
LONG ISLAND CITY, NY 11101
(718) 482–0909

Name of Project Director:
FR. COLON CAMPBELL

Purpose of Project:
FUNDS WILL BE USED FOR SENIOR CITIZEN, MOTHER AND TODDLER, SINGLE PARENTING, AND OTHER PROGRAMS. FUNDS WILL ALSO BE USED TO SUPPORT OPERATIONS OF THE CENTER.

Funded Amount:
$2,500

Requested By:
NOLAN

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAITH BAPTIST CHURCH OF CORAM YOUTH AWARENESS, INC.
P.O. BOX 151
CORAM, NY 11727
(631) 732–1133

Name of Project Director:

REV. BERESFORD ADAMS

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH RUNNING THE AFTER
SCHOOL CARE PROGRAM. THE PROGRAM IS OPEN TO ALL ON A
NON-SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAITH BASE INITIATIVE GRANT
SACRED HEART CHURCH, 414 HAVILAND DRIVE
PATTERSON, NY 12563
(845) 821−5479

Name of Project Director:

FATHER THOMAS LUTZ

Purpose of Project:

FUNDS WILL BE USED FOR GYM HEATING SYSTEM, INTRAMURAL LEAGUES, DEFENSIVE DRIVING COURSE, TOTC, BOY SCOUTS, AND SENIOR CITIZENS.

Funded Amount:

$5,000

Requested By:

BALL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAMILIES FIRST, INC.
250 BALTIC STREET
BROOKLYN, NY  11201
(718) 237–1862

Name of Project Director:

BETH WINSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PARENTING PROGRAMS, TODDLER EDUCATION AND FOR A LOCAL SURVEY TO DETERMINE THE NEEDS OF PARENTS IN REGARD TO PARENTING SUPPORT.

Funded Amount:

$3,500

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAMILIES, FATHERS AND CHILDREN, INC.
563 STERLING PLACE
BROOKLYN, NY 11238
(917) 287-9044

Name of Project Director:

ELLEN EDELMAN

Purpose of Project:

FUNDS WILL BE USED FOR TRANSPORTATION FOR CHILDREN TO INSTITUTE PRISONS, COSTS FOR DRIVERS, SOCIAL SERVICE STAFF AND ALL OTHER IN–STATE TRIP EXPENSES (E.G., GAS AND TOLLS).

Funded Amount:

$3,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAMILY AND CHILDREN’S SERVICE OF THE CAPITAL REGION, INC.
650 WARREN STREET
ALBANY, NY 12208
(518) 462–6531

Name of Project Director:

KEITH J. PICKETT

Purpose of Project:

FUNDS WILL BE USED FOR CODE AND SAFETY REPAIRS AT THE FACILITY, WHERE CHILDREN AND FAMILY SERVICES ARE PROVIDED.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAMILY AND CHILDREN’S SERVICE OF THE CAPITAL REGION, INC.
650 WARREN STREET
ALBANY, NY 12208
(518) 281–9694

Name of Project Director:

KEITH PICKETT

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP A SAMARITAN WEB SITE TO CREATE HIGHER VISIBILITY FOR SERVICES.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAMILY COUNSELING SERVICE
P.O. BOX 1348
WESTHAMPTON BEACH, NY 11978
(631) 288–1954

Name of Project Director:

JUDITH MARGOLIS

Purpose of Project:

FUNDS WILL BE USED FOR AN AUTISM PROGRAM.

Funded Amount:

$2,500

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAMILY FOCUS ADOPTION SERVICES
54-40 LITTLE NECK PARKWAY, SUITE 4
LITTLE NECK, NY 11362
(718) 224–1919

Name of Project Director:

MARIS H. BLECHNER

Purpose of Project:

TO FACILITATE THE PLACING OF THE MOST DIFFICULT OLDER TEENS, FUNDS WILL BE USED TO PROVIDE THE "GIVEAWAY MALL PROJECTS" OF SQUEEZE BALLS OF THE EARTH SAYING "ADOPT A TEEN...AND CHANGE THE WORLD", AND FOR THE PRINTING OF CHILD ADOPTION PAMPHLETS.

Funded Amount:

$2,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAMILY NURTURING CENTER OF CENTRAL NEW YORK, INC.
209 ELIZABETH STREET, 4TH FLOOR
UTICA, NY 13501
(315) 738–9773

Name of Project Director:

DONNA LATOUR–ELEFANTE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE NEEDED EQUIPMENT, INCLUDING A NEW SEVEN PASSENGER VAN FOR EVELYN’S HOUSE, AND A HOME FOR PREGNANT YOUNG WOMEN AND NEW MOTHERS IN UTICA.

Funded Amount:

$12,000

Requested By:

DESTITO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAMILY PROMISE OF CLINTON COUNTY
36 BRINKERHOFF STREET, (P.O. BOX 2873)
PLATTSBURGH, NY 12901
(518) 562–0710

Name of Project Director:

MAUREEN BRADISH

Purpose of Project:

FUNDS WILL BE USED FOR OFFICE AND VEHICLE EXPENSES, AS WELL AS RENT ASSISTANCE FOR THE HOMELESS.

Funded Amount:

$9,000

Requested By:

DUPREY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAMILY RESIDENCES AND ESSENTIAL ENTERPRISES, INC.
191 SWEET HOLLOW ROAD
OLD BETHPAGE, NY 11804
(516) 870–1600

Name of Project Director:

PATRICE RADOWITZ

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$2,500

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAMILY RESOURCE CENTER
56 MAIN STREET
OWEGO, NY 13827
(607) 687-4020

Name of Project Director:

JUDY WOLF AND JACKIE SPENCER

Purpose of Project:

FUNDS WILL BE USED FOR FAMILY BUILDING SAFE COMMUNITIES AND A VIOLENCE PREVENTION PROGRAM.

Funded Amount:

$5,000

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAMILY SERVICE LEAGUE
1444 FIFTH AVENUE
BAY SHORE, NY 11706
(631) 647–3100

Name of Project Director:

KAREN BOORSHITEIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AFTER–SCHOOL HELP FOR STUDENTS AND ACTIVITIES FOR CHILDREN AND FAMILIES ON WEEKENDS.

Funded Amount:

$10,000

Requested By:

BOYLE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAMILY SERVICE LEAGUE  
790 PARK AVENUE  
HUNTINGTON, NY 11743  
(631) 427–3700

Name of Project Director:

LISA JAMISON

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL OPPORTUNITIES.

Funded Amount:

$24,000

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAMILY SERVICE LEAGUE
790 PARK AVENUE
HUNTINGTON, NY 11743
(631) 427–3700

Name of Project Director:

KAREN BOORSHTEIN

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$4,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

FAMILY SERVICE LEAGUE
790 PARK AVENUE
HUNTINGTON, NY 11743
(631) 427–3700

Name of Project Director:

LARRY WEISS

Purpose of Project:

FUNDS WILL BE USED FOR EARLY INTERVENTION CHILD PROGRAM.

Funded Amount:

$3,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

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

Name of Project Director:

RUTH BERGER

Purpose of Project:

FUNDS WILL BE USED FOR STAFF EXPENSES ASSOCIATED WITH THE DEVELOPMENT AND MAINTENANCE OF THE ADULT HOME LEADERSHIP COUNCIL, AN ADULT HOME RESIDENT−BASED COUNCIL THAT WORKS TO IMPROVE CONDITIONS IN ADULT HOMES.

Funded Amount:

$1,000

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAMILY SUPPORT SYSTEMS UNLIMITED, INC.
1 FORDHAM PLAZA, SUITE 500
BRONX, NY 10458
(718) 220–4500

Name of Project Director:

BRENDA HART

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PLACEMENT SERVICES FOR HARD TO PLACE CHILDREN IN FOSTER CARE, AGES 14–21.

Funded Amount:

$10,000

Requested By:

GREENE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FAMILY SUPPORT SYSTEMS UNLIMITED, INC.
2530 GRAND CONCOURSE
BRONX, NY 10458
(718) 220–5400 Ext: 235

Name of Project Director:

BELINDA BROWN

Purpose of Project:

FUNDS WILL BE USED FOR A COMPREHENSIVE CULTURAL EDUCATION PROGRAM DESIGNED TO PREPARE AFRICAN–AMERICAN, LATINO AND OTHER CULTURAL GROUPS FOR TRANSITION FROM UNCERTAIN ADOLESCENCE TO SUCCESSFUL ADULTHOOD. THIS SERVICE WILL BE PROVIDED TO YOUTH IN FOSTER CARE AND AT RISK YOUTH IN TARGETED COMMUNITIES TO HELP THEM ACQUIRE THE SKILLS AND EXPERIENCE NECESSARY TO FUNCTION AS SUCCESSFUL ADULTS.

Funded Amount:

$50,000

Requested By:

GREENE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FEDERATION EMPLOYMENT AND GUIDANCE SERVICE, INC.
315 HUDSON STREET
NEW YORK, NY 10013
(718) 366-8400

Name of Project Director:

JOYCE KEVELSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE OUTREACH TO QUEENS–BASED COMMUNITY GROUPS TO INFORM THEM OF FEGS BOROUGHWIDE SERVICES AND SUPPORT. THIS INCLUDES IDENTIFICATION OF PEOPLE IN NEED OF REFERRALS TO PROGRAMS AND SERVICES AT FEGS AND OTHER QUEENS BASED SERVICES.

Funded Amount:

$2,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FEDERATION EMPLOYMENT AND GUIDANCE SERVICE, INC.
315 HUDSON STREET
NEW YORK, NY  10013
(212) 366–8400

Name of Project Director:

AMI DORIN

Purpose of Project:

FUNDS WILL BE USED TO IDENTIFY PEOPLE IN NEED OF REFERRALS TO PROGRAMS AND SERVICES AT FEG’S LOCATIONS.

Funded Amount:

$3,000

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FEDERATION EMPLOYMENT AND GUIDANCE SERVICE, INC.
6900 JERICHO TURNPIKE, SUITE 309
SYOSSET, NY 11791
(516) 496–7550

Name of Project Director:

ROBERT GREENBERGER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT FOR NON–INCARCERATED FAMILY MEMBERS TO HELP CURTAIL RECIDIVISM AND TO PROMOTE POSITIVE LIFESTYLES FOR THE CHILDREN OF THE PERSON IN PRISON.

Funded Amount:

$5,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FEDERATION EMPLOYMENT AND GUIDANCE SERVICE, INC.
315 HUDSON STREET
NEW YORK, NY 10013
(718) 366-8400

Name of Project Director:

AMY DORIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE OUTREACH TO QUEENS−BASED COMMUNITY GROUPS TO INFORM THEM OF FEGS BOROUGH−WIDE SERVICES AND TO SUPPORT IDENTIFICATION OF PEOPLE IN NEED OF REFERRAL TO PROGRAMS AND SERVICES AT FEGS QUEENS LOCATION AND OTHER QUEENS−BASED SERVICES.

Funded Amount:

$2,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FEDERATION OF ITALIAN AMERICAN ORGANIZATIONS OF BROOKLYN, LTD.
7403 18TH AVENUE
BROOKLYN, NY 11204
(718) 259−2828

Name of Project Director:

NANCY SOTTILE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE DIRECT SERVICES AND REFERRALS TO SENIORS, YOUTH, NON−ENGLISH SPEAKING ADULTS AND FAMILIES. THE FEDERATION SERVES THE POPULATION AT LARGE, REGARDLESS OF RACE, RELIGION, NATIONALITY OR GENDER.

Funded Amount:

$10,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FEDERATION OF ITALIAN AMERICAN ORGANIZATIONS OF QUEENS, INC.
29–12 21ST AVENUE
ASTORIA, NY  11105
(718) 204–2444

Name of Project Director:

ANGIE MARKHAM

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A WIDE RANGE OF SERVICES TO THE
COMMUNITY, INCLUDING CULTURAL EDUCATION AND ASSISTANCE FOR
SENIORS WITH SOCIAL SECURITY APPLICATIONS AND IMMIGRATION
SERVICES.

Funded Amount:

$3,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FEDERATION OF ORGANIZATIONS
1 FARMINGDALE ROAD
WESTBABYLON, NY 11704
(631) 669−5355  Ext: 102

Name of Project Director:

RUTH DEL COL

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$1,500

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FEDERATION OF ORGANIZATIONS FOR THE NEW YORK STATE MENTALLY DISABLED, INC.
ONE FARMINGDALE ROAD, ROUTE 109
WEST BABYLON, NY 11704
(631) 669−5355

Name of Project Director:

RUTH DEL COL

Purpose of Project:

FUNDS WILL BE USED TO ADMINISTER VOCATIONAL AND EMPLOYMENT OPPORTUNITY SERVICES.

Funded Amount:

$1,000

Requested By:

WEPRIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FEDERATION OF ORGANIZATIONS FOR THE NEW YORK STATE MENTALLY DISABLED, INC.
400 MONTAUK HIGHWAY
WEST ISLIP, NY 11795
(631) 669-5355

Name of Project Director:

RUTH DELCOL

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE FOSTER GRANDPARENTS PROGRAM.

Funded Amount:

$1,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FEDERATION OF ORGANIZATIONS FOR THE NEW YORK STATE MENTALLY DISABLED, INC.
ONE FARMINGDALE ROAD, ROUTE 109
WEST BABYLON, NY 11704
(631) 669-5355

Name of Project Director:

RUTH DECOL

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH RUNNING THE FOSTER GRANDPARENTS PROGRAM.

Funded Amount:

$1,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FEDERATION OF PROTESTANT WELFARE AGENCIES, INC.
281 PARK AVENUE SOUTH
NEW YORK, NY 10010
(212) 801–1385

Name of Project Director:

APRIL BANKS

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING COSTS OF THE WELFARE REFORM NETWORK, A COALITION OF ORGANIZATIONS AND INDIVIDUALS WORKING TO IMPROVE SOCIAL SERVICES.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FEDERATION OF PROTESTANT WELFARE AGENCIES, INC.
281 PARK AVENUE SOUTH
NEW YORK, NY 10010
(212) 801–1322

Name of Project Director:

JILL POKLEMBIA

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING COSTS OF THE WELFARE REFORM NETWORK, A COALITION OF ORGANIZATIONS AND INDIVIDUALS WORKING TO IMPROVE SOCIAL SERVICES.

Funded Amount:

$1,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FERRINI WELFARE LEAGUE
101–41 91ST STREET
OZONE PARK, NY  11416
(718) 845–0539

Name of Project Director:

SISTER THOMAS ANGELA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET RENTAL EXPENSES FOR AN AFTER SCHOOL TUTORIAL PROGRAM; PROVIDE COMPENSATION FOR EIGHT TO TEN TUTORS AND RELATED EXPENSES FOR THE PROGRAM AND MATERIALS; AND FOR THE SUPPORT OF OFFICE STAFF AND COMMUNITY SOCIAL SERVICE NEEDS. THE PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

SEMINERIO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FERRINI WELFARE LEAGUE
101–41 91ST STREET
OZONE PARK, NY  11416
(718) 845–0539

Name of Project Director:

REV. FRANCES J. PASSENANT

Purpose of Project:

FUNDS WILL BE USED TO ALLOW THE LEAGUE TO ACT AS A REFERRAL AGENCY, PROVIDE TRANSLATION SERVICES, ASSIST WITH NATURALIZATION AND OTHER PROBLEMS THAT MAY ARISE IN THE LOCAL COMMUNITY. AFTER SCHOOL TUTORIAL PROGRAMS ARE ALSO PROVIDED.

Funded Amount:

$3,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FILIAL PIETY SOCIETY, INC.
43-16 43RD AVENUE
LONG ISLAND CITY, NY  11104
(718) 784-2897

Name of Project Director:

DAVID SHIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FAMILY SUPPORT SERVICES TO SENIOR CITIZENS AND CHILDREN.

Funded Amount:

$5,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FINGER LAKES BOY SCOUTS COUNCIL
3685 PRE-EMPTION ROAD
GENEVA, NY 14456
(315) 789-1166

Name of Project Director:

ROBERT DORN

Purpose of Project:

FUNDS WILL BE USED FOR BUNK BEDS AT CAMP BABCOCK HOVEY.

Funded Amount:

$9,000

Requested By:

KOLB

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FINGER LAKES INDEPENDENCE CENTER, INC.
215 FIFTH STREET
ITHACA, NY 14850
(607) 272–2433

Name of Project Director:

LENORE SCHWAGER

Purpose of Project:

FUNDS WILL BE USED TO REPLACE THE OUTDATED COMPUTERS WHICH LIMIT THE SCOPE AND CAPACITY OF PROGRAMS OFFERED BY THE FINGER LAKES INDEPENDENCE CENTER.

Funded Amount:

$6,000

Requested By:

LIFTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FIRST CHERNOMORETS USA, INC.
3101 OCEAN PARKWAY, SUITE 2H
BROOKLYN, NY 11235
(718) 926–5565

Name of Project Director:

IIYA PEYSAKHOV

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOR AFTER SCHOOL ATHLETIC ACTIVITIES.

Funded Amount:

$3,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FIRST LOVE MINISTRIES FOOD PANTRY
133 WALL STREET
AUBURN, NY 13021
(315) 253−3437

Name of Project Director:

ROBERT CANINO

Purpose of Project:

FUNDS WILL BE USED FOR THE OPERATION OF THE COMMUNITY SOUP KITCHEN.

Funded Amount:

$2,500

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FIRST PRESBYTERIAN CHURCH OF NEWTOWN
54–05 SEABURY STREET
ELMHURST, NY 11373
(718) 803–1070

Name of Project Director:

MARY SHUTAK–JENKINS

Purpose of Project:

FUNDS WILL BE USED FOR AN OUTREACH PROGRAM DESIGNED TO CREATE A SUSTAINABLE FOOD SOURCE FOR THE LOCAL COMMUNITY THROUGH COMMUNITY GARDENING. PRODUCE WILL BE DONATED TO LOCAL FOOD BANKS. THE PROGRAM IS OPEN TO ALL IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

AUBRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FIRST REFORMED COMMUNITY DEVELOPMENT CORPORATION
136 SOUTH FIFTH AVENUE
MOUNT VERNON, NY  10550
(914) 664–3846

Name of Project Director:

PASTOR WINSTON M. CLARKE

Purpose of Project:

FUNDS WILL BE USED TO DISTRIBUTE FOOD TO THE MOUNT VERNON COMMUNITY.

Funded Amount:

$10,000

Requested By:

PRETLOW

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FIVE BORO SOCCER LEAGUE, INC.
270 CLARKSON AVENUE, APT. 302
BROOKLYN, NY 11226
(718) 693–0269

Name of Project Director:

THOMAS E. BAILEY

Purpose of Project:

FUNDS WILL BE USED TO ADMINISTER THE SUMMER YOUTH SOCCER PROGRAM.

Funded Amount:

$5,000

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FIVE TOWNS CHILD CARE CENTER, INC.
112 WAHL AVENUE
INWOOD, NY 11096
(516) 239–4660

Name of Project Director:

PAULA ROBINSON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF ONGOING FACILITY IMPROVEMENTS TO THE CHILD CARE CENTER, INCLUDING REFURBISHING THE PRE–K ROOM AND PURCHASING NEW FURNITURE, ETC.

Funded Amount:

$8,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FIVE TOWNS COMMUNITY CENTER
270 LAWRENCE AVENUE
LAWRENCE, NY 11559
(516) 239–6244 Ext: 234

Name of Project Director:

JONATHAN DAVIS

Purpose of Project:

Funds will be used to provide an instructor to work with children on computer skills during an after school program.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FLORENCE E. SMITH COMMUNITY CENTER, INC.
102–19 34TH AVENUE
CORONA, NY   11368
(718) 458–5537

Name of Project Director:

FLORENCE S. BERTS

Purpose of Project:

FUNDS WILL BE USED TO REPLACE THE AIR CONDITIONING UNIT OF THE FLORENCE E. SMITH COMMUNITY CENTER, WHICH IS A DESIGNATED COOLING CENTER.

Funded Amount:

$14,000

Requested By:

AUBRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FLUSHING COUNCIL ON CULTURE AND THE ARTS, INC.
137–35 NORTHERN BOULEVARD
FLUSHING, NY 11354
(718) 463–7700

Name of Project Director:

CATHY HUNG

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF FREE COMMUNITY EVENTS AT FLUSHING TOWN HALL, INCLUDING HALLOWEEN FRIGHT FESTIVAL, LUNAR NEW YEAR CELEBRATION AND EARTH DAY CELEBRATIONS.

Funded Amount:

$5,000

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FLUSHING JEWISH COMMUNITY COUNCIL, INC.
43−43 BOWNE STREET
FLUSHING, NY  11355
(718) 463−0434

Name of Project Director:

PAUL ENGEL

Purpose of Project:

FUNDS WILL BE USED TO OFFER ESOL, CIVICS CLASSES, MULTICULTURAL AND EDUCATIONAL PROGRAMS REGARDING HEALTHY LIVES AND RELATIONSHIPS. THESE PROGRAMS ARE OPEN TO THE PUBLIC ON A NON−SECTARIAN BASIS.

Funded Amount:

$6,000

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FLUSHING YMCA
138–46 NORTHERN BOULEVARD
FLUSHING, NY  11354
(718) 961–4228

Name of Project Director:

JEANNIE VELEZ

Purpose of Project:

FUNDS WILL BE USED FOR AFTER SCHOOL PROGRAMS, TO HELP YOUTH ENHANCE THEIR COMPUTER SKILLS AND ENHANCE THEIR CREATIVITY THROUGH ROBOTICS.

Funded Amount:

$2,500

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
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 FREE PARALEGAL SERVICES TO MEN AND WOMEN PERTAINING TO CHILD SUPPORT, COURT ORDERS FOR SUPPORT, AND OTHER CUSTODY ISSUES.

Funded Amount:

$2,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FOOD BANK ASSOCIATION OF NEW YORK STATE
235 LARK STREET
ALBANY, NY 12210
(518) 433–4505

Name of Project Director:

JOHN EVERS

Purpose of Project:

FUNDS WILL BE USED TO BUILD A RELATIONSHIP BETWEEN FARMERS AND FOOD BANKS TO HELP IN THE DONATION OF FOOD.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FOOD BANK OF THE HUDSON VALLEY  
195 HUDSON STREET  
CORNWALL-ON-HUDSON, NY 12520  
(845) 534-5344

Name of Project Director:

JAN WHITMAN

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATIONS OF THE EMERGENCY FOOD PROGRAMS IN SULLIVAN AND ORANGE COUNTIES.

Funded Amount:

$2,000

Requested By:

GUNTHER-A

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FOOD BANK OF WESTERN NEW YORK, INC.
91 HOLT STREET
BUFFALO, NY  14206
(716) 852–1305

Name of Project Director:

THOMAS R. HEINE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH OPERATING THE FOOD BANK OF WESTERN NEW YORK.

Funded Amount:

$10,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FORDHAM BEDFORD LITTLE LEAGUE
2751 BAINBRIDGE AVENUE
BRONX, NY  10458
(718) 367–3200

Name of Project Director:

EVELYN COLON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH SUPPLIES, FEES, AND IN–STATE TRAVEL FOR THE LITTLE LEAGUE.

Funded Amount:

$10,000

Requested By:

RIVERA–J

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FOREST HILLS COMMUNITY HOUSE, INC.
108−25 62ND DRIVE
FOREST HILLS, NY  11375
(718) 592−5757

Name of Project Director:

SUSAN MATLOFF−NIEVES

Purpose of Project:

FUNDS WILL BE USED FOR THE MANAGEMENT OF THE GENERATION Q YOUTH PROGRAM AT THE RAINBOW COMMUNITY CENTER. FUNDS WILL SUPPORT AWARENESS OF SEXUAL ORIENTATION ISSUES OF INDIVIDUALS UNDER THE AGE OF 21. FUNDS MAY ALSO BE USED FOR CULTURAL PROGRAMS.

Funded Amount:

$2,500

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FOREST HILLS COMMUNITY HOUSE, INC.
108–25 62ND DRIVE
FOREST HILLS, NY 11375
(718) 592–5757

Name of Project Director:

SUSAN MATLOSS

Purpose of Project:

FUNDS WILL BE USED TO CREATE SUPPORT AND AWARENESS OF GAY ISSUES THROUGH WORKSHOPS AND SEMINARS.

Funded Amount:

$2,500

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FOREST HILLS COMMUNITY HOUSE, INC.
108–25 62ND DRIVE
FOREST HILLS, NY 11375
(718) 592–5757

Name of Project Director:

SUSAN MATLOFF–NIEVES

Purpose of Project:

FUNDS WILL BE USED FOR THE MANAGEMENT OF THE GENERATION Q YOUTH PROGRAM FOR THE RAINBOW COMMUNITY CENTER/QUEENS PRIDE COMMITTEE. FUNDS WILL SUPPORT AWARENESS OF SEXUAL ORIENTATION ISSUES FOR INDIVIDUALS UNDER THE AGE OF 21. FUNDS MAY ALSO BE USED FOR CULTURAL PROGRAMS.

Funded Amount:

$1,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

FOREST HILLS LITTLE LEAGUE, INC.
P.O. BOX 740036
REGO PARK, NY  11374
(917) 626–3401

Name of Project Director:

JEFF GLASSER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AFTER SCHOOL AND WEEKEND RECREATION FOR CHILDREN, INCLUDING PURCHASE OF EQUIPMENT, ETC.

Funded Amount:

$10,000

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FORT CRALO POST 471
20 PARTITION STREET
RENSSELAER, NY 12144
(518) 463–7277

Name of Project Director:

PHILIP D. DAVIS

Purpose of Project:

FUNDS WILL BE USED FOR INSTRUMENT INSTRUCTIONS AND LESSONS FOR STUDENTS ACTIVE IN THE BAND, AND FOR COSTS ASSOCIATED WITH PROVIDING THESE SERVICES SUCH AS INSTRUCTIONS, SHEET MUSIC, ETC.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FORT GREENE VOLUNTEERS, INC.
P.O. BOX 24562
BROOKLYN, NY 11202
(718) 687−8356

Name of Project Director:

RONALD WASHINGTON

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE YOUTH BASKETBALL AND DOUBLE DUTCH PROGRAMS AT THE WALT WHITMAN HOUSING DEVELOPMENT.

Funded Amount:

$2,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FOUNDATION FOR YOUTH IN IRONDEQUOIT
154 PINEGROVE AVENUE
ROCHESTER, NY 14617
(585) 544–9091

Name of Project Director:

CORKY WIGHTMAN

Purpose of Project:

FUNDS WILL BE USED FOR AN AWARDS CEREMONY FOR HONORING STUDENTS FOR THEIR CONTRIBUTIONS TO THE COMMUNITY.

Funded Amount:

$3,000

Requested By:

MORELLE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FRANCIS J. LOGAN, JR. FOUNDATION, INC.
P.O. BOX 8050
GARDEN CITY, NY 11530
(516) 483−9719

Name of Project Director:

JACQUELINE MORGAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CHILDREN FROM THE COMMUNITY THE OPPORTUNITY TO ATTEND SUMMER CAMP.

Funded Amount:

$10,000

Requested By:

HOOPER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FREE TEENS USA, INC.
10 FISKE PLACE, SUITE 329
MOUNT VERNON, NY  10550
(914) 699–6011

Name of Project Director:

JENNIFER MILLER

Purpose of Project:

FUNDS WILL BE USED TO REDUCE RISKS TO YOUTH WELL-BEING FROM THE THREATS OF AIDS, STD’S, TEEN PREGNANCY, DRUG/ALCOHOL USE AND TEEN VIOLENCE THROUGH THE FREE TEENS USA PROGRAM.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FREEDOM COMMUNITY RESOURCE CENTER, INC.
455 EAST 140TH STREET, GARDEN LEVEL
BRONX, NY 10454
(718) 402-2236

Name of Project Director:

JOE PEREZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HOMEWORK ASSISTANCE AND LITERACY DEVELOPMENT FOR STUDENTS OF COMMUNITY SCHOOL DISTRICT 7.

Funded Amount:

$33,000

Requested By:

ARROYO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FRIENDS OF FORT TOTTEN PARKS, INC.
P.O. BOX 604984
BAYSIDE, NY 11360
(718) 670-3684

Name of Project Director:

LUCILLE J. KERNAHAN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS FOR YOUTH AND SENIORS.

Funded Amount:

$2,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FRIENDS OF FREDERICK E. SAMUEL FOUNDATION, INC.
2472 ADAM CLAYTON POWELL JR. BOULEVARD
NEW YORK, NY 10030
(212) 862−4216

Name of Project Director:

CLYDE FRAIZER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES AND ENGAGE YOUTH IN ACTIVITIES TO PREVENT JUVENILE DELINQUENCY ISSUES.

Funded Amount:

$15,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FRIENDS OF KAREN, INC.
21 PERRY STREET
PORT JEFFERSON, NY 11777
(631) 473-1768

Name of Project Director:

NANCY MARIANO

Purpose of Project:

FUNDS WILL BE USED FOR FAMILY SUPPORT PROGRAMS.

Funded Amount:

$1,500

Requested By:

MCKEVITT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FRIENDS OF RYE NATURE CENTER, INC.  
873 BOSTON POST ROAD  
RYE, NY 10580  
(914) 967−5150

Name of Project Director:

RUSS JOHNSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SAFETY EQUIPMENT FOR SUMMER CAMP PARTICIPANTS AND UPGRADE COMMUNICATION AND COMPUTER EQUIPMENT FOR EDUCATIONAL PRESENTATIONS.

Funded Amount:

$5,000

Requested By:

LATIMER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FRIENDS OF VAN CORTLANDT PARK, INC.
124 GALE PLACE #GRA
BRONX, NY 10463
(718) 601−1460

Name of Project Director:

CHRISTINE TAYLOR

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE JUNIOR NATURALIST PROGRAM, INCLUDING SUPPLIES AND AN IN−STATE FIELD TRIP FOR YOUTH, AS WELL AS A LOCAL REFORESTATION PROJECT.

Funded Amount:

$6,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FRIENDS UNITED YOUTH CENTER
1045 REMSEN AVENUE
BROOKLYN, NY  11236
(718) 649–6538

Name of Project Director:

GARDY BRAZELA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AN AFTER SCHOOL PROGRAM TO PROVIDE TUTORING, RECREATION AND EQUIPMENT PURCHASES.

Funded Amount:

$5,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FRIENDS UNITED YOUTH CENTER
1045 REMSEN AVENUE
BROOKLYN, NY 11236
(718) 649−6538

Name of Project Director:

GARDU BRAZELA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AN AFTER SCHOOL PROGRAM TO PROVIDE TUTORING, BEHAVIOR MODIFICATION, RECREATION, EQUIPMENT, AND PUBLICITY.

Funded Amount:

$14,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FRIENDS UNITED YOUTH CENTER
1045 REMSEN AVENUE
BROOKLYN, NY 11236
(718) 649–6438

Name of Project Director:

GERDY BREZELA

Purpose of Project:

FUNDS WILL BE USED FOR THE AFTER SCHOOL PROGRAM, WHICH PROVIDES TUTORING TO STUDENTS IN MATH, SCIENCE, ENGLISH, AND SOCIAL STUDIES.

Funded Amount:

$5,000

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
FRIENDSHIP UNITED FREEWILL BAPTIST CHURCH OF MOUNT VERNON NEW YORK
61 EAST LINCOLN AVENUE
MOUNT VERNON, NY 10552
(914) 668−1210

Name of Project Director:
BISHOP C. NATHAN EDWARDS

Purpose of Project:
FUNDS WILL BE USED FOR A SUMMER PROGRAM FOR DISADVANTAGED KIDS. THE SUMMER PROGRAM IS OPEN TO ALL YOUTH ON A NON−SECTARIAN BASIS.

Funded Amount:
$9,500

Requested By:
PRETLOW

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

FUNDACION HISPANOAMERICANA, INC.
636 SEAMAN AVENUE
BALDWIN, NY 11510
(516) 467−2626

Name of Project Director:

OMAR JORGE

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATIONS OF THE FOUNDATION, INCLUDING PROMOTION, PURCHASING EQUIPMENT, ETC.

Funded Amount:

$2,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
FUTURE STAR PRODUCTIONS PERFORMING ARTS AND YOUTH ENHANCEMENT PROGRAMS
1357 BOSTON ROAD, SUITE 2B
BRONX, NY 10456
(718) 842–3597

Name of Project Director:
RITA JONES

Purpose of Project:
FUNDS WILL BE USED TO OFFSET THE COSTS OF A SUMMER BLOCK PARTY FOR THE LOCAL COMMUNITY.

Funded Amount:
$2,000

Requested By:
BENJAMIN

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

G.R.A.C.E. INTERNATIONAL, INC. (D/B/A BED STUY CAMPAIGN AGAINST HUNGER)
15A HULL STREET
BROOKLYN, NY 11233
(718) 773-3359

Name of Project Director:

DR. MELODY SAMUELS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CLASSES AND TO PURCHASE EQUIPMENT IN ORDER TO FURTHER THE GOALS OF PROVIDING ASSISTANCE TO THOSE IN POOR HEALTH THROUGH FOOD, EDUCATION AND EXERCISE.

Funded Amount:

$5,000

Requested By:

BOYLAND

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GAMBIAN SOCIETY IN NEW YORK, INC.
1230 JEROME AVENUE
BRONX, NY 10452
(718) 293-0500

Name of Project Director:

PA’ SAKOU KUJABAI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF A WEST AFRICAN COMMUNITY OUTREACH PROGRAM. SERVICES INCLUDE ESL AND HEALTH CLASSES THAT ARE OPEN TO THE COMMUNITY.

Funded Amount:

$3,000

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GARDEN OF HOPE, INC.
P.O. BOX 520048
FLUSHING, NY 11352
(718) 321–8862

Name of Project Director:

YUAN–FEN LIU

Purpose of Project:

Funds will be used to provide counseling, crisis intervention, safety planning, information and referrals to anyone involved in a domestic violence situation, particularly Chinese immigrants.

Funded Amount:

$10,000

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GARIFUNA COALITION USA, INC.
1510 UNIONPORT AVENUE, #12H
BRONX, NY 10462
(917) 783-5298

Name of Project Director:

JOSE FRANCISCO AVILA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET GENERAL ADMINISTRATIVE EXPENSES OF THE CENTER, INCLUDING BUT NOT LIMITED TO PURCHASE OF OFFICE SUPPLIES, AND UTILITY COSTS.

Funded Amount:

$5,000

Requested By:

DIAZ–R

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GAY ALLIANCE OF THE GENESEE VALLEY, INC.
875 EAST MAIN STREET, SUITE 500
ROCHESTER, NY 14605
(585) 244−8640

Name of Project Director:

CHRISTOPHER HINESLEY

Purpose of Project:

IN JULY 2008, THE GAY ALLIANCE OF THE GENESEE VALLEY WILL MOVE INTO A NEW LOCATION. FUNDS WILL BE USED TO MOVE THEIR PHONE SYSTEM AND WIRING IN THE NEW LOCATION, AS WELL AS TO DEFRAY PARTIAL COST OF THE MOVE.

Funded Amount:

$5,500

Requested By:

JOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GAY AND LESBIAN SWITCHBOARD OF LONG ISLAND, INC.
P.O. BOX 1312
RONKONKOMA, NY  11779
(631) 665–3700

Name of Project Director:

NICK DELIO

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH OPERATING EXPENSES IN MAINTAINING AND PROMOTING THE SWITCHBOARD SERVICES.

Funded Amount:

$1,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
GENESEE COUNTY CASA FOR CHILDREN VOLUNTEER ADVOCATE TRAINING
ONE WEST MAIN STREET
BATAVIA, NY 14020
(585) 344−2550  Ext: 2331

SARA MUNGER

FUNDS WILL BE USED FOR TRAINING OF VOLUNTEER ADVOCATES.

$2,000

HAWLEY

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GENESEE COUNTY YOUTH BUREAU
3837 WEST MAIN STREET
BATAVIA, NY 14020
(585) 344–3960

Name of Project Director:

JOCELYN SIKORSKI

Purpose of Project:

FUNDS WILL BE USED TO HELP ESTABLISH YOUTH COURT PROGRAM IE. TRAINING, EQUIPMENT AND SUPPLIES.

Funded Amount:

$2,500

Requested By:

HAWLEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GENESEE WATERWAYS CENTER, INC.
149 ELMWOOD AVENUE
ROCHESTER, NY  14611
(585) 328–3960

Name of Project Director:

NICOLE FULLE

Purpose of Project:

FUNDS WILL BE USED TO FOSTER AWARENESS AND INCREASE PARTICIPATION IN THIS UNDERREPRESENTED SPORT. THE ROWING PROGRAM IS OPEN TO ALL AGES, BUT FOCUSES PARTICULARLY ON RECRUITING AND TRAINING MINORITY YOUTH.

Funded Amount:

$10,000

Requested By:

GANTT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GENESEO PARISH OUTREACH CENTER, INC.
4520 GENESEE STREET
GENESEO, NY 14454
(585) 243–3120

Name of Project Director:

LINDA WEAVER

Purpose of Project:

FUNDS WILL BE USED FOR MEDICAL AND DENTAL EXPENSES.

Funded Amount:

$2,500

Requested By:

BURLING

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GENESIS HOUSE
P.O. BOX 139
OLEAN, NY 14760
(716) 373–3354

Name of Project Director:

LINORE E. LOUNSBURY

Purpose of Project:

FUNDS WILL BE USED FOR HOMELESS CENTER OPERATION SUPPORT.

Funded Amount:

$10,000

Requested By:

GIGLIO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GETHSEMANE BAPTIST CHURCH
771 FAIRMOUNT PLACE
BRONX, NY 10460
(718) 294-6702

Name of Project Director:

REV. TORRENCE ROBINSON

Purpose of Project:

Funds will be used to offset the costs associated with an after school math and science program, open to school aged children residing in the Bronx, on a non-sectarian basis.

Funded Amount:

$3,000

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GINGER’S CAPITAL DISTRICT SOAP BOX DERBY, INC.
3 PROVIDENCE STREET
ALBANY, NY 12203
(518) 489-7883

Name of Project Director:

GINGER MILLER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE RACES IN ALBANY.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GIRL SCOUTS INDIAN HILLS COUNCIL, INC.
32 WEST STATE STREET, P.O. BOX 2145
BINGHAMTON, NY  13902
(607) 724–6572  Ext: 101

Name of Project Director:

CINDY MARTIN

Purpose of Project:

FUNDS WILL BE USED TO REPLACE A SERVER, INVEST IN A STRONGER FIRE WALL AND SOFTWARE, AND REPLACE DESKTOPS WITH LAPTOPS. UPGRADES ARE NECESSARY TO MEET THE NEEDS OF THE NATIONAL ORGANIZATION’S NEW REPORTING SOFTWARE.

Funded Amount:

$6,000

Requested By:

LUPARDO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GIRL SCOUTS OF GENESEE VALLEY, INC.
1020 JOHN STREET
WEST HENRIETTA, NY  14586
(585) 292−5160

Name of Project Director:

CLAUDIA GRILL

Purpose of Project:

FUNDS WILL BE USED TO ESTABLISH AND RUN A GIRL SCOUT TROOP IN CHARLOTTE, NEW YORK.

Funded Amount:

$5,000

Requested By:

MORELLE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GIRL SCOUTS OF NORTHEASTERN NY
8 MOUNTAIN VIEW AVENUE
ALBANY, NY 12205
(518) 489–8110

Name of Project Director:

KERRY CONNOLLY

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE WEBSITE FOR INTERACTIVE USE AND UPGRADE ON NETWORK AND DESKTOP TECHNOLOGY.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GIRLS EDUCATIONAL AND MENTOR SERVICES, INC.  
298B WEST 149TH STREET  
NEW YORK, NY  10039  
(212) 926–8089

Name of Project Director:

RACHEL LLOYD

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CARE AND SERVICES FOR SEXUALLY EXPLOITED GIRLS.

Funded Amount:

$10,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GIRLS FOR GENDER EQUITY, INC.
1360 FULTON STREET, SUITE 314
BROOKLYN, NY 11216
(718) 857–1393

Name of Project Director:

JOANNE SMITH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT AND RESOURCES THAT HELP YOUNG WOMEN AND MEN OF CENTRAL BROOKLYN MAINTAIN HEALTHY LIFESTYLES, AND ACHIEVE ACADEMIC AND CAREER EDUCATION THROUGH THREE PROGRAMS. THESE PROGRAMS PROVIDE SPORTS, HEALTH, TUTORING, ECONOMIC DEVELOPMENT AND EMPOWERING PROGRAMS.

Funded Amount:

$2,500

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GIRLS INCORPORATED OF THE GREATER CAPITAL REGION
962 ALBANY STREET
SCHENECTADY, NY 12307
(518) 374−9800

Name of Project Director:

TERI BORDENAVE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE 25 GIRLS FROM THE 110TH AD WITH TRANSPORTATION TO CAMP BROOKLEDGE IN EAST GALWAY AND PROVIDE 30 GIRLS WITH TWO RESEARCH−BASED EDUCATIONAL PROGRAMS OVER 10 MONTHS.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GIRLS INCORPORATED OF WESTCHESTER COUNTY
8 BRANFORD ROAD
HASTINGS-ON-HUDSON, NY 10706
(914) 419-0764

Name of Project Director:

SALLY BAKER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A FINANCIAL LITERACY CONFERENCE FOR LOW-INCOME TEENAGE GIRLS AND THEIR MOTHERS.

Funded Amount:

$10,000

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GLEN COVE BOYS AND GIRLS CLUB AT LINCOLN HOUSE, INC.
113 GLEN COVE AVENUE
GLEN COVE, NY  11542
(516) 671−8030

Name of Project Director:

VICTORIA WILLIAMS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL PROGRAMS TO MEMBERS OF THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GLEN CADIA ROD AND GUN CLUB, INC.
NEWTON HOOK ROAD
STUYVESANT FALLS, NY 12174
(518) 799–3006

Name of Project Director:

GARY SIMPKINS

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS TO BENEFIT COMMUNITY MEMBERS, AS WELL AS FOR THE ANNIVERSARY COMMEMORATION OF THE ROD AND GUN CLUB.

Funded Amount:

$3,500

Requested By:

GORDON–T

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GLENN HINES BOYS & GIRLS CLUB
285 LIBERTY STREET
NEWBURGH, NY 12550
(845) 561-4936

Name of Project Director:

KITT POTTER

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING EXPENSES, INCLUDING UTILITIES.

Funded Amount:

$6,000

Requested By:

KIRWAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GODDARD RIVERSIDE COMMUNITY CENTER
593 COLUMBUS AVENUE
NEW YORK, NY 10024
(212) 873–6600

Name of Project Director:

STEPHAN RUSSO

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM'S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$72,022

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GODDARD−RIVERSIDE COMMUNITY CENTER
593 COLUMBUS AVENUE
NEW YORK, NY 10024
(212) 595−2868

Name of Project Director:

BRENDAN REDMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ONE HOT MEAL PER WEEKDAY TO THE ELDERLY AND MENTALLY HANDICAPPED RESIDENTS OF THE STRATFORD ARMS HOTEL.

Funded Amount:

$5,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GOOD SHEPHERD SERVICES
305 7TH AVENUE
NEW YORK, NY 10001
(212) 243−7070

Name of Project Director:

FRAN YORK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT OUT−OF−SCHOOL TIME, WHICH PROVIDES A BALANCED MIX OF AGE−APPROPRIATE LARGE AND SMALL GROUPS WITH OPPORTUNITIES TO PRACTICE AND BUILD GROUP SKILLS. 135 ELEMENTARY AND 50 MIDDLE SCHOOL YOUTH WILL PARTICIPATE.

Funded Amount:

$8,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GOOD SHEPHERD SERVICES
305 SEVENTH AVENUE, 9TH FLOOR
NEW YORK, NY 10001
(212) 243–7070  Ext: 299

Name of Project Director:

FRAN YORK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COUNSELING AND SUPPORT SERVICES FOR AT–RISK YOUTH IN THE BRONX. ALONG WITH COUNSELING, FUNDS WILL ALSO SUPPORT OTHER PROGRAMMING SUCH AS CRISIS MANAGEMENT, RECREATIONAL ACTIVITIES, AND TEMPORARY RESIDENTIAL SERVICES.

Funded Amount:

$4,000

Requested By:

GREENE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GOOD SHEPHERD SERVICES
441 4TH AVENUE
BROOKLYN, NY  11215
(718) 788–0666

Name of Project Director:

KATHY GORDON

Purpose of Project:

FUNDs WILL BE USED TO PROVIDE A PROGRAM FOR FAMILY–STRENGTHENING AND GROWTH DEVELOPMENT THROUGH INDIVIDUAL AND GROUP COUNSELLING, AND OTHER ACTIVITIES. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GOOD SHEPHERD SERVICES
305 7TH AVENUE
NEW YORK, NY 10001
(212) 243-7070

Name of Project Director:

FRAN YORK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE CRISIS INTERVENTION SERVICES PROGRAM PROVIDED BY THE PARK SLOPE SAFE HOMES PROJECT.

Funded Amount:

$5,000

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GOOD SHEPHERD SERVICES
305 SEVENTH AVENUE
NEW YORK, NY  10001
(212) 243−7070

Name of Project Director:

SISTER PAULETTE LOMONACO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A BROAD RANGE OF INDIVIDUAL, FAMILY AND SCHOOL−BASED SERVICES TO KEEP YOUTH CONNECTED WITH THEIR FAMILIES. PROGRAMS ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GOOD SHEPHERD SERVICES
305 SEVENTH AVENUE
NEW YORK, NY  10001
(212) 243–7070

Name of Project Director:

PAULETTE LOMONACO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE RED HOOK COMMUNITY CENTER BEACON AT PS 15 AND PS 27, WHICH PROVIDE YEAR–ROUND PROGRAM ACTIVITIES AND AFTER SCHOOL PROGRAMS FOR YOUTH AND THEIR FAMILIES.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GOOD SHEPHERD SERVICES
305 SEVENTH AVENUE, 9TH FLOOR
NEW YORK, NY 10001
(212) 243–7070

Name of Project Director:

FRAN YORK

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF EDUCATIONAL AND SELF–ESTEEM BUILDING PROGRAMS FOR YOUTH WHO HAVE BEEN VICTIMS OF VIOLENCE AND OTHER SEVERE FORMS OF TRAUMA.

Funded Amount:

$5,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GOOD SHEPHERD SPORTS
1950 BACHELDER STREET
BROOKLYN, NY  11229
(718) 513–6865

Name of Project Director:

JIM SULLIVAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SPORTS EQUIPMENT AND SUPPLIES. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GOODWILL INDUSTRIES OF GREATER NEW YORK, INC.
4–21 27TH AVENUE
ASTORIA, NY 11102
(718) 728–5400

Name of Project Director:

KAREN MEANS

Purpose of Project:

FUNDS WILL BE USED FOR AN AFTER SCHOOL PROGRAM WHICH WILL ENCOMPASS RECREATION, HOMEWORK HELP, TUTORIAL, COMPUTER LABS, KARATE, AND MENTORING. THERE WILL ALSO BE AN ALCOHOL AND SUBSTANCE ABUSE PREVENTION EDUCATION PROGRAM.

Funded Amount:

$10,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GOODWILL INDUSTRIES OF WESTERN NEW YORK, INC.
1119 William Street
Buffalo, NY 14206
(716) 854-3494

Name of Project Director:

FLORENCE M. CONTI

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF AN EMERGENCY STAND-BY GENERATOR AT THE HEADQUARTERS PLANT.

Funded Amount:

$7,000

Requested By:

DELMONTE, GABRYSZAK, HOYT,PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GORMAN YOUTH GROUP
1381A LINDEN BOULEVARD
BROOKLYN, NY  11212
(718) 345–5561

Name of Project Director:

HAZEL YOUNGER

Purpose of Project:

FUNDS WILL BE USED TOWARD THE CONTINUED ADMINISTRATION OF THE AFTER SCHOOL PROGRAM.

Funded Amount:

$2,000

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GRAND STREET SETTLEMENT
80 PITT STREET
NEW YORK, NY 10002
(212) 674–1740

Name of Project Director:

MARGARITA ROSA

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$61,364

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GRASSROOTS ENVIRONMENTAL EDUCATION, INC.  
52 MAIN STREET  
PORT WASHINGTON, NY 11050  
(516) 883–0887

Name of Project Director:

PATTI WOOD

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FARMING SUPPLIES/EQUIPMENT, INCLUDING COMPOSTING EQUIPMENT, SEEDS/PLANTS SUPPORTS, MULCHING MATERIALS AND SOIL AMENDMENTS, AS WELL AS TO OFFSET EXPENSE OF A PART−TIME FARM MANAGER.

Funded Amount:

$3,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GRAVESEND ATHLETIC ASSOCIATION, INC.
169 BAY 44TH STREET
BROOKLYN, NY   11214
(718) 336-7148

Name of Project Director:

FRANK LOPICCOLO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE LITTLE LEAGUES, INCLUDING THE PURCHASE OF EQUIPMENT AND UNIFORMS, FIELD MAINTENANCE, UMPIRE FEES, ETC. FOR YOUTH TO EXPERIENCE THE VALUES AND DISCIPLINE OF TEAM SPORTS IN AN ORGANIZED SETTING.

Funded Amount:

$4,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
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:

$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
GREATER RIDGEWOOD YOUTH COUNCIL, INC.
64-04 MYRTLE AVENUE
RIDGEWOOD, NY 11385
(718) 456-5437

ROBERT MONAHAN

FUNDS WILL BE USED TO ASSIST THE OPERATION OF THE AFTER SCHOOL AND YOUTH PROGRAMS.

$5,000

NOLAN

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GREATER RIDGEWOOD YOUTH COUNCIL, INC.
62–04 MYRTLE AVENUE
GLENDALE, NY 11385
(718) 366–1395

Name of Project Director:

ROBERT MONAHAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LOW COST AFTER SCHOOL AND SUMMER PROGRAMS FOR CHILDREN AND YOUNG ADULTS.

Funded Amount:

$2,000

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GREECE LITTLE LEAGUE, INC.
11 GROVELAND ROAD
ROCHESTER, NY 14616
(585) 663–7024

Name of Project Director:

GENE NOGA

Purpose of Project:

FUNDS WILL BE USED FOR RESTROOM/CONCESSION LODGING CONSTRUCTION.

Funded Amount:

$3,000

Requested By:

REILICH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GREEN ISLAND LITTLE LEAGUE
P.O. BOX 1538
GREEN ISLAND, NY 12183
(518) 272−2585

Name of Project Director:

GEOFF MILLER

Purpose of Project:

FUNDS WILL BE USED TO REPLACE THE EXISTING 40 YEAR OLD DUGOUTS. SAFETY CAGES WILL BE ADDED TO EACH, PROTECTING EQUIPMENT AND ON DECK BATTERS.

Funded Amount:

$10,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
GREENHOPE SERVICES FOR WOMEN, INC.
23 WEST 123RD STREET, 5TH FLOOR
NEW YORK, NY 10027
(212) 996–8633

Name of Project Director:
ANNE R. ELLIOT

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE PROGRAMS THAT WILL PREPARE RESIDENTS TO OBTAIN EMPLOYMENT AND AFFORDABLE HOUSING.

Funded Amount:
$8,000

Requested By:
POWELL

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GREENWICH HOUSE, INC.
224 WEST 30TH STREET, SUITE 302
NEW YORK, NY 10001
(212) 991–0003

Name of Project Director:

ROY LEAVITT

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$24,062

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
GREENWICH VILLAGE YOUTH COUNCIL, INC.
345 EAST 15TH STREET
NEW YORK, NY 10003
(212) 475–7972

Name of Project Director:
LAURA A. SIEGEL

Purpose of Project:
FUNDS WILL BE USED FOR THE PURCHASE OF UNIFORMS AND EQUIPMENT,
RENTAL OF FACILITIES AND OTHER LEAGUE OPERATING COSTS.

Funded Amount:
$3,500

Requested By:
GLICK

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GREENWICH VILLAGE YOUTH COUNCIL, INC.
345 EAST 15TH STREET, 5TH FLOOR
NEW YORK, NY 10003
(212) 475–7972

Name of Project Director:

LAURA SIEGEL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ACADEMIC TUTORING, AS WELL AS ARTS, SPORTS, ACADEMIC AND RECREATIONAL ACTIVITIES.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GREENWICH VILLAGE YOUTH COUNCIL, INC.
437 WEST 16TH STREET (BELL #2)
NEW YORK, NY 10011
(212) 414–4742

Name of Project Director:

DAVID KAPLAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A MULTI–CULTURAL/MULTI–RACIAL
AFTER–SCHOOL TEEN PROGRAM AT P.S. 130 IN LITTLE ITALY.

Funded Amount:

$24,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GRENVILLE BAKER BOYS AND GIRLS CLUB
135 FOREST AVENUE
LOCUST VALLEY, NY 11560
(516) 759–5437

Name of Project Director:

RAMON REYES

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A BALLFIELD CONDITIONING MACHINE.

Funded Amount:

$4,000

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GROUNDSWELL COMMUNITY MURAL PROJECT, INC.
339 DOUGLASS STREET
BROOKLYN, NY  11217
(718) 254–9782

Name of Project Director:

AMY SANAMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AFTER–SCHOOL PROGRAMS AND SUMMER JOBS PROGRAMS FOR TEENS. PUBLIC ART PROJECTS WILL BE CREATED THROUGH THESE PROGRAMS.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GROUNDSWELL COMMUNITY MURAL PROJECT, INC.
339 DOUGLASS STREET
BROOKLYN, NY 11217
(718) 254–9782

Name of Project Director:

AMY SONANMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AND PURCHASE SUPPLIES FOR THE GROUNDSWEPSE COMMUNITY MURAL PROJECTS.

Funded Amount:

$4,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

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

Name of Project Director:

RABBI SHMUEL STEINHARTER

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE FAMILY CRISIS INTERVENTION PROGRAM.

Funded Amount:

$51,000

Requested By:

CYMBROWITZ−S, HIKIND, SILVER, WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

GUN HILL YOUTH FOOTBALL AND CHEERLEADING ALLIANCE, INC.
3239 FISH AVENUE
BRONX, NY 10469
(888) 973–2357

Name of Project Director:

RAYMOND BAXTER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MATERIALS AND SUPPLIES TO CONDUCT A FOOTBALL AND CHEERLEADING YOUTH PROGRAM.

Funded Amount:

$2,000

Requested By:

HEASTIE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HAITIAN AMERICANS UNITED FOR PROGRESS, INC.
221–07 LINDEN BOULEVARD
CAMBRIA HEIGHTS, NY 11411
(718) 527–3776

Name of Project Director:

ELSIE ACCILIEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE IMMIGRANT COMMUNITY OF BROOKLYN WITH IMMIGRATION COUNSELING ASSISTANCE, SOCIAL SERVICES AND EDUCATIONAL PROGRAMS.

Funded Amount:

$3,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HAITIAN AMERICANS UNITED FOR PROGRESS, INC.
221–05 LINDEN BOULEVARD
CAMBRIA HEIGHTS, NY 11411
(718) 527–3776

Name of Project Director:

ELSIE ACCILIAEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A VARIETY OF REFERRALS, YOUTH DEVELOPMENT, AND FAMILY SUPPORT SERVICES TO THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

CLARK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HAMILTON INTERCHURCH COUNCIL FOOD CUPBOARD, INC.
P.O. BOX 411
HAMILTON, NY 13346
(315) 824−1493

Name of Project Director:

SAM STRADLING

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FRESH VEGETABLES FOR THE FOOD CUPBOARD. THIS PROGRAM IS OPEN TO ALL IN NEED ON A NON−SECTARIAN BASIS.

Funded Amount:

$1,000

Requested By:

MAGEE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HAMILTON−MADISON HOUSE
50 MADISON STREET
NEW YORK, NY  10038
(212) 349−3724

Name of Project Director:

FRANK T. MODICA

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$36,672

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HAPPI ACT INC.
10 STIRRUP LANE
FORT SALONGA, NY 11768
(631) 269–5330

Name of Project Director:

PHYLLIS–TERRI GOLD

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$2,500

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HAPPINESS HOUSE
731 PRE-EMPTION ROAD
GENEVA, NY 14456
(315) 789-6828

Name of Project Director:

MARY BOATFIELD

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTERS.

Funded Amount:

$3,000

Requested By:

KOLB

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HARBOR DAY CARE CENTER, INC.
999 HERRICKS ROAD
NEW HYDE PARK, NY 11040
(516) 248–7048

Name of Project Director:

JILL ROONEY

Purpose of Project:

FUNDS WILL BE USED FOR STAFF TRAINING FOR THE CHILD CARE PROGRAM.

Funded Amount:

$3,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HARBOR DAY CARE CENTER, INC.
30 WEST COLUMBIA STREET
HEMPSTEAD, NY  11550
(516) 564−1523

Name of Project Director:

JILL ROONEY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE OPERATIONS OF THE HARBOR DAY CARE CENTER, WHICH PROVIDES EDUCATIONAL, RECREATIONAL AND COUNSELING SERVICES TO YOUTH IN THE COMMUNITY.

Funded Amount:

$10,000

Requested By:

HOOPER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HARBOR DAY CARE CENTER, INC.
999 HERRICKS ROAD
NEW HYDE PARK, NY  11040
(516) 248−7048

Name of Project Director:

JILL ROONEY

Purpose of Project:

FUNDS WILL BE USED TO MAINTAIN FACILITIES IN GLEN HEAD AND SEA CLIFF.

Funded Amount:

$1,875

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HARLEM JUNIOR TENNIS PROGRAM, INC.
40 WEST 143 STREET
NEW YORK, NY  10037
(212) 491−3738

Name of Project Director:

DANTE BROWN

Purpose of Project:

FUNDS WILL BE USED TO ENRICH YOUTH THROUGH THE SPORT OF TENNIS.

Funded Amount:

$10,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HARLEM KNIGHTS FOOTBALL LEAGUE, INC.
1990 ADAM CLAYTON POWELL BOULEVARD, SUITE 2G
NEW YORK, NY 10026
(212) 678–1281

Name of Project Director:

BERTINA MCCLINE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF A FOOTBALL LEAGUE FOR CHILDREN, AS WELL AS CREATING A POSITIVE ATMOSPHERE IN ORGANIZED SPORTS.

Funded Amount:

$5,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HARLEM YMCA
180 WEST 135TH STREET
NEW YORK, NY  10030
(212) 281–4100

Name of Project Director:

TIFFANY FORREST

Purpose of Project:

FUNDS WILL BE USED FOR A 12–WEEK PRE–DIABETES PROGRAM.

Funded Amount:

$10,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HARTLEY HOUSE
413 WEST 46TH STREET
NEW YORK, NY  10036
(212) 246–9872

Name of Project Director:

MARY FOLLETT

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$24,950

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HARTLEY HOUSE
413 WEST 46TH STREET
NEW YORK, NY 10036
(212) 246–9885

Name of Project Director:

MARY FOLLETT

Purpose of Project:

Funds will be used to provide after school services for 65 children, including homework assistance, art, computers, literacy, art therapy, and summer day camp services for up to 120 children.

Funded Amount:

$5,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HARVEST LIFE CENTER, INC.
119–33 SPRINGFIELD BOULEVARD
CAMBRIA HEIGHTS, NY 11411
(718) 978–1574

Name of Project Director:

REv. TYRONE SELLERS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE AFTER–SCHOOL AND YOUTH ACTIVITY PROGRAMS.

Funded Amount:

$5,000

Requested By:

CLARK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HEART SHARE BEACON PROGRAM
2950 WEST 25TH STREET
BROOKLYN, NY 11224
(718) 714–0103

Name of Project Director:

DIANE HARRIS

Purpose of Project:

FUNDS WILL BE USED FOR YOUTH/FAMILY SERVICES AND PROGRAMS AT PS 288.

Funded Amount:

$2,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
HEARTSHARE HUMAN SERVICES OF NEW YORK, ROMAN CATHOLIC
DIOCESE OF BROOKLYN
191 JORALEMON STREET
BROOKLYN, NY  11201
(718) 330−1530

Name of Project Director:
KENNETH CALLAHAN

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE ACCESS TO SOCIAL SERVICE
COUNSELING, RECREATION AND JOB TRAINING SERVICES TOSOCially
ISOLATED PERSONS.

Funded Amount:
$10,000

Requested By:
ABBATE, MILLMAN

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HEARTSHARE HUMAN SERVICES OF NEW YORK, ROMAN CATHOLIC
DIOCESE OF BROOKLYN
12 METROTECH CENTER, 29TH FLOOR
BROOKLYN, NY 11201
(718) 422–4200

Name of Project Director:

KEN CALLAHAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL SERVICES TO NEWLY ARRIVED CARIBBEAN YOUTH.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

HELLENIC COMMUNITY OF ASTORIA
30–11 30TH DRIVE
ASTORIA, NY  11102
(718) 728–1718

Name of Project Director:

ANESTESIUS KOURTERANIS

Purpose of Project:

FUNDS WILL BE USED FOR AFTER SCHOOL PROGRAMS FOR NEEDY STUDENTS THAT REQUIRE TUTORING ASSISTANCE.

Funded Amount:

$7,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
HELP SUFFOLK, INC.
685 BROOKHAVEN AVENUE
BELLPORT, NY 11713
(631) 286–2400 Ext: 510

NANCY NUNZIATA

FUNDS WILL BE USED TO PURCHASE EQUIPMENT TO OUTFIT THE INFANT CARE CENTER, AND FOR NECESSARY RENOVATIONS.

$2,000

EDDINGTON

OFFICE OF CHILDREN AND FAMILY SERVICES
Helping Hands – Interfaith Coalition for the Homeless of Rockland County, Inc.  
P.O. Box 240  
Nyack, NY 10960  
(845) 709-2415

Name of Project Director:

Chris Murray

Purpose of Project:

Funds will be used to offset the costs associated with providing transportation for the homeless, to bring them to shelters and provide them with food, clothing and necessary personal maintenance supplies.

Funded Amount:

$3,000

Requested By:

Jaffee

Name of Administering State Agency:

Office of Children and Family Services
Legal Name, Address, and Telephone Number:

HENRY STREET SETTLEMENT
265 HENRY STREET
NEW YORK, NY  10002
(212) 766−9200

Name of Project Director:

VERONA MIDDLETON−JETER

Purpose of Project:

Funds will be used for expenses related to the Settlement House Program's responsibility to provide a comprehensive range of services that are based on the needs of the residents of the neighborhoods it serves.

Funded Amount:

$69,802

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

HENRY STREET SETTLEMENT
265 HENRY STREET
NEW YORK, NY  10002
(212) 766–9200

Name of Project Director:

EDDIE GARCIA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE COSTS OF ATHLETIC PROGRAMS AND OTHER ACTIVITIES IN CONJUNCTION WITH THE SOL LAIN PLAYGROUND.

Funded Amount:

$6,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HERMANAS MIRABAL FAMILY CENTER AND CHILDCARE NETWORK, INC.
416 EAST 176TH STREET, SECOND FLOOR, SUITE B
NEW YORK, NY 10457
(718) 901–5100

Name of Project Director:

ROSALBA POLANCO

Purpose of Project:

FUNDS WILL BE USED TO HELP EMPOWER LATINO WOMEN TO IMPROVE THEIR LIVES AND THE WELL−BEING OF THEIR FAMILIES THROUGH PROGRAMS AND SERVICES.

Funded Amount:

$5,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HERRICKS COMMUNITY CENTER FUND, INC.
999 HERRICKS ROAD
NEW HYDE PARK, NY 11040
(516) 742-1926

Name of Project Director:

CHRISTINE MICHELEN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT YOUTH SOCIAL PROGRAMMING ACTIVITIES.

Funded Amount:

$1,500

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HERRICKS YOUTH COUNCIL
999 HERRICKS ROAD
NEW HYDE PARK, NY 11040
(516) 248–3181

Name of Project Director:

CHRISTINE N. MICHELEN

Purpose of Project:

FUNDS WILL BE USED FOR OPERATIONAL AND EDUCATIONAL EXPENSES.

Funded Amount:

$2,000

Requested By:

MCKEVITT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HETRICK–MARTIN INSTITUTE, INC.
2 ASTOR PLACE
NEW YORK, NY 10003
(212) 674–2600 Ext: 251

Name of Project Director:

CHRISTOPHER DUMM

Purpose of Project:

FUNDS WILL BE USED FOR THE CREATION OF THE HMI–TO–GO BEST PRACTICES MANUAL, WHICH WILL BE DISSEMINATED TO GUIDE ORGANIZATIONS IN PROVIDING APPROPRIATE ACADEMIC AND SUPPORTIVE SERVICES TO LGBT YOUTH.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HICKSVILLE TEENAGE COUNCIL
79 WEST OLD COUNTRY ROAD
HICKSVILLE, NY 11801
(516) 822−7594

Name of Project Director:

THOMAS BRUNO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT VARIOUS YOUTH RELATED PROGRAMS, COUNSELING AND OTHER RELATED PROGRAMS.

Funded Amount:

$4,000

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HIGHLAND PARK COMMUNITY DEVELOPMENT CORPORATION
2730 ATLANTIC AVENUE
BROOKLYN, NY 11207
(718) 647–7728

Name of Project Director:

MICHAEL OLMEDA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FORUMS AND EDUCATIONAL HEARINGS ON ISSUES THAT INVOLVE SERVICES AVAILABLE IN ORDER FOR CITIZENS TO REMAIN AT HOME AND SAFE.

Funded Amount:

$100,000

Requested By:

TOWNS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HINDU TEMPLE SOCIETY OF NA
45–57 BOWNE STREET
FLUSHING, NY 11355
(718) 460–8484

Name of Project Director:

UMA V. MYSOREKAR

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE YOUTH AND EDUCATIONAL ACTIVITIES, AND ARE OPEN TO THE PUBLIC ON A NON–SECTARIAN BASIS.

Funded Amount:

$6,000

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HISPANIC COMMUNITY OF GREAT NECK, INC.
P.O. BOX 234387
GREAT NECK, NY 11023
(516) 482−5462

Name of Project Director:

STELLA LAWRENCE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN OPPORTUNITY FOR HISPANIC CHILDREN FROM LOW−INCOME FAMILIES TO ATTEND A SPORTS CAMP.

Funded Amount:

$1,500

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HISPANIC COUNSELING CENTER, INC.
344 FULTON AVENUE
HEMPSTEAD, NY  11550
(516) 538–2613

Name of Project Director:

GLADYS SERRANO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AFTER SCHOOL ACTIVITIES, TO PREVENT CHILDREN AT–RISK FROM GANG INVOLVEMENT, PREVENT CRIMINAL ACTIVITY AND DRUG/ALCOHOL USE.

Funded Amount:

$10,000

Requested By:

HOOPER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HISPANIC FEDERATION OF NEW YORK
55 EXCHANGE PLACE, 5TH FLOOR
NEW YORK, NY 10005
(212) 233-8955

Name of Project Director:

LILLIAN RODRIGUEZ-LOPEZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AND STRENGTHEN THE VIABILITY OF VARIOUS NOT-FOR-PROFIT MEMBER AGENCIES THROUGHOUT NEW YORK CITY AND NEW YORK STATE BY ASSISTING WITH TRAINING, PROPOSED DEVELOPMENT, AND SERVICE DELIVERY.

Funded Amount:

$300,000

Requested By:

ARROYO, RIVERA-P, SILVER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HISPANIC FEDERATION OF NEW YORK
55 EXCHANGE PLACE, 5TH FLOOR
NEW YORK, NY 10005
(212) 233–8955

Name of Project Director:

LILLIAN RODRIGUEZ–LOPEZ

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE POSITIVE RECREATIONAL ACTIVITIES FOR YOUTH AND YOUNG ADULTS THROUGH THE DIRECT FUNDING OF EDUCATIONAL ANTI–CRIME AND IN–STATE CULTURAL TRIPS AND PROGRAMS, INCLUDING THE COST OF ADMISSIONS WHERE APPLICABLE.

Funded Amount:

$121,000

Requested By:

DIAZ–R

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HISPANIC FEDERATION OF NEW YORK
55 EXCHANGE PLACE, 5TH FLOOR
NEW YORK, NY 10005
(212) 233–8955

Name of Project Director:
LILLIAN RODRIGUEZ

Purpose of Project:
FUNDS WILL BE USED TO OFFSET THE COSTS OF THE ANNUAL LONG ISLAND SOMOS EL FUTURO CONFERENCE.

Funded Amount:
$25,000

Requested By:
RAMOS

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HISPANOS UNIDOS DE BUFFALO, INC.
254 VIRGINIA STREET
BUFFALO, NY 14201
(716) 856–7110 Ext: 2601

Name of Project Director:

LOURDES IGLESIAS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ORGANIZATIONAL EFFORTS FOR SENIORS AND RESIDENTS OF WESTERN NEW YORK.

Funded Amount:

$10,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HOLLI S BELLAIRE QUEENS VILLAGE LITTLE LEAGUE ATHLETIC ASSOCIATION, INC.
P.O. BOX 55
BELLEROSE, NY 11426
(718) 464−6088

Name of Project Director:

FRANK GIANNONE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A TRACTOR THAT WILL MAINTAIN THE PLAYING FIELDS IN NINE LOCATIONS. THE FIELDS ARE UTILIZED BY BOY’S AND GIRL’S SOFTBALL TEAMS COVERING 14 ACRES OF LAND. THE TRACTOR WILL CUT GRASS, BAG IT, DISPENSE WATER AND IS EQUIPPED WITH A SEED SPREADER.

Funded Amount:

$8,500

Requested By:

WEPRIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
HOLLIS BELLAIRE QUEENS VILLAGE LITTLE LEAGUE ATHLETIC ASSOCIATION, INC.
97-37 221ST PLACE
QUEENS VILLAGE, NY 11428
(718) 586-8676

Name of Project Director:
PAUL BUSCILANO

Purpose of Project:
FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH ORGANIZED SPORTS PROGRAMS FOR YOUTH IN THE COMMUNITY.

Funded Amount:
$2,500

Requested By:
CLARK

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HOLOCAUST MEMORIAL AND TOLERANCE CENTER OF NASSAU COUNTY, INC.
100 CRESCENT BEACH ROAD
GLEN COVE, NY 11542
(516) 571–8040

Name of Project Director:

SILVANA GULLO

Purpose of Project:

FUNDS WILL BE USED TO TEACH ABOUT THE HOLOCAUST AND THE DESTRUCTIVE NATURE OF PREJUDICE, HATRED, APATHY AND VIOLENCE AGAINST ALL MINORITY GROUPS.

Funded Amount:

$3,000

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HOLY FAMILY
85 NORTH STREET
AUBURN, NY 13021
(315) 252–9576

Name of Project Director:

FATHER DENNIS SHAW

Purpose of Project:

FUNDS WILL BE USED FOR THE COMMUNITY HOMELESS SHELTER PROGRAM.

Funded Amount:

$5,000

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HOLY NAME FATHER’S GUILD
245 PROSPECT PARK WEST
BROOKLYN, NY 11215
(718) 768−3071

Name of Project Director:

THOMAS LARKIN

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF UNIFORMS FOR THE SOFTBALL AND BASEBALL TEAMS. PROGRAMS ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

HOOPS EXPRESS, INC.
280 BROADWAY, 4TH FLOOR
NEWBURGH, NY 12550
(845) 562–7248

Name of Project Director:

GEORGE FRAZIER

Purpose of Project:

FUNDS WILL BE USED FOR EXPANDING PROGRAMS, SUPPLIES AND OFFICE NEEDS.

Funded Amount:

$5,000

Requested By:

KIRWAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HOPE HOUSE
P.O. BOX 161
UTICA, NY 13503
(315) 793–3723

Name of Project Director:

ROSE WHITE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MUCH NEEDED EQUIPMENT AND MAKE IMPROVEMENTS TO A DROP-IN CENTER THAT PROVIDES MEALS, SHELTER, SOCIALIZATION, AND SERVICES TO LOW-INCOME RESIDENTS OF THE MOHAWK VALLEY.

Funded Amount:

$4,500

Requested By:

DESTITO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HOSPITAL AUDIENCES, INC.
548 BROADWAY, 3RD FLOOR
BROOKLYN, NY 10012
(212) 575-7676

Name of Project Director:

JANE KLEINSINGER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ACCESS TO ART FOR VULNERABLE POPULATIONS IN HEALTH AND SOCIAL SERVICE FACILITIES, AND WILL EXPAND OPPORTUNITIES FOR SENIOR CITIZEN ADDITIONAL ARTS PROGRAMMING.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HUDSON GUILD
441 WEST 26TH STREET
NEW YORK, NY  10001
(212) 760–9200

Name of Project Director:

BRIAN SABER

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$27,170

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HUDSON VALLEY LITTLE LEAGUE
P.O. BOX 293
RAVENA, NY 12143
(518) 756–2097

Name of Project Director:

LANSing SICKLES

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT AND/OR BUILDING AND GROUNDS IMPROVEMENTS.

Funded Amount:

$7,500

Requested By:

GORDON–T

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HUMAN RESOURCES OF THE HAMPTONS
168 HILL STREET
SOUTHAMPTON, NY 11968
(631) 283–6415

Name of Project Director:

MARY ANN TUPPER

Purpose of Project:

FUNDS WILL BE USED FOR A MEDICAL TRANSPORTATION PROGRAM.

Funded Amount:

$2,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HUMANE EDUCATION ADVOCATES REACHING TEACHERS
P.O. BOX 738
MAMARONECK, NY 10543
(212) 744–2504

Name of Project Director:

MEENA ALAGAPPAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF A HUMANE LIVING PROGRAM TO HELP CHILDREN OF ALL AGES LEARN ABOUT HUMAN RIGHTS, ANIMAL WELFARE AND ENVIRONMENTAL PROTECTION.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HUNTINGTON FAMILY CENTER
405 GIFFORD STREET
SYRACUSE, NY 13204
(315) 476−3157

Name of Project Director:

MIKE MELARA

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$12,742

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HUNTINGTON FREEDOM CENTER
159 RAILROAD STREET
HUNTINGTON STATION, NY 11746
(631) 421–5058

Name of Project Director:

LAFLORENCE GRANT

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HUNTINGTON STATION ENRICHMENT CENTER
1264 NEW YORK AVENUE
HUNTINGTON STATION, NY 11746
(631) 425–2639

Name of Project Director:

DELORIS THOMPSON

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

HUNTINGTON YMCA
60 MAIN STREET
HUNTINGTON, NY 11743
(631) 421−4242

Name of Project Director:

JOANNE COURTIN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF THE SATURDAY NIGHT TEEN CENTER AND LEADER’S CLUB.

Funded Amount:

$5,000

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ICYP YOUTH PROGRAM OF ASTORIA, INC.
22–22 CRESCENT STREET
LONG ISLAND CITY, NY  11105
(212) 440–3207

Name of Project Director:

ROBERT MURPHY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE YOUTH PROGRAM, WHICH OFFERS
A VARIETY OF SPORTS, AND IS OPEN TO BOYS AND GIRLS, AGES 5–19 ON A
NON–SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

IGLESIA LAFAMILIA CRISTIANA
800 EAST 180TH STREET
BRONX, NY 10460
(718) 741–3403

Name of Project Director:

REV. MOISES NIEVES

Purpose of Project:

FUNDS WILL BE USED FOR FOOD PANTRIES AND COMMUNITY PROGRAMS FOR THE POOR. THE PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

RIVERA–P

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

IMANI CULTURAL ACADEMY, INC.
114 WEST 4TH STREET
MOUNT VERNON, NY 10550
(914) 329–0968

Name of Project Director:

TONYA JENKINS

Purpose of Project:

Funds will be used to provide after school programs for youth to assist with homework, as well as to provide recreational and cultural activities.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

IMMIGRANT SOCIAL SERVICES, INC.
137 HENRY STREET
NEW YORK, NY 10002
(212) 571–1840

Name of Project Director:

SOO BAEK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HOMEWORK ASSISTANCE, CULTURAL AND ARTS ACTIVITIES AND AFTER SCHOOL MEALS.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

IN THE SPIRIT OF THE CHILDREN, INC.
104 EAST 126TH STREET, SUITE 4D
NEW YORK, NY 10035
(212) 410−9801

Name of Project Director:

E.P. JONES

Purpose of Project:

FUNDS WILL BE USED TO SERVICE AND EMPOWER YOUNG ADULTS AS THEY AGE OUT OF FOSTER CARE.

Funded Amount:

$2,500

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

INDIAN HILLS GIRL SCOUT COUNCIL
32 WEST STATE STREET, (P.O. BOX 2145)
BINGHAMTON, NY 13902
(607) 724-6572

Name of Project Director:

DENISE NEWVINE

Purpose of Project:

FUNDS WILL BE USED FOR THE THIRTEEN MOON PROGRAM.

Funded Amount:

$5,000

Requested By:

CROUCH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

INSTITUTE FOR LABOR AND THE COMMUNITY, INC.
535 EAST 12TH STREET
NEW YORK, NY 10009
(212) 505-3184

Name of Project Director:

CYDNEY PULLMAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE GIRLS AND BOYS PROJECTS, WHICH WILL EMPOWER YOUTH THROUGH THE USE OF PARTICIPATORY METHODOLOGY, COMMUNITY ACTION AND THE ARTS.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

INTER PARISH SPORTS ASSOCIATION, INC.
3523 AVENUE R
BROOKLYN, NY 11234
(718) 645−0269

Name of Project Director:

MIKE ROSSETTI

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE BASKETBALL PROGRAM. PROGRAM IS OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

INTERFAITH NUTRITION NETWORK
211 FULTON AVENUE
HEMPSTEAD, NY 11550
(516) 486–8506

Name of Project Director:

JEAN KELLY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EMERGENCY SHELTER AND SUPPORTIVE SERVICES TO INDIVIDUALS AND FAMILIES, ON A NON–SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

INTERNATIONAL BASEBALL LITTLE LEAGUE, INC.
1244 OGDEN AVENUE, #1
BRONX, NY 10452
(718) 293–2429

Name of Project Director:

GABRIEL BARCACEI

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE A POSITIVE ENVIRONMENT FOR YOUTH THROUGH BASEBALL.

Funded Amount:

$3,500

Requested By:

DIAZ–L

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

INWOOD BUCCANEERS ATHLETIC CLUB
P.O. BOX 114
INWOOD, NY 11096
(516) 239-9633

Name of Project Director:

FRANK DECICCO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF A SPORTS PROGRAM FOR CHILDREN OF THE COMMUNITY, INCLUDING THE COST OF UNIFORMS, EQUIPMENT AND/OR IN−STATE TRANSPORTATION.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ISLAMIC SOCIETY OF BAY RIDGE, INC.
6807 5TH AVENUE
BROOKLYN, NY 11220
(718) 680–0121

Name of Project Director:

MOHAMED EL NASHAR

Purpose of Project:

FUNDS WILL BE USED FOR HEALTH EDUCATION PROGRAMS FOR THE COMMUNITY, YOUTH PROGRAMS, COUNSELING, WORKSHOPS WITH THE NYPD, AND OPERATING A NEW YORK CITY FOOD PANTRY. PROGRAMS ARE OPEN TO ALL IN THE COMMUNITY ON A NON-SECTARIAN BASIS.

Funded Amount:

$1,500

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
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 FOR A FOOD AND RESCUE DELIVERY PROGRAM, AN EDUCATION OUTREACH PROGRAM AND BULK FOOD PROCUREMENT.

Funded Amount:

$5,000

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
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 FOR ONGOING PROGRAMMATIC OPERATIONS.

Funded Amount:

$5,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
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 FOR OPERATIONAL EXPENSES.

Funded Amount:

$2,500

Requested By:

MCKEVITT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ISLAND HARVEST, LTD.
199 SECOND STREET
MINEOLA, NY 11501
(631) 294–8528

Name of Project Director:

RANDI SHUBIN–DRESNER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE OPERATION OF THE ANTI–HUNGER PROGRAM.

Funded Amount:

$5,000

Requested By:

SWEENEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ISLAND HARVEST, LTD.
199 SECOND STREET
MINEOLA, NY  11501
(516) 294–8528

Name of Project Director:

RANDI SHUBIN DRESNER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT GENERAL OPERATING EXPENSES ASSOCIATED WITH THE RESCUE INITIATIVE, AND IN–STATE TRANSPORTATION OF SURPLUS FOOD TO FEED THE HUNGRY.

Funded Amount:

$3,000

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ISLAND HARVEST, LTD.
199 SECOND STREET
MINEOLA, NY 11501
(516) 294–8528

Name of Project Director:

RANDI SHUBIN DRESNER

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE FOOD RESCUE PROGRAM.

Funded Amount:

$2,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ISLAND HARVEST, LTD.
199 SECOND STREET
MINEOLA, NY 11501
(516) 294–8528 Ext: 23

Name of Project Director:

SAUNDRA LEBLANS

Purpose of Project:

FUNDS WILL BE USED FOR THE DISTRIBUTION OF FOOD, AND EDUCATION, COMMUNITY OUTREACH AND TECHNICAL ASSISTANCE PROGRAMS, AS WELL AS FOR THE COST OF THE SUPPLIES/FOOD.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ISLAND HARVEST, LTD.
199 SECOND STREET
MINEOLA, NY 11501
(516) 294–8528

Name of Project Director:

RANDI DRESNER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CHILDREN WITH FOOD TO TAKE HOME FOR THE WEEKEND.

Funded Amount:

$10,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ISLAND HARVEST, LTD.
199 SECOND STREET
MINEOLA, NY 11501
(516) 294–8528 Ext: 23

Name of Project Director:

RANDI SHUBIN DRESNER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOOD TO THOSE IN NEED AND FOR THE SUPPORT OF TRAINED VOLUNTEERS.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ISLAND HARVEST, LTD.
199 SECOND STREET
MINEOLA, NY 11501
(516) 294–8528

Name of Project Director:

RANDI SHUBIN DRESNER

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING EXPENSES RELATED TO THE DELIVERY OF FOOD.

Funded Amount:

$1,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ISRAEL CENTER OF CONSERVATIVE JUDAISM
167–11 73RD AVENUE
FRESH MEADOWS, NY  11365
(718) 591–5353

Name of Project Director:

ALAN AARONSON

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH OPERATING THE COMMUNITY ATHLETIC LEAGUES, WHICH ARE OPEN TO ALL YOUTH IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$1,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ITALIAN BOARD OF GUARDIANS, INC.
7808 18TH AVENUE
BROOKLYN, NY  11214
(718) 232–4242

Name of Project Director:

MARIA PATALANO

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE AND EXPAND EDUCATIONAL AND COUNSELING SERVICES, AND TO PROVIDE TUTORIAL AND MENTORING SERVICES.

Funded Amount:

$5,000

Requested By:

ABBATE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ITALIAN CLUB OF STATEN ISLAND FOUNDATION, INC.
1290 RICHMOND ROAD
STATEN ISLAND, NY 10304
(718) 979–9535

Name of Project Director:

R. DOM MACRI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE, PACK AND DELIVER FOOD CARTONS TO NEEDY FAMILIES.

Funded Amount:

$3,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ITALIC INSTITUTE OF AMERICA, INC.
P.O. BOX 818
FLORAL PARK, NY 11002
(516) 488-7400

Name of Project Director:

JOHN MANCINI

Purpose of Project:

FUNDS WILL BE USED TO REESTABLISH THE AURORA YOUTH PROGRAM AT PS 184 IN WHITESTONE, NY.

Funded Amount:

$4,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JACKSON HEIGHTS–ELMHURST KEHILLAH
33–47 91ST STREET
JACKSON HEIGHTS, NY 11372
(718) 457–4591

Name of Project Director:

BEN AKSELROD

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ENGLISH AND SPANISH COURSES. FUNDS WILL ALSO BE USED FOR FOOD PANTRIES AND FOR FAMILIES AND ELDERLY IN THE COMMUNITY.

Funded Amount:

$2,500

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JACOB A. RIIS NEIGHBORHOOD SETTLEMENT
10–25 41ST AVENUE
LONG ISLAND CITY, NY 11101
(718) 784–1447

Name of Project Director:

WILLIAM NEWLIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE DAY TO DAY OPERATIONS OF THE NATIONAL AWARD WINNING ADULT EDUCATION AND IMMIGRATION SERVICES PROGRAM, WHICH INCLUDES ENGLISH LANGUAGE AND COMPUTER CLASSES, AND FOR CONTINUED SUPPORT OF SENIOR SERVICES PROGRAMS, INCLUDING MAINTENANCE OF THE SENIOR VAN.

Funded Amount:

$20,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JACOB A. RIIS NEIGHBORHOOD SETTLEMENT HOUSE
10–25 41ST AVENUE
LONG ISLAND CITY, NY  11101
(718) 784–7447

Name of Project Director:

WILLIAM NEWLIN

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$24,950

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JACOB’S LIGHT FOUNDATION, INC.
116 NADIA COURT
PORT JEFFERSON, NY 11777
(631) 667−1197

Name of Project Director:

DOREEN KENNY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET GENERAL OPERATING EXPENSES, INCLUDING PURCHASE OF STATIONERY, STAMPS, MAILINGS, AND OTHER OFFICE EXPENSES.

Funded Amount:

$3,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JAMES A. BLAND RESIDENT ASSOCIATION, INC.
133–20 ROOSEVELT AVENUE, APARTMENT 4E
FLUSHING, NY  11354
(917) 554–3054

Name of Project Director:

CRAIG KINSEY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH SPORTS ACTIVITIES, THAT HELP FIGHT OBESITY AND KEEP YOUTH, TEENS AND YOUNG ADULTS HEALTHY.

Funded Amount:

$3,000

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JAPAN MARTIAL ARTS ASSOCIATION OF NEW YORK
773 45TH STREET
BROOKLYN, NY 11220
(718) 851–3194

Name of Project Director:

ANTHONY TORRES

Purpose of Project:

FUNDS WILL BE USED FOR RENTING A SPACE AND FOR STUDENT ACTIVITIES. FUNDS MAY ALSO BE USED FOR KARATE UNIFORMS AND PROTECTIVE EQUIPMENT ASSOCIATED WITH THE PROGRAM.

Funded Amount:

$4,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JAWONIO, INC.
260 NORTH LITTLE TOR ROAD
NEW CITY, NY 10956
(845) 634–4648

Name of Project Director:

PAUL J. TENDLER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL, RECREATIONAL, AND SUPPORTIVE SERVICES FOR CHILDREN WITH DISABILITIES AND THEIR FAMILIES.

Funded Amount:

$10,000

Requested By:

ZEBROWSKI–K

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JAWONIO, INC.
260 NORTH LITTLE TOR ROAD
NEW CITY, NY 10956
(845) 634−4648

Name of Project Director:

DIANA HESS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE IN−STATE TRANSPORTATION FOR FAMILIES WITH CHILDREN WITH DISABILITIES. FUNDS WILL ALSO BE USED TO PROVIDE PROGRAMS TO HELP EDUCATE FAMILIES AND CAREGIVERS.

Funded Amount:

$5,000

Requested By:

JAFFEE, ZEBROWSKI−K

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JAZZMOBILE, INC.
154 WEST 127TH STREET, 2ND FLOOR
NEW YORK, NY    10027
(212) 866−4900  Ext: 308

Name of Project Director:

ROBIN BELL−STEVENS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH EXTENDING THE NUMBER OF WEEKS COMMUNITY PROGRAMS ARE RUNNING DURING THE SUMMER. THE PROGRAMS WILL RUN FROM EARLY JUNE TO THE END OF SEPTEMBER.

Funded Amount:

$10,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JCC–AVIS/SOUTH SHORE
1297 ARTHUR KILL ROAD
STATEN ISLAND, NY 10312
(718) 356–8113

Name of Project Director:

LEWIS STOLZENBERG

Purpose of Project:

FUNDS WILL BE USED TO FUND CAMP INDEPENDENCE FOR CHILDREN/TEENS WITH DIABETES.

Funded Amount:

$2,500

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JEFFERSON COUNTY COMMUNITY ACTION PLANNING COUNCIL
518 DAVIDSON STREET
WATERTOWN, NY 13601
(315) 782–4900

Name of Project Director:

MELINDA GAULT

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMMING ASSISTANCE.

Funded Amount:

$10,000

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JEWISH CHILDCARE ASSOCIATION OF NEW YORK
120 WALL STREET, 12TH FLOOR
NEW YORK, NY  10005
(718) 558−9930

Name of Project Director:

DEBBY PERELMUTER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COUNSELING AND OTHER SERVICES TO TEENAGERS IN FOREST HILLS AND REGO PARK. THIS PROGRAM IS OPEN ON A NON−SECTARIAN BASIS.

Funded Amount:

$3,200

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JEWSH CHILDREN’S LEARNING LAB, INC.
515 WEST 20TH STREET – 4E
NEW YORK, NY 10011
(212) 924-4500

Name of Project Director:

AVIVA SUSSMAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF PROVIDING SCHOOL PROGRAMS, INCLUDING OUTREACH TO PUBLIC AND INDEPENDENT SCHOOLS, ART MATERIALS FOR STUDENT PROJECTS, SALARIES, ETC. PROGRAMS ARE OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$26,000

Requested By:

BROOK-KRASNY, CYMBROWITZ-S, SILVER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

JEWISH COMMUNITY CENTER OF DUTCHESS COUNTY
110 SOUTH GRAND AVENUE
POUGHKEEPSIE, NY 12601
(845) 471–0340

Name of Project Director:

HOWARD LYNNE

Purpose of Project:

FUNDS WILL BE USED FOR THE INSTALLATION OF AIR CONDITIONING, REPLACEMENT OF APPLIANCES AND REPAVING OF THE PARKING LOT.

Funded Amount:

$7,500

Requested By:

KIRWAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JEWISH COMMUNITY COUNCIL OF KEW GARDENS AND RICHMOND HILL  
82–46 LEFFERS BOULEVARD, SUITE 1A  
KEW GARDENS, NY 11415  
(718) 847–5277

Name of Project Director:

LISA LEDERER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOUTH WITH PHYSICAL FITNESS PROGRAMS, AS WELL AS EDUCATIONAL AND CULTURAL ACTIVITIES, ON A NON–SECTARIAN BASIS. THE PROGRAM ALSO SUPPLIES NOURISHMENT FOR THE DESTITUTE AND HOMEBOUND, AS WELL AS ASSISTS WITH EXCURSIONS WITHIN NEW YORK STATE AND SEMINARS.

Funded Amount:

$8,500

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JEWISH COMMUNITY COUNCIL SERVICES COMMISSION, INC.
80–02 KEW GARDENS ROAD
KEW GARDENS, NY 11415
(718) 268–2900

Name of Project Director:

JOYCE TRAINA

Purpose of Project:

Funds will be used to partially offset the cost of providing critical social services to needy children and families, including but not limited to crisis intervention, housing support to special needs populations, employment training and job development, etc. Services are open to all on a non-sectarian basis.

Funded Amount:

$95,000

Requested By:

ABBATTE, BENEDETTI, BING, BRENNAN, BROOK−KRASNY, CANESTRARI, CLARK, CYMBROWITZ−S, DINOWITZ, FARRELL, JR, GLICK, GOTTFRIED, HIKIND, HOYT, MAISEL, MAYERSOHN, MILLMAN, O’DONNELL, PHEFFER, RIVERA−N, ROSENTHAL, SILVER, WEINSTEIN, WEPRIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JEWSH COMMUNITY LITTLE LEAGUE, INC.
71−25 171ST STREET
FLUSHING, NY  11365
(718) 380−0946

Name of Project Director:

MARC KATZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE POSITIVE RECREATION OPPORTUNITIES FOR YOUTH THROUGH THE LITTLE LEAGUE. FUNDS WILL BE USED TO PURCHASE EQUIPMENT, FOR GROUND MAINTENANCE, UNIFORMS, ETC.

Funded Amount:

$2,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JEWISH COMMUNITY SERVICES COALITION
1525 CENTRAL AVENUE
FAR ROCKAWAY, NY  11691
(718) 327−6060

Name of Project Director:

ESTHER SCHENKER

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET THE EXPENSE OF RUNNING THE FREE FOOD PANTRY.

Funded Amount:

$3,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JEWSH COUNCIL OF YONKERS, INC.
600 NORTH BROADWAY
YONKERS, NY  10701
(914) 423−5009

Name of Project Director:

JANICE LUBIN

Purpose of Project:

FUNDS WILL BE USED FOR INTERGENERATIONAL PROGRAMS, SUCH AS SMART (STUDENTS AND MATURE ADULTS READ TOGETHER) AND STACK (STUDENTS TEACH ADULTS COMPUTER KNOWLEDGE). PROGRAMS ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JEWSH COUNCIL OF YONKERS, INC.
600 NORTH BROADWAY
YONKERS, NY 10701
(914) 423–5009

Name of Project Director:

JANICE LUBIN KIRSHNER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH SMART (STUDENTS AND MATURE ADULTS READING TOGETHER) AND STACK (STUDENTS TEACH ADULTS COMPUTER KNOWLEDGE) PROGRAMS TO STRENGTHEN THE COMMUNITY AND ENHANCE CHILDREN’S EDUCATION. THESE PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JEWISH FAMILY SERVICES OF NORTHEASTERN NEW YORK
877 MADISON AVENUE
ALBANY, NY 12208
(518) 482−8856

Name of Project Director:

MIRIAM ADLER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES FOR INDIVIDUALS AND FAMILIES OF ALL FAITHS FACED WITH SERIOUS HEALTH CARE CRISIES, INCLUDING COUNSELING, REFERRALS, FAMILY CONSULTATION, ADVOCACY AND BEREAVEMENT SUPPORT.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JOHN THEISSEN CHILDREN’S FOUNDATION
1881 WANTAGH AVENUE
WANTAGH, NY 11793
(516) 679-5098

Name of Project Director:

JOHN THEISSEN

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC OPERATIONS.

Funded Amount:

$5,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

JOSE ENCARNACION BASEBALL LITTLE LEAGUE, INC.
37–99TH STREET, APT. E–3
CORONA, NY 11368
(917) 683–2539

Name of Project Director:

JOSE ENCARNACION

Purpose of Project:

FUNDS WILL BE USED FOR UNIFORMS, BASEBALL EQUIPMENT, IN−STATE FIELD TRIPS, UMPIRES FEES, LEAGUE INSURANCE, SUPPLIES, ETC.

Funded Amount:

$5,000

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

KEHILAT SEPHARDIM OF AHAVAT ACHIM
150–62 78TH ROAD
FLUSHING, NY 11367
(718) 591–9574

Name of Project Director:

RABBI S. NISANOV

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF AN AFTER SCHOOL PROGRAM
WHICH PROVIDES MENTORING AND HOMEWORK ASSISTANCE. THE
PROGRAM IS OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

KEY WOMEN OF AMERICA, INC.
100 WASHINGTON STREET, #3–S
HEMPSTEAD, NY 11550
(516) 538–2192

Name of Project Director:

DOROTHY PORTER

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY SUPPORT FOR THE YOUTH AND SENIORS; PROVIDE CLOTHING TO CHILDREN OF INCARCERATED PARENTS; ASSIST YOUTH IN SUMMER CAMP PROGRAMS; PROVIDE FOOD TO THE HOMELESS.

Funded Amount:

$10,000

Requested By:

HOOPER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

KICKERS YOUTH SPORTS ASSOCIATION OF SOUTHEAST QUEENS, INC.
139–34 225TH STREET
LAURELTON, NY 11413
(718) 723–7014

Name of Project Director:

FRITZ CASIMIR

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOUNG PEOPLE WITH EDUCATIONAL, RECREATIONAL AND MENTORING SERVICES.

Funded Amount:

$4,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

KICKERS YOUTH SPORTS ASSOCIATION OF SOUTHEAST QUEENS, INC.
139–34 225TH STREET
LAURELTON, NY 11413
(718) 723–7014

Name of Project Director:

FRITZ CASIMERE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPERVISED SPORTS ACTIVITIES, PRIMARILY SOCCER AND VOLLEYBALL (FOR AGES 7–21) AS WELL AS FOR GROUP COUNSELING.

Funded Amount:

$2,500

Requested By:

CLARK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

KIDS X-PRESS, INC.
P.O. BOX 374
WHITE PLAINS, NY  10603
(914) 261–0815

Name of Project Director:

NIVIA VIERA

Purpose of Project:

FUNDS WILL BE USED TO EXPAND ONGOING LITERACY WORKSHOPS, WITH A GOAL OF 200 CHILDREN IN WORKSHOPS, AND HUNDREDS OF THOUSANDS THROUGH CIRCULATION OF THE CHILDREN’S AUTHORED MAGAZINE.

Funded Amount:

$5,000

Requested By:

BRADLEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

KINGS BAY YOUTH ORGANIZATION, INC.
2670 COYLE STREET
BROOKLYN, NY 11235
(718) 934–6341

Name of Project Director:

LOUIS A. SPINA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SPORTS EQUIPMENT FOR THE YOUTH AFTER SCHOOL PROGRAM.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

KINGSBRIDGE HEIGHT COMMUNITY CENTER
3101 KINGBRIDGE TERRACE
BRONX, NY 10463
(718) 884-0700

Name of Project Director:
CHARLES SHAYNE

Purpose of Project:
FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:
$32,056

Requested By:
SCARBOROUGH

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

KINGSBRIDGE HEIGHTS COMMUNITY CENTER, INC.
3101 KINGSBRIDGE TERRACE
BRONX, NY  10463
(718) 884−0700

Name of Project Director:

GISELLE SUSCA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL SERVICES VIA THE TEEN CENTER.

Funded Amount:

$15,000

Requested By:

RIVERA−J

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

KIPS BAY BOYS AND GIRLS CLUB, INC.
1930 RANDALL AVENUE
BRONX, NY 10473
(718) 824–8910

Name of Project Director:

DANIEL QUINTERO

Purpose of Project:

FUNDS WILL BE USED TO OPERATE YOUTH ACTIVITIES FOR CHILDREN IN THE COMMUNITY.

Funded Amount:

$4,000

Requested By:

RIVERA–P

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

KNIGHTS OF PYTHIAS ALLIANCE
2400 BEDFORD AVENUE
BELLMORE, NY 11710
(516) 731−5498

Name of Project Director:

HERB GOLD

Purpose of Project:

FUNDS WILL BE USED FOR FUNDING OF ALTRUISTIC ENDEAVORS IN THE COMMUNITY.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

KOREAN COMMUNITY SERVICES OF METROPOLITAN NEW YORK, INC.
35–56 159TH STREET
FLUSHING, NY  11358
(718) 939–6137

Name of Project Director:

SHIN SON

Purpose of Project:

FUNDS WILL BE USED FOR A SUMMER INTERNSHIP PROGRAM FOR KOREAN YOUTH WHO WILL WORK IN THE COMMUNITY.

Funded Amount:

$15,000

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

KOREAN-AMERICAN ASSOCIATION OF FLUSHING-QUEENS, INC.
43–24 166TH STREET
FLUSHING, NY  11358
(718) 899–7800

Name of Project Director:

SUNG MIN YOON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PERFORMANCES, EDUCATIONAL FORUMS AND CULTURAL EVENTS AT A FLUSHING YOUTH FESTIVAL.

Funded Amount:

$2,500

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

KUPFERBERG HOLOCAUST CENTER
222-05 56TH AVENUE
BAYSIDE, NY  11364
(718) 281-5770

Name of Project Director:

DR. ARTHUR FLUG

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATION OF THE KUPFERBERG CENTER, INCLUDING THE INTERNSHIP PROGRAM.

Funded Amount:

$4,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LA FUERZA UNIDA, INC.
14 GLEN STREET
GLEN COVE, NY 11542
(516) 756−0788

Name of Project Director:

PASQUAL BLANCO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COUNSELING AND RELATED SERVICES FOR PREVENTION OF HOMELESSNESS.

Funded Amount:

$5,000

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LAKEVIEW YOUTH FEDERATION, INC.
P.O. BOX 525
WEST HEMPSTEAD, NY 11552
(516) 766–8634

Name of Project Director:

CHARLES NANTON

Purpose of Project:

FUNDS WILL BE USED TO ENCOURAGE HIGH–LEVEL COMPETITION IN HIGH SCHOOL ATHLETICS THROUGH SUMMER YOUTH PROGRAMS.

Funded Amount:

$5,000

Requested By:

HOOPER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LANSBURGH BOYS AND GIRLS CLUB, INC.
501 4TH AVENUE
TROY, NY 12182
(518) 235-4143

Name of Project Director:

JOSEPH B. MANUPELLA

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE SERVICES FOR AT-RISK YOUTH AND PARTICIPANTS IN THE NEW YORK STATE LICENSED SCHOOL-AGE CHILD CARE PROGRAM AT THE CLUB.

Funded Amount:

$10,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LATIN SOULS BASEBALL ORGANIZATION, INC.
904 WILLIAMS AVENUE
BROOKLYN, NY  11207
(718) 272−6522

Name of Project Director:

JOSE ROSADO

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT.

Funded Amount:

$1,500

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LATINO UNITY DANCE PROGRAM
455 EAST 138TH STREET
BRONX, NY  10454
(718) 585–5234

Name of Project Director:

JOSE ORTEGA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ARTS AND DANCE CHOREOGRAPHY INSTRUCTION, AND FOR THE PURCHASE OF SUPPLIES AND EQUIPMENT.

Funded Amount:

$8,000

Requested By:

ARROYO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LATINOS MAKING A DIFFERENCE, INC.
2038 DAVIDSON AVENUE
BRONX, NY 10453
(718) 294−7151

Name of Project Director:

ROBERT BARNES

Purpose of Project:

FUNDS WILL BE USED TO INCREASE THE NUMBER OF STUDENTS IN THE AFTER SCHOOL PROGRAM, AS WELL AS TO CREATE NEW PROGRAMS WHICH WILL ENHANCE THE EDUCATIONAL EXPERIENCE.

Funded Amount:

$35,000

Requested By:

DIAZ−L

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LATINOS MAKING A DIFFERENCE, INC.
2038 DAVIDSON AVENUE
BRONX, NY 10453
(718) 294−7151

Name of Project Director:

ROBERT BARNES

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SNACKS FOR THE CHILDREN IN THE AFTER SCHOOL AND SUMMER PROGRAMS.

Funded Amount:

$8,000

Requested By:

DIAZ−L

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LAW ENFORCEMENT EXPLORER
2120 RYDER AVENUE
BRONX, NY 10457
(718) 220–5234

Name of Project Director:

WARREN THOMPSON

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF CLASSROOM SUPPLIES AND TRAINING AIDES AND FOR TRANSPORTATION TO IN–STATE CONFERENCES.

Funded Amount:

$3,500

Requested By:

DIAZ–L

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LEFRAK CITY YOUTH AND ADULT ACTIVITIES ASSOCIATION, INC.
97–30 57TH AVENUE, APT. 18D
CORONA, NY   11368
(866) 862−5544

Name of Project Director:

MALACHY Z. OKOLO

Purpose of Project:

FUNDS WILL BE USED FOR A PROGRAM THAT PROVIDES SERVICES FOR COMMUNITY YOUTH AND ADULTS. THE PROGRAM HAS EDUCATIONAL ALTERNATIVES TO CRIMINAL AND SOCIALLY DEVIANT BEHAVIOR. CULTURAL ACTIVITIES AND LOCAL IN−STATE FIELD TRIPS ARE ALSO PROVIDED.

Funded Amount:

$40,000

Requested By:

AUBRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LENOX HILL NEIGHBORHOOD HOUSE
331 EAST 70TH STREET
NEW YORK, NY  10021
(212) 744-5022

Name of Project Director:

WARREN B. SCHARF

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM'S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$34,274

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LENOX HILL NEIGHBORHOOD HOUSE, INC.
331 EAST 70TH STREET
NEW YORK, NY 10021
(212) 744–5022  Ext: 1399

Name of Project Director:

KATIE DISALVO

Purpose of Project:

FUNDS WILL BE USED FOR LENOX HILL’S ADULT EDUCATION DEPARTMENT WHICH OFFERS CLASSES IN ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL) AND A COMPUTER LEARNING CENTER PROGRAM.

Funded Amount:

$10,000

Requested By:

KELLNER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LENOX HILL NEIGHBORHOOD HOUSE, INC.
331 EAST 70TH STREET
NEW YORK, NY  10021
(212) 744–5022

Name of Project Director:

WARREN SCHARF

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE IMPORTANT LEGAL ADVOCACY WORK.

Funded Amount:

$7,500

Requested By:

BING, KELLNER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LESBIAN AND GAY COMMUNITY SERVICES CENTER, INC.
ONE LITTLE WEST 12TH STREET
NEW YORK, NY 10014
(212) 620−7310

Name of Project Director:

ROSALBA MESSINA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HIV/AIDS, SUBSTANCE ABUSE AND SOCIAL SERVICE PROGRAMMING.

Funded Amount:

$30,000

Requested By:

GLICK, SILVER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LESBIAN AND GAY COMMUNITY SERVICES CENTER, INC.
208 WEST 13TH STREET
NEW YORK, NY 10011
(212) 670–7310

Name of Project Director:

RICHARD BURNS

Purpose of Project:

FUNDS WILL BE USED FOR MENTAL HEALTH AND SOCIAL SERVICES PROGRAMS FOR MEMBERS OF THE LGBT COMMUNITY.

Funded Amount:

$5,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LESBIAN AND GAY COMMUNITY SERVICES CENTER, INC.
208 WEST 13TH STREET
NEW YORK, NY 10011
(212) 620−7310

Name of Project Director:

DR. BARBARA WARREN

Purpose of Project:

FUNDS WILL SUPPORT THE OPERATING COSTS OF THE CENTER CARE PROGRAMS, WHICH CONNECT ISOLATED LGBT INDIVIDUALS WITH COUNSELING SERVICES AND ACTIVITIES. FUNDS WILL ALSO BE USED FOR THE YOUTH ENRICHMENT SERVICES PROGRAM, WHICH OFFERS FREE SUPPORT SERVICES TO YOUTH.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LESBIAN AND GAY COMMUNITY SERVICES CENTER, INC.
208 WEST 13TH STREET
NEW YORK, NY 10011
(212) 620–7310

Name of Project Director:

BARBARA WARREN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE CENTER CARE PROGRAM, THE CENTER CARE RECOVERY, AND YOUTH ENRICHMENT SERVICES PROGRAM TO BRING LGBT PEOPLE OUT OF ISOLATION AND CONNECT THEM TO CONSTRUCTIVE, HEALTHY AND AFFIRMATIVE COUNSELING SERVICES AND ACTIVITIES.

Funded Amount:

$5,000

Requested By:

BING

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LESBIAN AND GAY COMMUNITY SERVICES CENTER, INC.
208 WEST 13TH STREET
NEW YORK, NY  10011
(212) 620−7310

Name of Project Director:

RICHARD BURNS

Purpose of Project:

FUNDS WILL BE USED FOR MENTAL HEALTH AND SOCIAL SERVICES FOR THE LGBT COMMUNITY.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LEVITTOWN–ISLAND TREES YOUTH COUNCIL
28 CHASE LANE
LEVITTOWN, NY 11756
(516) 731–5016

Name of Project Director:

KEVIN REGAN

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE COMMUNITY PROGRAMS.

Funded Amount:

$10,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LEWIS COUNTY COMMUNITY SERVICES
7550 SOUTH STATE STREET
LOWVILLE, NY 13367
(315) 376–5200

Name of Project Director:

DR. TOBY K. DAVIS

Purpose of Project:

FUNDS WILL BE USED FOR MATERIALS FOR THE LEWIS COUNTY SUICIDE PREVENTION TASK FORCE.

Funded Amount:

$2,000

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
LEWIS H. LATIMER FUND, INC.
34–41 137TH STREET
FLUSHING, NY 11354–2955
(718) 961–8585

Name of Project Director:
ALFRED RANKINS

Purpose of Project:
FUNDS WILL BE USED TO PREPARE AND PRESENT EDUCATIONAL AND HISTORICAL PROGRAMS FOR CHILDREN.

Funded Amount:
$5,000

Requested By:
YOUNG

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LEWIS MUSIC SCHOOL, INC.
116 SOUTH FRANKLIN STREET
HEMPSTEAD, NY 11550
(516) 292-7416

Name of Project Director:

KENDRA LEWIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MUSICAL INSTRUMENTS AND LESSON BOOKS FOR YOUTH (STUDENTS OF MUSIC).

Funded Amount:

$8,000

Requested By:

HOOPER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:
LEXINGTON SCHOOL FOR THE DEAF FOUNDATION
30TH AVENUE AND 75TH STREET
JACKSON HEIGHTS, NY 11370
(718) 899–8800

Name of Project Director:
GINA CARROLL

Purpose of Project:
FUNDS WILL BE USED TO PURCHASE SPORTS AND ATHLETIC EQUIPMENT FOR THE SPORTS PROGRAM. FUNDS WILL ALSO BE USED FOR GENERAL OPERATING EXPENSES TO RUN THE SPORTS PROGRAM.

Funded Amount:
$15,000

Requested By:
LAFAYETTE

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LI CITIZENS FOR COMMUNITY VALUES
6 OAKWOOD ROAD
HUNTINGTON, NY 11743
(631) 271−4477

Name of Project Director:

ROBERT LLOYD

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LIBERIAN CULTURAL ASSOCIATION, INC.
361 VAN DUZER STREET
STATEN ISLAND, NY 10304
(718) 273–5333

Name of Project Director:

JAMES BESTMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AFTER SCHOOL EDUCATIONAL OPPORTUNITIES FOR LOW–INCOME CHILDREN AND THEIR FAMILIES. FUNDS WILL BE USED TO PURCHASE SUPPLIES, UPGRADE AND MAINTAIN FACILITIES, AND COVER OTHER EXPENSES ASSOCIATED WITH THE PROGRAM.

Funded Amount:

$3,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LIBERTY RESOURCES, INC.
1065 JAMES STREET
SYRACUSE, NY 13202
(315) 425−1004

Name of Project Director:

ELIZABETH NOLAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE NEW OFFICE EQUIPMENT FOR THE ONONDAGA PASTORAL COUNSELING CENTER, OPERATED BY LIBERTY RESOURCES. THE SERVICES OF THE CENTER ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LIGHT ONE’S HEART FOUNDATION
207 GRAND BOULEVARD
BRENTWOOD, NY 11717
(631) 231−9863

Name of Project Director:

EDUARDO KING

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH MAINTAINING AND RUNNING THE FOOD PANTRY FOR THE NEEDY OF THE COMMUNITY.

Funded Amount:

$3,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LINCOLN SQUARE NEIGHBORHOOD CENTER
250 WEST 65TH STREET
NEW YORK, NY  10023
(212) 874–0860

Name of Project Director:

STEPHANIE PINDER

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$24,950

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LINCOLN SQUARE NEIGHBORHOOD CENTER, INC.
250 WEST 65TH STREET
NEW YORK, NY 10023
(212) 874–0860

Name of Project Director:

STEPHANIE PINDER

Purpose of Project:

FUNDS WILL BE USED FOR AN AFTER SCHOOL PROGRAM FOR 11 – 14 YEAR OLD CHILDREN.

Funded Amount:

$10,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008−2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

LINDENHURST WRESTLING CLUB, INC.
368 SOUTH WELLWOOD AVENUE
LINDENHURST, NY 11757
(631) 412−5417

Name of Project Director:

SCOTT WILLIAMS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT TO SUPPORT A YOUTH WRESTLING PROGRAM.

Funded Amount:

$5,000

Requested By:

SWEENEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

LIPSKY/BLUM POST 764 – JEWISH WAR VETERANS
43–35 UNION STREET, APARTMENT 5A
FLUSHING, NY  11355
(718) 463–4742

Name of Project Director:

BENJAMIN SINGER

Purpose of Project:

FUNDS WILL BE USED TO BRING DIVERSE GROUPS LIVING IN THE SAME NEIGHBORHOOD TOGETHER FOR FORUMS, WORKSHOPS, AND TO HOLD AN ANNUAL FOOD DRIVE.

Funded Amount:

$2,500

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LITERACY SUFFOLK, INC.
627 NORTH SUNRISE SERVICE ROAD, P.O. BOX 9000
BELLPORT, NY 11713
(631) 286–1649

Name of Project Director:

GINI BOOTH

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE TO TEACH ADULTS IN SUFFOLK COUNTY HOW TO BECOME LITERATE.

Funded Amount:

$5,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LITTLE BRANCHES OF BORINQUEN, INC.
2038 DAVIDSON AVENUE
BRONX, NY 10453
(718) 583–9708

Name of Project Director:

LUCY VELEZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND UNIFORMS.

Funded Amount:

$1,000

Requested By:

DIAZ–L

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LITTLE LEAGUE BASEBALL, INC.
25 INDIAN ROAD
NEW YORK, NY 10034
(212) 942–1163

Name of Project Director:

PEDRO RAMIREZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SPORTS EQUIPMENT, SPONSOR UMPIRES, AND PROVIDE TEAM IN−STATE TRANSPORTATION.

Funded Amount:

$9,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LITTLE LEAGUE RAIDERS BASEBALL, INC.
1015 GERARDS AVENUE, #6C
BRONX, NY 10452
(718) 583–5977

Name of Project Director:

ARMANDO PENA

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE A POSITIVE ENVIRONMENT THROUGH COMPETITIVE BASEBALL FOR YOUTH.

Funded Amount:

$3,500

Requested By:

DIAZ–L

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LITTLE ONES LEARNING CENTER
5142 ROUTE 209
ACCORD, NY 12404
(845) 626–4112

Name of Project Director:

SUSAN MORGAN

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM COSTS.

Funded Amount:

$4,000

Requested By:

CROUCH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LITTLE SHEPHERD’S COMMUNITY SERVICES, INC.
2260 ANDREWS AVENUE
BRONX, NY 10468
(718) 295–2740

Name of Project Director:

DEXTER CRUZADO

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE AFTER SCHOOL PROGRAM.

Funded Amount:

$6,000

Requested By:

DIAZ–L

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LITTLE SHEPHERD’S COMMUNITY SERVICES, INC.
2260 ANDREWS AVENUE
BRONX, NY 10468
(718) 295–2277

Name of Project Director:

ROSELYN SPRIGGS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOUTH WITH COLLEGE TOURS WITHIN NEW YORK STATE.

Funded Amount:

$4,000

Requested By:

DIAZ–L

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LIVONIA FOOD PANTRY
P.O. BOX 223
LAKEVILLE, NY 14480
(585) 346–6470

Name of Project Director:

DANIELLE WEICHMAN

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH A FOOD PANTRY.

Funded Amount:

$1,000

Requested By:

ERRIGO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LONG BEACH POLAR BEARS CORP.
248 WEST PARK AVENUE, SUITE 213
LONG BEACH, NY 11561
(516) 897−2327

Name of Project Director:

PETE MEYERS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SHIRTS TO BENEFIT SPECIAL CHILDREN AND THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LONG ISLAND BLUE JAYS JR. DRUM AND BUGLE CORPS, INC.
523 MONTAUK HIGHWAY
SAYVILLE, NY 11782
(631) 589–5047

Name of Project Director:

RALPH PARKHILL

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF NEW UNIFORMS AND EQUIPMENT.

Funded Amount:

$4,000

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LONG ISLAND FAMILIES TOGETHER
193 BROADWAY, SUITE A
AMITYVILLE, NY 11701
(631) 264-5438

Name of Project Director:

JANET ULLRICH

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT SEMINARS AND PROGRAMS AIMED AT BUILDING FAMILY INVOLVEMENT IN MENTAL ILLNESS SITUATIONS AND FOR PROGRAMS AND MATERIALS ASSOCIATED WITH A YOUTH FORUM.

Funded Amount:

$3,000

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LONG ISLAND GAY AND LESBIAN YOUTH, INC.
34 PARK AVENUE
BAY SHORE, NY 11706
(516) 665–2300

Name of Project Director:

DR. DAVID KILMNICK

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE THE COMMUNITY ON LEADERSHIP DEVELOPMENT. MENTAL HEALTH SERVICES WILL ALSO BE PROVIDED.

Funded Amount:

$2,000

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

LONG ISLAND GAY AND LESBIAN YOUTH, INC.
34 PARK AVENUE
BAYSHORE, NY  11706
(631) 665–2300

Name of Project Director:

DAVID KILMNICK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT OUTREACH AND FOR PROMOTION OF THE ANTI–VIOLENCE PROGRAM.

Funded Amount:

$5,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LONG ISLAND HISPANIC PASTORAL ASSOCIATION, INC.
50 NORTH MAIN STREET
FREEPORT, NY 11520
(516) 665−8072

Name of Project Director:

PASTOR CARLOS VARGAS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET GENERAL OPERATING EXPENSES OF THE ASSOCIATION, INCLUDING, BUT NOT LIMITED TO EQUIPMENT/SUPPLY PURCHASES, POSTAGE, INTERNET SERVICES, ADVERTISING, NEWSLETTERS, ETC. NEEDED TO RUN MONTHLY MEETINGS. PROGRAMS PROVIDED BY THE ASSOCIATION ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LONG ISLAND TOY LENDING CENTER FOR CHILDREN WITH DISABILITIES, INC.
116 MERRITTS ROAD
FARMINGDALE, NY  11735
(516) 889–8287

Name of Project Director:

COLLEEN MOSEMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CHILDREN WITH DISABILITIES, RANGING FROM INFANT TO 10 YEARS OLD, WITH A TOY LENDING LIBRARY. TOYS ARE LOANED TO AID PARENTS IN FOSTERING THEIR CHILD’S DEVELOPMENT AND REINFORCING LEARNED SKILLS.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

LOVE HALLIE FOUNDATION
375 GREENWICH STREET
NEW YORK, NY 10013
(212) 941–4655

Name of Project Director:

TED GRIER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT GENERAL OPERATING EXPENSES ASSOCIATED WITH THE FOUNDATION’S EFFORTS TO ENCOURAGE AND SUPPORT YOUTH PHILANTHROPY.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LOWER EAST SIDE GAUCHO BASEBALL PROGRAM
9 AVENUE A
NEW YORK, NY 10009
(212) 473–1496

Name of Project Director:

JOE VICTOR

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE LEAGUE’S LOW COST AND FREE BASEBALL PROGRAMS FOR NEIGHBORHOOD CHILDREN.

Funded Amount:

$5,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LOWER EAST SIDE GIRLS CLUB
67 AVENUE D
NEW YORK, NY  10009
(212) 982–1633

Name of Project Director:

LYN PENTECOST

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT FOR THE GIRLS’ EDUCATIONAL SUPPORT CENTER.

Funded Amount:

$20,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LP FAM’S YOUTH ORGANIZATION, INC.
109–48 128TH STREET
SOUTH OZONE PARK, NY 11420
(718) 593–7864

Name of Project Director:

DAVID REID

Purpose of Project:

FUNDS WILL BE USED TO ORGANIZE BASEBALL, BASKETBALL, AND FOOTBALL TEAMS FOR CHILDREN, AS WELL AS TO SPONSOR EDUCATIONAL VISITS, AND IN–STATE TRIPS TO SPORTS AND CULTURAL EVENTS. FUNDS WILL ALSO ASSIST WITH THE ANNUAL CHILDREN’S DAY AND FAMILY DAY HELD IN SOUTH OZONE PARK.

Funded Amount:

$20,000

Requested By:

COOK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LP FAM’S YOUTH ORGANIZATION, INC.
109–48 128 STREET
SOUTH OZONE PARK, NY 11420
(718) 835–8416

Name of Project Director:

PAUL COX

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ACTIVITIES AND EXPENSES OF THE BASKETBALL AND BASEBALL TEAMS OF THIS ORGANIZATION, INCLUDING THE RENTAL OF SPACE, IN–STATE TRANSPORTATION, UNIFORMS AND/OR EQUIPMENT.

Funded Amount:

$8,000

Requested By:

TITUS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LUMBERJACK LOU’S COMMUNITY BOXING, INC.
7 HENRY PLACE
BAY SHORE, NY 11706
(631) 968–8343

Name of Project Director:

LOU LLOVET

Purpose of Project:

FUNDS WILL BE USED FOR THE OPERATION AND MAINTENANCE OF A COMMUNITY BOXING PROGRAM FOR CHILDREN.

Funded Amount:

$3,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LUTHERAN DAY SCHOOL OF BAY RIDGE
440 OVINGTON AVENUE
BROOKLYN, NY  11209
(718) 748–9502

Name of Project Director:

LORRAINE M. TUCCILLO

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE MIND, BODY AND SPIRIT OF COMMUNITY CHILDREN BY PROVIDING COUNSELING AND ARTS PROGRAMS AFTER SCHOOL. FUNDS WILL ALSO BE USED TO PURCHASE SUPPLIES AND OFFSET EXPENSES FOR COUNSELING. THE PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LUTHERAN GIRLS’ CAMP ASSOCIATION
6 SOUNDVIEW DRIVE NORTH
HUNTINGTON, NY 11743
(888) CMA–HETU

Name of Project Director:

MARION SCHUMACHER

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM ENHANCEMENTS.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

LUTHERAN GIRLS’ CAMP ASSOCIATION, INC.
6 SOUNDVIEW DRIVE NORTH
HUNTINGTON, NY 11743
(631) 351–1657

Name of Project Director:

MARION SCHUMACHER

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH PROGRAMS AIDING VETERANS
TRANSPORTATION AND OTHER EXPENSES RELATED TO CARE AND OTHER
CHAPTER PROGRAMS.

Funded Amount:

$3,000

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

M & N SPORTS INC.
P.O. BOX 214
BRONX, NY 10465
(347) 275–3116

Name of Project Director:

NICHOLAS AFFISCO

Purpose of Project:

FUNDS WILL BE USED TO UPDATE THE DILAPIDATED FENCE, CONSTRUCT CONCESSION STAND AND BATHROOMS, AND FOR SOIL AND SEEDING TO UPGRADE THE FIELD.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MACHSON MOBILE
80 MAIDEN LANE – 21ST FLOOR
NEW YORK, NY 10038
(212) 453–9500

Name of Project Director:

HERB FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CLOTHING, FOOD AND OTHER ESSENTIALS TO POOR FAMILIES WITHIN THE COMMUNITY.

Funded Amount:

$115,000

Requested By:

ABBATE, BENEDETTO, BING, BRENNAN, BROOK–KRASNY, CANESTRARI, CLARK, CYMBROWITZ–S, DINOWITZ, FARRELL, JR, GLICK, GOTTFRIED, HIKIND, HOYT, MAISEL, MAYERSOHN, MILLMAN, O’DONNELL, PHEFFER, RIVERA–N, ROSENTHAL, SILVER, WEINSTEIN, WEPRIN, YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MADD – WESTCHESTER COUNTY
790 WATERVLIET-SHAKER ROAD
LATHAM, NY  12110
(800) 245–6233

Name of Project Director:

CAROLE SEARS

Purpose of Project:

FUNDS WILL BE USED FOR MULTI–MEDIA PREVENTION EDUCATION PROGRAMS IN LOCAL SCHOOLS; TO TRAIN VOLUNTEERS; TO SPONSOR A LOCAL YOUTH IN ACTION TEAM; FOR PUBLIC AWARENESS TO STOP DRUNK DRIVING, ETC.

Funded Amount:

$5,000

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MADISON RESIDENCE FOR EXCEPTIONAL PERSONS PLANNING CORPORATION
902 MADISON STREET
BROOKLYN, NY  11221
(718) 443-5775

Name of Project Director:

RUTH FERGUS

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF THE AFTER SCHOOL PROGRAM, WHICH PROVIDES A NETWORK OF YOUTH SERVICE PROGRAMS, THEREBY ALLOWING COMMUNITY YOUTH AN OPPORTUNITY TO SUCCEED IN LIFE.

Funded Amount:

$5,000

Requested By:

BOYLAND

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MANHASSET–GREAT NECK ECONOMIC OPPORTUNITY COUNCIL
65 HIGH STREET
MONHASSET, NY 11030
(516) 627–6385

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:

$2,500

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MANHATTAN YOUTH RECREATION AND RESOURCES, INC.
225 BROADWAY, #1020
NEW YORK, NY 10007
(212) 766–1104

Name of Project Director:

ROBERT TOWNLEY

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS INCLUDING A TEEN LOUNGE, BASKETBALL LEAGUE, KARATE, ART, IN–STATE TRIPS, AND AFTER SCHOOL PROGRAMS IN PUBLIC SCHOOL SETTINGS AND COMMUNITY SPACE.

Funded Amount:

$205,000

Requested By:

GLICK, SILVER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MANHATTAN YOUTH RECREATION AND RESOURCES, INC.
225 BROADWAY, SUITE 1020
NEW YORK, NY 10007
(212) 766–1104 Ext: 229

Name of Project Director:

JIM HOPKINS

Purpose of Project:

FUNDS WILL BE USED FOR ARTS, MUSIC AND ACADEMIC PROGRAMMING FOR AN AFTER SCHOOL PROGRAM HELD AT IS 89, WHICH IS LOCATED AT 201 WARREN STREET IN MANHATTAN.

Funded Amount:

$7,500

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MARINE PARK COMMUNITY ASSOCIATION
4011 AVENUE R
BROOKLYN, NY  11234
(917) 440–7886

Name of Project Director:

GREG BORUSSO

Purpose of Project:

FUNDS WILL BE USED FOR CHILDREN’S PROGRAMMING, (I.E. BACK TO SCHOOL FAIR, HALLOWEEN WALK, ETC.).

Funded Amount:

$5,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

MARY CARIOLA CHILDREN’S CENTER, INC.
1000 ELMWOOD AVENUE
ROCHESTER, NY 14620
(585) 271–0761

Name of Project Director:

ROD CHRISTIAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADDITIONAL CLASSROOM AND THERAPY SPACE FOR THE CAMPUS.

Funded Amount:

$10,000

Requested By:

MORELLE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MARY MITCHELL FAMILY AND YOUTH CENTER, INC.
2007 MAPES AVENUE
BRONX, NY 10460
(718) 583-1765

Name of Project Director:

HEIDI HYNES

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH A MARTIAL ARTS PROGRAM.

Funded Amount:

$7,500

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MASPETH TOWN HALL, INC.
53–37 72ND STREET
MASPETH, NY  11378
(718) 335–6049

Name of Project Director:

EILEEN REILLY

Purpose of Project:

FUNDS WILL BE USED FOR YOUTH PROGRAMS INCLUDING, BUT NOT LIMITED TO AN AFTER SCHOOL PROGRAM, HOLIDAY CAMP AND SUMMER CAMP. ALSO, FUNDS WILL BE USED FOR SENIOR PROGRAMS INCLUDING, BUT NOT LIMITED TO ART CLASSES, YOGA CLASSES, CONCERTS AND IN–STATE RECREATIONAL AND EDUCATIONAL TRIPS.

Funded Amount:

$43,000

Requested By:

MARKEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MASPETH TOWN HALL, INC.
53–37 72ND STREET
MASPETH, NY 11378
(718) 335–6049

Name of Project Director:

EILEEN REILLY

Purpose of Project:

FUNDS WILL BE USED FOR AFTER SCHOOL AND SENIOR PROGRAMS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MASSACHUSETTS AVENUE PROJECT, INC.
382 MASSACHUSETTS AVENUE
BUFFALO, NY 14213
(716) 882–5327

Name of Project Director:

DIANE PICARD

Purpose of Project:

FUNDS WILL BE USED FOR THE DEVELOPMENT OF COMMUNITY FOOD SYSTEMS TO PROMOTE ACCESS TO NUTRITIOUS FOOD AND ECONOMIC OPPORTUNITIES THROUGH GROWING GREEN AND/OR FOOD VENTURES PROGRAM.

Funded Amount:

$10,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
MATTITUCK LIONS CLUB, INC.
P.O. BOX 595
MATTITUCK, NY 11952
(631) 298–2222

Name of Project Director:
JOSEPH DOORHY

Purpose of Project:
FUNDS WILL BE USED FOR ADVERTISING AND COMMUNITY OUTREACH FOR THE ANNUAL COMMUNITY STRAWBERRY FESTIVAL.

Funded Amount:
$3,000

Requested By:
ALESSI

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MEDIA UNIT, INC.
327 MONTGOMERY STREET
SYRACUSE, NY 13202
(315) 478–8648

Name of Project Director:

WALT SHEPPERD

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A DIGITAL AUDIO/VISUAL MIXER, CHARACTER GENERATOR AND FOUR 13" COLOR MONITORS.

Funded Amount:

$18,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MEN UNITED FOR CHANGE
3748 BAYVIEW AVENUE
BROOKLYN, NY 11224
(718) 449−5000  Ext: 218

Name of Project Director:

DAVID ANDERSON

Purpose of Project:

FUNDS WILL BE USED FOR AN AT RISK YOUTH PROGRAM.

Funded Amount:

$2,000

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
MERCAZ GAN YISROEL OF FLATBUSH
1968 OCEAN AVENUE
BROOKLYN, NY 11230
(718) 513−1931

Name of Project Director:
SOFEI MENDELSON

Purpose of Project:
FUNDS WILL BE USED TO OFFSET GENERAL DAYCARE EXPENDITURES SUCH AS SCHOOL SUPPLIES, ETC. THE DAYCARE IS OPEN TO ALL CHILDREN ON A NON−SECTARIAN BASIS.

Funded Amount:
$9,000

Requested By:
HIKIND

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MERRICK JEWISH CENTER
25 FOX BOULEVARD
MERRICK, NY 11566
(516) 546–3535

Name of Project Director:

RABBI CHARLES KLEIN

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THEIR ONGOING MUSICAL PROGRAMS FOR THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MESIVTA YESHIVA RABBI CHAIM BERLIN
1585 CONEY ISLAND AVENUE
BROOKLYN, NY  11230
(718) 377−0777

Name of Project Director:

RABBI ELI RABINOWITZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A SWIMMING PROGRAM FOR CHILDREN IN THE COMMUNITY, PROVIDING SUPERVISED ACTIVITIES IN A SAFELY MONITORED ENVIRONMENT AFTER SCHOOL AND ON WEEKENDS. PROGRAM IS OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

METRO COMMUNITY DEVELOPMENT CORPORATION
877 E. DELAVAN AVENUE
BUFFALO, NY  14215
(716) 896–7021

Name of Project Director:

REGINALD GARNER

Purpose of Project:

FUNDS WILL BE USED FOR RECREATIONAL AND EDUCATIONAL PROGRAMS FOR YOUTH AFTER SCHOOL, AS WELL AS SUMMER PROGRAMS.

Funded Amount:

$5,000

Requested By:

PEOPLES

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MAIDEN LANE – 21ST FLOOR
NEW YORK, NY 10038
(212) 453–9500

Name of Project Director:

HERB FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED TO PARTIALLY OFFSET THE COST OF SERVICES PROVIDED TO NEEDY CHILDREN AND FAMILIES, INCLUDING BUT NOT LIMITED TO CRISIS INTERVENTION, HOUSING SUPPORT TO SPECIAL NEEDS POPULATIONS, EMPLOYMENT TRAINING AND JOB DEVELOPMENT, ETC. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS. FUNDS WILL ALSO BE USED TO PROVIDE FOR AN EXPANSION OF THE FOOD PANTRY PROGRAM, WHICH IS OPEN TO ALL IN NEED ON A NON–SECTARIAN BASIS.

Funded Amount:

$290,000

Requested By:

ABBATE, BENEDETTO, BING, BRENNAN, BROOK−KRASNY, CANESTRARI, CLARK, CYMBROWITZ−S, DINOWITZ, FARRELL, JR, GLICK, GOTTFRIED, HIKIND, HOYT, MAISEL, MAYERSOHN, MILLMAN, O’DONNELL, PHEFFER, RIVERA−N, ROSENTHAL, SILVER, WEINSTEIN, WEPRIN, YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
9 MURRAY STREET, 4TH FLOOR EAST
NEW YORK, NY 10007
(212) 267-9500

Name of Project Director:

YECHIEL KAUFMAN

Purpose of Project:

FUNDS WILL BE USED TO MAINTAIN A COMMUNITY ADVISORY BOARD IN
THE BORO−PARK COMMUNITY WHICH WILL ADVISE THEM OF THE SERVICES
AND PROGRAMS AVAILABLE TO THE COMMUNITY AT THE MET COUNCIL
MULTI−SERVICE CENTER ON A NON−SECTARIAN BASIS.

Funded Amount:

$15,000

Requested By:

ABBATE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MAIDEN LANE
NEW YORK, NY 10038
(212) 453–9500

Name of Project Director:

WILLIAM E. RAPFOGEL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN EXPANSION OF THE FOOD PANTRY. THIS PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MARDEN LANE
NEW YORK, NY 10038
(212) 453−9534

Name of Project Director:

LARISSA BOAS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT OPERATIONS OF THE FOOD PANTRY AND MEAL PROGRAMS.

Funded Amount:

$5,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MAIDEN LANE, 21ST FLOOR
NEW YORK, NY 10038
(212) 453–9500  Ext: 550

Name of Project Director:

LARISA BOAS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES TO INDIVIDUALS AND
FAMILIES DURING CRISIS SITUATIONS, WHICH INCLUDE SHORT–TERM
COUNSELING, BENEFITS ASSISTANCE, FINANCIAL ASSISTANCE,
EMERGENCY FOOD AND INFORMATION, AND REFERRALS ON A
NON–SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MAIDEN LANE, 21T FLOOR
NEW YORK, NY 10038
(212) 453−9534

Name of Project Director:

LARISA BOAS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE MET COUNCIL’S FOOD PROGRAM
WHICH ASSEMBLES EMERGENCY FOOD PACKAGES AND DISTRIBUTES
THEM TO THOUSANDS OF POOR AND NEEDY CLIENTS THROUGHOUT THE
CITY’S FIVE BOROUGHHS. PROGRAMS ARE OPEN TO ALL IN NEED ON A
NON−SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MAIDEN LANE, 21ST FLOOR
NEW YORK, NY 10038
(212) 453–9534

Name of Project Director:

LARISA BOAS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT MET COUNCIL’S FOOD PROGRAM, WHICH ASSEMBLES EMERGENCY FOOD PACKAGES AND DISTRIBUTES THEM TO THOUSANDS OF POOR AND NEEDY INDIVIDUALS. PROGRAMS ARE OPEN TO ALL IN NEED ON A NON-SECTARIAN BASIS.

Funded Amount:

$20,000

Requested By:

COOK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MAIDEN LANE, 21ST FLOOR
NEW YORK, NY 10038
(212) 453-9500

Name of Project Director:

LARISA BOAS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE INDIVIDUALS AND FAMILIES WITH CRISIS INTERVENTION SERVICES WHICH INCLUDE SHORT TERM COUNSELING, BENEFITS AND FINANCIAL ASSISTANCE, EMERGENCY FOOD, SHELTER AND INFORMATION, AND REFERRAL SERVICES. THIS PROGRAM IS OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MAIDEN LANE, 21ST FLOOR
NEW YORK, NY 10038
(212) 453–9500

Name of Project Director:

LARISA BOAS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOOD TO NEEDY WILLIAMSBURG FAMILIES, ON A NON-SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MAIDEN LANE
NEW YORK, NY 10038
(212) 453–9500

Name of Project Director:

LARISA BONS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CASE WORKERS TO ASSIST INDIVIDUALS IN NEED THROUGH COUNSELING, BENEFIT ASSISTANCE, CASE ASSISTANCE INFORMATION, EDUCATION, AND FINANCIAL ASSISTANCE TO ALL IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

BING

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MAIDEN LANE, 21ST FLOOR
NEW YORK, NY 10038
(212) 453-9534

Name of Project Director:

LARISA BOAS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE POOR AND NEAR POOR NEW YORKERS WITH EMERGENCY INTERVENTION SERVICES, INCLUDING BENEFIT ASSISTANCE, COUNSELING, EMERGENCY FINANCIAL ASSISTANCE, FOOD PANTRY SERVICES, IMMIGRANT SERVICES, ETC. SERVICES ARE OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$25,000

Requested By:

FARRELL, JR

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MAIDEN LANE
NEW YORK, NY 10038
(212) 453–9500

Name of Project Director:

LARISA BOAS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EMERGENCY FOOD PACKAGES TO LOW–INCOME FAMILIES THROUGHOUT NEW YORK CITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MAIDEN LANE, 21ST FLOOR
NEW YORK, NY 10038
(212) 453–9500

Name of Project Director:

LARISA BOAS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE MET COUNCIL FOOD PROGRAM WHICH PROVIDES EMERGENCY FOOD PACKAGES AND DISTRIBUTES THEM TO NEEDY INDIVIDUALS AND FAMILIES. THIS PROGRAM DISTRIBUTES 13,000 FOOD PACKAGES PER MONTH AND IS OPEN TO ALL IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

TOWNS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY
80 MAIDEN LANE, 21ST FLOOR
NEW YORK, NY 10038
(212) 453−9500 Ext: 550

Name of Project Director:

LARISA BOAS

Purpose of Project:

FUNDS WILL BE USED TO DISTRIBUTE FOOD TO INDIVIDUALS AND FAMILIES IN NEED, I.E., ASSEMBLE EMERGENCY FOOD PACKAGES AND DISTRIBUTE TO LOW−INCOME FAMILIES IN QUEENS. FOOD PROGRAM IS OPEN TO ALL IN NEED ON A NON−SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MICCIO CENTER POLICE ATHLETIC LEAGUE
110 WEST 9TH STREET
BROOKLYN, NY 11231
(718) 243−1528

Name of Project Director:

GARY CAMPBELL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL AND EDUCATIONAL ACTIVITIES FOR INNER−CITY YOUTH.

Funded Amount:

$3,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MID ISLAND LITTLE LEAGUE
3665 VICTORY BOULEVARD
STATEN ISLAND, NY 10314
(718) 370–7265

Name of Project Director:

JOSEPH IMPEDUGLIA

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PURCHASE OF A FIELD TRACTOR AND FOR UTILITY EXPENSES.

Funded Amount:

$3,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
MID–HUDSON REGION JUNIOR ACHIEVEMENT OF NORTHEASTERN NY
65 AMSTERDAM AVENUE
KINGSTON, NY 12401
(845) 331–3540

Name of Project Director:
BARBARA REER

Purpose of Project:
FUNDS WILL BE USED FOR PROGRAM COSTS.

Funded Amount:
$1,000

Requested By:
LOPEZ–P

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MIDDLE VILLAGE MASPETH CIVIC ASSOCIATION, INC.
P.O. BOX 780599
MASPETH, NY 11378
(718) 683-2599

Name of Project Director:

JOSEPH CIMINO

Purpose of Project:

FUNDS WILL BE USED TO SPONSOR COMMUNITY OUTREACH AND SENIOR CITIZEN EVENTS.

Funded Amount:

$4,000

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MILL BASIN MARINERS YOUTH ORGANIZATION, INC.
4103 AVENUE I
BROOKLYN, NY 11210
(347) 546–9006

Name of Project Director:

SHAWN WILLIAMS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SPORTS EQUIPMENT FOR THE FOOTBALL LEAGUE.

Funded Amount:

$1,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MILL BASIN MARINERS YOUTH ORGANIZATION, INC.
4103 AVENUE I
BROOKLYN, NY  11210
(347) 546−9006

Name of Project Director:

SHAWN WILLIAMS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SPORTS EQUIPMENT FOR THE FOOTBALL LEAGUE.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MILLENNIUM DANCE COMPANY, INC.
2542 FREDERICK DOUGLASS BOULEVARD
NEW YORK, NY 10030
(212) 234-1400

Name of Project Director:

DENISE PERRY

Purpose of Project:

FUNDS WILL BE USED FOR A SUMMER DANCE CAMP TO COUNTER YOUTH OBESITY.

Funded Amount:

$5,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MIRACLE CADET CORP.
12 EAST 116TH STREET, APT. #1A
NEW YORK, NY 10029
(203) 559-5996

Name of Project Director:

XIOMARA MEDINA

Purpose of Project:

FUNDS WILL BE USED FOR THE MIRACLE CADET SUMMER CAMP FOR CHILDREN. THIS FESTIVAL RAISES SELF AWARENESS FOR ITS PARTICIPANTS.

Funded Amount:

$5,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOHAWK VALLEY LATINO ASSOCIATION, INC.
309 GENESEE STREET, THIRD FLOOR
UTICA, NY 13501
(315) 738−1083  Ext: 121

Name of Project Director:

C. SONIA MARTINEZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE NECESSARY SERVICES TO MEMBERS OF THE GROWING LATINO COMMUNITY IN THE MOHAWK VALLEY REGION, INCLUDING COLLABORATIONS WITH AREA SERVICE AGENCIES AND PROVIDERS, SCHOOL DISTRICTS, AND COLLEGES.

Funded Amount:

$10,000

Requested By:

DESTITO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOMENTUM PROJECT, INC.
322 8TH AVENUE, 3RD FLOOR
NEW YORK, NY 10001
(212) 691–8100

Name of Project Director:

DAWN BRYAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOOD TO LOW INCOME PEOPLE LIVING WITH HIV/AIDS IN NEW YORK CITY. FUNDS WILL ALSO BE USED TO PROVIDE SOCIAL SERVICES, INCLUDING COUNSELING, HOUSING, BENEFIT ASSISTANCE, NURSING, EDUCATION, WICA.

Funded Amount:

$4,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOMENTUM PROJECT, INC.
322 EIGHTH AVENUE, 3RD FLOOR
NEW YORK, NY 10001
(212) 691–8100

Name of Project Director:

DAWN BRYAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOOD AND NUTRITION TO LOW-INCOME PEOPLE LIVING WITH HIV/AIDS IN NEW YORK CITY AND TO PROVIDE THEM WITH SOCIAL SERVICES INCLUDING COUNSELING, HOUSING ASSISTANCE, PASTORAL CARE, AND NURSING.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MONTGOMERY COUNTY YOUTH BUREAU/ALTERNATIVE COMMUNITY SERVICES DEPARTMENT
20 PARK STREET, (P.O. BOX 1500)
FONDA, NY 12608
(518) 853−4355

Name of Project Director:

JENNIFER PETTERYS

Purpose of Project:

FUNDS WILL BE USED FOR THE MONTGOMERY COUNTY YOUTH DAY 2008 CELEBRATION.

Funded Amount:

$5,000

Requested By:

AMEDORE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

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

Name of Project Director:

PATRICIA JACKSON

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$12,742

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
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 TO HELP CHILDREN IN THE COMMUNITY GROW AND PRODUCE THEIR OWN FOOD TO COMBAT THE OBESITY EPIDEMIC. A RECENT LOCAL STUDY SHOWED THAT 90 PERCENT OF THE STORES DO NOT SELL ANYTHING OF NUTRITIONAL VALUE.

Funded Amount:

$25,000

Requested By:

GANTT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOSHOLU MONTEFIORE COMMUNITY CENTER
3450 DEKALB AVENUE
BRONX, NY  10467
(718) 882–4000

Name of Project Director:

DONALD BLUESTONE

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$24,950

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOSHOLU-MONTEFIORE COMMUNITY CENTER, INC.
3450 DEKALB AVENUE
BRONX, NY 10467
(718) 882-4000

Name of Project Director:

DONALD BLUESTONE

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP ART PROGRAMS FOR SENIOR CITIZENS. FUNDS WILL ALSO BE USED TOWARDS OPERATING EXPENSES ASSOCIATED WITH A PROGRAM TO ASSIST HIGH SCHOOL STUDENTS WITH THE COLLEGE SELECTION AND APPLICATION PROCESS.

Funded Amount:

$10,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOSHOLU–MONTEFIORE COMMUNITY CENTER, INC.
3450 DEKALB AVENUE
BRONX, NY 10467
(718) 882–4000

Name of Project Director:

DONALD BLUESTONE

Purpose of Project:

FUNDS WILL BE USED TO FUND LOCAL GANG OUTREACH PROGRAMS IN THE NORTHWEST BRONX COMMUNITIES.

Funded Amount:

$5,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOSHOLU–MONTEFIORE COMMUNITY CENTER, INC.
3450 DEKALB AVENUE
BRONX, NY 10467
(718) 882–4000

Name of Project Director:

RITA SANTELIA

Purpose of Project:

FUNDS WILL BE USED FOR AFTER SCHOOL PROGRAMS AT TRACY TOWERS, INCLUDING THE PURCHASE OF SUPPLIES AND EQUIPMENT.

Funded Amount:

$5,000

Requested By:

RIVERA–N

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOSHOLU–MONTEFIORE COMMUNITY CENTER, INC.
3450 DEKALB AVENUE
BRONX, NY 10467
(718) 882–4000

Name of Project Director:

RITA SANTELIA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF OPERATIONS FOR A SUMMER CAMP PROGRAM AT TRACEY TOWERS.

Funded Amount:

$2,000

Requested By:

RIVERA−N

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

MOTHERS AGAINST DRUNK DRIVING
790 WATERVLIET–SHAKER ROAD, SUITE 6
LATHAM, NY  12110
(800) 245–6233

Name of Project Director:

DONNA KOPEC

Purpose of Project:

FUNDS WILL BE USED FOR MULTI–MEDIA EDUCATIONAL PREVENTION PROGRAMS IN LOCAL SCHOOLS, A PROGRAM TO TRAIN VOLUNTEERS, AS WELL AS TO INCREASE PUBLIC AWARENESS.

Funded Amount:

$5,000

Requested By:

ZEBROWSKI–K

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOTHERS AGAINST DRUNK DRIVING
2125 BUFFALO ROAD, SUITE 115
ROCHESTER, NY  14624
(585) 426–3130

Name of Project Director:

TRACEY HOLBROOK

Purpose of Project:

FUNDS WILL BE USED TO ENABLE MADD TO IMPLEMENT THEIR MISSION IN MONROE COUNTY THROUGH EDUCATIONAL PROGRAMS TARGETED TO THE COMMUNITY AT LARGE.

Funded Amount:

$5,000

Requested By:

MORELLE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOTHERS AGAINST DRUNK DRIVING
790 WATERVLIET−SHAKER ROAD, SUITE 6
LATHAM, NY  12110
(518) 785−6233

Name of Project Director:

MICHELE FONDA

Purpose of Project:

FUNDs WILL BE USED TO TRAIN VOLUNTEERS, FOR ADVERTISEMENTS TO STOP DRUNK DRIVING, AND FOR EXPENSES RELATED TO MULTI−MEDIA PREVENTION EDUCATION PROGRAMS IN LOCAL SCHOOLS.

Funded Amount:

$1,000

Requested By:

GUNther−A

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOTHERS AGAINST DRUNK DRIVING
790 WATERVLIET-SHAKER ROAD, SUITE #6
LATHAM, NY 12110
(518) 785-6233

Name of Project Director:

DENNA COHEN

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH EDUCATION AND PREVENTION PROGRAMS.

Funded Amount:

$1,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOTHERS AGAINST DRUNK DRIVING NEW YORK CHARTER OFFICE
790 WATERVLIET–SHAKER ROAD, SUITE #6
LATHAM, NY 12110
(518) 785–6233

Name of Project Director:

MARY JANE MARRA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS TO STOP DRUNK DRIVING, SUPPORT THE VICTIMS OF THIS VIOLENT CRIME, AND TO PREVENT UNDERAGE DRINKING.

Funded Amount:

$2,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOTHERS ALIGNED SAVING KIDS, INC.
2566 NOSTRAND AVENUE
BROOKLYN, NY 11210
(718) 758-0400

Name of Project Director:

RUCHAMA CLAPMAN

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE IN–SCHOOL AND OUT OF SCHOOL PREVENTION PROGRAMS FOR AT–RISK YOUTH AND PARENT BODY. ENHANCEMENTS INCLUDE SUPPORT, CRISIS INTERVENTION AND TRUANCY ISSUES.

Funded Amount:

$29,000

Requested By:

HIKIND

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOUNT HOPE HOUSING COMPANY, INC.
2030 WALTON AVENUE
BRONX, NY 10453
(718) 229−2051

Name of Project Director:

WILBER T. LAWTON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT, UNIFORMS, AND MISCELLANEOUS ITEMS FOR YOUTH GROUPS, AS WELL AS TO DEVELOP A PROGRAM FOR THE ECHO PARK EVENT.

Funded Amount:

$8,000

Requested By:

DIAZ−L

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOUNT KISCO DAY CARE CENTERS, INC.
95 RADIO CIRCLE DRIVE
MOUNT KISCO, NY 10549
(914) 241–2135  Ext: 240

Name of Project Director:

DOROTHY JORDAN

Purpose of Project:

FUNDS WILL BE USED TO HIGHLIGHT THE ARTISTIC EXPRESSION OF BOTH YOUNG CHILDREN AND OLDER ADULTS. THE PROJECT GOAL IS TO RAISE AWARENESS OF THE IMPORTANCE OF KEEPING THE GENERATIONS CONNECTED WITHIN THE COMMUNITY.

Funded Amount:

$10,000

Requested By:

BRADLEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOVEMENT OF THE CHILDREN DANCENTER, INC.
142−09 ROCKAWAY BOULEVARD
JAMAICA, NY  11436
(718) 659−0337

Name of Project Director:

BERNADETTE MCKETNEY−BROWN

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE, INSTALLATION AND MAINTENANCE OF TECHNOLOGY EQUIPMENT TO HELP SUPPORT THE PROGRAM. FUNDS WILL ALSO BE USED TO OFFSET COSTS ASSOCIATED WITH THE SUPPORT OF MOVEMENT OF THE CHILDREN DANCENTER, WHICH PROVIDES CHILDREN AGES 3−18, DANCE INSTRUCTION, PERSONAL GROWTH INCENTIVES AND CULTURAL ENHANCEMENT.

Funded Amount:

$13,000

Requested By:

COOK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MOVING MIRACLES, INC.
2305 UNION ROAD
WEST SENEC  NY  14224
(716) 656−1321

Name of Project Director:

SHEILA DOLLAS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A DANCE PROGRAM FOR CHILDREN, ADOLESCENTS AND ADULTS WITH SPECIAL NEEDS – MENTALLY, PHYSICALLY, AND EMOTIONALLY CHALLENGED INDIVIDUALS.

Funded Amount:

$2,500

Requested By:

SCHROEDER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MPOWERING KIDS
161 DREXEL AVENUE
WESTBURY, NY 11590
(516) 874–1465

Name of Project Director:

KAREN BLANK

Purpose of Project:

FUNDS WILL BE USED FOR AFTER SCHOOL PROGRAMS, INCLUDING TUTORING AND MENTORING YOUNG STUDENTS.

Funded Amount:

$2,000

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MR. BEE’S HORNETS, INC.
1369 EAST 51ST STREET
BROOKLYN, NY  11234
(718) 444−4322

Name of Project Director:

RUSSELL BOMAR

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE BASKETBALL COACHING AND TOURNAMENTS TO YOUTH THROUGHOUT THE FLATLANDS AND EAST FLATBUSH COMMUNITIES. FUNDS WILL ALSO BE USED TO PURCHASE EQUIPMENT AND FOR REGISTRATION FEES FOR YOUNGSTERS WHO ARE UNABLE TO PAY.

Funded Amount:

$3,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

MUJERES HISPANAS UNIDAS, INC.
38–15 104TH STREET
CORONOA, NY 11368
(718) 397–5482

Name of Project Director:

DANILA RODRIGUEZ

Purpose of Project:

FUNDS WILL BE USED FOR COST ASSOCIATED WITH EDUCATIONAL WORKSHOPS AND SEMINARS FOR WOMEN AND CHILDREN IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MULTICULTURAL MUSIC GROUP, INC.
41 WEST 184TH STREET, APT. #2A
BRONX, NY 10468
(718) 884-5495

Name of Project Director:

LUIS MOJICA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AFTER SCHOOL CLASSES ON MUSIC AND MUSICAL INSTRUMENTS.

Funded Amount:

$10,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

MUSICA DE CAMARA, INC.
1215 FIFTH AVENUE
NEW YORK, NY  10029
(212) 410–5612

Name of Project Director:

EVA DE LA O

Purpose of Project:

FUNDS WILL BE USED TO ACQUAINT CHILDREN WITH THE WORLD OF CLASSICAL MUSIC, AS WELL AS WITH THEIR OWN CLASSICAL MUSIC HERITAGE. THIS PROGRAM EMPOWERS YOUTH TO SEEK NEW CULTURAL VISTAS AND TO SEEK NEW CAREER POSSIBILITIES.

Funded Amount:

$10,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NAACP–PARKCHESTER BRANCH
P.O. BOX 482
BRONX, NY 10462
(212) 753–4272 Ext: 202

Name of Project Director:

BEVERLEY ROBERTS

Purpose of Project:

FUNDS WILL BE USED TO ALLOW THE ORGANIZATION TO CONTINUE ITS ONGOING CIVIL RIGHTS WORK IN THE BRONX.

Funded Amount:

$5,000

Requested By:

RIVERA–P

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NAACP–SPRING VALLEY
P.O. BOX 156
SPRING VALLEY, NY 10977
(845) 425–9136

Name of Project Director:

WILLIE TROTMAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES AND FOR TRAVEL EXPENSES FOR LOCAL AND STATE–WIDE COMPETITIONS.

Funded Amount:

$3,000

Requested By:

JAFFEE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NAACP–WILLIAMSBRIDGE BRANCH
670–680 EAST 219TH STREET
BRONX, NY 10467
(718) 882−7100

Name of Project Director:

SHIRLEY FEARON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MATERIALS FOR A MENTORING PROGRAM.

Funded Amount:

$4,000

Requested By:

HEASTIE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NAPLES OPEN CUPBOARD
5 CONCORD PARK
NAPLES, NY 14512
(585) 374–8697

Name of Project Director:

ROSALIE PECK

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH A FOOD PANTRY.

Funded Amount:

$1,000

Requested By:

ERRIGO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NASSAU COUNTY COALITION AGAINST DOMESTIC VIOLENCE, INC.
250 FULTON AVENUE
HEMPSTEAD, NY 11550
(516) 542−0404

Name of Project Director:

MINDY PERLMUTTER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A WIDE RANGE OF PROGRAMS TO VARIOUS SCHOOLS, COMMUNITY AGENCIES AND PROFESSIONAL GROUPS ACROSS NASSAU COUNTY. PROGRAMS OFFERED TO SCHOOLS FOCUS ON THE PREVENTION OF INTERPERSONAL AND SEXUAL VIOLENCE.

Funded Amount:

$10,000

Requested By:

HOOPER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE
39 BROADWAY, 2ND FLOOR
NEW YORK, NY 10006
(212) 344–7474  Ext: 103

Name of Project Director:

HAZEL DUKES

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EMPOWERMENT OPPORTUNITIES FOR WOMEN AND PEOPLE OF COLOR.

Funded Amount:

$10,000

Requested By:


Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE – ISLIP TOWN BRANCH
80 LEAF STREET
CENTRAL ISLIP, NY 11722
(631) 348-4781

Name of Project Director:

PASTOR RODERICK PEARSON

Purpose of Project:

Funds will be used to offset operating expenses including, but not limited to postage, stationery, monthly newsletters, advertisement, etc.

Funded Amount:

$5,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE – NORTHEAST QUEENS
133–31 39TH AVENUE SPACE M89 P.M.B. 258
FLUSHING, NY  11554
(718) 321–2585

Name of Project Director:

VALERIE LITTLETON–COHEN

Purpose of Project:

FUNDS WILL BE USED TO ENRICH CHILDREN AGES 11–17 IN LITERACY, MATH, AND THE POLITICAL SCIENCE PROCESS, AS WELL AS INTRODUCING THEM TO DEBATING SKILLS AND GOVERNMENT.

Funded Amount:

$2,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NATIONAL ASSOCIATION OF EACH ONE TEACH ONE, INC.
2110 FIRST AVENUE, SUITE 417
NEW YORK, NY  10029
(646) 408–0173

Name of Project Director:

BOB MCCULLOUGH

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT WORKSHOPS, ALL−STAR GAMES, SPORTS CLINICS, AND IN−STATE COLLEGE TOURS.

Funded Amount:

$3,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NATIONAL ASSOCIATION OF PUERTO RICAN–HISPANIC SOCIAL WORKERS, INC.
P.O. BOX 651
BRENTWOOD, NY 11717
(631) 864–1536

Name of Project Director:

LYNDA PERDOMO–AYALA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET ADMINISTRATIVE AND OPERATING COSTS ASSOCIATED WITH ANNUAL CONFERENCES AND DAY–TO–DAY OPERATIONS.

Funded Amount:

$2,500

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NATIONAL COUNCIL OF JEWISH WOMEN, INC.
1001 QUENTIN ROAD
BROOKLYN, NY 11223
(718) 627−7680

Name of Project Director:

TED ABLE

Purpose of Project:

FUNDS WILL BE USED FOR THE NEW EDUCATIONAL AND RECREATIONAL PROGRAM, WHICH IS OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NATIONAL COUNCIL OF NEGRO WOMEN, INC.
4035 WHITE PLAINS ROAD
BRONX, NY 10466
(718) 882−2351

Name of Project Director:

OLIA BARRETT

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MATERIALS TO PROVIDE TUTORIAL SERVICES FOR LOCAL YOUTHS AND THE COMMUNITY.

Funded Amount:

$3,000

Requested By:

HEASTIE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NATIONAL COUNCIL OF NEGRO WOMEN, INC.
P.O. BOX 93, CO–OP CITY STATION
BRONX, NY  10475
(718) 655–9034

Name of Project Director:

JOYCE HOWARD

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF PROVIDING THE SATURDAY EDUCATION PROGRAM.

Funded Amount:

$8,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NATIONAL FEDERATION FOR JUST COMMUNITIES OF WESTERN NEW YORK, INC.
360 DELAWARE AVENUE, SUITE 106
BUFFALO, NY 14202
(716) 853–9596

Name of Project Director:

LANA D. BENATOVICH

Purpose of Project:

FUNDS WILL BE USED FOR THE NFJC YOUTH PROGRAMMING DEPARTMENT TO PROVIDE CULTURAL DIVERSITY EDUCATION PROGRAMMING AND PROACTIVE INTERVENTION IN THE SCHOOLS AND COMMUNITIES OF WESTERN NEW YORK.

Funded Amount:

$2,400

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NATIONAL FEDERATION FOR JUST COMMUNITIES OF WESTERN NEW YORK, INC.
360 DELAWARE AVENUE, SUITE 106
BUFFALO, NY 14202
(716) 853–9596

Name of Project Director:

LANA D. BENATOVICH

Purpose of Project:

FUNDS WILL BE USED FOR THE NFJC YOUTH PROGRAMMING DEPARTMENT PROVIDING CULTURAL DIVERSITY EDUCATION PROGRAMMING AND PROACTIVE INTERVENTION IN THE SCHOOLS AND COMMUNITIES OF WESTERN NEW YORK.

Funded Amount:

$10,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLE, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NATIONAL FEDERATION FOR JUST COMMUNITIES OF WESTERN NEW YORK, INC.
360 DELAWARE AVENUE, SUITE 106
BUFFALO, NY 14202
(716) 853–9596

Name of Project Director:

LANA D. BENATOVICH

Purpose of Project:

FUNDS WILL BE USED FOR THE NFJC YOUTH PROGRAMMING DEPARTMENT PROVIDING CULTURAL DIVERSITY EDUCATION PROGRAMMING AND PROACTIVE INTERVENTION IN THE SCHOOLS AND COMMUNITIES OF WESTERN NEW YORK.

Funded Amount:

$2,600

Requested By:

GABRYSZAK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NATIONAL INNER CITIES YOUTH OPPORTUNITIES, INC.
549 LINWOOD AVENUE
BUFFALO, NY  14209
(716) 912–4166

Name of Project Director:

JOYCE WILSON–NIXON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL SUPPORT FOR LITTLE LEAGUE, FOOTBALL, BASKETBALL, AND OTHER SPORTS TEAMS AT THE CENTER.

Funded Amount:

$13,600

Requested By:

PEOPLES

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NATIONAL INSTITUTE FOR LATINO POLICY
101 AVENUE OF THE AMERICAS, SUITE 494–S
NEW YORK, NY 10013
(212) 334–5722

Name of Project Director:

ANGELO FALCON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH RESEARCHING INFORMATION ON LATINO ISSUES INCLUDING SUBSCRIPTIONS TO DATA SHARING SERVICES.

Funded Amount:

$10,000

Requested By:

RIVERA–P

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NATIONAL LATINAS CAUCUS, INC.
245 EAST 111TH STREET, STOREFRONT
NEW YORK, NY  10029
(212) 423−9010

Name of Project Director:

YOLANDA SANCHEZ

Purpose of Project:

FUNDS WILL BE USED TO PLAN AND HOLD AN ANNUAL CONFERENCE IN NEW YORK STATE WITH 500 PARTICIPANTS KNOWN AS "IMUEVETE!". IT IS THE LARGEST GATHERING OF LATINO YOUTH IN THE NORTHEAST.

Funded Amount:

$10,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEFESH, INC.
1 OSTEREH BOULEVARD
SPRING VALLEY, NY  10977
(914) 420–5000

Name of Project Director:

YONAH SILBERMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COUNSELING, GUIDANCE AND TREATMENT FOR AT−RISK YOUTH AND FAMILIES. SERVICES ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$8,000

Requested By:

JAFFEE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEIGHBORHOOD CENTER OF UTICA
615 MARY STREET
UTICA, NY  13501
(315) 733−4509

Name of Project Director:

VIRGINIA BARNEY

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM'S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$12,742

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEIGHBORHOOD ENHANCEMENT FOR TRAINING SERVICES, INC.
1375 VIRGINIA AVENUE
BRONX, NY 10462
(718) 430–1400

Name of Project Director:

LIZANDRA MARTINEZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT OPERATIONAL AND ADMINISTRATIVE COSTS OF THE YOUTH AND YOUNG ADULT PROGRAMS IN THE COMMUNITY.

Funded Amount:

$197,000

Requested By:

RIVERA-P

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

NEIGHBORHOOD NETWORK CENTER, INC.
186 WARD STREET
ROCHESTER, NY 14605
(585) 325–6811

Name of Project Director:

FRANKLIN FLORENCE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE NEW COMPUTERS AND EQUIPMENT.

Funded Amount:

$10,000

Requested By:

GANTT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEIGHBORS LINK CORP.
27 COLUMBUS AVENUE
MOUNT KISCO, NY 10549
(914) 666–3410

Name of Project Director:

CAROLA BRACCO

Purpose of Project:

FUNDS WILL BE USED FOR AN AFTER SCHOOL ENRICHMENT PROGRAM, FOR K–5 CHILDREN OF LOW INCOME FAMILIES.

Funded Amount:

$6,000

Requested By:

BRADLEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEPPERHAN COMMUNITY CENTER, INC.
342 WARBURTON AVENUE
YONKERS, NY  10701
(914) 965–0203

Name of Project Director:

JIM BOSTIC

Purpose of Project:

FUNDS WILL BE USED FOR AFTER SCHOOL PROGRAMS THAT SERVE AT–RISK YOUTH, BY PROVIDING HOMEWORK ASSISTANCE, ACADEMIC ENRICHMENT AND EXERCISES FOR CONFLICT RESOLUTION.

Funded Amount:

$10,000

Requested By:

PRETLOW

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW ALTERNATIVES FOR CHILDREN, INC.
37 WEST 26TH STREET
NEW YORK, NY 10010
(212) 696−1550  Ext: 259

Name of Project Director:

GARY CARTER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT WHEELCHAIR ACCESSIBLE TRANSPORTATION FOR MEDICALLY FRAGILE CHILDREN ENROLLED IN AFTERCARE PROGRAMS: PARTNERS IN PARENTING (PIP), AFTERCARE PREVENTATIVE SERVICES PROGRAM AND THE POST LEGAL ADOPTION NETWORK (PLAN).

Funded Amount:

$10,000

Requested By:

KELLNER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW ALTERNATIVES FOR CHILDREN, INC.
37 WEST 26TH STREET
NEW YORK, NY 10010
(212) 696−1550  Ext: 259

Name of Project Director:

GARY CARTER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROGRAM EXPENSES FOR CHILDREN WHO DO NOT MEET TANF ELIGIBILITY CRITERIA AND FOR WHEELCHAIR ACCESSIBLE TRANSPORTATION FOR MEDICALLY FRAGILE CHILDREN ENROLLED IN AGENCY’S AFTERCARE PROGRAMS: PARTNERS IN PARENTING (PIP) AND THE POST LEGAL ADOPTION NETWORK (PLAN).

Funded Amount:

$4,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW ALTERNATIVES FOR CHILDREN, INC.
37 WEST 26TH STREET
NEW YORK, NY 10010
(212) 696−1550

Name of Project Director:

GARY CARTER

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS TO SUPPORT CHILDREN WHO DO NOT MEET TANF ELIGIBILITY AND FOR TRANSPORTATION FOR WHEELCHAIR BOUND CHILDREN.

Funded Amount:

$3,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW DIRECTIONS SERVICES, INC.
1027 POST AVENUE
STATEN ISLAND, NY  10302
(718) 447–3786

Name of Project Director:

WENDY DESHONG–NEUHALFEN

Purpose of Project:

FUNDS WILL BE USED FOR THE PANTRY’S BENEFIT SCREENING AND REFERRAL COMPONENT THAT ADDRESSES THE NEEDS OF WOMEN CLIENTS BEYOND JUST FOOD RESOURCES TO HELP IMPROVE THE QUALITY OF LIFE OF THOSE STRUGGLING TO MAKE ENDS MEET.

Funded Amount:

$3,500

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW HOPE BAPTIST CHURCH
20 MILL STREET
NEWBURGH, NY 12550
(845) 562–0191

Name of Project Director:

PASTOR BRIGGS

Purpose of Project:

FUNDS WILL BE USED FOR SUPPLIES FOR A FOOD PANTRY AND UTILITIES.

Funded Amount:

$4,000

Requested By:

KIRWAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
NEW MARBLE HILL TENANTS AND CIVIC ASSOCIATION, INC.
125 WEST 228TH STREET, APARTMENT 8A
NEW YORK, NY 10463
(718) 562–7031

Name of Project Director:
PAULETTE SHOMO

Purpose of Project:
FUNDS WILL BE USED FOR THE ANNUAL MARBLE HILL FAMILY DAY ($7,000) INCLUDING ACTIVITIES FOR SENIORS, YOUTH AND CHILDREN. FUNDS WILL ALSO BE USED FOR THE STUDENTS ORGANIZED WITH PARENTS AGAINST VIOLENCE AND DRUGS PROGRAM ($7000).

Funded Amount:
$14,000

Requested By:
ESPAILLAT

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW PROGRESSIVE BAPTIST CHURCH
18 HONE STREET
KINGSTON, NY  12401
(845) 389–7193

Name of Project Director:

RONNIE WADE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE TRAINING COMPONENT OF THE "SAVE THEM NOW" COMMUNITY RE–ENTRY PROGRAM, WHICH IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

CAHILL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

NEW SETTLEMENT APARTMENTS
1512 TOWNSEND AVENUE
BRONX, NY 10452
(718) 716–8000 Ext: 123

Name of Project Director:

JACK DOYLE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOR A COMMUNITY BASED YOUTH LEADERSHIP PROGRAM DIRECTLY SERVING 100 YOUNG PEOPLE FROM AGES 10–18. CREATED IN 1995, THE BRONX HELPERS IS PROFESSIONALLY STAFFED AND YOUTH LED. IT INCLUDES WORKSHOPS IN WHICH YOUTH EXPLORE PRESSING SOCIAL AND ECONOMIC ISSUES.

Funded Amount:

$15,000

Requested By:

GREENE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW WAY CIRCUS CENTER, INC.  
2820 OCEAN PARKWAY, SUITE 21E  
BROOKLYN, NY 11235  
(718) 266-0202

Name of Project Director:

REGINA BERENCHTEIN

Purpose of Project:

FUNDS WILL BE USED FOR IN-STATE FIELD TRIPS TO THE THEATRE WITH A VARIETY OF EDUCATIONAL AND ENTERTAINING PROGRAMS, AS WELL AS FOR AFTER SCHOOL PROGRAMS AND COMMUNITY PERFORMANCES.

Funded Amount:

$3,500

Requested By:

ABBATE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW WAY CIRCUS CENTER, INC.
2820 OCEAN PARKWAY, SUITE 21E
BROOKLYN, NY 11235
(718) 266−0202

Name of Project Director:

REGINA BERENCHTEIN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH COMMUNITY PERFORMANCES.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW WAY CIRCUS CENTER, INC.
2820 OCEN PARKWAY, 21E
BROOKLYN, NY  11235
(718) 266–0202

Name of Project Director:

REGINA BERENCHTEIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EXERCISE AND BASIC SKILLS, AND ALSO TO INCREASE FOCUS, SELF–ESTEEM AND THE EXPERIENCE OF WORKING AS A TEAM.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW WAY CIRCUS CENTER, INC.
1002 QUENTIN ROAD, SUITE 2005
BROOKLYN, NY 11223
(718) 266–0202

Name of Project Director:

REGINAL BERENCHTEIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EXISTING PROGRAMS, AS WELL AS TO PROVIDE PERFORMANCES AND WORKSHOPS IN THE COMMUNITY.

Funded Amount:

$4,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW WAY CIRCUS CENTER, INC.
1002 QUENTIN ROAD, SUITE 2005
BROOKLYN, NY  11223
(718) 266–0202

Name of Project Director:

REGINA BERENCHTEIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE ART−IN−EDUCATION PROGRAM FOR CHILDREN.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW WAY CIRCUS CENTER, INC.
1002 QUENTIN ROAD, SUITE #2005
BROOKLYN, NY 11223
(718) 266–0202

Name of Project Director:

REGINA BERENCHTEIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EXISTING PROGRAMS, AS WELL AS TO PROVIDE PERFORMANCES AND WORKSHOPS IN THE COMMUNITY. FUNDS WILL ALSO BE USED TO EDUCATE CHILDREN ON HOW TO BECOME HEALTHY AND FIT.

Funded Amount:

$2,494

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW WAY CIRCUS CENTER, INC.
2820 OCEAN PARKWAY, SUITE 21E
BROOKLYN, NY 11235
(718) 266−0202

Name of Project Director:

REGINA BERENCHTEIN

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE ARTS−IN−EDUCATION PROGRAM, CONSISTING OF STUDENT FIELD TRIPS TO THE THEATER TIEING INTO THE READING, MATH, SCIENCE, AND SOCIAL STUDIES IN SCHOOL’S CURRICULUM. FUNDS WILL ALSO BE USED FOR PROGRAMS TO ENCOURAGE TEACHERS, ADMINISTRATORS, STUDENTS AND PARENTS TO EXPLORE AND EXamine THE POWERFUL ROLE THE ARTS CAN PLAY IN EDUCATION AND LIFE−LONG LEARNING.

Funded Amount:

$5,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW WAY CIRCUS CENTER, INC.
1002 QUENTIN ROAD, SUITE 2005
BROOKLYN, NY 11223
(718) 266–0202

Name of Project Director:

REGINA BERENCHTEIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AFTER SCHOOL PROGRAMS FOR CHILDREN.

Funded Amount:

$10,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK ASIAN WOMEN’S CENTER, INC.
39 BOWERY, PMB 375
NEW YORK, NY 10002
(212) 732–5230

Name of Project Director:

LARRY LEE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE OPERATIONS OF SHELTERS FOR BATTERED WOMEN, INCLUDING BUT NOT LIMITED TO THE COST OF SUPPORT PERSONNEL. THESE SHELTERS PROVIDE SERVICES TO BATTERED WOMEN AND THEIR CHILDREN, AS WELL AS TO SURVIVORS OF TRAFFICKING.

Funded Amount:

$10,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK ASSOCIATION OF HOLOCAUST SURVIVORS, INC.
2900 W. 8TH STREET, SUITE 1E
BROOKLYN, NY 11224
(718) 648–5431

Name of Project Director:

PAVEL VISHNEVETSKIY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A VEHICLE TO TRANSPORT THE ELDERLY AND FOR DELIVERY OF FOOD FROM FOOD BANK.

Funded Amount:

$3,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK CARES, INC.
214 WEST 29TH STREET, 5TH FLOOR
NEW YORK, NY 10001
(212) 228–5000

Name of Project Director:

GARY BAGLEY

Purpose of Project:

FUNDS WILL BE USED FOR THE EXPANSION OF VOLUNTEER PROJECTS THAT SUPPORT SCHOOLS AND AGENCIES IN THE UPPER EAST SIDE, INCLUDING EXPANDING INITIATIVES AT THE STANLEY ISAACS NEIGHBORHOOD CENTER.

Funded Amount:

$5,000

Requested By:

KELLNER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK CARES, INC.
214 WEST 29TH STREET, 5TH FLOOR
NEW YORK, NY 10001
(212) 228–5000

Name of Project Director:

GARY BAGLEY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT YOUTH SERVICE PROGRAMS AT RICHMOND HILL HIGH SCHOOL, THE BRIARWOOD FAMILY RESIDENCE, AND AN ANNUAL SPRING VOLUNTEER EVENT, CLEANING AND REVITALIZING AREA PARKS AND GARDENS.

Funded Amount:

$5,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK CARES, INC.
214 WEST 29TH STREET, 5TH FLOOR
NEW YORK, NY 10001
(212) 228−5000

Name of Project Director:

SARAH DAHAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT CHILDREN’S EDUCATION, ADULT EDUCATION, SENIOR CITIZENS, AND ANNUAL NEW YORK CARES EVENTS.

Funded Amount:

$2,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK CARES, INC.  
214 WEST 29TH STREET, 5TH FLOOR  
NEW YORK, NY 10001  
(212) 228–5000

Name of Project Director:

ARIEL ZWANG

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE PROJECT SUPPLIES FOR AN ARRAY OF CHILDREN’S PROGRAMS THROUGHOUT THE COMMUNITY INCLUDING CHILDREN’S BOOKS AND ADMISSION FEES TO MUSEUMS, WHEN APPLICABLE.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK CARES, INC.
214 WEST 29TH STREET, 5TH FLOOR
NEW YORK, NY  10001
(212) 228–5000

Name of Project Director:

ARIEL ZWANG

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF PROGRAMS THAT INCLUDE EDUCATIONAL PROGRAMS FOR SAT PREP, CHILDREN’S RECREATIONAL ACTIVITIES, AND PROGRAMS FOR SENIORS.

Funded Amount:

$5,000

Requested By:

BING, KELLNER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK CITY COALITION AGAINST HUNGER, INC.
16 BEAVER STREET, 3RD FLOOR
NEW YORK, NY 10004
(212) 825-0028

Name of Project Director:

JOEL BERG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ON-SITE TECHNICAL ASSISTANCE, BENEFITS OUTREACH, ADVOCACY AND COMMUNICATIONS ASSISTANCE, AND LEADERSHIP DEVELOPMENT TO OVER 1,200 SOUP KITCHENS AND FOOD PANTRIES IN NEW YORK CITY.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK CITY COALITION AGAINST HUNGER, INC.
16 BEAVER STREET, 3RD FLOOR
NEW YORK, NY 10004
(212) 825–0028 Ext: 204

Name of Project Director:

JOEL BERG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TECHNICAL ASSISTANCE TO 1,200 SOUP KITCHENS AND PANTRIES IN NEW YORK CITY.

Funded Amount:

$3,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK CITY COALITION AGAINST HUNGER, INC.
16 BEAVER STREET, 3RD FLOOR
NEW YORK, NY 10004
(212) 825–0028

Name of Project Director:

JOEL BERG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ON–SITE TECHNICAL ASSISTANCE, BENEFITS OUTREACH, ADVOCACY AND COMMUNICATIONS ASSISTANCE AND LEADERSHIP DEVELOPMENT TO NEW YORK CITY’S MORE THAN 1,200 SOUP KITCHENS AND FOOD PANTRIES.

Funded Amount:

$3,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK CITY GAY AND LESBIAN ANTI–VIOLENCE PROJECT, INC.
240 WEST 35TH STREET, SUITE 200
NEW YORK, NY 10001
(212) 314–9200

Name of Project Director:

CLARENCE PATTON

Purpose of Project:

FUNDS WILL BE USED FOR THE SUPPORT AND OPERATION OF THE ANTI–VIOLENCE PROJECTS HOTLINE.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC.  
240 WEST 35TH STREET, SUITE 200  
NEW YORK, NY 10001  
(212) 714–1184 Ext: 14

Name of Project Director:

KIM FOUNTAIN

Purpose of Project:

FUNDS WILL BE USED TO OPERATE, AS WELL AS TO TRAIN VOLUNTEERS FOR A 24-HOUR, BILINGUAL CRISIS INTERVENTION HOTLINE FOR VICTIMS OF HATE, VIOLENCE, RAPE OR SEXUAL ASSAULT, POLICE ABUSE, OR SAME-SEX DOMESTIC VIOLENCE.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK CITY HEAT, INC.
33-76 159TH STREET
FLUSHING, NY  11358
(917) 392–3990

Name of Project Director:

KEVIN WHITE

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE NEW YORK CITY HEAT AAU BASKETBALL CLUB, WHICH PROVIDES AN OPPORTUNITY FOR ATHLETES TO PLAY BASKETBALL AT A HIGHLY COMPETITIVE LEVEL. THE AAU BASKETBALL CLUB IS COMMITTED TO THE GROWTH AND DEVELOPMENT IN ATHLETIC, ACADEMIC AND SOCIAL SKILLS.

Funded Amount:

$4,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK CITY MISSION SOCIETY
105 EAST 22ND STREET, 6TH FLOOR
NEW YORK, NY 10010
(212) 674–3500 Ext: 201

Name of Project Director:

COURTNEY BENNETT

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE AND EMPOWER YOUTH TO MAKE BETTER DECISIONS AND REDUCE THE HIGH RATES OF TEEN PREGNANCY IN HARLEM/NORTHERN MANHATTAN.

Funded Amount:

$5,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK CITY OUTWARD BOUND CENTER, INC.
29–46 NORTHERN BOULEVARD
LONG ISLAND CITY, NY 11101
(718) 706–9900

Name of Project Director:

RICHARD STOPOL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SERVICES AND EXPENSES OF 
OUTWARD BOUND PROGRAMMING FOR NEW YORK CITY PUBLIC HIGH 
SCHOOL STUDENTS.

Funded Amount:

$100,000

Requested By:

FARRELL, JR, NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK CITY OUTWARD BOUND CENTER, INC.
29–46 NORTHERN BOULEVARD
LONG ISLAND CITY, NY 11101
(718) 706–9900

Name of Project Director:

RICHARD STOPOL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROGRAMS FOR STUDENTS WHO PARTICIPATE IN THE CREW INITIATIVE, WHICH INVOLVES CLIMBING ACTIVITIES AT OUTWARD BOUND’S STATE OF THE ART CLIMBING WALL AT THE LONG ISLAND CITY HEADQUARTERS.

Funded Amount:

$5,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK CITY PARKS AND RECREATION  
1 BRONX RIVER PARKWAY  
BRONX, NY 10462  
(718) 430–1801

Name of Project Director:

ROBERT WRIGHT

Purpose of Project:

FUNDS WILL BE USED FOR YOUTH ACTIVITIES AND SOCIALIZATION OPPORTUNITIES IN A CLEAN AND SAFE ENVIRONMENT IN A 9 WEEK SUMMER PROGRAM AT BRONX PARK EAST.

Funded Amount:

$5,000

Requested By:

RIVERA–N

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58–12 QUEENS BOULEVARD, SUITE 1
WOODSIDE, NY 11377
(718) 786–1770

Name of Project Director:

ALLAN SHWEKY

Purpose of Project:

FUNDS WILL BE USED FOR TENNIS INSTRUCTION AND AWARDS FOR YOUTH AT PS 150 (40–01 43RD AVENUE) AND IS 204 (25–03 37TH AVENUE) IN LONG ISLAND CITY, QUEENS, AND TO PURCHASE TENNIS EQUIPMENT FOR THE CHILDREN.

Funded Amount:

$3,000

Requested By:

MARKEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58–12 QUEENS BOULEVARD, SUITE 1
WOODSIDE, NY 11377
(718) 786–7110

Name of Project Director:

GARY DAVIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE TENNIS PROGRAMS TO NYC YOUNGSTERS AND REACH OUT TO KIDS WHO WOULD NOT HAVE THE OPPORTUNITY TO LEARN/PLAY TENNIS, WHICH HELPS THEM TO DEVELOP SKILLS AND PROMOTES A HEALTHY ACTIVITY.

Funded Amount:

$4,000

Requested By:

WEPRIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58–12 QUEENS BOULEVARD, SUITE 1
WOODSIDE, NY 11377
(718) 786–7110

Name of Project Director:

GARY DAVIS

Purpose of Project:

FUNDS WILL BE USED TO COVER THE COSTS ASSOCIATED WITH FREE TENNIS INSTRUCTION TO CHILDREN THROUGH AFTER SCHOOL AND SUMMER PROGRAMS BASED IN COMMUNITY SCHOOL BOARD #17 AND #22 PUBLIC SCHOOLS.

Funded Amount:

$4,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
24-16 QUEENS PLAZA
LONG ISLAND CITY, NY 11101
(718) 786-7110

Name of Project Director:

LAURA JEAN HAWKINS

Purpose of Project:

FUNDS WILL BE USED TO COVER COSTS ASSOCIATED WITH FREE TENNIS LESSONS FOR THE YOUTH IN THE JACKSON HEIGHTS/WOODSIDE AREAS THROUGH AN AFTER SCHOOL PROGRAM BASED IN NUMEROUS SCHOOLS, INCLUDING BOTH ELEMENTARY AND MIDDLE SCHOOLS.

Funded Amount:

$2,500

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58–12 QUEENS BOULEVARD, SUITE #1
WOODSIDE, NY 11377
(347) 417–8126

Name of Project Director:

GARY DAVIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TENNIS INSTRUCTIONS, SUPERVISED PRACTICE, LOW KEY COMPETITION, ALONG WITH EDUCATIONAL INITIATIVES TO YOUTH. ADDITIONALLY, THE PURCHASE OF RACKETS, BALLS, AND YEAR END AWARDS WILL BE INCLUDED.

Funded Amount:

$3,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58–12 QUEENS BOULEVARD, SUITE 1
WOODSIDE, NY 11377
(718) 786–7635

Name of Project Director:

GARY L. DAVIS

Purpose of Project:

FUNDS WILL BE USED FOR IN–SCHOOL AND AFTER SCHOOL PROGRAMMING AT MANHATTAN PLAZA RECREATION CENTER AND IN PUBLIC SCHOOL 212 PHYSICAL EDUCATION CLASS.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58–12 QUEENS BOULEVARD, SUITE 1
WOODSIDE, NY 11377
(718) 786–7110

Name of Project Director:

LEWIS HARTMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE INSTRUCTION IN THE GAME OF TENNIS TO YOUNGSTERS.

Funded Amount:

$1,500

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58–12 QUEENS BOULEVARD, SUITE 1
WOODSIDE, NY 11377
(718) 786–7110

Name of Project Director:

MARTIN BARRETT

Purpose of Project:

FUNDS WILL BE USED TO COVER COSTS ASSOCIATED WITH FREE TENNIS INSTRUCTION TO CHILDREN IN QUEENS, THROUGH AFTER SCHOOL PROGRAMS.

Funded Amount:

$1,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58–12 QUEENS BOULEVARD
WOODSIDE, NY 11377
(718) 786–7110

Name of Project Director:

GARY DAVIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE AFTER SCHOOL PROGRAM FROM 3:00 PM TO 6:00 PM, WHICH INCLUDES TENNIS LESSONS, HOMEWORK HELP, TUTORING AND GUIDANCE.

Funded Amount:

$1,500

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58–12 QUEENS BOULEVARD, SUITE 1
WOODSIDE, NY   11377
(718) 786–7110

Name of Project Director:

GARY DAVIS

Purpose of Project:

FUNDS WILL BE USED TO ENABLE SCHOOL YOUTH TO HAVE THE OPPORTUNITY, EQUIPMENT AND TRAINING, TO ENGAGE IN THE SPORT OF TENNIS.

Funded Amount:

$3,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58−12 QUEENS BOULEVARD, SUITE 1
WOODSIDE, NY  11377
(718) 786−7110

Name of Project Director:

GARY DAVIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE TENNIS INSTRUCTION TO UNDERSERVED YOUTH IN NEW YORK CITY, BRINGING THIS PROGRAM TO NORTH BROOKLYN.

Funded Amount:

$5,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58–12 QUEENS BOULEVARD, SUITE 1
WOODSIDE, NY 11377
(718) 786–7110 Ext: 23

Name of Project Director:

LEWIS HARTMAN

Purpose of Project:

FUNDS WILL BE USED FOR THE NYJTL SCHOOL YARD AFTER SCHOOL COMMUNITY OUTREACH YOUTH TENNIS CENTER PROGRAM AND EDUCATIONAL SUPPORT SERVICES.

Funded Amount:

$5,000

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
NEW YORK JUNIOR TENNIS LEAGUE, INC.
58–12 QUEENS BOULEVARD, SUITE 1
WOODSIDE, NY 11377
(718) 786–7110

Name of Project Director:
LEWIS HARTMAN

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE TENNIS INSTRUCTION, SUPERVISED PRACTICE AND LOW KEY COMPETITION TO THOUSANDS OF NEW YORK CITY YOUNGSTERS.

Funded Amount:
$5,000

Requested By:
BING

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58–12 QUEENS BOULEVARD, SUITE 1
WOODSIDE, NY 11377
(718) 786–7110

Name of Project Director:

GARY DAVIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE COMMUNITY AND SCHOOL–BASED TENNIS AND EDUCATIONAL PROGRAMS FOR NEW YORK CITY STUDENTS.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58–12 QUEENS BOULEVARD, SUITE 1
WOODSIDE, NY 11377
(718) 786–7110 Ext: 0

Name of Project Director:

GARY DAVIS

Purpose of Project:

FUNDS WILL BE USED TO COVER COSTS ASSOCIATED WITH FREE TENNIS INSTRUCTION TO THE QUEENS CHILDREN THROUGH AN AFTER SCHOOL PROGRAM BASED IN VARIOUS QUEENS ELEMENTARY SCHOOLS.

Funded Amount:

$15,000

Requested By:

AUBRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58−12 QUEENS BOULEVARD, SUITE 1
WOODSIDE, NY 11377
(718) 786−7110

Name of Project Director:

GARY L. DAVIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE TENNIS PROGRAMS TO NEW YORK CITY YOUNGSTERS AND REACH OUT TO CHILDREN WHO WOULD NOT HAVE THE OPPORTUNITY TO LEARN/PLAY TENNIS THROUGH IN−SCHOOL AND AFTER SCHOOL PROGRAMS.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58–12 QUEENS BOULEVARD, SUITE 1
WOODSIDE, NY 11377
(718) 786–7110

Name of Project Director:

GARY DAVIS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH FREE TENNIS INSTRUCTION TO CHILDREN OF QUEENS THROUGH AN AFTER SCHOOL AND SUMMER PROGRAM BASED IN NUMEROUS QUEENS ELEMENTARY AND SECONDARY SCHOOLS.

Funded Amount:

$6,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC.
58-12 QUEENS BOULEVARD, SUITE 1
WOODSIDE, NY 11377
(718) 786-7110

Name of Project Director:

GARY DAVIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TENNIS/ ATHLETIC PROGRAMS, AS WELL AS HEALTH AND NUTRITION GUIDANCE FOR PROGRAM PARTICIPANTS.

Funded Amount:

$1,000

Requested By:

CLARK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK ROAD RUNNERS FOUNDATION, INC.
9 EAST 89TH STREET
NEW YORK, NY 10128
(646) 758−9717

Name of Project Director:

CLIFF SPERBER

Purpose of Project:

FUNDS WILL BE USED TO BRING THE MIGHTY MILERS PROGRAM – A COLLABORATIVE, NON−COMPETITIVE, PHYSICAL EDUCATION PROGRAM – TO ELEMENTARY SCHOOLS IN LONG ISLAND CITY, SUNNYSIDE, AND RIDGEWOOD.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK ROAD RUNNERS FOUNDATION, INC.
9 EAST 89TH STREET
NEW YORK, NY 10128
(646) 758–9717

Name of Project Director:

CLIFF SPERBER

Purpose of Project:

FUNDS WILL BE USED TO ADDRESS OBESITY BY GETTING CHILDREN TO WALK OR RUN A MARATHON – A MILE AT A TIME.

Funded Amount:

$5,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK ROAD RUNNERS FOUNDATION, INC.
9 EAST 89TH STREET
NEW YORK, NY  10128
(212) 423–2227

Name of Project Director:

CLIFF SPERBER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE MIGHTY MILERS PROGRAM, A PHYSICAL FITNESS PROGRAM FOR ELEMENTARY SCHOOL CHILDREN ENCOURAGING THEM TO WALK AND RUN DURING THE SCHOOL YEAR TO PROMOTE HEALTHY LIFESTYLES.

Funded Amount:

$4,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK ROAD RUNNERS FOUNDATION, INC.
9 EAST 89TH STREET
NEW YORK, NY 10128
(212) 423−2227

Name of Project Director:

CLIFT SPERBER

Purpose of Project:

FUNDS WILL BE USED TO ESTABLISH COMMUNITY−BASED NON−COMPETITIVE RUNNING PROGRAMS IN UNDERSERVED SCHOOLS TO TEACH FITNESS, GOAL SETTING AND HEALTHY HABITS.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEW YORK WEB CENTER, INC.
126 ALBANY AVENUE
BROOKLYN, NY  11213
(718) 773–7765  Ext: 8

Name of Project Director:

WILLIAM GRANT

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATING EXPENSES OF THE AFTER SCHOOL PROGRAM, ACADEMIC, VOCATION ADVANCEMENT, TECHNOLOGY UP KEEP, ENTREPRENURIAL PROJECTS, DOCUMENTARY FILM MAKING, AND RECORDING ENGINEERING.

Funded Amount:

$10,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NEWBURGH ZION LIONS BASKETBALL ORGANIZATION
P.O. BOX 1526
NEWBURGH, NY 12550
(845) 565–6151

Name of Project Director:

HAROLD RAYFORD

Purpose of Project:

FUNDS WILL BE USED FOR UNIFORMS; REFEREES; TOURNAMENT FEES AND TRANSPORTATION/TRAVEL EXPENSES.

Funded Amount:

$5,000

Requested By:

KIRWAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NICHOLAS NAQUAN HEYWARD, JR. MEMORIAL FOUNDATION, INC.
413 BALTIC STREET, SUITE 1A
BROOKLYN, NY 11217
(718) 855−3861

Name of Project Director:

NICHOLAS HEYWARD, SR.

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE THE ANNUAL BASKETBALL TOURNAMENT, INCLUDING GAMES AND ACTIVITIES FOR DISADVANTAGED AT−RISK YOUTH.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH BRONX YOUTH SPORTS ASSOCIATION, INC.  
2420 HUNTER AVENUE, #14A  
BRONX, NY  10475  
(917) 855−1676

Name of Project Director:

CALVILLE IGOR BASCOLM

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE BASKETBALL, FOOTBALL AND CHEERLEADING PROGRAMS AT MS 144.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH BROOKLYN COMMUNITY COUNCIL, INC.
567 WILSON AVENUE
BROOKLYN, NY  11207
(718) 443–5133

Name of Project Director:

JANITZA LUNA

Purpose of Project:

FUNDS WILL BE USED TO OPERATE YOUTH, SENIOR AND CULTURAL PROGRAMS IN THE NORTH BROOKLYN COMMUNITIES. THESE FUNDS MAY ALSO BE USED TO COVER ADMINISTRATIVE COSTS.

Funded Amount:

$50,000

Requested By:

LOPEZ–V

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH BROOKLYN DEVELOPMENT CORPORATION
148 HURON STREET
BROOKLYN, NY 11222
(718) 389-9044

Name of Project Director:

RICHARD MAZUR

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE AFTER SCHOOL PROGRAM CONSISTING OF RECREATIONAL AND EDUCATIONAL OPPORTUNITIES.

Funded Amount:

$3,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH BROOKLYN RESIDENTS ASSOCIATION
217 WYCKOFF AVENUE
BROOKLYN, NY 11237
(718) 366−3800

Name of Project Director:

MARITZA DAVILA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL AND EDUCATIONAL ACTIVITIES, INCLUDING IN−STATE TRIPS TO MUSEUMS, AQUARIUMS, SPORTING EVENTS WITH ADMISSIONS WHERE APPLICABLE, DIRECT SPONSORING OF LITTLE LEAGUES, AND A SUMMER YOUTH DAY WITH AN ANTI−DRUG MESSAGE.

Funded Amount:

$40,000

Requested By:

LOPEZ−V

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH CHEEKTOWAGA AMATEUR ATHLETIC ASSOC.
P.O. BOX 55
CHEEKTOWAGA, NY  14225
(716) 837–5191

Name of Project Director:

MARK MELBER

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT FOR THE NEW YOUTH FOOTBALL PROGRAM.

Funded Amount:

$3,000

Requested By:

GABRYSZAK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH COLONIE YOUTH BASEBALL, INC.
P.O. BOX 1126
LATHAM, NY 12110
(518) 783−6567

Name of Project Director:

JIM CALLISTER

Purpose of Project:

FUNDS WILL BE USED TO DESIGN AND MAKE SAFETY IMPROVEMENTS TO LITTLE LEAGUE FIELD #4, LOCATED AT 347A BOGHT ROAD, COHOES, NY 12047. THE CHALLENGER DIVISION IS FOR CHILDREN WITH SPECIAL NEEDS.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH SHORE BOYS AND GIRLS CLUB, INC.
P.O. BOX 162, 200 GLEN HEAD ROAD
GLEN HEAD, NY 11545
(516) 609-8050

Name of Project Director:

EDWARD F. MOFFETT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL PROGRAMS FOR YOUTH IN THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH SHORE CHILD AND FAMILY GUIDANCE ASSOCIATION, INC.
480 OLD WESTBURY ROAD
ROSLYN HEIGHTS, NY 11577
(516) 626–1971  Ext: 302

Name of Project Director:

ANDREW MALEKOFF

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE ELECTRONIC EQUIPMENT AND SOFTWARE.

Funded Amount:

$3,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH SHORE CHILD AND FAMILY GUIDANCE ASSOCIATION, INC.
480 OLD WESTBURY ROAD
ROSLYN HEIGHTS, NY 11577
(516) 626−1971

Name of Project Director:

ANDREW MALEKOFF

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE, STRUCTURE, SUPPORT AND SUPERVISE "AT RISK" YOUTH IN THE WESTBURY−NEW CASSEL AREA.

Funded Amount:

$15,000

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH SHORE CHILD AND FAMILY GUIDANCE CENTER
480 OLD WESTBURY ROAD
ROSLYN HEIGHTS, NY 11577
(516) 626–1971

Name of Project Director:

ANDREW MALEKOFF

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PROGRAMS TO TREAT SUBSTANCE AND ALCOHOL ABUSE.

Funded Amount:

$2,000

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH SHORE HOLIDAY HOUSE
74 HUNTINGTON ROAD
HUNTINGTON, NY 11743
(631) 427–7630

Name of Project Director:

JANICE ROCHSTEIN

Purpose of Project:

FUNDS WILL BE USED FOR SUPPORT PROGRAMS TO MAINTAIN THE FACILITIES OF GIRLS CAMP.

Funded Amount:

$5,000

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH SHORE HOLIDAY HOUSE
74 HUNTINGTON ROAD
HUNTINGTON, NY 11743
(631) 427–7630

Name of Project Director:

BONNIE SPIRO SCHINAGLE

Purpose of Project:

FUNDS WILL BE USED FOR ENRICHMENT PROGRAMS.

Funded Amount:

$1,000

Requested By:

MCKEVITT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

    NORTH SHORE HOLIDAY HOUSE, INC.
    74 HUNTINGTON ROAD
    HUNTINGTON, NY  11743
    (631) 427−7630

Name of Project Director:

    BONNIE SPIRO SCHINAGLE

Purpose of Project:

    FUNDS WILL BE USED TO SUPPORT A GROUP RESIDENCE FOR A RESIDENTIAL SUMMER CAMP FOR UNDERPRIVILEGED 7−11 YEAR OLD GIRLS.

Funded Amount:

    $2,000

Requested By:

    SCHIMEL

Name of Administering State Agency:

    OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH SHORE YOUTH COUNCIL, INC.
P.O. BOX 1286
ROCKY POINT, NY 11778
(631) 744–0207

Name of Project Director:

JANENE GENTILE

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE EXISTING MENTORING AND POSITIVE PREVENTION PROGRAM WHICH HELPS YOUNGSTERS MAKE POSITIVE LIFE CHOICES.

Funded Amount:

$10,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH SYRACUSE BABE RUTH LEAGUE, INC.
P.O. BOX 5356
SYRACUSE, NY 13220
(315) 453−7193

Name of Project Director:

BARRY WANSER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FUNDING FOR INFIELD MIX TO LEVEL OFF 2 FIELDS AND TO REBUILD THE PITCHERS’ MOUNDS AT THE NORTH SYRACUSE JR. HIGH SCHOOL FOR THE 2008 MID ATLANTIC REGIONAL TOURNAMENT.

Funded Amount:

$5,000

Requested By:

STIRPE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH SYRACUSE LIONS CLUB, INC.
P.O. BOX 381
NORTH SYRACUSE, NY 13212
(315) 452–1618

Name of Project Director:

GLORIA MITTON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOOD BASKETS FOR RESIDENTS OF NORTH SYRACUSE AREA IN NEED, ON A NON–SECTARIAN BASIS, DURING THE HOLIDAYS.

Funded Amount:

$4,000

Requested By:

STIRPE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTH TONAWANDA MEALS ON WHEELS, INC.
100 RIDGE ROAD
NORTH TONAWANDA, NY 14120
(716) 693-1663

Name of Project Director:

(FRANCES) JOY WELCH

Purpose of Project:

FUNDS WILL BE USED TO ACQUIRE KITCHEN EQUIPMENT.

Funded Amount:

$10,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTHEAST QUEENS JEWISH COMMUNITY COUNCIL, INC.
58–20 LITTLE ROCK PARKWAY
LITTLE NECK, NY 11362
(718) 225–6750

Name of Project Director:

GAIL EISENBERG

Purpose of Project:

FUNDS WILL BE USED TO ENGAGE COMMUNITY LEADERS AND CLERGY TO SPONSOR AND PROMOTE YOUTH ORIENTED PROGRAMS THAT PROMOTE HARMONY AND UNDERSTANDING WITH PARTICIPANTS FROM DIVERSE CULTURAL BACKGROUNDS. PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$1,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

NORTHEAST QUEENS JEWISH COMMUNITY COUNCIL, INC.
58–20 LITTLE NECK PARKWAY
QUEENS, NY  11362
(718) 225–6750  Ext: 247

Name of Project Director:

GAIL EISENBERG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL PROGRAMS FOR YOUTH AND SENIORS IN THE BUCHARIAN COMMUNITY. PROGRAMS ARE OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTHEAST QUEENS JEWISH COMMUNITY COUNCIL, INC.
58–20 LITTLE NECK PARKWAY
LITTLE NECK, NY 11362
(718) 225–6750

Name of Project Director:

GAIL EISENBERG

Purpose of Project:

FUNDS WILL BE USED TO EXPAND COMMUNITY OUTREACH,
NEIGHBORHOOD DEVELOPMENT, AND YOUTH AND FAMILY–ORIENTED
CULTURAL PROGRAMS.

Funded Amount:

$5,000

Requested By:

CLARK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTHERN MANHATTAN COALITION FOR ECONOMIC DEVELOPMENT
600 WEST 185TH STREET, 2ND FLOOR.
NEW YORK, NY 10033
(212) 543–0010

Name of Project Director:

NURYS DEOLEO

Purpose of Project:

FUNDS WILL BE USED FOR PROVIDING CHILDCARE SERVICES FOR CHILDREN IN THE WASHINGTON HEIGHTS AND INWOOD AREAS.

Funded Amount:

$80,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTHERN WESTCHESTER SHELTER, INC.
39 WASHINGTON AVENUE (P.O. BOX 203)
PLEASANTVILLE, NY 10570
(914) 747–0828 Ext: 11

Name of Project Director:

CARLLA HORTON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT UNIQUE BARRIERS TO SAFETY AND INDEPENDENCE FOR DOMESTIC VIOLENCE VICTIMS WITH SPECIAL NEEDS.

Funded Amount:

$10,000

Requested By:

BRADLEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NORTHSHORE BOYS AND GIRLS CLUB, INC.
200 GLEN HEAD ROAD
GLEN HEAD, NY 11545
(516) 609–8050

Name of Project Director:

EDWARD MOFFETT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE VARIOUS YOUTH PROGRAMS AND STAFF FOR THE PROGRAM.

Funded Amount:

$4,000

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NY COUNCIL OF TROUT UNLIMITED YOUTH CAMP  
146 BAYARD STREET, (P.O. BOX 815)  
PORT EWEN, NY 12466  
(845) 339–5938

Name of Project Director:

KURT NELSON

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS FOR YOUTH.

Funded Amount:

$2,000

Requested By:

CROUCH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NYACK CENTER
58 DEPEW AVENUE
NYACK, NY 10960
(845) 721–5514

Name of Project Director:

KIM CROSS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN AFTER SCHOOL ART PROGRAM FOR CHILDREN. CHILDREN ENROLLED IN THE PROGRAM ARE AT OR BELOW POVERTY LEVEL. THE PROGRAM IS MODELED ON OTHERS THAT HAVE RESULTED IN BETTER ACADEMIC ACHIEVEMENT.

Funded Amount:

$2,000

Requested By:

JAFFEE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

NYC BOMBSQUAD BASKETBALL CLASSIC, INC.
2186 FIFTH AVENUE, SUITE 12R
NEW YORK, NY  10037
(212) 926−9272

Name of Project Director:

FLOYD "SKIP" BRANCH, JR.

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A SAFE, CLEAN, AND POSITIVE LEARNING ENVIRONMENT. BASKETBALL WILL BE PROVIDED FOR BOYS AND GIRLS RANGING IN AGE FROM 6−18 YEARS.

Funded Amount:

$10,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

O.L.P.H. SOCCER AND BASEBALL LEAGUE
526 59TH STREET
BROOKLYN, NY 11220
(718) 439–0675

Name of Project Director:

FATHER SEAN MCGILLICUDDY

Purpose of Project:

FUNDS WILL BE USED TO REPLACE FENCING IN THE FIELD AT 63RD STREET AND THIRD AVENUE, BROOKLYN, AS WELL AS COSTS ASSOCIATED WITH THE OPERATION OF THE BASEBALL AND SOCCER LEAGUE. THIS PROGRAM IS OPEN TO ALL YOUTH IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,500

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

OASIS CHRISTIAN CENTER
539 GREELEY AVENUE
STATEN ISLAND, NY 10306
(718) 980–2019

Name of Project Director:

TIM MCINTYRE

Purpose of Project:

FUNDS WILL BE USED FOR AN EMERGENCY FOOD PANTRY THAT FEEDS 50–75 PEOPLE EACH WEEK. FUNDS WILL ALSO ASSIST IN KEEPING THE PANTRY STOCKED AND ENABLE COMMUNITY OUTREACH TO FAMILIES IN NEED. THE PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

OASIS COMMUNITY CORPORATION
45 MAIN STREET, SUITE 411
BROOKLYN, NY 11201
(718) 596–4900

Name of Project Director:

FRANK BROWN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AFTER SCHOOL PROGRAMS AT THE AMPARK NEIGHBORHOOD SCHOOL THROUGH THE PURCHASE OF EQUIPMENT AND SUPPLIES, AS WELL AS DEVELOPING TRAINING FOR STAFF.

Funded Amount:

$5,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

OASIS COMMUNITY CORPORATION
45 MAIN STREET, SUITE 411
BROOKLYN, NY 11201
(718) 596−4900  Ext: 26

Name of Project Director:

FRANK BROWN, ESQ.

Purpose of Project:

FUNDS WILL BE USED FOR PROFESSIONAL DEVELOPMENT ACTIVITIES, EQUIPMENT FOR THE PROGRAM’S OPERATION, AND EDUCATIONAL IN−STATE TRIPS.

Funded Amount:

$2,500

Requested By:

KELLNER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

OASIS COMMUNITY CORPORATION  
45 MAIN STREET, SUITE 411  
BROOKLYN, NY 11201  
(718) 596−4900

Name of Project Director:

FRANK BROWN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AFTER SCHOOL PROGRAMMING IN MANHATTAN’S UPPER WEST SIDE, THAT INCLUDES ACADEMIC ENRICHMENT, HOMEWORK HELP, YOGA, AND KARATE, WITH AN EMPHASIS ON POSITIVE ROLE MODELING.

Funded Amount:

$2,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

OCCUPATIONS FOUNDATION, INC.
15 FORTUNE ROAD WEST
MIDDLETOWN, NY 10941
(845) 692–4494

Name of Project Director:

JAMES B. DE STEFANO

Purpose of Project:

FUNDS WILL BE USED FOR THE RENOVATION PROJECT AT 21–23 GRANT STREET, NEWBURGH.

Funded Amount:

$7,500

Requested By:

KIRWAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
OLEAN FAMILY YMCA  
1101 WAYNE STREET  
OLEAN, NY 14760  
(716) 373−2400

Name of Project Director:  
BARB SWEITZER

Purpose of Project:  
FUNDS WILL BE USED FOR CHILD CARE CENTERS PLAYGROUND IMPROVEMENT PROJECT.

Funded Amount:  
$5,000

Requested By:  
GIGLIO

Name of Administering State Agency:  
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ONE STOP RICHMOND HILL COMMUNITY CENTER, INC.
110–08 JAMAICA AVENUE
RICHMOND HILL, NY 11418
(718) 849–3759

Name of Project Director:

JOAN BACHERT

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AND ENHANCE AFTER SCHOOL TUTORING AND VIDEO CONFERENCING PROGRAMS AT THE COMMUNITY CENTER. FUNDS WILL ALSO BE USED TO PURCHASE SUPPLIES AND EQUIPMENT TO SUPPORT THE CENTER.

Funded Amount:

$50,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ONE STOP RICHMOND HILL COMMUNITY CENTER, INC.
110–08 JAMAICA AVENUE
RICHMOND HILL, NY  11418
(718) 849–3759

Name of Project Director:

SIMCHA WAISMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COMMUNITY OUTREACH SERVICE, SUCH AS ENTITLEMENTS, ASSISTANCE WITH HEAP, HEARTSHARE AND ENERGY SHARE APPLICATIONS, EMERGENCY FOOD ASSISTANCE, AFTER SCHOOL TUTORING PROGRAM FOR GRADES 2–6 IN READING AND MATH, PRESIDENT’S WEEK AND APRIL RECESS PROGRAMMING FROM 9:00AM –3:00PM, CIVILIAN PATROL MONTHLY NEWSLETTER (DISTRIBUTION–13,000), AND THE MOMMIE AND ME PROGRAM.

Funded Amount:

$120,406

Requested By:

SEMINERIO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ONE STOP RICHMOND HILL COMMUNITY CENTER, INC.
110–08 JAMAICA AVENUE
RICHMOND HILL, NY 11418
(718) 849–3759

Name of Project Director:

JOAN BACHERT

Purpose of Project:

FUNDS WILL BE USED FOR PARENTS AND CHILDREN AGES 12 MOS. TO 3 YRS., TO ENGAGE IN ACTIVITIES SUCH AS ARTS AND CRAFTS, SONG AND DANCE, PLAYING MUSICAL INSTRUMENTS, READING TIME, PUPPET SHOWS, AND EDUCATIONAL GAMES.

Funded Amount:

$4,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

OPEN DOOR
24 SOUTH STREET
GLENS FALLS, NY 12801
(518) 792-5900

Name of Project Director:

REV. BRUCE HERSEY

Purpose of Project:

FUNDS WILL BE USED FOR A MOBILE KITCHEN.

Funded Amount:

$10,000

Requested By:

SAYWARD

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

OPTIONS FOR INDEPENDENCE
75 GENESEE STREET
AUBURN, NY 13021
(315) 255–3447

Name of Project Director:

TRACEY MURPHY

Purpose of Project:

FUNDS WILL BE USED FOR STAFF TRAINING.

Funded Amount:

$2,000

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ORPHANS INTERNATIONAL AMERICA
540 MAIN STREET, SUITE 418
NEW YORK, NY 10044
(212) 755−7285

Name of Project Director:

LINDA STANLEY

Purpose of Project:

FUNDS WILL BE USED FOR PURCHASING COMPUTERS AND OTHER EQUIPMENT, ADVERTISING COSTS AND FOR THE ADMINISTRATION OF THE EDUCATIONAL AND INTERACTIVE SPACE FOR ROOSEVELT ISLAND RESIDENTS TO SHARE AND EXCHANGE IDEAS THAT IMPACT THE COMMUNITY.

Funded Amount:

$7,500

Requested By:

KELLNER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

OSWEGO CITY–COUNTY YOUTH BUREAU
70 BRUNNER STREET
OSWEGO, NY 13126
(315) 349–3451

Name of Project Director:

KAREN FENLON

Purpose of Project:

FUNDS WILL BE USED TO SEND YOUTH TO THE ANNUAL NYS YOUTH BUREAU’S CONFERENCE.

Funded Amount:

$4,000

Requested By:

BARCLAY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

OSWEGO CITY−COUNTY YOUTH BUREAU
70 BRUNNER STREET
OSWEGO, NY 13126
(315) 349−3451

Name of Project Director:

KATHLEEN FENION

Purpose of Project:

FUNDS WILL BE USED FOR PLAYGROUND EQUIPMENT FOR CAMP ZERBE.

Funded Amount:

$10,000

Requested By:

TOWNSEND

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

OUR LADY OF GUADALUPE YOUTH PROGRAM, INC.
7201 15TH AVENUE
BROOKLYN, NY 11228–2199
(718) 236–8300

Name of Project Director:

GEORGE APPEL

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS OF INTEREST TO YOUTH, INCLUDING DANCE, MOVIES, TEAM SPORTS, AND PEER GROUP ACTIVITIES. THESE PROGRAMS ARE AVAILABLE TO ALL MEMBERS OF THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

ABBATE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

OUR LADY OF MERCY ROMAN CATHOLIC CHURCH
70–01 KESSEL STREET
FOREST HILLS, NY  11375
(718) 268–6143

Name of Project Director:

STANLEY SWIATOCHA

Purpose of Project:

FUNDS WILL BE USED TOWARD GYMNASIUM RENTAL FEES FOR THE BASKETBALL LEAGUE, INCLUDING GAMES, TOURNAMENTS AND PRACTICES. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

OUR LADY OF SOLACE
2866 WEST 17TH STREET
BROOKLYN, NY 11224
(718) 266–1612

Name of Project Director:

AUGUSTINE QUILES

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF BASEBALL EQUIPMENT AND UNIFORMS. THE BASEBALL LEAGUE IS OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

OUR LADY OF THE BLESSED SACRAMENT
34–24 203RD STREET
BAYSIDE, NY 11361
(718) 424–8848

Name of Project Director:

JOHN CRONAN

Purpose of Project:

FUNDS WILL BE USED FOR OUTREACH TO YOUTH ON RECREATIONAL PROGRAMS WHICH ARE OPEN TO ALL COMMUNITY YOUTH ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PAN AMERICAN DANCE FOUNDATION, INC.
120 SCHILDKNECHT ROAD
HURLEY, NY  12443
(845) 338−2691

Name of Project Director:

RANDY P. CONTI

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH ONGOING YOUTH PROGRAMMING IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARENT JOBNET, INC.
3 WEST 87TH STREET, SUITE 1A
NEW YORK, NY 10024
(866) 541–3994

Name of Project Director:

PAT CRADDICK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SCHOOL BASED PROGRAMS TO PREPARE, EDUCATE, AND CONNECT PARENTS WITH JOB RESOURCES AND OPPORTUNITIES.

Funded Amount:

$3,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARENT JOBNET, INC.
3 WEST 87TH STREET, SUITE 1A
NEW YORK, NY  10024
(866) 541–3994

Name of Project Director:

PAT CRADDICK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE JOB READINESS PROGRAM, FOR PARENTS OF NEW YORK CITY PUBLIC SCHOOL STUDENTS.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
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 SUPPLIES FOR WORKSHOPS AND SEMINARS. FUNDS WILL ALSO BE USED TO OFFSET CONFERENCE AND SEMINAR COSTS FOR EMPLOYEES.

Funded Amount:

$2,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
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 FOR OUTREACH TO STATEN ISLAND FAMILIES THROUGH MONTHLY ADVERTISING IN THE STATEN ISLAND PARENT MAGAZINE.

Funded Amount:

$5,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARENT TO PARENT OF NEW YORK STATE
IBR MAIN BUILDING, ROOM 108, 1050 FOREST HILL ROAD
STATEN ISLAND, NY 10314
(718) 494−3469

Name of Project Director:

JANICE FITZGERALD

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF FORUMS WHICH WILL ORIENT FAMILIES TO ADULT CARE SERVICES AND THE LOCATIONS OF THOSE SERVICES. ALSO, FUNDS WILL BE USED FOR HEALTH CARE ADVOCACY, UNDERSTANDING HEALTH INSURANCE, UNDERSTANDING GUARDIANSHIP AND COMMUNITY RESOURCES.

Funded Amount:

$1,500

Requested By:

HYER−SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARENTS AS PRIMARY TEACHERS, INC.
198 HANCOCK STREET
BROOKLYN, NY  11216
(718) 857–8487

Name of Project Director:

VIODETT Erima

Purpose of Project:

FUNDS WILL BE USED FOR THE SHAKE, RATTLE AND ROLL PROGRAM, A 12 WEEK HANDS–ON PERCUSSION MUSIC LESSON FOR CHILDREN. STUDENTS WILL ALSO CREATE THEIR OWN INSTRUMENTS AND COMPOSE RHYTHM PATTERNS.

Funded Amount:

$5,000

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARENTS FOR MEGAN’S LAW, INC.
P.O. BOX 145
STONY BROOK, NY 11790
(631) 689−2672

Name of Project Director:

LAURA AHEARN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT SERVICES, INFORMATION AND REFERRALS FOR INNOCENT VICTIMS OF CRIME. THIS PROGRAM IS IN DIRECT COLLABORATION WITH LAW ENFORCEMENT ORGANIZATIONS.

Funded Amount:

$5,000

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARENTS FOR MEGAN’S LAW, INC.
P.O. BOX 145
STONEYBROOK, NY 11790
(631) 689–2672

Name of Project Director:

LAURA AHEARN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE MEGAN’S LAW HELPLINE, WHICH PROVIDES INFORMATION, SUPPORT AND REFERRAL SERVICES TO VICTIMS OF SEXUAL ABUSE AND THEIR FAMILIES.

Funded Amount:

$2,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARENTS FOR MEGAN’S LAW, INC.
P.O. BOX 145
STONY BROOK, NY 11790
(631) 689–2672

Name of Project Director:

LAURA AHERN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COMMUNITY MEMBERS WITH INFORMATION AND SUPPORT AIMED AT PREVENTING SEXUAL ABUSE.

Funded Amount:

$5,500

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARENTS FOR MEGAN'S LAW, INC.
P.O. BOX 145
STONY BROOK, NY 11790
(631) 689−2672

Name of Project Director:

LAURA A. AHERN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE CRIME VICTIM'S CENTER.

Funded Amount:

$5,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARENTS INFORMATION GROUP FOR EXCEPTIONAL CHILDREN, INC.
1065 JAMES STREET, SUITE 220
SYRACUSE, NY 13203
(315) 478-1462

Name of Project Director:

KATHLEEN PIERSON

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PUBLICATION OF A RESOURCE MANUAL FOR ONONDAGA COUNTY AND FOR FAMILIES AND PROFESSIONALS DEALING WITH ISSUES OF DISABILITIES IN ALL AGE GROUPS.

Funded Amount:

$8,200

Requested By:

CHRISTENSEN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARKCHESTER LITTLE LEAGUE, INC.  
1936 EAST TREMONT AVENUE, SUITE 3B  
BRONX, NY 10462  
(718) 863−7222

Name of Project Director:

DEAN RICKS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE RECREATIONAL SPORTS PROGRAMS AND THE LITTLE LEAGUE PROVIDED TO AREA YOUTH.

Funded Amount:

$3,000

Requested By:

RIVERA−P

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARKSIDE COMMUNITY ASSOCIATION OF BUFFALO, INC.
2318 MAIN STREET
BUFFALO, NY 14214
(716) 838-1240

Name of Project Director:

KATHLEEN PETERSON

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE PROGRAMS AND SERVICES SUCH AS, THE SUMMER ARTS PROGRAM, CRIME PREVENTION SERVICES, NEWSLETTER, SPECIAL EVENTS, AND REFERRALS FOR YOUTH AND ADULTS.

Funded Amount:

$4,500

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARKSIDE COMMUNITY ASSOCIATION OF BUFFALO, INC.
2318 MAIN STREET
BUFFALO, NY 14214
(716) 838-1240

Name of Project Director:

KATHLEEN PETERSON

Purpose of Project:

FUNDS WILL BE USED FOR RECREATIONAL AND EDUCATIONAL PROGRAMS FOR YOUTH, AFTER SCHOOL AND SUMMER PROGRAMS.

Funded Amount:

$10,000

Requested By:

PEOPLES

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARKVILLE YOUTH ORGANIZATION, INC.
5908 20TH AVENUE
BROOKLYN, NY   11204
(718) 232−1086

Name of Project Director:

ROBERT CAVALIERE

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE THE FIELD CONDITIONS AT 852 65TH STREET IN ORDER TO PROVIDE A SAFE AND HEALTHY ENVIRONMENT FOR CHILDREN TO PARTICIPATE IN RECREATIONAL SPORT ACTIVITIES.

Funded Amount:

$9,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARKVILLE YOUTH ORGANIZATION, INC.
5908 20TH AVENUE
BROOKLYN, NY 11204
(718) 232-1086

Name of Project Director:

BOB CAVALIERE

Purpose of Project:

FUNDS WILL BE USED FOR THE REHABILITATION AND MAINTENANCE OF A FIELD COMPLEX INCLUDING NEW LIGHTING, FENCING, DRAINING SYSTEM, FIELD COMMUNICATIONS, ETC. THE FIELD COMPLEX IS USED FOR AFTER SCHOOL RECREATIONAL SPORTS ACTIVITIES.

Funded Amount:

$10,000

Requested By:

HYER-SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARTNERSHIP FOR CHILDREN, YOUTH & FAMILIES
6 COURT STREET, ROOM 105
GENESEO, NY 14454
(585) 243−7047

Name of Project Director:

NITA HAWKINS

Purpose of Project:

FUNDS WILL BE USED TO SPONSOR A BUS TRIP FOR YOUTH TO ATTEND THE 2009 ASSOCIATION OF YOUTH BUREAU’S ANNUAL LEADERSHIP FORUM.

Funded Amount:

$2,000

Requested By:

ERRIGO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PARTNERSHIP WITH CHILDREN, INC.
299 BROADWAY
NEW YORK, NY 10007
(212) 689-9500

Name of Project Director:

MICHELE SIDRANE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE PROGRAMS AND SERVICES WHICH THE PARTNERSHIP PROVIDES TO AT RISK CHILDREN.

Funded Amount:

$2,500

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PAT-MED YOUTH FOOTBALL AND CHEERLEADING CLUB, INC.
P.O. BOX 22
MEDFORD, NY  11763
(631) 730–6841

Name of Project Director:

BOB CONROY

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH OPERATING YOUTH SPORTS PROGRAMS, INCLUDING THE PURCHASE OF EQUIPMENT AND UNIFORMS.

Funded Amount:

$5,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PELHAM BAY LITTLE LEAGUE
2860 WESTCHESTER AVENUE
BRONS, NY  10461
(718) 931–9585

Name of Project Director:

SAM FRISINA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE NEW EQUIPMENT, REPLACING EXISTING EQUIPMENT THAT HAS BEEN WORN OR DAMAGED.

Funded Amount:

$1,500

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PELHAM FRITZ BASKETBALL LEAGUE, INC.
22–25 FIFTH AVENUE, SUITE 8B
NEW YORK, NY  10037
(212) 783–6104

Name of Project Director:

MELVIN PRATT

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT FOR THE BASKETBALL TEAMS.

Funded Amount:

$5,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PEOPLES EQUAL ACTION AND COMMUNITY EFFORT, INC.
217 SOUTH SALINA STREET
SYRACUSE, NY   13202
(315) 470–3300

Name of Project Director:

JOSEPH O’HARA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A VAN FOR P.E.A.C.E. TO TRANSPORT RESIDENTS TO AND FROM P.E.A.C.E.’S WESTSIDE PROGRAM IN THE POOREST AREA OF THE CITY OF SYRACUSE.

Funded Amount:

$25,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PERUVIAN AMERICAN CHAMBER OF COMMERCE OF LONG ISLAND, INC.
1223 SUFFOLK AVENUE
BRENTWOOD, NY 11717
(631) 434−2682

Name of Project Director:

JOSE PAREDES

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AND MAINTAIN COMMUNITY SERVICE PROGRAMS.

Funded Amount:

$3,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PETER STUYVESANT LITTLE LEAGUE
P.O. BOX 2622
NEW YORK, NY 10009
(917) 418–6226

Name of Project Director:

MIKE CONLON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE BASEBALL AND SOFTBALL INSTRUCTION TO THE BOYS AND GIRLS OF THE EASTSIDE COMMUNITY.

Funded Amount:

$5,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PETER YOUNG SHELTER SERVICES, INC.
BROOKLYN ARMY TERMINAL 140 58TH ST, BLDG. B – WAREHOUSE 5E
BROOKLYN, NY 11220
(718) 492–4015

Name of Project Director:

LUIS JIMINEZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CLOTHING TO NEW YORK CITY COMMUNITIES THAT ARE MOST IN NEED.

Funded Amount:

$5,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PHIPPS COMMUNITY DEVELOPMENT CORPORATION
1591 FULTON AVENUE
BRONX, NY  10457
(718) 716–1128

Name of Project Director:

ROSEMARY ORDENEZ

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE EXISTING PROGRAM FOR WORKSHOPS ON PARENTING.

Funded Amount:

$3,000

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PINE BUSH LITTLE LEAGUE
P.O. BOX 401
GUILDERLAND, NY 12084
(518) 459–5222

Name of Project Director:

LARRY KNAPEK

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE NEW UNIFORMS.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PITTSFORD FOOD PANTRY
ONE GROVE STREET, SUITE 103A
PITTSFORD, NY 14534
(585) 264–9860

Name of Project Director:

KELLY GILMAN

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH A FOOD PANTRY.

Funded Amount:

$1,000

Requested By:

ERRIGO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PLAINEDGE GIRL SCOUTS
512 NORTH ATLANTA AVENUE
NORTH MASSAPEQUA, NY 11758
(516) 735–9825

Name of Project Director:

LINDA WARGO

Purpose of Project:

FUNDS WILL BE USED FOR ANTI–SEXUAL PREDATOR PROGRAM.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
PLEASANT PLAINS/PRINCE’S BAY/RICHMOND VALLEY CIVIC ASSOCIATION
P.O. BOX 204
STATEN ISLAND, NY 10309
(718) 720–4105

Name of Project Director:
DENNIS DELLANGELO

Purpose of Project:
FUNDS WILL BE USED FOR COMMUNITY OUTREACH PROGRAMS.

Funded Amount:
$2,500

Requested By:
TOBACCO

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

POLICE ATHLETIC LEAGUE, INC.
34–1/2 E. 12TH STREET
NEW YORK, NY 10003
(212) 477–0836

Name of Project Director:

FELIX URRUTIA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL, EDUCATIONAL, AND COUNSELING SERVICES FOR YOUNG PEOPLE BETWEEN THE AGES OF 6–19.

Funded Amount:

$35,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

POLONIANS ORGANIZED TO MINISTER TO OUR COMMUNITY, INC.
60-17 56TH DRIVE
MASPETH, NY 11378
(718) 326-9098

Name of Project Director:

EWA KORNACKA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES TO LOW-INCOME CLIENTS INCLUDING, BUT NOT LIMITED TO, CASE ASSISTANCE, ENTITLEMENTS, JOB ASSISTANCE AND EMERGENCY ASSISTANCE IN THE FORM OF FOOD FROM THEIR PANTRY.

Funded Amount:

$13,000

Requested By:

MARKEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

POMONOK RESIDENTS ASSOCIATION
69-15 KISSENA BOULEVARD
FLUSHING, NY 11367
(718) 380-8921

Name of Project Director:

SUSAN MATLOFF

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE RESIDENTS ASSOCIATION ACTIVITIES INCLUDING SUPPLIES, EQUIPMENT AND CLASSES.

Funded Amount:

$1,500

Requested By:

MAYERSON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PORT CHESTER CARVER CENTER, INC.
400 WESTCHESTER AVENUE
PORT CHESTER, NY 10573
(914) 939−4464

Name of Project Director:

DAMYN KELLY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL PROGRAMS TO YOUTH (6−13 YEARS OF AGE) AFTER SCHOOL AND DURING THE SUMMER MONTHS.

Funded Amount:

$10,000

Requested By:

LATIMER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PORT CHESTER/TOWN OF RYE COUNCIL OF COMMUNITY SERVICES INC.
P.O. BOX 322
PORT CHESTER, NY 10573
(914) 939−8055

Name of Project Director:

ANN BARRINGER SPAETH

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE PORT CHESTER CARES COALITION WHICH PROVIDES COMMUNITY EDUCATIONAL MATERIAL AND PROMOTES POSITIVE YOUTH DEVELOPMENT.

Funded Amount:

$5,000

Requested By:

LATIMER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PORT WASHINGTON CHILDREN’S CENTER, INC.
232 MAIN STREET, SUITE 2
PORT WASHINGTON, NY 11050
(516) 883–4864

Name of Project Director:

DONNA PREMINGER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AFFORDABLE AND QUALITY CHILD CARE TO FAMILIES IN NEED.

Funded Amount:

$3,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

POSITIVE DIRECTION OF QUEENS COUNTY, INC.
137–25 BROOKVILLE BOULEVARD
ROSEDALE, NY 11422
(718) 949–4694

Name of Project Director:

JOANN ARBITELLO

Purpose of Project:

FUNDS WILL BE USED TO ASSIST THE YOUTH OF SOUTHEAST QUEENS THROUGH AN AFTER SCHOOL RECREATIONAL AND TUTORIAL PROGRAM.

Funded Amount:

$5,500

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

POSITIVE DIRECTION OF QUEENS COUNTY, INC.
137-25 BROOKVILLE BOULEVARD
ROSEDALE, NY 11422
(718) 949-4694

Name of Project Director:

JOANN ARBITELLO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE OPPORTUNITIES FOR THE YOUTH IN THE COMMUNITY TO ENHANCE THEIR EDUCATIONAL, RECREATIONAL, AND SOCIAL DEVELOPMENT IN A SUPPORTIVE AND SUPERVISED ENVIRONMENT. SOME COMPONENTS OF THE PROGRAM INCLUDE: SAT/CO-OP TEST PREPARATION, TUTORING, COLLEGE ADVISEMENT, JOB TRAINING, AND BASKETBALL.

Funded Amount:

$5,000

Requested By:

COOK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PRESBYTERIAN SENIOR SERVICES
2095 BROADWAY, SUITE 409
NEW YORK, NY 10023
(212) 874–6633  Ext: 13

Name of Project Director:

DAVID S. TAYLOR

Purpose of Project:

FUNDS WILL BE USED TO TEACH OLDER ADULTS COMPUTER BASIC AND ADVANCE PROGRAMS. THIS INTERGENERATIONAL PROGRAM WILL BRING TOGETHER SENIOR CENTER MEMBERS, AND GRANDCHILDREN BEING RAISED BY THEIR GRANDPARENTS, FOR MEANINGFUL ACTIVITIES.

Funded Amount:

$10,000

Requested By:

GREENE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

PRIDE CENTER OF WESTERN NEW YORK, INC.
18 TRINITY PLACE
BUFFALO, NY 14201
(716) 852−7743

Name of Project Director:

BRYAN WHITLEY−GRASS

Purpose of Project:

FUNDS WILL BE USED FOR A COMPUTER CENTER, IN THE PRIDE CENTER, TO HELP THE GROUP CONTINUE SERVICING THE COMMUNITY WITH INFORMATION ABOUT GAY AND LESBIAN ISSUES.

Funded Amount:

$2,400

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PROJECT HOSPITALITY
100 PARK AVENUE
STATEN ISLAND, NY 10312
(718) 488–1544

Name of Project Director:

TERRY TROIA

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH EFFORTS FOCUSING ON ISSUES SUCH AS HOMELESSNESS, HUNGER, ADDICTION, HOUSING, POVERTY AND VOLUNTEERING.

Funded Amount:

$5,000

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PROJECT HOSPITALITY, INC.
100 PARK AVENUE
STATEN ISLAND, NY 10302
(718) 448-1544 Ex: 103

Name of Project Director:

TERRY TROIA

Purpose of Project:

FUNDS WILL BE USED TO COVER THE COSTS OF OPERATING AND MAINTAINING A MOBILE FOOD PANTRY THAT BRINGS ACCESS TO EMERGENCY FOOD SUPPLIES TO PEOPLE WHO OTHERWISE WOULD NOT HAVE ACCESS TO FOOD.

Funded Amount:

$10,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PROJECT HOSPITALITY, INC.
100 PARK AVENUE
STATEN ISLAND, NY 10302
(718) 448–1544 Ext: 103

Name of Project Director:

REV. TERRY TROIA

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE MOBILE FOOD PANTRY TO CURRENTLY UNDER SERVED COMMUNITIES SO THAT MORE PEOPLE IN NEED OF EMERGENCY FOOD SUPPLIES CAN BE SERVED.

Funded Amount:

$10,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PROJECT LEAD, INC.
123–19 HILLSIDE AVENUE
RICHMOND HILL, NY 11418
(718) 495–6210

Name of Project Director:

RABBI AVROHAM HECHT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE NON-SECTARIAN, AFTER SCHOOL PROGRAMS FOR AT-RISK CHILDREN IN REGO PARK, FOREST HILLS, AND KEW GARDENS.

Funded Amount:

$9,000

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PROJECT LEAD, INC.
123–19 HILLSIDE AVENUE
RICHMOND HILL, NY  11418
(718) 495–6210

Name of Project Director:

AVROHAM HECHT

Purpose of Project:

FUNDS WILL BE USED FOR THE "FOOD FOR FAMILIES" PROGRAM WHICH PURCHASES AND DELIVERS FOOD TO DISADVANTAGED FAMILIES.

Funded Amount:

$3,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PSS GRANDPARENTS FAMILY APARTMENTS
951 PROSPECT AVENUE
BRONX, NY 10459
(718) 620-1262

Name of Project Director:

MICHELE CHAPPLE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH AN INTERGENERATIONAL VIDEOMAKING WORKSHOP, INCLUDING THE PURCHASE OF MATERIALS AND EQUIPMENT, ETC. THE PROJECT IS ENTITLED "WHO IS MY GRANDMOTHER?" AND IS OPEN TO TEENAGERS AND THEIR GRANDPARENTS IN THE COMMUNITY.

Funded Amount:

$4,000

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PUBLICOLOR, INC.
149 MADISON AVENUE, SUITE 1201
NEW YORK, NY 10016
(212) 213–6121

Name of Project Director:

MOIRA ARIEU BUTTLER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EFFORTS TO ENGAGE GREATER NUMBERS IN VOLUNTEERING, WHO SERVE AS INFORMAL MENTORS AND ROLE MODELS. DEVELOPMENT OF OUTREACH MATERIALS, WEB BASED REGISTRY AND AN INFORMATIONAL COMPONENT IS INCLUDED.

Funded Amount:

$2,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

PUERTO RICAN COALITION FOR A BETTER COMMUNITY, INC.
1010 SUFFOLK AVENUE
BRENTWOOD, NY 11717
(631) 231−1523

Name of Project Director:

ANGEL PABON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET ADMINISTRATIVE AND OPERATING EXPENSES OF A COMMUNITY EMPOWERMENT PROGRAM INCLUDING, BUT NOT LIMITED TO, WEBSITE MAINTENANCE, STATIONERY, AND MONTHLY COMMUNICATIONS, ETC.

Funded Amount:

$3,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

PUTNAM ASSOCIATED RESOURCE CENTER
31 INTERNATIONAL BOULEVARD
CARMEL, NY 10512
(845) 278–7272

Name of Project Director:

RAND OTTEN

Purpose of Project:

FUNDS WILL BE USED FOR TEACHING LIFE SKILLS TO DEVELOPMENTALLY IMPAIRED YOUNGSTERS.

Funded Amount:

$3,000

Requested By:

BALL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

QUEENS BOROUGH PUBLIC LIBRARY
89-11 MERRICK BOULEVARD
JAMAICA, NY 11432
(718) 990-8585

Name of Project Director:

LAMBERT SHELL

Purpose of Project:

FUNDS WILL BE USED TO START THE SUMMER BASKETBALL PROGRAM IN LEFRAK CITY, WHICH WILL PROVIDE A WHOLESOME RECREATIONAL ACTIVITY AS AN ALTERNATIVE TO CRIMINAL AND SOCIALLY DEFIANT BEHAVIOR.

Funded Amount:

$10,000

Requested By:

AUBRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

QUEENS COMMUNITY CENTER
108–25 62ND DRIVE
FOREST HILLS, NY  11375
(718) 592–5757

Name of Project Director:

IRMA RODRIGUEZ

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$27,170

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

QUEENS COMMUNITY HOUSE, INC.
108−25 62ND DRIVE
FOREST HILLS, NY 11375
(718) 592−5757

Name of Project Director:

IRMA RODRIGUEZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE ADULT EDUCATION COMMUNITY ACTION GROUP THROUGH WHICH STUDENTS GET INVOLVED IN COMMUNITY ISSUES.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

QUEENS COMMUNITY HOUSE, INC.
108–25 62ND DRIVE
FOREST HILLS, NY 11375
(718) 592–5757

Name of Project Director:

SUSAN MATLOFF

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE YOUTH OUTREACH AND AFTER SCHOOL PROGRAMS AT THE FOREST HILLS AND POMONOK BRANCHES OF QUEENS COMMUNITY HOUSE. FUNDS WILL ALSO BE USED FOR SUPPLIES, EQUIPMENT, MAINTENANCE, TRANSPORTATION AND OTHER OPERATING EXPENSES.

Funded Amount:

$52,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
QUEENS JEWISH COMMUNITY COUNCIL, INC.
119–45 UNION TURNPIKE
FOREST PARK, NY 11375
(718) 544–9033

Name of Project Director:
JANE FENSTER

Purpose of Project:
FUNDS WILL BE USED TO OFFSET EXPENSES ASSOCIATED WITH SOCIAL RECREATIONAL PROGRAMS FOR CHILDREN. PROGRAMS ARE OFFERED TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:
$2,000

Requested By:
CARROZZA

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
QUEENS JEWISH COMMUNITY COUNCIL, INC.
119−45 UNION TURNPIKE
FOREST HILLS, NY 11375
(718) 544−9033

Name of Project Director:
CYNTHIA ZALISKY

Purpose of Project:
FUNDS WILL BE USED TO SUPPORT A NEW AFTER SCHOOL PROGRAM FOR AT−RISK YOUTH, PROVIDING POSITIVE MENTORING AND RECREATION TO AREA YOUTH ON A NON−SECTARIAN BASIS.

Funded Amount:
$5,000

Requested By:
MAYERSOHN

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

QUEENS JEWISH COMMUNITY COUNCIL, INC.
119–45 UNION TURNPIKE
FOREST HILLS, NY  11375
(718) 544–9033  Ext: 22

Name of Project Director:

CYNTHIA ZALISKY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOUTH ACTIVITIES AND PROGRAMS FOR INDIGENT AND AT RISK YOUTH. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
QUEENS LESBIAN AND GAY PRIDE COMMITTEE, INC.
P.O. BOX 720464
JACKSON HEIGHTS, NY 11372
(718) 429–2300

Name of Project Director:
DANIEL DROMM

Purpose of Project:
FUNDS WILL BE USED TO OFFSET THE COST OF OFFICE SUPPLIES FOR THE PRIDE COMMUNITY CENTER.

Funded Amount:
$1,000

Requested By:
MAYERSOHN

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

QUEENS LESBIAN AND GAY PRIDE COMMITTEE, INC.
P.O. BOX 720464
JACKSON HEIGHTS, NY 11372
(718) 457-2928

Name of Project Director:

DANIEL DROMM

Purpose of Project:

FUNDS WILL BE USED TO HIRE A PART−TIME YOUTH SERVICE SPECIALIST TO DO OUTREACH TO GAY, BI−SEXUAL, STRAIGHT AND TRANS−GENDER YOUTH UNDER THE AGE OF 21.

Funded Amount:

$2,000

Requested By:

AUBRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

QUEENSBORO COUNCIL FOR SOCIAL WELFARE, INC.
221–10 JAMAICA AVENUE
QUEENS VILLAGE, NY 11428
(718) 468–8025

Name of Project Director:

BETTY ENGLE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES ASSOCIATED WITH PROVIDING ASSISTANCE AND REFERRALS FOR CHILDREN, ADULTS, TEENS, AND SENIOR CITIZENS.

Funded Amount:

$5,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

QUEENSBORO COUNCIL FOR SOCIAL WELFARE, INC.
221–10 JAMAICA AVENUE, SUITE 107
QUEENS VILLAGE, NY 11428
(718) 468–8025

Name of Project Director:

JOAN SERRANO–LAUFER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE INFORMATION AND REFERRALS TO PEOPLE IN NEED OF ASSISTANCE WITH CONSUMER RIGHTS, COUNSELING, CRIME VICTIMS, DAY CARE, DRUG/ALCOHOL, TRAINING, EMPLOYMENT, SOCIAL SERVICES, HEALTH CARE, HOUSING AND LEGAL SERVICES.

Funded Amount:

$2,500

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
R.O.Y.A.L., INC. (RESHAPING OUR YOUTH AND ADULT LIVES)
1330 EAST 100TH STREET, APARTMENT #2
BROOKLYN, NY 11236
(718) 763–2293

Name of Project Director:
ANTHONY CLARK

Purpose of Project:
FUNDS WILL BE USED TO EXPAND THE COMMUNITY BASED BASIC SKILLS PROGRAM. FUNDS WILL ALSO BE USED TO PURCHASE EDUCATIONAL MATERIALS, AND RECRUIT A LARGE POOL OF QUALIFIED INSTRUCTORS TO DEVELOP A COMPREHENSIVE BASIC SKILLS EDUCATION PROGRAM INCLUSIVE OF THE PRE–GED COURSES, AS WELL AS DIRECT INSTRUCTION FOR PROFESSIONAL AND HIGHER EDUCATION INSTITUTION ENTRANCE EXAMS.

Funded Amount:
$5,000

Requested By:
TOWNS

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RACHEL CARSON COMMUNITY ASSOCIATION, INC.  
46–21 COLDEN STREET  
FLUSHING, NY  11355  
(718) 353–6464  Ext: 1012

Name of Project Director:  

JOHN HENRY BYAS

Purpose of Project:  

FUNDS WILL BE USED FOR AN AFTER SCHOOL SPORTS PROGRAM FOR STUDENTS, AND A DANCE PROGRAM FOR MIDDLE AND HIGH SCHOOL STUDENTS. ESL AND COMPUTER PROGRAMS IN THE SURROUNDING COMMUNITY WILL ALSO BE PROVIDED.

Funded Amount:  

$7,000

Requested By:  

YOUNG

Name of Administering State Agency:  

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RDC CENTER FOR COUNSELING AND HUMAN DEVELOPMENT, INC.
52 NORTH BROADWAY
WHITE PLAINS, NY 10603
(914) 949–0504

Name of Project Director:

LAUREN MCLEOD

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF A PROGRAM FOR FINANCIALLY NEEDY IMMIGRANT WOMEN AND DAUGHTERS, TO ENHANCE COMMUNICATION BETWEEN THEM, IMPROVE SKILLS OF YOUNG WOMEN ENTERING THE WORKFORCE, IMPROVE SELF–ESTEEM, AND INCREASE UNDERSTANDING OF CULTURAL DIFFERENCES.

Funded Amount:

$3,500

Requested By:

BRADLEY, PAULIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RDC CENTER FOR COUNSELING AND HUMAN DEVELOPMENT, INC.
52 NORTH BROADWAY
WHITE PLAINS, NY 10603
(914) 949−0504

Name of Project Director:

LAUREN MCLEOD

Purpose of Project:

FUNDS WILL BE USED FOR A PROGRAM FOR FINANCIALLY NEEDY IMMIGRANT WOMEN AND DAUGHTERS TO ENHANCE COMMUNICATION BETWEEN THEM, IMPROVE SKILLS OF YOUNG WOMEN ENTERING THE WORKFORCE, IMPROVE SELF−ESTEEM, AND INCREASE THE UNDERSTANDING OF CULTURAL NORMS.

Funded Amount:

$3,500

Requested By:

BRADLEY, PAULIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

REACHING OUT COMMUNITY SERVICES, INC.
7708 NEW UTRECHT AVENUE
BROOKLYN, NY   11214
(718) 373–4565

Name of Project Director:

THOMAS NEVE

Purpose of Project:

Funds will be used to offset the costs of a delivery services program for needy families, and homebound or disabled people.

Funded Amount:

$2,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RECTOR CHURCH WARDENS AND VESTRY MEMBERS OF CHURCH OF ST. LUKE IN THE FIELDS OF NY
487 HUDSON STREET
NEW YORK, NY 10014
(212) 633−2099

Name of Project Director:

REV. MARY L. FOULKE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE HOT, NUTRITIOUS FOOD AND INGREDIENTS FOR SATURDAY EVENING DINNERS, WHICH IS PROVIDED TO AMBULATORY PEOPLE LIVING WITH HIV/AIDS, AND IS OFFERED ON A NON−SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RECYCLE–A–BICYCLE, INC.
75 AVENUE C
NEW YORK, NY 10009
(212) 475–1655

Name of Project Director:

LISA STEIN

Purpose of Project:

Funds will be used to teach young people core bicycle mechanic skills and retail skills while providing the opportunity to work in a bicycle store.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

REHOOK WEST RESIDENT ASSOCIATION, INC.
441 COLUMBIA STREET
BROOKLYN, NY 11231
(718) 488-8222

Name of Project Director:

LILLIE MARSHALL

Purpose of Project:

FUNDS WILL BE USED TO PAY FOR EXPENSES, SUCH AS MUSIC, FOOD, RIDES AND GAMES ASSOCIATED WITH THE ANNUAL FAMILY DAY.

Funded Amount:

$4,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

REFUGE, INC.
185 PARK HILL AVENUE, SUITE LB
STATEN ISLAND, NY 10304
(718) 701−4055

Name of Project Director:

JACOB MASSAQUOI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND SUPPLIES FOR AN
AFTER SCHOOL PROGRAM.

Funded Amount:

$3,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

REFUGE, INC.
185 PARK HILL AVENUE, SUITE LB
STATEN ISLAND, NY 10304
(718) 701–4055

Name of Project Director:

JACOB MASSAQUOI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTERS AND EQUIPMENT FOR THE COMMUNITY CENTER.

Funded Amount:

$3,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK, INC.
965 ALBANY SHAKER ROAD
LATHAM, NY 12110
(518) 786−3691

Name of Project Director:

MARK QUANDT

Purpose of Project:

Funds will be used to offset transportation costs for the delivery of food to the warehouse and other member agencies for the needy.

Funded Amount:

$3,000

Requested By:

GORDON−T

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

REGIONAL FOOD BANK OF NORTHEASTERN NY, INC.
965 ALBANY SHAKER ROAD
LATHAM, NY 12110
(518) 786–3691

Name of Project Director:

MARK QUANDT

Purpose of Project:

FUNDS WILL BE USED TO OFFSET TRANSPORTATION COSTS AND MAINTAIN CURRENT LEVEL OF SERVICE.

Funded Amount:

$6,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

REMOVE INTOXICATED DRIVERS NEW YORK STATE
16 GABRIELLA ROAD
WAPPINGERS FALLS, NY 12601
(845) 462–7374

Name of Project Director:

JO JOHNSON

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC EXPENSES.

Funded Amount:

$1,000

Requested By:

MILLER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RENAISSANCE CHARTER SCHOOL  
35-59 81ST STREET  
JACKSON HEIGHTS, NY 11372  
(718) 803-0060

Name of Project Director: REBECCA OAKS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AFTER SCHOOL PROGRAMS, SEMINARS, WORKSHOPS AND ESL PROGRAMS FOR YOUTH IN THE COMMUNITY. FUNDS WILL ALSO BE USED FOR CULTURAL AND ARTS PROGRAMS.

Funded Amount: $5,000

Requested By: PERALTA

Name of Administering State Agency: OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RENEGADES YOUTH SPORTS, INC.
1166 EAST 105TH STREET
BROOKLYN, NY 11236
(347) 219–2678

Name of Project Director:

COURTNEY POLLIS

Purpose of Project:

FUNDS WILL BE USED TO IMPLEMENT THE COMMUNITY YOUTH FOOTBALL PROGRAM.

Funded Amount:

$3,000

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RENSSELAER LITTLE LEAGUE  
12 LAWRENCE STREET  
RENSSELAER, NY 12144  
(518) 488–9922

Name of Project Director:

THOMAS J. BURGESS

Purpose of Project:

FUNDS WILL BE USED FOR THE REHABILITATION OF THE CURRENT BUILDING AS IT IS SERIOUSLY DETERIORATED AND OUTDATED, AND NEEDS TO ACCOMMODATE THE GROWING LEAGUE.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

RESCUING OUR YOUTH, INC.
1417 ISLIP AVENUE
CENTRAL ISLIP, NY 11722
(631) 617−5063

Name of Project Director:

PASTOR RAYMOND JAQUEZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE OR LEASE A VEHICLE FOR TRANSPORTING YOUTH TO AND FROM PROGRAM AND MEETINGS, AND BRING THEM TO ORGANIZED COMMUNITY EVENTS, E.G., GRAFFITI REMOVAL, ETC.

Funded Amount:

$5,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RESPONSE OF SUFFOLK COUNTY, INC.
P.O. BOX 300
STONY BROOK, NY 11790
(631) 751–7620

Name of Project Director:

SONIA WAGNER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE EXPANSION OF A COMPUTER ONLINE INTERVENTION SERVICE.

Funded Amount:

$3,000

Requested By:

ENGBRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RETIREES OF DREISER LOOP, INC.
177 DREISER LOOP, ROOM 19
BRONX, NY 10475
(718) 379–0377

Name of Project Director:

LEONARD MURRELL

Purpose of Project:

FUNDS WILL BE USED TO HELP MAINTAIN THE VEHICLES AND LOCATIONS USED BY THE ORGANIZATION.

Funded Amount:

$3,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RIDGEWOOD OLDER ADULT CENTER AND SERVICES, INC.
59–14 70TH AVENUE
RIDGEWOOD, NY 11385
(718) 456–2000

Name of Project Director:

JACQUELINE ERADIRI

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT FOOD PANTRY OPERATIONS AND FOOD DONATIONS TO FAMILIES.

Funded Amount:

$6,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RIVER WATCH, INC.
1600 SEDGWICK AVENUE, SUITE 1A
BRONX, NY 10453
(718) 299–7117

Name of Project Director:

CATHERINE M. STROUD

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT VARIOUS TYPES OF COMPUTER TRAINING FOR COMMUNITY RESIDENTS, INCLUDING JOB READINESS TRAINING FOR UNEMPLOYED AND UNDEREMPLOYED ADULTS. HOMEWORK ASSISTANCE WILL BE PROVIDED FOR YOUTH AND COMPUTER ACCESS MADE AVAILABLE FOR SENIORS.

Funded Amount:

$22,000

Requested By:

GREENE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RIVERDALE COMMUNITY CENTER, INC.
660 WEST 237TH STREET
BRONX, NY 10463
(718) 796–4724

Name of Project Director:

KATHLEEN GILSON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AFTER−SCHOOL THEATER PROGRAMS AT MS 141 FOR OVER 100 BRONX CHILDREN. THE STUDENTS PERFORM MUSICALS AND OTHER PLAYS FOR THEIR FAMILIES AND THE LOCAL COMMUNITY.

Funded Amount:

$10,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RIVERDALE NEIGHBORHOOD HOUSE, INC.
5521 MOSHOLU AVENUE
BRONX, NY  10471
(718) 549–8100

Name of Project Director:

DAN EUDENE

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$24,950

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ROBERT H. CLAMPETT FOUNDATION, INC. (D/B/A CHILDREN’S PRESSLINE)
163 AMSTERDAM AVENUE, #149
NEW YORK, NY 10023
(212) 501–1118

Name of Project Director:

MIKE SCHREIBMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MIDDLE AND HIGH SCHOOL AGED TRAINING IN JOURNALISM, CIVIC ENGAGEMENT, AND LEADERSHIP.

Funded Amount:

$2,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ROCHESTER FATHERHOOD RESOURCE INITIATIVE, INC.
775 SOUTH PLYMOUTH AVENUE
ROCHESTER, NY 14608
(585) 285-6627

Name of Project Director:

TODD WILLIAMS

Purpose of Project:

FUNDS WILL BE USED TO HELP YOUNG MEN BECOME STABLE WITHIN THEIR FAMILIES BY PROVIDING RESUME BUILDING WORKSHOPS, JOB SEARCH TRAINING AND FAMILY RELATIONSHIP BUILDING EXERCISES.

Funded Amount:

$10,000

Requested By:

GANTT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ROCKAWAY ARTISTS ALLIANCE
260 BEACH 116TH STREET
ROCKAWAY, NY 11694
(718) 474–0861

Name of Project Director:

CHRISTINE MULLALLY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF SUPPLIES TO BRING ART TO CHILDREN OF ALL AGES IN AN EDUCATIONAL, AFTER SCHOOL, AND CLASSROOM SETTING.

Funded Amount:

$5,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ROCKAWAY LITTLE LEAGUE, INC.
425 BEACH 145TH STREET
NEPONSIT, NY 11694
(718) 634-4240

Name of Project Director:

JOHN DUGGAN

Purpose of Project:

FUNDS WILL BE USED TO HELP MAINTAIN FIVE BASEBALL FIELDS AT GATEWAY NATIONAL RECREATION AREA TO ALLOW LITTLE LEAGUE BASEBALL TO CONTINUE IN THE ROCKAWAY COMMUNITY. FUNDS WILL ALSO BE USED TO ASSIST IN PURCHASING UNIFORMS FOR THE LEAGUE PLAYERS.

Funded Amount:

$4,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ROCKLAND COUNTY CRIME PREVENTION BUREAU, LTD.
115 SOUTH MAIN STREET
SPRING VALLEY, NY 10977
(845) 222–9808

Name of Project Director:

DR. JACQUES O. D’I. MICHEL

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT AND SUPPLIES FOR THE AFTER SCHOOL PROGRAM WHICH PROVIDES ATHLETICS AND EMPLOYMENT SKILLS FOR YOUTH.

Funded Amount:

$5,000

Requested By:

JAFFEE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ROCKLAND COUNTY YMCA
35 SOUTH BROADWAY
NYACK, NY 10960
(845) 358–0245

Name of Project Director:

CHARLES MAZE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE 45 OR MORE TEENAGERS WITH A SIX–WEEK RECREATION AND IN–STATE FIELD TRIP PROGRAM IN AN EFFORT TO DEVELOP SOCIAL AND PHYSICAL FITNESS SKILLS.

Funded Amount:

$5,000

Requested By:

JAFFEE, ZEBROWSKI–K

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ROCKLAND COUNTY YMCA
35 SOUTH BROADWAY
NYACK, NY 10960
(845) 358–0245

Name of Project Director:

CHARLES MAZE

Purpose of Project:

FUNDS WILL BE USED TO ENABLE YOUTH FROM UNDER SERVED COMMUNITIES TO TAKE FIELD TRIPS TO LOCATIONS IN NEW YORK STATE.

Funded Amount:

$7,500

Requested By:

JAFFEE, ZEBROWSKI–K

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
ROCKLAND FAMILY SHELTER, INC.
9 JOHNSON LANE
NEW CITY, NY 10956
(845) 634–3391

Name of Project Director:
CAROLYN FISH

Purpose of Project:
FUNDS WILL BE USED TO INCREASE AWARENESS OF THE SUPPORT SERVICES AVAILABLE TO SURVIVORS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND GENERAL CRIMES. FUNDS WILL ALSO BE USED TO PAY FOR WEBSITE DESIGN AND DEVELOPMENT, BROCHURE PRINTING, ETC.

Funded Amount:
$10,000

Requested By:
ZEBROWSKI–K

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ROCKLAND FAMILY SHELTER, INC.
9 JOHNSONS LANE
NEW CITY, NY  10956
(845) 634−3391

Name of Project Director:

VIVIAN ENGLAND

Purpose of Project:

FUNDS WILL BE USED FOR THE COSTS ASSOCIATED WITH AN EMERGENCY SHELTER. THESE FUNDS WILL PROVIDE TELEPHONE SERVICES, TRANSPORTATION TO THE SHELTER, CLEANING, EXTERMINATING, FOOD, SUPPLIES AND RECREATIONAL PROGRAMMING.

Funded Amount:

$4,000

Requested By:

JAFFEE, ZEBROWSKI–K

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ROCKLAND PARENT AND CHILD CENTER, INC.
137 FIRST AVENUE
NYACK, NY 10960
(845) 358−2702

Name of Project Director:

MOLLY GIBEAU−GRIFFEN

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE SINGLE MOTHER’S GROUP AND HEAD START PARENTING SUPPORT GROUP.

Funded Amount:

$4,000

Requested By:

JAFFEE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ROMAN CATHOLIC CHURCH OF ST. MARY OF THE ISLE
315 EAST WALNUT STREET
LONG BEACH, NY  11561
(516) 432–0157

Name of Project Director:

FRANCES MONUSZKO

Purpose of Project:

FUNDS WILL BE USED TO SERVE LONG BEACH AREA’S LOW–INCOME RESIDENTS OF ALL RACES AND RELIGIONS, THE MAJORITY BEING CHILDREN, SINGLE PARENTS, THE ELDERLY AND AIDS VICTIMS WHO WILL BE PROVIDED FOOD, COUNSELING AND REFERRAL ASSISTANCE.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ROME MEN’S SOFTBALL ASSOCIATION
103 DEAN STREET
ROME, NY 13440
(315) 219−3240

Name of Project Director:

BILL MENTER

Purpose of Project:

FUNDS WILL BE USED TO MAKE SIGNIFICANT CAPITAL IMPROVEMENTS AND FOR NEW EQUIPMENT AT HASELTON−WRIGHT FIELD IN ROME, A FACILITY USED BY THE ROME MEN’S SOFTBALL ASSOCIATION, ROME WOMEN’S SOFTBALL ASSOCIATION, AND A CO−ED LEAGUE.

Funded Amount:

$4,500

Requested By:

DESTITO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

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

Name of Project Director:

ROBERT S. WEITZNER

Purpose of Project:

FUNDS WILL BE USED TO INSTALL AND COVER THE FRONT OF THE BUILDING WITH LIGHTING THAT WILL AFFORD BETTER VISIBILITY ALONG THE PATH TO THE HOUSE, AS WELL AS IMPROVED SECURITY.

Funded Amount:

$15,000

Requested By:

WEPRIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

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

Name of Project Director:

PATRICIA C. DONNELLY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE NEW LINENS FOR THE 42 BEDROOM FACILITY AND 8 KITCHENS.

Funded Amount:

$3,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RONALD MCDONALD HOUSE OF LONG ISLAND, INC.
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 FOR EDUCATIONAL MATERIALS FOR THE CHILDREN’S RESOURCE CENTER.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

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

Name of Project Director:

HON. BOB WEITZNER

Purpose of Project:

FUNDS WILL BE USED TOWARD LANDSCAPING AND UPGRADING THE PLAYGROUND.

Funded Amount:

$3,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RONALD MCDONALD HOUSE OF LONG ISLAND, INC.
267–07 76TH AVENUE
NEW HYDE PARK, NY 11040
(718) 343–5683 Ext: 157

Name of Project Director:

ROBERT WEITZNER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT HOUSEKEEPING AND MAINTENANCE AT THE 44,000 SQ. FT. FACILITY.

Funded Amount:

$5,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

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

Name of Project Director:

ROBERT S. WEITZNER

Purpose of Project:

FUNDS WILL BE USED FOR THE RENOVATION OF THE INDOOR PLAYROOM, AND FOR THE PURCHASE OF SUPPLIES.

Funded Amount:

$10,000

Requested By:

CARROZZA, CLARK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

RONALD MCDONALD HOUSE OF LONG ISLAND, INC.
267–07 76TH AVENUE
NEW HYDE PARK, NY 11040
(516) 775–5683

Name of Project Director:

ROBERT S. WEITZNER

Purpose of Project:

FUNDS WILL BE USED TOWARD CREATING A ROOM THAT WILL BE DESIGNED FOR CHILDREN AGES TODDLER TO TEEN – A ROOM THAT WILL DISTRACT THE CHILD AND LEND FUN AND JOY TO THEIR LIVES WHILE RECUPERATING FROM SURGERY.

Funded Amount:

$3,000

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RONALD MCDONALD HOUSE OF LONG ISLAND, INC.
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 TO OFFSET OPERATING EXPENSES AND FOR THE UPKEEP OF THE 42 BEDROOM FACILITY.

Funded Amount:

$10,000

Requested By:

SEMINERIO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RONALD MCDONALD HOUSE OF LONG ISLAND, INC.
267–07 76TH AVENUE
NEW HYDE PARK, NY  11040
(718) 343–5683  Ext: 131

Name of Project Director:

ROBERT WEITZNER

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH UPKEEP OF THE FACILITY, INCLUDING HOUSEKEEPERS.

Funded Amount:

$3,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ROOSEVELT ISLAND YOUTH PROGRAM, INC.
506 MAIN STREET
NEW YORK, NY 10044
(212) 935–3645

Name of Project Director:

DENISE MATTHEW

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE OUT OF SCHOOL TIME PROGRAM, AN AFTER SCHOOL/EVENING PROGRAM THAT ENROLLS AS MUCH AS 250 ELEMENTARY AND MIDDLE SCHOOL CHILDREN.

Funded Amount:

$2,500

Requested By:

KELLNER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ROSLYN AFTER SCHOOL PROGRAM
240 WILLOW STREET
ROSLYN HEIGHTS, NY  11577
(516) 621–3605

Name of Project Director:

BARBARA  STERN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATIONAL COSTS ASSOCIATED WITH THE ROSLYN AFTER SCHOOL PROGRAM.

Funded Amount:

$2,500

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ROW NEW YORK, INC.
10–27 46TH AVENUE, SUITE 101
LONG ISLAND CITY, NY 11101
(718) 213–2355

Name of Project Director:

AMANDA KRAUS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT GENERAL OPERATING EXPENSES OF THE ROWING COMPETITIVE PROGRAM.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RUSH–HENRIETTA AFTER SCHOOL DAY CARE
140 TELEPHONE ROAD
WEST HENRIETTA, NY 14586
(585) 359–7911

Name of Project Director:

PEARL TOKAR

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF BOOKS FOR SARANAC LAKE SCHOOL DISTRICT LITERACY PROGRAM.

Funded Amount:

$500

Requested By:

ERRIGO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RUSH–HENRIETTA FOOD PANTRY
152 PARKMEADOW DRIVE
PITTSFORD, NY 14534
(585) 334–3141

Name of Project Director:

MEL & BARBARA WITMER

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH FOOD PANTRY.

Funded Amount:

$1,000

Requested By:

ERRIGO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RUSSIAN AMERICAN COMMUNITY COALITION, INC.
3101 OCEAN PARKWAY, APT. 7C
BROOKLYN, NY 11235
(718) 714–6717

Name of Project Director:

SERGEY KOVALYOV

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND SOCIAL EVENTS TO THE COMMUNITY, EDUCATING THE COMMUNITY ABOUT THE HOLOCAUST, COMMUNITY ISSUES, VOTER REGISTRATION, ETC. PROGRAMS ARE OPEN TO ALL INDIVIDUALS ON A NON–SECTARIAN BASIS.

Funded Amount:

$7,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

RUTH WILLIAMS DANCE FOUNDATION, INC.
2090 ADAM CLAYTON POWELL JR. BOULEVARD
NEW YORK, NY 10027
(212) 662–6403

Name of Project Director:

LAURA WILLIAMS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A STUDENT DANCE PROGRAM WHERE THEY LEARN THE FUNDAMENTALS OF DANCE. FUNDS WILL ALSO BE USED TO OFFSET THE COSTS OF THE ANNUAL RECITAL.

Funded Amount:

$5,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

RYER ENTERTAINMENT
2120 RYER AVENUE
BRONX, NY 10453
(718) 220–5234

Name of Project Director:

LUIS MELENDEZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A LOCAL PLAY IN THE COMMUNITY ON RYER AVENUE, COMMUNITY YOUTH PERFORMERS.

Funded Amount:

$3,000

Requested By:

DIAZ–L

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SACHEM ATHLETIC CLUB, INC.
P.O. BOX 181
RONKONKOMA, NY  11779
(631) 472–0119

Name of Project Director:

DENNIS WANDLE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND UNIFORMS.

Funded Amount:

$2,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SACRED HEART CYO
215–35 38TH AVENUE
BAYSIDE, NY 11361
(718) 428–2200

Name of Project Director:

ROBERT KLEIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SPORTS PROGRAMS TO BOYS AND GIRLS IN GRADE SCHOOL THROUGH HIGH SCHOOL, INCLUDING BASEBALL, SOCCER, AND BASKETBALL. THE PROGRAM IS NON-SECTARIAN AND OPEN TO ALL YOUTH IN THE COMMUNITY.

Funded Amount:

$6,500

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SAFE INC. OF SCHENECTADY
1344 ALBANY STREET
SCHENECTADY, NY 12304
(518) 374–0166

DELORES EDMONDS–MCINTOSH

FUNDS WILL BE USED TO UPDATE KITCHEN CABINETS, PLUMBING, FLOORS AND WINDDOWS.

$5,000

AMEDORE

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SALT AND SEA MISSION CHURCH, INC.
1530 MERMAID AVENUE
BROOKLYN, NY 11224
(718) 372–3576

Name of Project Director:

DEBBE SANTIAGO

Purpose of Project:

FUNDS WILL BE USED TO OPERATE THE FOOD PANTRY, WHICH IS OPEN TO ALL IN NEED ON A NON-SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SAMUEL FIELD YM & YWHA, INC.
58–20 LITTLE NECK PARKWAY
LITTLE NECK, NY 11362
(718) 225–6750

Name of Project Director:

DR. STEVEN GOODMAN

Purpose of Project:

FUNDS WILL BE USED TO REPLACE AN UNREPAIRABLE SCOREBOARD IN THE FACILITY USED BY HUNDREDS OF ADOLESCENTS FROM THE COMMUNITY. PARTICIPANTS INCLUDE A SILVER SNEAKER’S LEAGUE FOR OLDER ADULTS, AND BASKETBALL BUDDY, AN ADAPTIVE BASKETBALL PROGRAM FOR CHILDREN WITH AUTISTIC SPECTRUM DISORDER AND TEEN MENTORS.

Funded Amount:

$5,000

Requested By:

WEPRIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SAMUEL FIELD YM & YWHA, INC.
212–00 23RD AVENUE
BAYSIDE, NY 11360
(718) 423–6111

Name of Project Director:

STEVE GOODMAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE OPERATION OF COMMUNITY YOUTH PROGRAMS.

Funded Amount:

$2,500

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SARAH GRACE FOUNDATION–CHILDREN WITH CANCER
217 PLAINVIEW ROAD
HICKSVILLE, NY 11801
(516) 433–9745

Name of Project Director:

MATTHEW WEIPPERT

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT CHILDHOOD CANCER PROGRAMS AND CHILDREN WITH CANCER.

Funded Amount:

$2,000

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SARATOGA CENTER FOR THE FAMILY
359 BALLSTON AVENUE
SARATOGA SPRINGS, NY 12866
(518) 587–8008

Name of Project Director:

DEBORAH TOMASO

Purpose of Project:

FUNDS WILL BE USED FOR PREVENTION PROGRAMS, COUNSELING AND TREATMENT PROGRAMS.

Funded Amount:

$10,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SBH COMMUNITY SERVICE NETWORK, INC.
425 KINGS HIGHWAY
BROOKLYN, NY 11223
(718) 787−1100

Name of Project Director:

CHANA COHEN

Purpose of Project:

FUNDS WILL BE USED FOR THE WOMEN’S AND PARENTING SUPPORT GROUP, WHICH IS OPEN TO ALL MEMBERS OF THE COMMUNITY.

Funded Amount:

$7,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SCARSDALE FAMILY COUNSELING SERVICE
14 HARWOOD COURT, SUITE 405
SCARSDALE, NY 10583
(914) 723−3281

Name of Project Director:

GERALDINE GREENE

Purpose of Project:

FUNDS WILL BE USED FOR THE WOMEN IN LEADERSHIP PROGRAM, A SUPPORT GROUP FOR GIRLS AGES 13−17 WHICH PROVIDES PARTICIPANTS A SAFE PLACE TO DISCUSS ISSUES ABOUT BODY IMAGE, DATING RELATIONSHIPS, SUBSTANCE ABUSE, AND MAKING CONNECTIONS WITH FEMALE PEERS.

Funded Amount:

$10,000

Requested By:

PAULIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SCAT VAN
17 NELSON STREET
AUBURN, NY 13021
(315) 253–0996

Name of Project Director:

KATHY SHUTTER

Purpose of Project:

FUNDS WILL BE USED FOR TRANSPORTATION COSTS.

Funded Amount:

$5,000

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SCHENECTADY COMMUNITY HOME, INC.
22 GLENVIEW DRIVE, (P.O. BOX 2122)
SCOTIA, NY 12302
(518) 346-5471

Name of Project Director:

SUSAN TOMLINSON

Purpose of Project:

FUNDS WILL BE USED TO HELP PATIENTS AND FAMILIES IN PROVIDING END-OF-LIFE CARE AT THE TWO BED RESIDENCE FREE OF CHARGE TO PATIENTS.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SCHENECTADY INNER CITY MINISTRY
930 ALBANY STREET
SCHENECTADY, NY 12307
(518) 374–2683

Name of Project Director:

PHILLIP GRIGSBY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FOOD FROM THE REGIONAL FOOD BANK.

Funded Amount:

$10,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SCHILLER PARK COMMUNITY SERVICES, INC.
2056 GENESEE STREET
BUFFALO, NY 14211
(716) 896-1325

Name of Project Director:

BETH SIDEBOTTOM

Purpose of Project:

FUNDS WILL BE USED FOR RECREATIONAL AND EDUCATIONAL PROGRAMS FOR YOUTH, AFTER SCHOOL, AS WELL AS SUMMER PROGRAMS.

Funded Amount:

$4,000

Requested By:

PEOPLES

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SCHOOL SETTLEMENT
120 JACKSON STREET
BROOKLYN, NY 11211
(718) 389–1810

Name of Project Director:

MICHAEL ROCHFORD

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$27,169

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SCHOOL SETTLEMENT ASSOCIATION, INC.
120 JACKSON STREET
BROOKLYN, NY  11211
(718) 389−1810

Name of Project Director:

RICK VESCOVI

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT TECHNOLOGY PROGRAMMING FOR SCHOOL−AGED CHILDREN.

Funded Amount:

$10,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SCOUTS OF AMERICA−STATEN ISLAND CHAPTER
350 FIFTH AVENUE
NEW YORK, NY 110118
(212) 242−1100

Name of Project Director:

KEVIN BROSNIK

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN BUILDING CHARACTER AND SKILLS FOR SUCCESS AND LEADERSHIP.

Funded Amount:

$2,000

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SEAMAN’S SOCIETY FOR CHILDREN AND FAMILIES
50 BAY STREET
STATEN ISLAND, NY 10301
(718) 447−7740  Ext: 4230

Name of Project Director:

NANCY VOMERO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE REFRIGERATION UNITS TO STORE VACCINES FOR CONSUMERS, AND FOR ADDITIONAL EQUIPMENT FOR THE MEDICAL OFFICE.

Funded Amount:

$3,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SEMBRANDO LA SEMILLA, INC.
2605 MARION AVENUE, SUITE 7F
BRONX, NY 10458
(718) 563−7355

Name of Project Director:

JOSE A. TORRES

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE SHELTER PROGRAM FOR INDIVIDUALS IN NEED. THIS PROGRAM IS OPEN TO ALL IN NEED ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

DIAZ−L

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SENeca–bAbcOK COMMUNITY ASSOCIATION, INC.
1168 SENeca STREET
BUFFALO, NY 14210
(716) 822−5094

Name of Project Director:

BRIAN PILARSKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COMMUNITY EDUCATIONAL, ATHLETIC AND RECREATIONAL PROGRAMS FOR YOUTH AND SENIOR CITIZENS.

Funded Amount:

$10,000

Requested By:

SCHROEDER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
SENIOR OLYMPICS OF STATEN ISLAND
1466 MANOR ROAD
STATEN ISLAND, NY  10314
(718) 356–8113

Name of Project Director:
MARIE ELLNER

Purpose of Project:
FUNDS WILL BE USED TO PURCHASE LIGHT REFRESHMENTS, A LUNCHEON AND MEDALS FOR THE 2008 SENIOR OLYMPICS.

Funded Amount:
$1,000

Requested By:
HYER–SPENCER

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SERVICE ALLIANCE FOR YOUTH
1524 GILLESPIE AVENUE
BRONX, NY  10461
(718) 829–7574

Name of Project Director:

JEROME DEMERS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE NECESSARY EQUIPMENT FOR THE FOOTBALL AND CHEERLEADING SQUADS.

Funded Amount:

$3,500

Requested By:

BENEDETTI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SESAME FLYERS INTERNATIONAL, INC.
3510 CHURCH AVENUE
BROOKLYN, NY 11203
(718) 693-0500

Name of Project Director:

CURTIS NELSON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES OF THE COMMUNITY YOUTH FOOTBALL PROGRAM.

Funded Amount:

$3,000

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SETTLES/GAYLE ALLSTAR 5 ON 5 BASKETBALL TOURNAMENT
50 TARGEE STREET
STATEN ISLAND, NY  10304
(718) 981–4169

Name of Project Director:

HELEN S. SETTLES

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS FOR PERMITS, EQUIPMENT, REFEREES, TROPHIES, INSURANCE AND ADMINISTRATION FOR THE 2008 ALL STAR TOURNAMENT.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SEVENTH AVENUE CENTER FOR FAMILY SERVICES, INC.
711 LENOX AVENUE
NEW YORK, NY 10039
(718) 901–0140

Name of Project Director:

TOLU OLUWOLE

Purpose of Project:

FUNDS WILL BE USED TO INCREASE MENTAL HEALTH SERVICES FOR CHILDREN AND FAMILIES; TO SUPPLEMENT EDUCATIONAL DANCE PROGRAMS; AS WELL AS TO ASSIST WITH COMPUTER MAINTENANCE AND WEBSITE TECHNICAL SUPPORT.

Funded Amount:

$5,000

Requested By:

FARRELL, JR

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SHALOM TASK FORCE
P.O. BOX 137, BOWLING GREEN STATION
NEW YORK, NY 10274
(212) 742–1478

Name of Project Director:

RABBI DANIEL SCHONBUCH

Purpose of Project:

Funds will be used to offset general operating expenses of the domestic violence hotline office and educational programs, which are open to all on a non-sectarian basis.

Funded Amount:

$25,000

Requested By:

MAYERSOHN, PHEFFER, WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SHALOM TASK FORCE, INC.
P.O. BOX 137
NEW YORK, NY 10274
(212) 742-1478 Ext: 108

Name of Project Director:

RABBI DANIEL SCHONBUCH

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COST OF OPERATING THE BROOKLYN DOMESTIC VIOLENCE HOTLINE OFFICE. THE PROGRAM IS OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SHALOM TASK FORCE, INC.
P.O. BOX 137, BOWLING GREEN STATION
NEW YORK, NY 10274
(212) 742−1478

Name of Project Director:

RABBI DANIEL SCHONBUCH

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A DOMESTIC VIOLENCE HOTLINE SERVICE AND PREVENTIVE EDUCATIONAL PROGRAMS FOR HIGH SCHOOL STUDENTS, ADULTS AND ENGAGED COUPLES. PROGRAMS ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SHALOM TASK FORCE, INC.
P.O. BOX 137, BOWLING GREEN STATION
NEW YORK, NY 10274
(718) 742–1478

Name of Project Director:

RABBI DANIEL SCHONBUCH

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING EXPENSES FOR THE DOMESTIC VIOLENCE HOTLINE OFFICE AND EDUCATIONAL PROGRAMS. THESE PROGRAMS ARE OPEN TO ALL IN THE COMMUNITY ON A NON-SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SHARING COMMUNITY, INC.
P.O. BOX 657
YONKERS, NY 10702
(914) 963–2626

Name of Project Director:

REV. ANTHONY HOELTZEL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS FOR THE THANKSGIVING DAY CELEBRATION WHICH FEEDS THE HOMELESS AND HUNGRY IN THE CITY OF YONKERS.

Funded Amount:

$2,500

Requested By:

PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SHARING COMMUNITY, INC.
P.O. BOX 657
YONKERS, NY  10701
(914) 963–2626

Name of Project Director:

REV. ANTHONY HOELTZEL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS FOR A THANKSGIVING DAY CELEBRATION WHICH FEEDS THE HOMELESS AND HUNGRY IN THE CITY OF YONKERS.

Funded Amount:

$2,500

Requested By:

PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SHENENDEHOWA HELPING HANDS PANTRY
963 MAIN STREET
CLIFTON PARK, NY 12065
(518) 877–7380

Name of Project Director:

PATRICIA HIPENBECKER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF PROVIDING FOOD FOR THE NEEDY. THIS PROGRAM IS OPEN TO ALL IN NEED ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SHOREFRONT COUNCIL HOUSING DEVELOPMENT FINANCE CORP.
3915 NEPTUNE AVENUE
BROOKLYN, NY 11224
(718) 266–3666

Name of Project Director:

HERB FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SRO HOUSING FOR FORMERLY HOMELESS SENIOR CITIZENS.

Funded Amount:

$91,000

Requested By:

ABBATE, BENEDETTO, BING, BRENNAN, BROOK−KRASNY, CANESTRARI, CLARK, CYMBROWITZ−S, DINOWITZ, FARRELL, JR, GLICK, GOTTFRIED, HIKIND, HOYT, MAISEL, MAYERSOHN, MILLMAN, O’DONNELL, PHEFFER, RIVERA−N, ROSENTHAL, SILVER, WEINSTEIN, WEPRIN, YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SHOREFRONT JEWISH COMMUNITY COUNCIL
3049 BRIGHTON 6TH STREET
BROOKLYN, NY 11235
(718) 743−0575

Name of Project Director:

TATIANA SHLOMOVICH

Purpose of Project:

FUNDS WILL BE USED TO OPERATE THE FOOD PANTRY, WHICH IS OPEN TO ALL IN NEED ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SHOREFRONT YM–YWHA OF BRIGHTON–MANHATTAN BEACH
3300 CONEY ISLAND AVENUE
BROOKLYN, NY  11235
(718) 646–1444

Name of Project Director:

SUE FOX

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM'S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$23,624

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SHOREFRONT YM–YWHA OF BRIGHTON–MANHATTAN BEACH, INC.
3300 CONEY ISLAND AVENUE
BROOKLYN, NY 11233
(718) 646–4444  Ext: 318

Name of Project Director:

SUSAN FOX

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE AT RISK YOUTH PROGRAM OFFERED BY THE SHOREFRONT Y.

Funded Amount:

$5,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SI–TRAC, INC.
P.O. BOX 120070
STATEN ISLAND, NY 10312
(646) 296–8724

Name of Project Director:

LORRAINE LETTIERI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH OPERATING THE OCEAN BREEZE INDOOR TRACK, WHICH IS A RECREATIONAL FACILITY OPEN TO ALL IN THE COMMUNITY.

Funded Amount:

$10,000

Requested By:

CUSICK

Name of Administering State 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. Programs are open to all on a non−sectarian basis.

Funded Amount:

$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SIDE STREET KIDS, INC.
1310 UNION PORT ROAD
BRONX, NY 10462
(718) 595–1000

Name of Project Director:

TONI MENDOZA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN AFTER SCHOOL PROGRAM (K–12) FOCUSED ON POSITIVE ALTERNATIVES AND CULTURAL AWARENESS THROUGH DANCE.

Funded Amount:

$3,000

Requested By:

RIVERA–P

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SIDNEY CENTER IMPROVEMENT GROUP
8094 COUNTY HIGHWAY 23
SIDNEY CENTER, NY 13839
(607) 437–9656

Name of Project Director:

JOE LALLY

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM COSTS.

Funded Amount:

$1,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SILVER BEACH ASSOCIATION, INC.
1 PLAZA PLACE
BRONX, NY  10465
(718) 409−1665

Name of Project Director:

TRACY LYNCH

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH COMMUNITY CENTER ACTIVITIES ON HOLIDAYS.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SILVER LAKE RESERVOIR DOGS
P.O. BOX 40832
STATEN ISLAND, NY 10304
(917) 292–6779

Name of Project Director:

EMILY GEAR

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE RENOVATION OF THE DOG RUN AT SILVER LAKE PARK AND THE ACTIVITIES OF THE SILVER LAKE RESERVOIR DOGS.

Funded Amount:

$2,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SIMPSON STREET DEVELOPMENT ASSOCIATION, INC.
997 EAST 163RD STREET
BRONX, NY 10459
(718) 589–1510

Name of Project Director:

MARGARITA SMITH

Purpose of Project:

FUNDS WILL BE USED TO OPERATE A YOUTH SERVICES CENTER, SUMMER CAMP, FOOD PANTRY, CLOTHING PANTRY, AS WELL AS OFFER SOCIAL SERVICES, YOUTH DEVELOPMENT TRAINING AND AFTER SCHOOL PROGRAMS.

Funded Amount:

$10,000

Requested By:

DIAZ–R

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SKYYE IS THE LIMIT CENTER FOR ACADEMIC, ATHLETIC AND CULTURAL EXCELLENCE, INC.
34 WILLOUGHBY STREET
BRENTWOOD, NY 11717
(631) 872-5949

Name of Project Director:

CARLA PATRICK ALEXANDER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF PROVIDING ACADEMIC, ATHLETIC, AND CULTURAL PROGRAMS TO THE COMMUNITY.

Funded Amount:

$2,500

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SOCIETY OF ST. VINCENT DE PAUL
1298 MAIN STREET
BUFFALO, NY 14209
(716) 882−3360

Name of Project Director:

MARK ZIRNHELD

Purpose of Project:

FUNDS WILL BE USED TO RUN A CHILDREN’S SUMMER CAMP PROGRAM SERVING POOR, IMPOVERISHED AND NEEDY CHILDREN IN WESTERN NEW YORK. PROGRAM IS OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$7,500

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SOCIETY OF ST. VINCENT DE PAUL
1298 MAIN STREET
BUFFALO, NY 14209
(716) 882−3360

Name of Project Director:

MARK ZIRNHELD

Purpose of Project:

FUNDS WILL BE USED TO RUN A CHILDREN’S SUMMER CAMP PROGRAM SERVING POOR, IMPOVERISHED AND NEEDY CHILDREN IN WESTERN NEW YORK.

Funded Amount:

$2,600

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SOCIETY OF ST. VINCENT DE PAUL
1040 CAYUGA DRIVE
NIAGARA FALLS, NY 14304
(716) 957–7146

Name of Project Director:

BARBARA SKOWRONSKI

Purpose of Project:

FUNDS WILL BE USED FOR MAINTENANCE AND OPERATIONAL COSTS ASSOCIATED WITH PROVIDING FOOD TO NEEDY FAMILIES. FUNDS WILL HELP EXPAND THE OPERATIONS DUE TO THE INCREASING NUMBER OF CLIENTS SEEKING ASSISTANCE.

Funded Amount:

$3,000

Requested By:

DELMONTE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SOCIETY OF ST. VINCENT DE PAUL
1011 FIRST AVENUE
NEW YORK, NY  10022
(212) 755–8615

Name of Project Director:

LUKE F. FINN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOOD TO ST. MARY'S PANTRY TO FEED THE MANY FAMILIES IN NEED IN NEW YORK CITY. THE FOOD PANTRY IS OPEN TO ALL IN NEED, ON A NON–SECTARIAN BASIS.

Funded Amount:

$54,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
SONS OF ITALY IN AMERICA, ITALIAN TRADITION MARCUS AURELIUS LODGE
2321
14–51 143 STREET
WHITESTONE, NY 11357
(718) 746–7730

Name of Project Director:
JOSEPH GOVERNALE

Purpose of Project:
FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATIONS OF
THE LODGE, INCLUDING, BUT NOT LIMITED TO, THE PURCHASE OF
SUPPLIES. THE LODGE HOSTS VARIOUS COMMUNITY EVENTS
THROUGHOUT THE YEAR.

Funded Amount:
$3,000

Requested By:
CARROZZA

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SOUTH ASIAN YOUTH ACTION, INC.
54–05 SEABURY STREET
ELMHURST, NY  11373
(718) 651–3483

Name of Project Director:

ANNETTA SEECHARRAN

Purpose of Project:

FUNDS WILL BE USED TO SERVE YOUTH FROM BANGLADESH, GUYANA, INDIA, PAKISTAN, SRI LANKA AND TRINIDAD. THE MISSION TO PROVIDE SELF–ESTEEM, BUILD CULTURAL SOCIAL AWARENESS AMONG SOUTH ASIAN YOUTH IN THE COMMUNITY.

Funded Amount:

$10,000

Requested By:

AUBRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SOUTH BROOKLYN YOUTH CONSORTIUM, INC.
P.O. BOX 245134
BROOKLYN, NY 11224
(718) 266−7050

Name of Project Director:

SHERYL ROBERTSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AFTER−SCHOOL PROGRAMS FOR CHILDREN.

Funded Amount:

$4,500

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SOUTH OZONE PARK COMMUNITY DEVELOPMENT CORPORATION
134–04 ROCKAWAY BOULEVARD, 2ND FLOOR
SOUTH OZONE PARK, NY  11420
(718) 738–9200

Name of Project Director:

ISABEL VANPUTTEN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET DAILY OPERATIONS AND ACTIVITIES, INCLUDING BUT NOT LIMITED TO THE PURCHASE OF SUPPLIES, RENT, COSTS ASSOCIATED WITH PROVIDING HUMAN SERVICES, HOUSING AND SERVICES, AS WELL AS A SUMMER FESTIVAL FOR MEMBERS OF THE COMMUNITY.

Funded Amount:

$52,000

Requested By:

TITUS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SOUTH QUEENS BOYS AND GIRLS CLUB, INC.
110–04 ATLANTIC AVENUE
RICHMOND HILL, NY  11419
(718) 441–6050  Ext: 202

Name of Project Director:

LEO COMPTON

Purpose of Project:

FUNDS WILL BE USED TO HELP SUPPORT THE EXISTING AFTER SCHOOL PROGRAM.

Funded Amount:

$10,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SOUTHAMPTON YOUTH SERVICES, INC.
1370A MAJORS PATH
SOUTHAMPTON, NY 11968
(631) 287–1511

Name of Project Director:

SCOTT JOHNSON

Purpose of Project:

FUNDS WILL BE USED FOR YOUTH AND RECREATION PROGRAMS.

Funded Amount:

$4,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SOUTHEAST BRONX NEIGHBORHOOD CENTER  
955 TINTON AVENUE  
BRONX, NY  10456  
(718) 542−2727

Name of Project Director:

ROGER SAM

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$102,659

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SOUTHEAST BRONX NEIGHBORHOOD CENTERS, INC.
955 TINTON AVENUE
BRONX, NY  10456
(718) 542–2727

Name of Project Director:

ROGER SAM

Purpose of Project:

FUNDS WILL BE USED TO AUGMENT THE ACADEMIC GAINS OF YOUTH IN THE AREAS OF MATH, LANGUAGE, ARTS AND INTERCULTURAL LEARNING.

Funded Amount:

$12,000

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SOUTHERN QUEENS PARK ASSOCIATION, INC.
ROY WILKINS PARK, 177–01 BAISLEY BOULEVARD
JAMAICA, NY 11434
(718) 276–4630

Name of Project Director:

TIMOTHY JAMES

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATION OF THE BEACON SCHOOL PROGRAM, AN AFTER SCHOOL PROGRAM CONSISTING OF EDUCATIONAL AND RECREATIONAL COMPONENTS. NUTRITIOUS SNACKS WILL ALSO BE PROVIDED TO THE CHILDREN.

Funded Amount:

$10,000

Requested By:

COOK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SOUTHERN SARATOGA YMCA
465 NEW KARNER ROAD, 2ND FLOOR
ALBANY, NY 12205
(518) 869–3500

Name of Project Director:

REGINA LAGATTA

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH A NIGHT OF BACK TO SCHOOL SHOPPING WHICH PROVIDES CLOTHING AND ACCESSORIES FOR CHILDREN IDENTIFIED AS NEEDING ASSISTANCE. ADDITIONALLY, BACKPACKS FILLED WITH SCHOOL SUPPLIES WILL BE PROVIDED TO CHILDREN IN NEED.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SOUTHERN WESTCHESTER YOUTH ORGANIZATION
322 CRESTWOOD AVENUE
YONKERS, NY  10707
(914) 779–3122

Name of Project Director:

JON GIRARDI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES OF THE SUMMER YOUTH TENNIS LEAGUE FOR SOUTHERN WESTCHESTER COUNTY.

Funded Amount:

$2,000

Requested By:

SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SPECIAL OLYMPICS NEW YORK, INC.
819 GRAND BOULEVARD, SUITE 3
DEER PARK, NY 11729
(631) 254–1465

Name of Project Director:

TIM FLYNN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE VENUE COSTS ASSOCIATED WITH TEMPORARILY RELOCATING THE SPECIAL OLYMPICS ADAPTED GAMES WHILE TRADITIONAL HOST FACILITY STONY BROOK UNIVERSITY UNDERGOES RENOVATION.

Funded Amount:

$1,000

Requested By:

INGLEBRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SPECIAL OLYMPICS NEW YORK, INC.
819 GRAND BOULEVARD, SUITE 3
DEER PARK, NY 11729
(631) 254–1465  Ext: 15

Name of Project Director:

TIM FLYNN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROGRAM EXPENSES ALLOWING EVERY ATHLETE TO TAKE ADVANTAGE OF THIS TRAINING PROGRAM.

Funded Amount:

$2,000

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SPECIAL OLYMPICS NEW YORK, INC.
930 WILLOWBROOK ROAD, BUILDING 12G
STATEN ISLAND, NY 10314
(718) 983−5351

Name of Project Director:

RICHARD SALINARDI

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE SUMMER SPECIAL OLYMPICS GAMES, INCLUDING TRANSPORTATION (BUS VANS) FOR 75 ATHLETES AND COACHES, AS WELL AS FOR UNIFORM COSTS.

Funded Amount:

$3,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SPECIAL OLYMPICS NEW YORK, INC.
504 BALLTOWN ROAD
SCHENECTADY, NY 12304
(518) 388–0790

Name of Project Director:

NEAL JOHNSON

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH RUNNING THE CAPITAL REGION COMPETITIONS, INCLUDING THE CONTINUATION OF RECRUITING ATHLETES AND KEEPING UP WITH THE PACE OF GROWTH.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SPORTS ARE FOR EVERYONE, INC.
54 ESOPUS DRIVE
CLIFTON PARK, NY 12065
(518) 669-3357

Name of Project Director:

MARGARET DANISON

Purpose of Project:

FUNDS WILL BE USED TO HELP COVER EXPENSES FOR TEAM UNIFORMS, NEW EQUIPMENT, TROPHIES AND THE RENTAL OF GYMS AND FIELDS FOR CHILD ATHLETES WITH DISABILITIES.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SPORTS FOUNDATION, INC.
384 EAST 149TH STREET, ROOM 401
BRONX, NY  10455
(718) 665–9585

Name of Project Director:

VAUGHAN THOMAS

Purpose of Project:

Funds will be used to offset the costs of a series of workshops to prepare young people for the college application process.

Funded Amount:

$12,000

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SPRING VALLEY FAMILY COALITION, INC.
5 SECORA ROAD
MONSEY, NY 10952
(845) 821–3917

Name of Project Director:

DEMEZA DELHOMME

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT AND ELECTRONICS FOR THE YOUTH EMPLOYMENT SKILLS TRAINING PROGRAM, TO PREPARE YOUTH FOR EMPLOYMENT.

Funded Amount:

$5,000

Requested By:

JAFFEE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST NICHOLAS NEIGHBORHOOD PRESERVATION CORPORATION
11 CATHERINE STREET
BROOKLYN, NY 11211
(718) 388–5454

Name of Project Director:

MICHAEL ROCHFORD

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$23,622

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. ALBANS CONGREGATIONAL CHURCH
172–17 LINDEN BOULEVARD
ST. ALBANS, NY 11434
(718) 657–8282

Name of Project Director:

GEOFFREY HARRIS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF TEACHING ART TO YOUNG PEOPLE WHILE CREATING AN OUTDOOR MURAL (WHICH WILL BE DISPLAYED AT A PUBLIC LOCATION) DEPICTING POLICE–COMMUNITY RELATIONS AND COOPERATION.

Funded Amount:

$2,500

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. ATHANASIUS YOUTH PROGRAM, INC.
2154 61ST STREET
BROOKLYN, NY 11204
(718) 259–6958

Name of Project Director:

JOSEPH A. RUSSOTTI

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS OF INTEREST TO YOUTH, SUCH AS DANCE, MOVIES, TEAM SPORTS AND PEER GROUP ACTIVITIES. THESE PROGRAMS ARE AVAILABLE TO ALL MEMBERS OF THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

ABBATE, COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. ATHANASIUS YOUTH PROGRAM, INC.
2154 61ST STREET
BROOKLYN, NY 11204
(718) 236-0124

Name of Project Director:

JOSEPH RUSSOTTI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PROGRAMS WHICH ARE ORIENTED TO THE INTEREST OF YOUTH, SUCH AS TEAM SPORTS, DANCE, MOVIES, AND PEER GROUP ACTIVITIES. THESE PROGRAMS ARE AVAILABLE TO ALL YOUTH IN THE COMMUNITY ON A NON-SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. AUGUSTINE’S CHILDREN, YOUTH AND FAMILY CENTER, INC.
4301 AVENUE D
BROOKLYN, NY 11203
(718) 629–0959

Name of Project Director:

MARK PAIGE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A HOMEWORK CLINIC AND A YOUTH ACTIVITY PROGRAM THAT WILL ASSIST RESIDENT STUDENTS WITH HOMEWORK AND PROVIDE TUTORING SERVICES, AS WELL AS OTHER COMMUNITY SOCIALIZATION SKILLS. THESE PROGRAMS ARE OFFERED ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. BARNABAS PARENTS’ ASSOCIATION
ST. BARNABAS PLACE
YONKERS, NY 10704
(914) 290–0204

Name of Project Director:

JENI WALLACE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE WEEKEND YOUTH PROGRAMS FOR YONKERS PRE–TEEN CHILDREN. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. FRANCIS OF ASSISI ROMAN CATHOLIC CHURCH  
21–17 45TH STREET  
ASTORIA, NY  11105  
(917) 693–5745

Name of Project Director:

MARY ANN EVONGELOU

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A CHILDREN’S SPORTS PROGRAM AS AN ALTERNATIVE TO BEING ON THE STREETS. THIS IS A NON-SECTARIAN PROGRAM OPEN TO ALL YOUTH IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. JOHN’S BREAD AND LIFE PROGRAM, INC.
75 LEWIS AVENUE
BROOKLYN, NY  11206
(718) 514–0058

Name of Project Director:

LARRY GILE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF RUNNING MOM’S FOOD PANTRY (FAREWELL TO POVERTY) AND SOUP KITCHEN. SERVICES ARE AVAILABLE TO ALL IN NEED ON A NON–SECTARIAN BASIS.

Funded Amount:

$6,500

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. JOSEPH’S ROMAN CATHOLIC CHURCH
43−19 30TH AVENUE
ASTORIA, NY  11103
(718) 278−1611

Name of Project Director:

FLORENCE BEHIENEAU

Purpose of Project:

Funds will be used to provide youth from pre−school to teen years with a healthy alternative to the street, offering a variety of athletic, social, musical and cultural activities. This program is open to all on a non−sectarian basis.

Funded Amount:

$5,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. LUKE’S ITALIAN CLUB
16–34 CLINTONVILLE STREET
WHITESTONE, NY 11357
(718) 746–8102

Name of Project Director:

MONSIGNOR JOHN TOSI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE ITALIAN CLUB’S COMMUNITY BASED PROGRAMS. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. MARK’S EPISCOPAL CHURCH
1373 NEPPERHAN AVENUE
YONKERS, NY  10703
(914) 965–4967

Name of Project Director:

REV. ROY COLE

Purpose of Project:

FUNDS WILL BE USED FOR THE RENOVATION OF RESTROOMS TO MEET ADA STANDARDS AND FOR THE COMMUNITY KITCHEN AT ST. MARK’S COMMUNITY CENTER, WHICH PROVIDES PROGRAMS AND SERVICES TO THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ST. MATHEW’S & ST. TIMOTHY’S NEIGHBORHOOD CENTER
26 WEST 84TH STREET
NEW YORK, NY  10024
(212) 362–6750

Name of Project Director:

LILLIAN ROBLES

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$24,950

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. MATHIAS ROMAN CATHOLIC CHURCH
58–15 CATALPA AVENUE
RIDGEWOOD, NY 11385
(718) 456–9104

Name of Project Director:

DEACON JOHN SANDS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES AND ASSISTANCE TO THE HOMELESS IN RIDGEWOOD AND GLENDALE INCLUDING MEALS, SHELTER, AND DROP-IN PROGRAMS. SERVICES ARE PROVIDED ON A NON-SECTARIAN BASIS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. MEL’S ATHLETIC LEAGUE
28-20 154TH STREET
FLUSHING, NY 11354
(718) 939-5457

Name of Project Director:

FRANK KEPPEL

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET INSTRUCTIONAL AS WELL AS COMPETITIVE SPORTS FOR 300 CHILDREN SERVED BY THE ST. MEL’S ATHLETIC ASSOCIATION. PROGRAMS ARE OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$1,500

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. MEL’S ITALIAN CLUB
28–20 154TH STREET
FLUSHING, NY 11354
(718) 939–5457

Name of Project Director:

VITO LAROCCHIO

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET EXPENSES, BOTH GENERAL AND OPERATING, AND RECREATIONAL PROGRAM COSTS. SERVICES ARE OFFERED TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. MEL’S MEN’S CLUB
28–20 154TH STREET
FLUSHING, NY 11354
(718) 939–5457

Name of Project Director:

FRANK KEPPEL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES OF THE CLUB’S RECREATIONAL PROGRAMS. PROGRAMS ARE OFFERED TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. MEL’S MEN’S CLUB
28–20 154TH STREET
FLUSHING, NY  11354
(718) 886–0201

Name of Project Director:

ROBERT SITLER

Purpose of Project:

FUNDS WILL BE USED FOR A COMMUNITY PICNIC, INCLUDING IN–STATE TRANSPORTATION TO AND FROM SOCIAL EVENTS. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. NICHOLAS GREEK ORTHODOX CHURCH
43–15 196TH STREET
FLUSHING, NY 11358
(718) 357–5692

Name of Project Director:

FATHER PAUL PALESTY

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET EXPENSES ASSOCIATED WITH PROVIDING COMMUNITY RESOURCES TO THE GENERAL PUBLIC AS WELL AS FOR AN OUTREACH PROGRAM. SERVICES ARE OFFERED TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. NICHOLAS OF TOLENTINE CHURCH YOUTH PROGRAM
150–75 GOETHALS AVENUE
JAMAICA, NY  11432
(718) 969–3226

Name of Project Director:

REV. ANTHONY HZEGWY

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SPORTS AND RECREATIONAL YOUTH PROGRAMS. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. PETER & JOHN EPISCOPAL CHURCH
169 GENESEE STREET
AUBURN, NY 13021
(315) 252–5721

Name of Project Director:

PRIEST DOUGLAS TAYLOR–WEISS

Purpose of Project:

FUNDS WILL BE USED THE OPERATIONS OF THE COMMUNITY SOUP KITCHEN.

Funded Amount:

$2,500

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. ROSALIA REGINA PACIS NIA YOUTH PROGRAM  
1258 65TH STREET  
BROOKLYN, NY   11219  
(718) 236−5266

Name of Project Director:

ROSA CASELLA

Purpose of Project:

FUNDS WILL BE Used TO ENHANCE AND EXPAND COUNSELING SERVICES, PROVIDE RECREATIONAL ACTIVITIES AND TUTORIAL/MENTORING SERVICES FOR YOUTH. ALSO, OUTREACH SERVICES FOR WOMEN, COMMUNITY GROUPS AND MERCHANTS ARE PROVIDED. THESE PROGRAMS ARE AVAILABLE TO ALL MEMBERS OF THE COMMUNITY ON A NON−SECTARIAN BASIS.

Funded Amount:

$85,000

Requested By:

ABBATE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ST. ROSALIA REGINA PACIS NIA YOUTH PROGRAM
1258–65TH STREET
BROOKLYN, NY 11219
(718) 236–5266

Name of Project Director:

ROSA CASELLA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH COMMUNITY OUTREACH, AFTER SCHOOL PROGRAMS FOR YOUTH AND SENIOR PROGRAMS IN THE COMMUNITY. THIS PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. ROSALIA REGINA PACIS NIA YOUTH PROGRAM
1258 65TH STREET
BROOKLYN, NY 11219
(718) 236–5266

Name of Project Director:

ROSA CASILLA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES OF THE DOMESTIC VIOLENCE AND FAMILY COUNSELING PROGRAM.

Funded Amount:

$5,000

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

   ST. ROSE CYO  
   126 PACIFIC STREET  
   MASSAPEQUA PARK, NY 11762  
   (516) 797-0599

Name of Project Director:

   JOHN MACAVOY

Purpose of Project:

   FUNDS WILL BE USED FOR THE CONTINUATION OF PROGRAMS.

Funded Amount:

   $2,000

Requested By:

   SALADINO

Name of Administering State Agency:

   OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. ROSE OF LIMA SCHOOL ATHLETIC PROGRAM
130 BEACH 84TH STREET
ROCKAWAY BEACH, NY 11694
(718) 474−7079

Name of Project Director:

JACK CONNEELY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE BASKETBALL PROGRAM, INCLUDING EQUIPMENT, SUPPLIES, UNIFORMS AND REFEREES. THIS PROGRAM IS OPEN TO ALL YOUTH IN THE COMMUNITY ON A NON−SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ST. VINCENT DE PAUL SOCIETY
55 EAST JAMAICA AVENUE
VALLEY STREAM, NY 11580
(516) 825–0177

Name of Project Director:

MARY JANE CIOTTI

Purpose of Project:

FUNDS WILL BE USED FOR A FOOD PANTRY.

Funded Amount:

$7,000

Requested By:

BARRA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

STANLEY M. ISAACS NEIGHBORHOOD CENTER
415 EAST 93RD STREET
NEW YORK, NY  10128
(212) 360−7620

Name of Project Director:

WANDA WOOTEN

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$24,950

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

STAR KIDS, INC.
P.O. BOX 348
GARNERVILLE, NY 10923
(845) 548-2878

Name of Project Director:

STEVE FOX

Purpose of Project:

FUNDS WILL BE USED FOR THE "SATURDAY SPORTS SAMPLER" THAT ACTS AS A DETERRENT TO ALCOHOL AND DRUG USE AND DELINQUENT OR GANG BEHAVIOR.

Funded Amount:

$2,500

Requested By:

ZEBROWSKI–K

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

STARS INTERGEN CORPORATION
55 BRIGHTWOOD ROAD
GLENMONT, NY 12077
(518) 439−1505

Name of Project Director:

KAREN HARMON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE PROGRAM SERVING SENIOR CITIZENS AND AT RISK STUDENTS.

Funded Amount:

$4,000

Requested By:

GORDON−T

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

STATEN ISLAND RECREATIONAL ASSOCIATION, INC.
599 FATHER CAPODANNO BOULEVARD
STATEN ISLAND, NY 10305
(718) 981–9251

Name of Project Director:

MEGAN DELMAR

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE THERAPEUTIC RIDING LESSONS AVAILABLE TO PEOPLE WITH SPECIAL NEEDS; ASSISTING WITH SPEECH IMPROVEMENT, MUSCLE COORDINATION, BALANCE, SENSORY AWARENESS, AND IMPROVED SELF ESTEEM.

Funded Amount:

$2,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

STATEN ISLAND TOUCH TACKLE LEAGUE
P.O. BOX 561
STATEN ISLAND, NY 10314
(718) 761–8321

Name of Project Director:

CHARLIE MARGIOTTA

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES ASSOCIATED WITH THE COST OF PLAYING FIELDS FOR THE TOUCH TACKLE LEAGUE.

Funded Amount:

$3,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

STATEN ISLAND YOUTH SOCCER LEAGUE, INC.
C/O 90 WOODVALE LOOP
STATEN ISLAND, NY 10309
(718) 605–1985

Name of Project Director:

WILLIAM SMITH

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH DEVELOPING A FIELD FOR 5000 CHILDREN TO PLAY SOCCER.

Funded Amount:

$3,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

STATEN ISLAND YOUTH SOCCER LEAGUE, INC.
90 WOODVALE LOOP
STATEN ISLAND, NY  10309
(631) 270−3035

Name of Project Director:

FRANK SOCCI, JR.

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE YOUTH SOCCER LEAGUE, INCLUDING PERMITS, EQUIPMENT, SUPPLIES, REFEREES, TROPHIES AND ADMINISTRATION FOR THE LEAGUE WHICH SERVICES OVER 5,000 YOUTH ON OVER 300 TEAMS.

Funded Amount:

$1,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

STRIVING TO ACHIEVE & REACH SUCCESS, INC.
STARS YOUTH CENTER, 8 COLEMAN SQUARE
HOWARD BEACH, NY 11414
(718) 845−6956

Name of Project Director:

FRANCES O. SCARANTINO

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE CONTINUED RECREATIONAL AND EDUCATIONAL PROGRAMS FOR THE BETTERMENT OF HOWARD BEACH AND OZONE PARK YOUTH.

Funded Amount:

$3,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

STS. SIMON AND JUDE ROMAN CATHOLIC ATHLETIC ASSOCIATION
294 AVENUE T
BROOKLYN, NY  11223
(718) 375–9600

Name of Project Director:

MIKE PANNONE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE BASEBALL PROGRAM, INCLUDING THE PURCHASE OF UNIFORMS AND EQUIPMENT, FIELD MAINTENANCE, UMPIRE FEES, ETC. FOR YOUTH TO EXPERIENCE THE VALUES AND DISCIPLINE OF TEAM SPORTS IN AN ORGANIZED SETTING. THIS PROGRAM IS OPEN TO ALL YOUTH IN THE NEIGHBORHOOD ON A NON–SECTARIAN BASIS.

Funded Amount:

$3,500

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
SUCCESS BY 6 & E. JOHN GAVRAS CENTER
182 NORTH STREET
AUBURN, NY 13021
(315) 255−2746

Name of Project Director:
RICHARD M. HANSINGER

Purpose of Project:
FUNDS WILL BE USED FOR THE DOLLY PARTON IMAGINATION LIBRARY PROGRAM.

Funded Amount:
$5,000

Requested By:
FINCH

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SUFFOLK COUNTY COALITION AGAINST DOMESTIC VIOLENCE  
P.O. BOX 1269M  
BAY SHORE, NY 11706  
(631) 666–7181

Name of Project Director:

JO ANNE MITIDIERI SANDERS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF A BI–LINGUAL COUNSELOR  
FLUENT IN SPANISH IN ORDER TO AID VICTIMS AND FAMILIES IN NEED.

Funded Amount:

$3,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SUFFOLK COUNTY COALITION AGAINST DOMESTIC VIOLENCE
P.O. BOX 1269
BAYSHORE, NY  11706
(631) 666−7181

Name of Project Director:

JOANNE SANDERS

Purpose of Project:

FUNDS WILL BE USED FOR SHELTER AND EDUCATIONAL PROGRAMS AND TO ASSIST WITH OPERATING EXPENSES.

Funded Amount:

$10,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SUFFOLK COUNTY COALITION AGAINST DOMESTIC VIOLENCE
P.O. BOX 1269
BAY SHORE, NY 11706
(631) 666–7181

Name of Project Director:

JOANNE SANDERS

Purpose of Project:

FUNDS WILL BE USED FOR YOUTH PREVENTION/EDUCATION PROGRAM.

Funded Amount:

$7,500

Requested By:

BOYLE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SUFFOLK COUNTY VETERAN HALFWAY HOUSE PROJECT, INC.
38 OAK STREET, SUITE 1
PATCHOGUE, NY 11772
(631) 924-8088

Name of Project Director:

JOHN LYNCH

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE HOMELESS VETERANS PROJECT.

Funded Amount:

$5,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SUFFOLK NETWORK ON ADOLESCENT PREGNANCY
P.O. BOX 5109
BAY SHORE, NY 11706
(631) 447–0698

Name of Project Director:

MARCIA SPECTOR

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ANNUAL CONFERENCES FOR LONG ISLAND TEEN PARENTS.

Funded Amount:

$5,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SUFFOLK Y JEWISH COMMUNITY CENTER
74 HAUPPAUGE ROAD
COMMACK, NY 11725
(631) 462–9800

Name of Project Director:

JOEL BLOCK

Purpose of Project:

FUNDS WILL BE USED FOR UNITY IN THE COMMUNITY PROGRAM.

Funded Amount:

$5,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SULLIVAN COUNTY CASA, INC.
100 NORTH STREET
MONTICELLO, NY  12701
(845) 794–3000  Ext: 3145

Name of Project Director:

LILLIAN HENDRICKSON

Purpose of Project:

FUNDS WILL BE USED TO RECRUIT AND TRAIN CASA VOLUNTEERS.

Funded Amount:

$2,500

Requested By:

GUNTHER–A

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SULLIVAN COUNTY LONGBEARDS  
159 FOREST DRIVE  
LIVINGSTON MANOR, NY 12758  
(845) 439–3738

Name of Project Director:

HANK D’AURIA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COMMUNITY PROGRAMS, INCLUDING YOUTH DAYS HELD TWICE DURING THE YEAR, A WOMEN IN THE OUTDOORS EVENT, AND FOR TURKEY DISTRIBUTION TO THE NEEDY AT THE HOLIDAYS.

Funded Amount:

$2,500

Requested By:

GUNTHER–A

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SUMMIT COUNCIL OF BAY SHORE–BRIGHTWATERS, INC.
75 WEST PERKAL STREET
BAY SHORE, NY 11706
(631) 666–5112

Name of Project Director:

BARBARA FISHKIND

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH PROMOTIONS OF YEAR–ROUND EVENTS AND CONFERENCES IN THE COMMUNITY.

Funded Amount:

$3,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SUMNER HOUSES SENIOR PROGRAM
1043 MYRTLE AVENUE, SUITE 1F
BROOKLYN, NY 11206
(718) 443–6890

Name of Project Director:

RAYMOND BALLARD

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SENIOR SERVICES AND EDUCATIONAL STIMULUS FOR UNDER PRIVILEGED YOUTH.

Funded Amount:

$2,500

Requested By:

TOWNS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SUNNYSIDE COMMUNITY SERVICES
43–31 39TH STREET
SUNNYSIDE, NY 11104
(718) 784–6173

Name of Project Director:

JUDITH ZANGWILL

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$24,949

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SUNNYSIDE DRUM CORPS, INC.
C/O ALL SAINTS CHURCH, 43–12 46TH STREET
SUNNYSIDE, NY 11104
(718) 786–4141

Name of Project Director:

ANTHONY LANA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE UNIFORMS AND EQUIPMENT FOR THE YOUTH IN THE CORPS.

Funded Amount:

$3,250

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SUNSET PARK RECREATION CENTER
7TH AVENUE AND 43RD STREET
BROOKLYN, NY 11220
(718) 965–6533

Name of Project Director:

KAREN GRIPPER

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE SUMMER CAMP PROGRAM INCLUDING THE PURCHASE OF SUPPLIES FOR ACTIVITIES AND EQUIPMENT FOR THEIR SUMMER CAMP PROGRAM.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SUNSHINE CENTER, INC.
468 BOYLE ROAD
PORT JEFFERSON STATION, NY 11776
(631) 476-3099

Name of Project Director:

CAROL CARTER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A STRUCTURED ENVIRONMENT FOR STUDENTS DURING HOURS OF SUSPENSION WITH A FOCUS ON ACADEMIC INSTRUCTION, VIOLENCE AND SUBSTANCE ABUSE PREVENTION, COMMUNITY SERVICE, AS WELL AS BEHAVIOR MANAGEMENT.

Funded Amount:

$5,000

Requested By:

ENGBRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SUPPORTIVE CHILDREN ADVOCACY NETWORK (SCAN) NEW YORK
345 EAST 102ND STREET, 3RD FLOOR
NEW YORK, NY 10029
(212) 683−2522

Name of Project Director:

LEWIS ZUCHMAN

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$27,169

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SURFGATE HOUSING DEVELOPMENT FUND CORPORATION
3811 SURF AVENUE
BROOKLYN, NY 11224
(718) 449-7145

Name of Project Director:

ARTHUR PATSINER

Purpose of Project:

FUNDS WILL BE USED TO INCREASE SOCIAL SERVICES TO A POPULATION THAT IS INCREASINGLY BECOMING MORE FRAIL.

Funded Amount:

$92,000

Requested By:

ABBATE, BENEDETTO, BING, BRENNAN, BROOK−KRASNY, CANESTRARI, CLARK, CYMBROWITZ−S, DINOWITZ, FARRELL, JR, GLICK, GOTTFRIED, HIKIND, HOYT, MAISEL, MAYERSOHN, MILLMAN, O’DONNELL, PHEFFER, RIVERA−N, ROSENTHAL, SILVER, WEINSTEIN, WEPRIN, YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SURVIVORS CHARITY, INC.
2880 WEST 12TH STREET
BROOKLYN, NY 11224
(718) 373–5010

Name of Project Director:

SEMYON ROYTLAT

Purpose of Project:

FUNDS WILL BE USED FOR MEETINGS, ENTERTAINMENT, AND OTHER EVENTS. THE PROGRAM IS OPEN TO ALL INDIVIDUALS ON A NON-SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SYRACUSE GOLDEN GLOVES CHARITIES, INC.
307 SOUTH GEDDES STREET
SYRACUSE, NY 13204
(315) 295-0329

Name of Project Director:

CHRISTINE RINAULDI

Purpose of Project:

FUNDS WILL BE USED FOR THE OPERATION OF THE ANTI-VIOLENCE PROGRAM, WHERE CITY YOUTH PARTICIPATE IN SPORT (BOXING) ACTIVITIES AND COUNSELING PROGRAMS.

Funded Amount:

$5,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SYRACUSE MODEL NEIGHBORHOOD FACILITY
401 SOUTH AVENUE
SYRACUSE, NY 13204
(315) 474–6823

Name of Project Director:

JESSE DOWDELL

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$12,742

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
SYRACUSE MODEL NEIGHBORHOOD FACILITY, INC.
401 SOUTH AVENUE
SYRACUSE, NY 13204
(315) 474–6823

Name of Project Director:
COURTNEY RAMIREZ

Purpose of Project:
FUNDS WILL BE USED TO OFFSET COSTS OF ADMINISTERING THE SOUTHWEST TENNIS PROGRAM.

Funded Amount:
$15,000

Requested By:
CHRISTENSEN

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

SYRACUSE WOMEN’S INFORMATION CENTER, INC.
601 ALLEN STREET
SYRACUSE, NY 13210
(315) 478−4636

Name of Project Director:

DONALD MEIZNER

Purpose of Project:

FUNDS WILL BE USED TOWARD THE REBUILDING OF THE EXISTING RAMP AND FOR REPAIR OF THE FRONT PORCH.

Funded Amount:

$9,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TADA THEATER AND DANCE ALLIANCE, INC.
15 WEST 28TH STREET, 3RD FLOOR
NEW YORK, NY 10001
(212) 252–1619

Name of Project Director:

DESIREE ACCOMANDE

Purpose of Project:

FUNDS WILL BE USED FOR YOUTH DEVELOPMENT AND PEER DEVELOPMENT TRAINING, JOB TRAINING, AND READINESS TRAINING. IN ADDITION, FUNDS WILL AID IN THE SCHOOL APPLICATION PROCESSES AS WELL AS STUDENT MENTORS.

Funded Amount:

$2,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TAIWAN CENTER, INC.
137–44 NORTHERN BOULEVARD
FLUSHING, NY  11354
(718) 445–7007

Name of Project Director:

YI–MIAO HUANG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ACCESSIBLE, AFTER SCHOOL DANCING AND RHYTHMIC ACTIVITIES TO CHILDREN BETWEEN THE AGES OF 5 AND 18. THE PROGRAM IS OPEN TO ALL CHILDREN AND YOUTH IN THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TANIMA PRODUCTIONS, INC.
489 EAST 183RD STREET, SUITE 5A
BRONX, NY 10458
(718) 733−6687

Name of Project Director:

NEREID MEDINA

Purpose of Project:

FUNDS WILL BE USED FOR AN AFTER SCHOOL PROGRAM THAT WOULD KEEP YOUTH IN THE COMMUNITY INVOLVED IN MEANINGFUL CULTURAL AFFAIRS, INCLUDING BEING EDUCATED IN THEIR ETHNIC BACKGROUND AND PROMOTING SELF−ESTEEM AND PRIDE IN THEIR HERITAGE.

Funded Amount:

$14,000

Requested By:

RIVERA−J

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TASK FORCE FOR FAMILIES AND CHILDREN AT RISK
80 MAIDEN LANE – 21ST FLOOR
NEW YORK, NY 10038
(212) 453–9534

Name of Project Director:

FAYE ZAKHEIM

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT CONFERENCES ON FAMILY VIOLENCE, CHILD ABUSE, CHILD NEGLECT AND TEENAGE SUBSTANCE ABUSE.

Funded Amount:

$45,000

Requested By:

ABBATE, BENEDETTO, BING, BRENNAN, BROOK−KRASNY, CANESTRARI, CLARK, CYMBROWITZ−S, DINOWITZ, FARRELL, JR, GLICK, GOTTFRIED, HIKIND, HOYT, MAISEL, MAYERSON, MILLMAN, O’DONNELL, PHEFFER, ROSENTHAL, SILVER, WEINSTEIN, WEPRIN, YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

THE COMMUNITY PLACE OF GREATER ROCHESTER
145 PARSELLS AVENUE
ROCHESTER, NY  14609
(585) 288–0021

Name of Project Director:

BRODERICK JONES

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$34,954

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

THE EAST SIDE HOUSE SETTLEMENT, INC.
337 ALEXANDER AVENUE
BRONX, NY 10454
(718) 665−5250

Name of Project Director:

JOHN A. SANCHEZ

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$25,394

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

THE HUNTINGTON FREEDOM CENTER
159 RAILROAD STREET
HUNTINGTON STATION, NY 11746
(631) 421–5216

Name of Project Director:

ROBERT HAWKINS

Purpose of Project:

FUNDS WILL BE USED FOR EARLY CHILDHOOD LEARNING PROGRAMS.

Funded Amount:

$5,000

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

THE JEWISH ACADEMY
178 CEDAR ROAD
EAST NORTHPORT, NY 11731
(631) 368–2384

Name of Project Director:

RABBI TUVIA

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY OUTREACH.

Funded Amount:

$2,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

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

Name of Project Director:

ROBERT S. WEITZNER

Purpose of Project:

FUNDS WILL BE USED FOR OPERATIONAL EXPENSES.

Funded Amount:

$4,000

Requested By:

MCKEVITT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

THE RONALD MCDONALD HOUSE OF LONG ISLAND
267-07 76TH AVENUE
NEW HYDE PARK, NY 11040
(516) 775-5683

Name of Project Director:

STACIE RODRIGUEZ

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING EXPENSES OF THE RONALD MCDONALD HOUSE.

Funded Amount:

$5,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

THE YOUNG MEN’S CHRISTIAN ASSOCIATION OF THE CAPITAL DISTRICT
465 NEW KARNER ROAD
ALBANY, NY 12205
(518) 869–3500  Ext: 9920

Name of Project Director:

REGINA LAGATTA

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE SCHENECTADY
YMCA BLACK AND LATINO ACHIEVERS PROGRAM.

Funded Amount:

$5,000

Requested By:

AMEDORE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE CAPITAL DISTRICT
465 NEW KARNER ROAD
ALBANY, NY 12205
(518) 869−3500  Ext: 9920

Name of Project Director:

REGINA LAGATTA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOUTHS OF SCHENECTADY THE OPPORTUNITY TO LEARN AND PLAY BASKETBALL FOR THE SUMMER MONTHS AT BURRELL PARK.

Funded Amount:

$15,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

THEODORE KORONY AMERICAN LEGION POST #253, INC.
P.O. BOX 402
BRONX, NY  10465
(718) 863–8194

Name of Project Director:

JOSEPH MAZZARIELLO

Purpose of Project:

FUNDS WILL BE USED TO HELP IN THE GATHERING AND BUYING OF HOLIDAY TOYS FOR LOCAL NEEDY CHILDREN.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

THEODORE ROOSEVELT COUNCIL INC., BOY SCOUTS OF AMERICA
544 BROADWAY
MASSAPEQUA, NY  11758
(516) 627–7136

Name of Project Director:

MARC KOGAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE OPERATIONS OF THE COUNCIL, INCLUDING HIRING A SCOUTING PROFESSIONAL.

Funded Amount:

$1,500

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

THESSALONIA BAPTIST CHURCH CULTURAL COMMUNITY CENTER
941 REV. JAMES A. POLITE AVENUE
BRONX, NY 10459
(718) 542-0395

Name of Project Director:

MAYNEIATA HUNTT

Purpose of Project:

FUNDS WILL BE USED TO MAINTAIN THE "OFF THE STREET" PROGRAM, AN AFTER SCHOOL PROGRAM. THE AFTER SCHOOL PROGRAM IS OPEN TO ALL YOUTH ON A NON-SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

THRESHOLD CENTER FOR ALTERNATIVE YOUTH SERVICES, INC.
80 ST. PAUL STREET
ROCHESTER, NY  14604
(585) 454–7530

Name of Project Director:

JOHN OLSEN

Purpose of Project:

FUNDS WILL BE USED TO HELP INSTALL TELEPHONE AND SECURITY SYSTEMS AT THE NEW FACILITY.

Funded Amount:

$4,000

Requested By:

GANTT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

THRESHOLD CENTER FOR ALTERNATIVE YOUTH SERVICES, INC.
80 ST. PAUL STREET, SUITE 400
ROCHESTER, NY 14604
(585) 454–7350

Name of Project Director:

JOHN H. OLSAN

Purpose of Project:

SOMETIME IN OCTOBER OF 2008, THRESHOLD CENTER FOR ALTERNATIVE YOUTH SERVICES, INC. WILL RELOCATE TO A MORE ACCESSIBLE SITE. FUNDS WILL BE USED TO MOVE THEIR COMPUTER NETWORK, CONSISTING OF 34 COMPUTERS AND SERVERS, AND ALSO TO SET UP THE NETWORK AFTER THE MOVE.

Funded Amount:

$5,500

Requested By:

JOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

THROGGS NECK COMMUNITY SERVICES, INC.
P.O. BOX 186, THROGGS NECK STATION
BRONX, NY 10465
(914) 523−5034

Name of Project Director:

FRANK LANDUZZO

Purpose of Project:

FUNDS WILL BE USED TO DEFRAY COSTS OF THE HALLOWEEN PARADE, AND FOR OTHER COMMUNITY PROJECTS/EVENTS HELD THROUGHOUT THE YEAR (I.E. BASKETBALL LEAGUE, TRIP BUSES FOR AMERICAN LEGION POSTS, SENIOR BBQ, EDUCATIONAL TOURS, AND SUMMER CONCERT SERIES, ETC.)

Funded Amount:

$34,500

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

THROGGS NECK LITTLE LEAGUE
3205 TIERNEY PLACE
BRONX, NY  10465
(718) 822–8232

Name of Project Director:

ROBERT JANAP

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE UNIFORMS AND OTHER PLAYER EQUIPMENT.

Funded Amount:

$1,500

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

THROGGS NECK RESIDENT COUNCIL, INC.
2786 DEWEY AVENUE #4A
BRONX, NY 10465
(718) 518–9190

Name of Project Director:

DWAYNE JENKINS

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS FOR RESIDENTS IN THE THROGGS NECK HOUSES.

Funded Amount:

$5,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:  
TILLARY PARK FOUNDATION  
70 FORT GREENE PLACE, SUITE 4  
BROOKLYN, NY  11217  
(917) 440–3247

Name of Project Director:  
DARYL BARLOW

Purpose of Project:  
FUNDS WILL BE USED FOR THE SUPPORT OF YOUTH ATHLETIC PROGRAMS OFFERED AFTER SCHOOL.

Funded Amount:  
$3,000

Requested By:  
LENTOL

Name of Administering State Agency:  
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TIME OUT CLUB OF HEMPSTEAD, INC.
436 SOUTH FRANKLIN STREET
HEMPSTEAD, NY  11550
(516) 486–3661

Name of Project Director:

ANDRE HUFF

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE OPERATIONS OF AN AFTER SCHOOL PROGRAM, PROVIDING EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR CHILDREN IN THE COMMUNITY.

Funded Amount:

$25,000

Requested By:

HOOPER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TOMCHE SHABBOS OF BORO PARK AND FLATBUSH, INC.
4712 FORT HAMILTON PARKWAY
BROOKLYN, NY 11219
(718) 438–2445

Name of Project Director:

JENO HERSCHKOWITS

Purpose of Project:

FUNDS WILL BE USED TO MEET THE NEEDS OF HUNDREDS OF POOR, NEEDY IMMIGRANTS, ELDERLY AND WIDOWS, THROUGH THE DISTRIBUTION OF FOOD PACKAGES EVERY WEEK.

Funded Amount:

$30,000

Requested By:

HIKIND

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TORAH FAX, INC.
3844 LYME AVENUE
BROOKLYN, NY 11224
(718) 266−1736

Name of Project Director:

RABBI HAIM BRIKMAN

Purpose of Project:

FUNDS WILL BE USED FOR THE EXPANSION OF THE YOUTH PROGRAM, AND FOR A NATURE PROGRAM FOR UNDERPRIVILEGED CHILDREN. PROGRAMS ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TOTTENVILLE CIVIC ASSOCIATION
91 ASPINWALL STREET
STATEN ISLAND, NY 10307
(646) 463–3892

Name of Project Director:

JUNE DELANY

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN COMMUNITY OUTREACH PROGRAMS.

Funded Amount:

$2,500

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TOWERS PLAY−N−LEARN CENTER
60−10A 47TH AVENUE
WOODSIDE, NY  11377
(718) 478−3885

Name of Project Director:

ELIZABETH O'HARA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE CLASSROOM MATERIALS INCLUDING, BUT NOT LIMITED TO FURNITURE AND EQUIPMENT.

Funded Amount:

$3,000

Requested By:

MARKEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF COXSACKIE
16 REED STREET
COXSACKIE, NY 12051
(518) 731−2727

Name of Project Director:

ALEX BETKE

Purpose of Project:

Funds will be used to provide community movie nights at no charge in an effort to promote volunteerism.

Funded Amount:

$6,000

Requested By:

GORDON−T

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

TOWN OF EASTCHESTER
40 MILL ROAD
EASTCHESTER, NY 10709
(914) 771–3304

Name of Project Director:

MICHELLE LISCIO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT FOR THE TEEN SCENE FIELD HOUSE PROGRAM AND ASSOCIATED EVENTS.

Funded Amount:

$15,000

Requested By:

PAULIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF IRONDEQUOIT – DEPARTMENT OF PARKS AND RECREATION
1280 TITUS AVENUE
ROCHESTER, NY  14617
(585) 336–6085

Name of Project Director:

MIKE SPANG

Purpose of Project:

FUNDS WILL BE USED TO CONSTRUCT LITTLE LEAGUE BASEBALL DIAMONDS ON LAND LOCATED IN THE BACK OF TOWN HALL.

Funded Amount:

$10,000

Requested By:

MORELLE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF MARBLETOWN
P.O. BOX 217, TOWN HALL
STONE RIDGE, NY 12484
(845) 687-7601

Name of Project Director:

SANDY DAMON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE MARBLETOWN YOUTH COMMISSION WRESTLING PROGRAM.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TOWN OF WALLKILL BOYS AND GIRLS CLUB, INC.
P.O. BOX 14
CIRCleville, NY 10919
(845) 361–2222

Name of Project Director:

ELIZABETH ROWLEY

Purpose of Project:

FUNDS WILL BE USED TOWARD THE CREATION OF A CLUBHOUSE FACILITY IN MONTICELLO.

Funded Amount:

$5,000

Requested By:

GUNThER–A

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TRAVIS FOURTH OF JULY CELEBRATION COMMITTEE, INC.
17 CANNON AVENUE
STATEN ISLAND, NY 10314
(718) 983–9077

Name of Project Director:

JANICE BLANCHARD

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES OF THE INDEPENDENCE DAY PARADE.

Funded Amount:

$5,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TRI–BORO INTERGENERATIONAL SERVICES, INC.
P.O. BOX 340376
ROCHDALE VILLAGE, NY 11434
(718) 481–7927

Name of Project Director:

MARTHA SAXON

Purpose of Project:

FUNDS WILL BE USED TO BRING SENIOR CITIZENS AND HIGH SCHOOL YOUTH TOGETHER FOR INTERGENERATIONAL ACTIVITIES.

Funded Amount:

$5,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
**Legal Name, Address, and Telephone Number:**

TRI–HAMLET COMMUNITY DEVELOPMENT CORPORATION  
81 CARLTON AVENUE  
CENTRAL ISLIP, NY 11722  
(631) 514–8062

**Name of Project Director:**

EMILIO HERNANDEZ

**Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE TRANSPORTATION FOR LOCAL NON–PROFITS AND CONSTITUENTS TO AND FROM CDC EVENTS AND ORGANIZED OUTINGS.

**Funded Amount:**

$3,500

**Requested By:**

RAMOS

**Name of Administering State Agency:**

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TRI–TOWN BOYS&GIRLS CLUB
21 LIBERTY STREET
SIDNEY, NY 13838
(607) 561–2311

Name of Project Director:

JAMES TWEEDIE

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT.

Funded Amount:

$2,500

Requested By:

LOPEZ–P

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TRINITY INSTITUTION/HOMER PERKINS CENTER
15 TRINITY PLACE
ALBANY, NY 12202
(518) 449−5155

Name of Project Director:

DONNA THOMPSON

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$12,740

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TRINITY LUTHERAN CHURCH OF MANHATTAN
164 WEST 100TH STREET
NEW YORK, NY 10025
(212) 222-7045

Name of Project Director:

REV. HEIDI NEUMARK

Purpose of Project:

FUNDS WILL BE USED FOR THE CREATIVE LEARNING CENTER, AN AFTER SCHOOL PROGRAM THAT IS FREE AND OPEN TO THE PUBLIC ON A NON-SECTARIAN BASIS, WHICH PROVIDES HOMEWORK ASSISTANCE, TUTORING, AND RECREATIONAL ACTIVITIES.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TRINITY’S SERVICES AND FOOD FOR THE HOMELESS, INC.  
602 EAST 9TH STREET  
NEW YORK, NY 10009  
(212) 228–5254  Ext: 11

Name of Project Director:

PHILIP TRZYNKA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE EXPANSION OF A SOUP KITCHEN AND FOOD PANTRY AND THE OPERATION OF THESE PROGRAMS, INCLUDING THE PURCHASE OF FOOD AND SALARIES.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TROOP 76 BOY SCOUTS OF AMERICA – BROOKLYN COUNCIL
2055 EAST 69TH STREET
BROOKLYN, NY  11234
(718) 763–3837

Name of Project Director:

JOHN FARRELL

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE CAMPING EQUIPMENT.

Funded Amount:

$1,500

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TSQ, INC.
67–07 AUSTIN STREET
FOREST HILLS, NY 11375
(718) 275–5193

Name of Project Director:

ISAAC KATZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROGRAMS WHICH DELIVER FOOD TO THE POOR, DISADVANTAGED AND HOMEBOUND MEMBERS OF THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$15,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TWIN RIVERS COUNCIL, BOY SCOUTS OF AMERICA
253 WASHINGTON AVENUE EXTENSION
ALBANY, NY 12205
(518) 869–6436

Name of Project Director:

STEVEN SILVERMAN

Purpose of Project:

FUNDS WILL BE USED TOWARD UPDATING AND REPLACING THE CAMP WATER AND SEPTIC SYSTEM.

Funded Amount:

$5,000

Requested By:

GORDON–T

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

TWIN RIVERS COUNCIL, BOY SCOUTS OF AMERICA
253 WASHINGTON AVENUE EXTENSION
ALBANY, NY 12205
(518) 869-6436

Name of Project Director:

STEVEN SILVERMAN

Purpose of Project:

FUNDS WILL BE USED TO UPDATE AND REPLACE THE CAMP WATER AND SEPTIC SYSTEM.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UMBRELLA OF THE CAPITAL DISTRICT INC.
509A UNION STREET
SCHENECTADY, NY 12305
(518) 346-5249

Name of Project Director:

ELAINE SANTORE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES FOR LOW TO MODERATE INCOME POPULATION.

Funded Amount:

$5,000

Requested By:

AMEDORE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UNION SETTLEMENT ASSOCIATION
237 EAST 104TH STREET
NEW YORK, NY  10029
(212) 828–6000

Name of Project Director:

ELLEN PERLMAN SIMON

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$27,169

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
UNIONDALE NEIGHBORHOOD CENTER
800 JERUSALEM AVENUE
UNIONDALE, NY  11553
(516) 564–9005

Name of Project Director:
LORRAINE DANSER

Purpose of Project:
FUNDS WILL BE USED FOR A SUMMER CAMP FOR YOUTH AND RECREATIONAL ACTIVITIES FOR YOUTH.

Funded Amount:
$10,000

Requested By:
HOOPER

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UNITED ACTIVITIES UNLIMITED
485 CLAWSION ROAD
STATEN ISLAND, NY 10306
(718) 987–7878

Name of Project Director:

LOU DELUCA

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL, RECREATIONAL, COUNSELING AND SOCIAL PROGRAMS FOR YOUTHS AND ADULTS.

Funded Amount:

$7,000

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UNITED BLACK MEN OF QUEENS FOUNDATION, INC.
187–11 LINDEN BOULEVARD
ST. ALBANS, NY 11412
(718) 528–6424

Name of Project Director:

ANDREW COOPER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE GUIDANCE AND MENTORING TO YOUNG MEN IN ORDER TO PREVENT THEM FROM GETTING INTO TROUBLE, AS WELL AS TO PROVIDE ADULT COUNSELING.

Funded Amount:

$10,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UNITED BLACK MEN OF QUEENS FOUNDATION, INC.
189–26 LINDEN BOULEVARD
ST. ALBANS, NY 11412
(516) 223–4914

Name of Project Director:

LAWRENCE J. CORMIER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE YOUTH MENTORING PROGRAM FOR AT–RISK STUDENTS, WHICH WILL ASSIST WITH SUMMER EMPLOYMENT, REGENT PREPARATION, CONFLICT MANAGEMENT, TUTORING CLASSES IN MATH, SCIENCE AND SOCIAL STUDIES, RECREATIONAL FIELD TRIPS, COMPUTER TECHNOLOGY TRAINING AND PERSONAL ONE ON ONE MENTORING.

Funded Amount:

$10,000

Requested By:

COOK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UNITED BLACK MEN OF QUEENS FOUNDATION, INC.
450 PENNSYLVANIA AVENUE
FREEPORT, NY  11520
(516) 223−4914

Name of Project Director:

ROBERT A. JENKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MENTORING, TUTORING AND SAT PREPARATION.

Funded Amount:

$5,000

Requested By:

CLARK, COOK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UNITED CHINESE ASSOCIATION OF BROOKLYN, INC.
223 KINGS HIGHWAY
BROOKLYN, NY  11223
(718) 724–6458

Name of Project Director:

STEVE CHUNG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND INSPIRATIONAL CLASSES AND TRAINING TO IMPROVE AND ENHANCE LOCAL RESIDENTS’ WELL-BEING. CLASSES AND TRAINING INCLUDE, ARTS, MUSIC, MARTIAL ARTS, CAREER DEVELOPMENT FOR CHILDREN, AND DANCING. ENGLISH SPEECH AND PHYSICAL EXERCISE FOR ADULTS AND SENIORS IS ALSO PROVIDED.

Funded Amount:

$2,000

Requested By:

ABBATE, COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UNITED CHINESE ASSOCIATION OF BROOKLYN, INC.
223 KINGS HIGHWAY
BROOKLYN, NY 11223
(718) 256-0404

Name of Project Director:

STEVE CHUNG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND INSPIRATIONAL CLASSES AND TRAINING TO IMPROVE AND ENHANCE LOCAL RESIDENTS’ WELL-BEING. CLASSES AND TRAINING INCLUDE ART, MUSIC, MARTIAL ARTS, AND CAREER DEVELOPMENT FOR CHILDREN. FUNDS WILL ALSO BE USED FOR AFTER SCHOOL ACTIVITIES, DANCING, ESL AND PHYSICAL EXERCISE FOR ADULTS AND SENIORS. PROGRAMS ARE OPEN TO ALL INDIVIDUALS ON A NON-SECTARIAN BASIS.

Funded Amount:

$37,800

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UNITED COMMUNITY BAPTIST CHURCH, INC.
2701 MERMAID AVENUE
BROOKLYN, NY 11224
(718) 975−0447

Name of Project Director:

REV. CONNIS MOBLEY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF PROVIDING A SUMMER COMMUNITY FAIR, WHICH IS OPEN TO ALL AND PROMOTES YOUTH LEADERSHIP ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,000

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UNITED COMMUNITY CENTERS, INC.
613 NEW LOTS AVENUE
BROOKLYN, NY 11207
(718) 649-7979

Name of Project Director:

ANA AGUIRRE

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$23,585

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UNITED JEWISH ORGANIZATIONS OF WILLIAMSBURG, INC.
32 PENN STREET
BROOKLYN, NY  11211
(718) 643−9700

Name of Project Director:

RABBI DAVID NIEDERMAN

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE TO PROVIDE SOCIAL SERVICES, GUIDANCE AND ADVICE TO INDIVIDUALS IN NEED OF ASSISTANCE ON A NON−SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UNITED JEWISH ORGANIZATIONS OF WILLIAMSBURG, INC.
32 PENN STREET
BROOKLYN, NY 11211
(718) 643–9700

Name of Project Director:

RABBI DAVID NIEDERMAN

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE CHILDREN AND PARENTS ON HOW TO PROTECT THEMSELVES, AND TO PROVIDE OTHER PERSONAL SAFETY MEASURES. THIS PROGRAM IS OPEN TO ALL IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$30,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UNITED LUBAVITCHER YESHIVA
841–853 OCEAN PARKWAY
BROOKLYN, NY  11230
(718) 859–7600

Name of Project Director:

PESHY TELLER

Purpose of Project:

FUNDS WILL BE USED FOR AN AFTER SCHOOL COMMUNITY SERVICE PROGRAM, WHERE CHILDREN ENGAGE IN ACTIVITIES SUCH AS VISITING CHILDREN’S HOSPITALS, NURSING HOMES, AND BEING INVOLVED IN PROGRAMS FOR THE MENTALLY DISABLED. FUNDS WILL ENABLE PARTICIPANTS TO BE TRANSPORTED TO SERVICE LOCATIONS AND BE SUPERVISED AS THEY REACH OUT TO THE COMMUNITY. THIS PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UNITED WAY OF SULLIVAN COUNTY, INC.
33 LAKEWOOD AVENUE, P.O. BOX 1036
MONTICELLO, NY 12701
(845) 794-1771

Name of Project Director:

KAYTEE J. WARREN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES OF GANG AWARENESS SEMINARS.

Funded Amount:

$2,000

Requested By:

GUNther–A

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UNITY GAMES, INC.
1551 RICHMOND ROAD
STATEN ISLAND, NY 10304
(917) 640−7593

Name of Project Director:

DR. MARC SHERMAN

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE COMMUNITY RELATIONSHIPS AMONG YOUTH BY EXPOSING THEM TO DIFFERENT ETHNIC AND CULTURAL DIVERSEITIES WITH COMMON BONDS AND EXPERIENCES.

Funded Amount:

$2,500

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UNIVERSITY SETTLEMENT SOCIETY
184 ELDRIDGE STREET
NEW YORK, NY  10002
(212) 674–9120

Name of Project Director:

MICHAEL ZISSE

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE SETTLEMENT HOUSE PROGRAM’S RESPONSIBILITY TO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT ARE BASED ON THE NEEDS OF THE RESIDENTS OF THE NEIGHBORHOODS IT SERVES.

Funded Amount:

$36,607

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UPROSE, INC.
166A 22ND STREET
BROOKLYN, NY 11232
(718) 492−9307

Name of Project Director:

ELIZABETH YEAMPIERRE

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES ASSOCIATED WITH UPROSE’S YOUTH PROGRAM SUCH AS PURCHASING EQUIPMENT AND SUPPLIES, SPONSORING EVENTS AND IN−STATE FIELD TRIPS.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

URBAN NEIGHBORHOOD SERVICES
P.O. BOX 423
BROOKLYN, NY 11224
(718) 801–1054

Name of Project Director:

MAHYLDE FRONTUS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF OPERATING A YOUTH LEADERSHIP PROGRAM.

Funded Amount:

$5,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

URBAN STRATEGIES, INC.
1747 PITKIN AVENUE
BROOKLYN, NY 11212
(718) 346−7000

Name of Project Director:

STEVE FAMODIMU

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A COMMUNITY−BASED PROGRAM FOR TEENS WHO ARE PREGNANT OR IN NEED OF PARENTING SKILLS. URBAN STRATEGIES WORKS IN CONJUNCTION WITH ADMINISTRATION OF CHILDREN’S SERVICES (ACS).

Funded Amount:

$12,700

Requested By:

BOYLAND

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

UTOPIA JEWISH CENTER
64–41 UTOPIA PARKWAY
FRESH MEADOWS, NY 11365
(718) 461–8347

Name of Project Director:

JAY GOLDBERG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL EVENTS AND PROGRAMS TO YOUTH, WHICH ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$1,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

VAN NEST LITTLE LEAGUE, INC.
1840 SEMINOLE AVENUE
BRONX, NY 10461
(718) 518-9303

Name of Project Director:

CHRIS AMOROSA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND SUPPLIES FOR THE LITTLE LEAGUE.

Funded Amount:

$5,000

Requested By:

RIVERA–N

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

VANNGUARD URBAN IMPROVEMENT ASSOCIATION, INC.
613–619 THROOP AVENUE, 3RD FLOOR
BROOKLYN, NY 11216
(718) 453–4976

Name of Project Director:

ARTHUR H. NILES

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOUTH DEVELOPMENT THROUGH AFTER SCHOOL TUTORIAL PROGRAMS, AS WELL AS, RECREATIONAL AND CULTURAL AWARENESS PROGRAMS.

Funded Amount:

$20,000

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

VARIED INTERNSHIP PROGRAM, INC.
89–31 161ST STREET
JAMAICA, NY  11432
(718) 206–9521

Name of Project Director:

NETTIE JOHNSON–BURGESS

Purpose of Project:

FUNDS WILL BE USED TO PAIR LOCAL MERCHANTS AND STUDENTS FOR INTERNSHIPS AND MENTORING.

Funded Amount:

$2,500

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

VARIETY BOYS AND GIRLS CLUB OF QUEENS, INC.
21-12 30TH ROAD
LONG ISLAND CITY, NY  11102
(718) 728-0946

Name of Project Director:

TRACY SPELLMEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COMMUNITY YOUTH WITH RECREATIONAL AND ACADEMIC ASSISTANCE IN A STRUCTURED ENVIRONMENT AFTER SCHOOL.

Funded Amount:

$3,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

VICTIMS INFORMATION BUREAU OF SUFFOLK, INC.
P.O. BOX 5483
HAUPPAUGE, NY 11788
(631) 360–3730

Name of Project Director:

PAMELA BROWN

Purpose of Project:

FUNDS WILL BE USED FOR ADDITIONAL STAFF HOURS, TO PROVIDE A SANE CENTER AT THE STONY BROOK UNIVERSITY HOSPITAL TO CARE FOR VICTIMS OF SEXUAL ASSAULT.

Funded Amount:

$1,500

Requested By:

INGLEBRIGHT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

VICTIMS INFORMATION BUREAU OF SUFFOLK, INC.
P.O. BOX 428
HOLBROOK, NY 11741
(631) 360–3730

Name of Project Director:

PAMELA JOHNSTON

Purpose of Project:

FUNDS WILL BE USED FOR THE PROMOTION OF PREVENTION PROGRAMS AND TO PROVIDE COUNSELLING TO VICTIMS AND FAMILIES.

Funded Amount:

$2,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

VICTIMS INFORMATION BUREAU OF SUFFOLK, INC.
P.O. BOX 428
HOLBROOK, NY 11741
(631) 360–3730

Name of Project Director:

PAMELA C. JOHNSTON

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES ASSOCIATED WITH CRISIS INTERVENTION AND COUNSELING OF VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT.

Funded Amount:

$10,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

VICTOR/FARMINGTON FOOD CUPBOARD
221 HIGH STREET
VICTOR, NY 14564
(585) 924–4972

Name of Project Director:

KATHLEEN TEEL WAGNER

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH A FOOD PANTRY.

Funded Amount:

$1,000

Requested By:

ERRIGO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
VILLA MARIA HOMES ACTIVITIES COMMITTEE, INC.
546 FOX STREET
BRONX, NY  10455
(718) 402–0453

ANA M. REYES

FUNDS WILL BE USED FOR AN AFTER SCHOOL RECREATIONAL PROGRAM, AND FOR DANCE LESSONS FOR CHILDREN AND YOUNG ADULTS.

$8,000

ARROYO

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

VILLAGE AT ITHACA
P.O. BOX 6776
ITHACA, NY 14851
(607) 256−0780

Name of Project Director:

CAL WALKER

Purpose of Project:

FUNDS WILL BE USED FOR THE IMPLEMENTATION OF A NETWORK AND REFERRAL DATABASE THAT WILL CONNECT UNDERSERVED YOUTH TO PROGRAMS, SUPPORTS AND SERVICES.

Funded Amount:

$20,000

Requested By:

LIFTON

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

VILLAGE OF EAST SYRACUSE
204 NORTH CENTER STREET
EAST SYRACUSE, NY  13057
(315) 437−3541

Name of Project Director:

HON. DANNY J. LIEDKA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SENIOR/TEEN CENTER EQUIPMENT, INCLUDING BUT NOT LIMITED TO COMPUTERS, FURNITURE, ETC.

Funded Amount:

$10,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
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 TO ENABLE THE NUMEROUS COMMUNITY ORGANIZATIONS THAT USE THE KURTZ CENTER TO INCREASE ATTENDANCE BY UPDATING FURNISHINGS.

Funded Amount:

$9,000

Requested By:

JAFFEE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

VISION URBANA, INC.
207–9 EAST BROADWAY
NEW YORK, NY 10002
(212) 673–6257

Name of Project Director:

REV. MARCOS RIVERA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SOCIAL SERVICES TO ASSIST CHILDREN, FAMILIES, AND SENIORS. FUNDS WILL BE USED TO HIRE AN EXECUTIVE DIRECTOR, WHOSE DUTIES WILL INCLUDE DAY–TO–DAY COORDINATION AND DIRECTION OF PROGRAMS AND EXPANSIONS.

Funded Amount:

$115,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

VISUAL ARTS RESEARCH AND RESOURCE CENTER RELATING TO THE CARIBBEAN, INC.
408 WEST 58TH STREET
NEW YORK, NY  10019
(212) 307−7429  Ext: 3004

Name of Project Director:

MELODY CAPOTE

Purpose of Project:

FUNDS WILL BE USED TO ADMINISTER A YOUTH DEVELOPMENT PROGRAM FOR CHILDREN OF COLOR IN THE SOUTH BRONX.

Funded Amount:

$64,000

Requested By:

ARROYO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

VOCES LATINAS MARCANDO LA DIFERENCIA, INC.
120 TIMBERLINE DR.
BRENTWOOD, NY 11717
(631) 952-7829

Name of Project Director:

MARIA ACEVEDO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL CLASSES AND OFFSET GENERAL OPERATING COSTS.

Funded Amount:

$10,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WARREN STREET CENTER FOR CHILDREN & FAMILIES
343 WARREN STREET
BROOKLYN, NY  11201
(718) 237−9578

Name of Project Director:

KATHY HOPKINS

Purpose of Project:

FUNDS WILL BE USED FOR STAFF DEVELOPMENT, IN ORDER TO ESTABLISH AFTER SCHOOL TECHNOLOGY PROGRAMMING.

Funded Amount:

$3,500

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WASHINGTON HEIGHTS INWOOD PRESERVATION AND RESTORATION CORPORATION
121 BENNETT AVENUE, #11A
NEW YORK, NY 10033
(212) 795-7522

Name of Project Director:

DEBORAH HES

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES AND PROGRAMS TO THE GROWING NEEDY, ELDERLY, FRAIL, AND IMMIGRANT POPULATIONS OF THE AREA. SERVICES INCLUDE ACCESSING ENTITLEMENTS, COUNSELING, ADVOCACY, TRANSPORTATION, FOOD SUBSIDIES, ENGLISH FOR NON–ENGLISH SPEAKING, MEDICAL AND PSYCHOLOGICAL INTERVENTION AND OTHER SERVICES. PROGRAMS AND SERVICES ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$40,000

Requested By:

FARRELL, JR

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
WASHINGTON HEIGHTS TENNIS ASSOCIATION, INC.
256 WADSWORTH AVENUE, APARTMENT 4A
NEW YORK, NY 10033
(212) 781–8513

Name of Project Director:
ELIGIO REYNOSO

Purpose of Project:
FUNDS WILL BE USED TO PURCHASE SPORTS EQUIPMENT, IN–STATE TRANSPORTATION OF ATHLETICS AND OTHER RECREATIONAL ACTIVITIES FOR YOUTH.

Funded Amount:
$10,000

Requested By:
ESPAILLAT

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WATERBURY LASALLE COMMUNITY & HOMEOWNERS ASSOCIATION, INC.
1145 HOBART AVENUE
BRONX, NY  10461
(718) 792–6385

Name of Project Director:

MARY JANE MUSANO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN EDUCATIONAL PROGRAM WHEREBY CHILDREN AND ADULTS LEARN ABOUT CARING FOR PLANTS/TREES.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WATERBURY ROLLER HOCKEY LEAGUE
1521 ROBERTSON PLACE
BRONX, NY 10465
(718) 822−3164

Name of Project Director:

GEORGE HAVRONECK

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND SUPPLIES TO SUPPORT THE LEAGUE.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WATERFORD FORDIANS SUMMER BASEBALL LEAGUE, INC.
18 MURRAY AVENUE
WATERFORD, NY 12188
(518) 441-4464

Name of Project Director:

WILLIAM KELTS

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE THE CANTEEN, INCLUDING THE PURCHASE AND INSTALLATION OF A BATHROOM FIRE PROTECTIVE HOOD, AND THE PURCHASE OF A FIELD TRACTOR AND BACKSTOP NETTING.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WATERVLIET CIVIC CHEST, INC.
14TH STREET AND 1ST AVENUE
WATERVLIET, NY 12189
(518) 273−5922

Name of Project Director:

WILLIAM SHEEHY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE ADDITIONAL COMPUTERS FOR THE HOMEWORK HELP CLUB, RECREATION SUPPLIES AND EQUIPMENT FOR THE RECREATION AND SOCIAL PROGRAMS, AND TO MAKE CAPITAL IMPROVEMENTS, INCLUDING ELECTRICAL UPGRADES, PAINTING AND REFURBISH WOOD FLOORS.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WELLCORE, INC.
15 DUTCH HILL ROAD
ORANGEBURG, NY 10962
(845) 304-4371

Name of Project Director:

VICKIE SHAW

Purpose of Project:

FUNDS WILL BE USED FOR A PRESENTATION FOR SUBURBAN TEENS AND PARENTS, TO TEACH HOW ONE BAD DECISION CAN RESULT IN IRREVERSIBLE DAMAGE.

Funded Amount:

$3,000

Requested By:

JAFFEE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
WENDY HILLIARD FOUNDATION
409 EDGECOMBE AVENUE #10A
NEW YORK, NY  10032
(917) 414–8835

WENDY HILKLIARD

FUNDS WILL BE USED TO PROVIDE QUALITY GYMNASTICS FOR YOUTH. STUDENTS WILL RECEIVE ONE HOUR CLASSES FROM 1–3 PM THROUGHOUT THE WEEK.

$5,000

WRIGHT

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WENDY HILLIARD FOUNDATION
409 EDGECOMBE AVENUE, SUITE 10 A
NEW YORK, NY  10032
(212) 491−6502

Name of Project Director:

AMY GORDON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE CHILDREN’S GYMNASICS INSTRUCTION.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WENDY HILLIARD FOUNDATION
792 COLUMBIA AVENUE, #17T
NEW YORK, NY 10025
(212) 316-0315

Name of Project Director:

WENDY HILLIARD

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE QUALITY GYMNASTICS INSTRUCTION TO YOUTH, ALONG WITH HEALTH AND NUTRITION WORKSHOPS.

Funded Amount:

$25,000

Requested By:

FARRELL, JR

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WEST ALBANY ATHLETIC ASSOCIATION
P.O. BOX 11–402
LOUDONVILLE, NY 12211
(518) 466–0370

Name of Project Director:

STEPHEN J. ACQUARIO

Purpose of Project:

FUNDS WILL BE USED TO DEFRAY COSTS ASSOCIATED WITH FIELD IRRIGATION AT THE WEST ALBANY ATHLETIC ASSOCIATION BASEBALL FIELDS.

Funded Amount:

$3,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WEST ISLIP YOUTH ENRICHMENT SERVICES, INC.
P.O. BOX 105
WEST ISLIP, NY 11795
(631) 587–5172

Name of Project Director:

MARY ANN PFEIFFER

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE AND FACILITATE COMMUNITY PROGRAMS FOR THE YOUTH WHO ATTEND THE YES PROGRAMS OF BRENTWOOD, BAY SHORE, AND CENTRAL ISLIP.

Funded Amount:

$2,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WEST SENECA WEST BAND BOOSTERS, INC.
118 MINISTER ROAD
WEST SENECA, NY 14224
(716) 677−3351

Name of Project Director:

CHERYL A. CARPENTER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT IN−STATE TRAVEL TO AND FROM COMPETITIONS, UNIFORMS, EQUIPMENT (AND REPAIRS), MEALS AS NEEDED, AS WELL AS YEARLY CONSIDERATIONS SUCH AS SHOW PROPS AND UPGRADES.

Funded Amount:

$10,000

Requested By:

SCHROEDER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WEST SENECA YOUTH BUREAU/WNY AMERICORPS
2001 UNION ROAD
WEST SENECA, NY  14224
(716) 677−2434

Name of Project Director:

MARK LAZZARA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT VARIOUS LIFE CHANGING INITIATIVES SUCH AS REHABILITATION AND REVITALIZATION PROJECTS, LITERACY PROGRAMS, FOOD DELIVERY PROGRAMS AND MORE.

Funded Amount:

$13,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WEST SIDE BOYS BASEBALL
351 GRANT STREET
BUFFALO, NY 14213
(716) 885−7692

Name of Project Director:

TORIE ASARESE

Purpose of Project:

FUNDS WILL BE USED TO TEACH AND GET BOYS (AGES 6−15 YEARS OLD) INTERESTED IN BASEBALL, AS WELL AS PURCHASE EQUIPMENT AND UNIFORMS FOR THE LITTLE LEAGUE.

Funded Amount:

$5,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WEST SIDE CAMPAIGN AGAINST HUNGER
263 WEST 89TH STREET
NEW YORK, NY 10024
(212) 362-3662

Name of Project Director:

DOREEN WOHL

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF AN EMERGENCY FOOD PROGRAM. FUNDS WILL ALSO BE USED TO PROVIDE SOCIAL SERVICES COUNSELING.

Funded Amount:

$5,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WESTBURY COMMUNITY IMPROVEMENT CORPORATION
249 POST AVENUE
WESTBURY, NY  11590
(516) 333–9224

Name of Project Director:

WILLIAM PRUITT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPLIES FOR THE YOUTH SERVICES PROGRAM, AS WELL AS TRANSPORTATION FOR TRIPS WITHIN NEW YORK STATE.

Funded Amount:

$6,000

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WESTCHESTER EXCEPTIONAL CHILDREN, INC.
WEC SCHOOL 520 ROUTE 22
NORTH SALEM, NY 10560
(914) 277–5533

Name of Project Director:

LINDA MURPHY

Purpose of Project:

FUNDS WILL BE USED TO REPLACE WATER SYSTEM.

Funded Amount:

$8,000

Requested By:

BALL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

WESTCHESTER JEWISH COMMUNITY SERVICES, INC.
845 NORTH BROADWAY
WHITE PLAINS, NY  10603
(914) 761−0600

Name of Project Director:

ALAN TRAGER

Purpose of Project:

FUNDS WILL BE USED TO TUTOR LOW−INCOME CHILDREN WITH LEARNING PROBLEMS AND/OR DISABILITIES. SERVICES ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WESTCHESTER JEWISH COMMUNITY SERVICES, INC.
845 NORTH BROADWAY
WHITE PLAINS, NY   10603
(914) 761−0600

Name of Project Director:

ALAN TRAGER

Purpose of Project:

FUNDS WILL BE USED TO TUTOR 50 LOW INCOME CHILDREN WITH LEARNING PROBLEMS AND DISABILITIES. THIS PROGRAM IS OPEN ON A NON−SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WESTCHESTER JEWISH COMMUNITY SERVICES, INC.
845 NORTH BROADWAY
WHITE PLAINS, NY 10603
(914) 761-0600 Ext: 343

Name of Project Director:

SUSAN MIRON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EARLY INTERVENTION SERVICES TO CHILDREN FROM BIRTH TO 6 YEARS OLD. SUCH SERVICES INCLUDE OCCUPATIONAL, PHYSICAL, SPEECH AND SPECIAL EDUCATION EVALUATION AND THERAPY. SERVICES ARE OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

LATIMER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WESTCHESTER JEWISH COMMUNITY SERVICES, INC.
845 NORTH BROADWAY
WHITE PLAINS, NY 10603
(914) 761–0600 Ext: 343

Name of Project Director:

ALAN TRAGER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AFTER SCHOOL PROGRAMS FOR ELEMENTARY STUDENTS, AND EDUCATIONAL TRAINING FOR HIGH SCHOOL STUDENTS TO BE TUTORS AND MENTORS. THESE PROGRAMS ARE OPEN TO ALL IN THE COMMUNITY ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:
WESTERN NEW YORK AMERICORPS FUND
P.O. BOX 297
BUFFALO, NY  14220
(716) 558–3325

Name of Project Director:
MARK LAZZARA

Purpose of Project:
FUNDS WILL BE USED TO SUPPORT THE AMERICORPS REGIONAL FOOD DELIVERY PROGRAM.

Funded Amount:
$25,000

Requested By:
SCHROEDER

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WESTHAB, INC.
85 EXECUTIVE BOULEVARD
ELMSFORD, NY  10523
(914) 345–2800

Name of Project Director:

BOB MILLER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ACADEMIC SUPPORT FOR TEENS AND YOUNG ADULTS, AS WELL AS EDUCATIONAL AND RECREATIONAL ACTIVITIES.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WESTSIDE CRIME PREVENTION PROGRAM, INC.
893 AMSTERDAM AVENUE
NEW YORK, NY 10025
(212) 866-8603

Name of Project Director:

MARJORIE COHEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CONFLICT RESOLUTION TRAINING AND ANTI-VIOLENCE WORKSHOPS FOR ELEMENTARY, MIDDLE, AND HIGH SCHOOL AGE CHILDREN.

Funded Amount:

$6,500

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WESTSIDE YMCA
5 WEST 63RD STREET
NEW YORK, NY 10023
(212) 875–4100

Name of Project Director:

DEBORAH–BAJATTA–BOWLES

Purpose of Project:

FUNDS WILL BE USED FOR THE COLLEGE PREPARATION INITIATIVE.

Funded Amount:

$2,500

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WHERE TO TURN, INC.
150–L GREAVES LANE, #312
STATEN ISLAND, NY 10308
(718) 966–6531

Name of Project Director:

DENNIS MCKEON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT VARIOUS COMMUNITY PROJECTS FOR SENIOR CITIZENS, AND YOUNG ADULTS. THESE PROJECTS INCLUDE SNOW REMOVAL FOR SENIORS AND ACADEMIC ALL COUNTY AWARDS.

Funded Amount:

$3,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WHERE TO TURN, INC.
150–L GREAVES LANE #312
STATEN ISLAND, NY 10308
(718) 966–6531

Name of Project Director:

DENNIS MCKEON

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP COMMUNITY OUTREACH PROGRAMS FOR THE HEARTS AND HANDS PROJECT, WITH EMPHASIS ON AID TO STUDENTS AND SENIOR CITIZENS.

Funded Amount:

$5,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WIDOW AND WIDOWERS OF THE BRONX
OUR LADY OF ASSUMPTION CHURCH, 1634 MAHAM AVENUE
BRONX, NY 10461
(718) 863−1961

Name of Project Director:

CONSTANCE SADDLIER

Purpose of Project:

FUNDS WILL BE USED TOWARD THE COST OF MEETINGS FOR THE WIDOW AND WIDOWERS BEREAVEMENT GROUP, AND FOR IN−STATE TRIPS FOR THE MEMBERS. PROGRAMS ARE OPEN TO ALL IN THE COMMUNITY ON A NON−SECTARIAN BASIS.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WILLIAM A. EPPS COMMUNITY CENTER, INC.
93 PARK AVENUE
STATEN ISLAND, NY 10302
(718) 720–8141

Name of Project Director:

TONY BAKER

Purpose of Project:

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

Funded Amount:

$2,500

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WILLIAM FLOYD COMMUNITY SUMMIT  
P.O. BOX 191  
MASTIC, NY 11950  
(631) 399–2639

Name of Project Director:

BETH WAHL

Purpose of Project:

FUNDS WILL BE USED FOR VARIOUS COMMUNITY IMPROVEMENTS.

Funded Amount:

$1,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WINBROOK PRIDE, INC.
P.O. BOX 70
WHITE PLAINS, NY  10602–0070
(914) 625–7397

Name of Project Director:

DARRYL JENKINS

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE HIGH SCHOOL AND COLLEGE AGE YOUTH ABOUT CURRENT ISSUES THAT CONCERN THEM, INCLUDING GANGS, VIOLENCE, DRUG AWARENESS, TOBACCO, AND SEX EDUCATION WITH PRESENTATIONS FROM GUEST SPEAKERS.

Funded Amount:

$2,500

Requested By:

BRADLEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WINBROOK PRIDE, INC.
P.O. BOX 70
WHITE PLAINS, NY  10602
(914) 625-7397

Name of Project Director:

Darryl Jenkins

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE WINBROOK PRIDE MENTORING PROGRAM THAT PROVIDES A SUPPORT SYSTEM TO ENCOURAGE AT RISK YOUTH FROM THE WINBROOK PUBLIC HOUSING COMPLEX TO PURSUE EDUCATIONAL AND VOCATIONAL GOALS.

Funded Amount:

$2,500

Requested By:

Paulin

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WINNING BEYOND WINNING
12 SECOND AVENUE
FARMINGDALE, NY 11735
(516) 249−5800

Name of Project Director:

THOMAS SABELLICO

Purpose of Project:

FUNDS WILL BE USED FOR YOUTH LIFE SKILLS PROGRAM.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WOMEN AGAINST VIOLENCE
9201 FOURTH AVENUE
BROOKLYN, NY 11209
(718) 943–3380

Name of Project Director:

SOFIE PALLOTTA

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE THE COMMUNITY AGAINST VIOLENCE AND ABUSE.

Funded Amount:

$2,500

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WOMEN’S ORGANIZATION DEDICATED TO MEETING THEIR MEDICAL AND EMOTIONAL NEEDS, INC.
C/O BROOKLYN WOMEN’S SERV., 9201 4TH AVE., 2ND FL.
BROOKLYN, NY  11228
(718) 232–1351

Name of Project Director:

SOFIA PALLOTTA

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE AND EMPOWER WOMEN AGAINST VIOLENCE AND ABUSE. WORKSHOPS, LECTURES AND DISCUSSIONS WITH HEALTH CARE WORKERS ARE PROVIDED.

Funded Amount:

$25,000

Requested By:

ABBATE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WOODHAVEN POST 118
89–02 91ST STREET
WOODHAVEN, NY  11421
(718) 846–6116

Name of Project Director:

MICHAEL LAWLESS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF MAINTENANCE, UTILITIES AND CUSTODIAL EXPENSES OF THE BUILDING. THE POST OFFERS A VARIETY OF EDUCATIONAL AND RECREATIONAL PROGRAMS FOR THE YOUTH AND OTHER COMMUNITY MEMBERS.

Funded Amount:

$5,000

Requested By:

SEMINERIO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WOODYCREST CENTER FOR HUMAN DEVELOPMENT, INC.
153 WEST 165TH STREET
BRONX, NY 10452
(718) 992−4256

Name of Project Director:

ADE A. RASUL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOUTH AGES 6−18 WITH AFTER SCHOOL SERVICES WHICH INCLUDE: TUTORING, HOMEWORK ASSISTANCE, YOUTH CULTURAL AND RECREATIONAL SERVICES, INDIVIDUAL AND GROUP COUNSELING. FUNDS WILL ALSO BE USED FOR AN END OF THE YEAR PROGRAM WHICH WILL HIGHLIGHT THE ABOVE SERVICES AND PROVIDE A FAMILY OUTING.

Funded Amount:

$35,000

Requested By:

GREENE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WORD OF LIFE INTERNATIONAL, INC.
1299 LOUIS NINE BOULEVARD
BRONX, NY 10459
(718) 861–5678

Name of Project Director:

JOHN UDO–OKON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE SOUP KITCHEN/FOOD PANTRY PROGRAM, INCLUDING, RENT, RENOVATION OF THE KITCHEN, FOOD AND SUPPLIES, ETC. THIS PROGRAM IS OPEN TO THE PUBLIC ON A NON–SECTARIAN BASIS.

Funded Amount:

$6,500

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WORLD OF WOMEN S I, INC.
124 BAYVIEW TERRACE
STATEN ISLAND, NY 10312
(718) 948−8175

Name of Project Director:

PAT CALTABIANCO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF A SERIES OF WORKSHOPS "ANTI−VIOLENCE AGAINST WOMEN" AND RELATED MATERIALS.

Funded Amount:

$2,500

Requested By:

HYER−SPENCER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

WYANDANCH YOUTH SERVICES, INC.
20 ANDREWS AVENUE
WYANDANCH, NY 11798
(631) 643−5629

Name of Project Director:

DANE CARROLL

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND TO OFFSET COSTS ASSOCIATED WITH THE YOUTH SPORTS AND ACADEMICS PROGRAMS.

Funded Amount:

$10,000

Requested By:

SWEENEY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

Y-COP OF MOUNT VERNON, INC.
429 EAST 3RD STREET
MOUNT VERNON, NY 10553
(914) 837-5769

Name of Project Director:

ALLEN AYERS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RECREATIONAL OUTLETS, EMPLOYMENT COUNSELING, TUTORIAL PROGRAMS AND SOCIAL SERVICE ASSISTANCE FOR YOUTH IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

Y.O.M. COMMUNITY CENTER
152 CENTER LANE
LEVITTOWN, NY 11756
(516) 796–6633

Name of Project Director:

JAMES J. MELENDEZ

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THEIR COMMUNITY SERVICE PROGRAMS.

Funded Amount:

$5,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YES COMMUNITY COUNCIL
75 GRAND AVENUE
MASSAPEQUA, NY 11758
(516) 799–3203

Name of Project Director:

JAMIE BOGENSHUTZ

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF PROGRAMS.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YES COMMUNITY COUNSELING CENTER
75 GRAND AVENUE
MASSAPEQUA, NY 11758
(516) 799–3081

Name of Project Director:

JAMIE BOGENSHUTZ

Purpose of Project:

FUNDS WILL BE USED FOR COUNSELING PROGRAMS FOR TROUBLED CHILDREN AND PARENTS.

Funded Amount:

$5,000

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

YESHIVAH AND MESIVTA ARUGATH HABOSEM
40 LYNCH STREET
BROOKLYN, NY  11206
(718) 237–4500

Name of Project Director:

MR. BECALEL KAHN

Purpose of Project:

FUNDS WILL BE USED TO OFFER A VARIETY OF PROGRAMS FOR CHILDREN FROM THE COMMUNITY AT LARGE DURING AFTER SCHOOL HOURS AS A WAY OF PROVIDING A SAFE AND EDUCATIONAL ENVIRONMENT UNTIL PARENTS ARRIVE HOME FROM WORK. PROGRAMS ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YESHIVATH KEHILATH YAKOV, INC.
638 BEDFORD AVENUE
BROOKLYN, NY  11211
(718) 963−3940

Name of Project Director:

RABBI JOSEPH WEBER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SOCIAL SERVICE PROGRAMS, INCLUDING APPROPRIATE REFERRALS AND GUIDANCE TO FAMILIES. ALL PROGRAMS ARE OPEN TO ALL IN THE COMMUNITY ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YMCA OF GREATER NEW YORK
333 7TH AVENUE, 15TH FLOOR
NEW YORK, NY 10001
(718) 392–7932

Name of Project Director:

LINDA MANZIONE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SWIM INSTRUCTION FOR ELEMENTARY SCHOOL CHILDREN FROM LOCAL SCHOOLS IN THE LONG ISLAND CITY, SUNNYSIDE, AND RAVENSWOOD AREAS.

Funded Amount:

$2,500

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YMCA OF GREATER NEW YORK
333 7TH AVENUE, 15TH FLOOR
NEW YORK, NY 10001
(212) 630–9600

Name of Project Director:

MICHAEL KELLER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF COMPUTER PROGRAMS
INCLUDING STAFF AND SUPPLIES.

Funded Amount:

$2,500

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YMCA OF GREATER NEW YORK
125 WEST 14TH STREET
NEW YORK, NY 10011
(212) 912-2300

Name of Project Director:

GARY VILLAVERDE

Purpose of Project:

FUNDS WILL BE USED TO OFFER SAFE STRUCTURED AND FUN ACTIVITIES THROUGHOUT THE SUMMER TO CHILDREN AGES 4–15 IN THE CHELSEA VILLAGE/UNION SQUARE COMMUNITY THROUGH CAMP PROGRAMS SUCH AS TRADITIONAL DAY CAMPS, SPECIALTY CAMPS AND Y TRAVELERS CAMP.

Funded Amount:

$5,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YMCA OF GREATER NEW YORK
180 WEST 135TH STREET
NEW YORK, NY  10030
(212) 281–4100  Ext: 201

Name of Project Director:

ELAINE EDMONDS

Purpose of Project:

FUNDS WILL BE USED TO HELP SUPPORT THE VIRTUAL Y AFTER SCHOOL PROGRAM AT PS SCHOOL 57 LOCATED ON 115TH STREET AND 2ND AVENUE.

Funded Amount:

$4,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YMCA OF GREATER NEW YORK
138–46 NORTHERN BOULEVARD
FLUSHING, NY 11354
(718) 961–6880

Name of Project Director:

WILLIAM NELSON

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE A VIRTUAL Y AFTER SCHOOL PROGRAM AT P.S. 201, MONDAY TO FRIDAY AFTERNOONS FROM 3PM TO 6PM.

Funded Amount:

$4,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YMCA OF GREATER NEW YORK – BRONX YMCA
2 CASTLE HILL AVENUE
BRONX, NY 10473
(718) 792–9736

Name of Project Director:

ELIZABETH TOLEDO

Purpose of Project:

FUNDS WILL BE USED FOR THE "VIRTUAL Y PROGRAM" AT P.S. 68 AND P.S. 87 IN THE BRONX. THIS PROGRAM OFFERS AN ENRICHED AFTER SCHOOL PROGRAM CONSISTING OF A VARIETY OF ACADEMIC, RECREATIONAL AND VALUE– BASED ACTIVITIES.

Funded Amount:

$52,000

Requested By:

HEASTIE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YMCA OF GREATER NEW YORK – HARLEM BRANCH
180 WEST 135TH STREET
NEW YORK, NY 10030
(212) 912–2111

Name of Project Director:

CHARLES TAYLOR

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE HEALTHY LIFESTYLES AMONG LOCAL YOUTH AND TEENS BY THE RENOVATION OF A PLAYGROUND AT PS 368/HAMILTON HEIGHTS SCHOOL AND BY OPENING A PHYSICALLY INTERACTIVE TEEN CENTER AT THE HARLEM YMCA.

Funded Amount:

$25,000

Requested By:

FARRELL, JR

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:
YMCA OF GREATER NEW YORK – STATEN ISLAND
3939 RICHMOND AVENUE
STATEN ISLAND, NY 10312
(718) 227–4000

Name of Project Director:
GREGORY COIL

Purpose of Project:
FUNDS WILL BE USED TO SUPPORT THE STATEN ISLAND YMCA YOUTH AND TEEN COUNSELING PROGRAMS THROUGHOUT STATEN ISLAND.

Funded Amount:
$6,000

Requested By:
CUSICK

Name of Administering State Agency:
OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YMCA OF GREATER ROCHESTER
444 EAST MAIN STREET
ROCHESTER, NY  14604
(585) 263−3917

Name of Project Director:

MARILYN MCCONNELL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AN URBAN, CO−EDUCATIONAL SWIM TEAM WHICH TEACHES CHILDREN OF ALL AGES TO SWIM AND COMPETE AT THE MAPLEWOOD YMCA.

Funded Amount:

$5,000

Requested By:

MORELLE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YMCA OF GREENPOINT
99 MESEROLE AVENUE
BROOKLYN, NY 11222
(718) 389–3700

Name of Project Director:

MEL TSE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COMPUTERS AND SOFTWARE FOR A PRE–SCHOOL PROGRAM.

Funded Amount:

$5,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YMCA OF MIDDLETOWN
81 HIGHLAND AVENUE
MIDDLETOWN, NY  10940
(845) 794–7700

Name of Project Director:

LINDA L. CELLINI

Purpose of Project:

FUNDS WILL BE USED TO ACQUIRE EQUIPMENT AS THE YMCA IS BRANCHING OUT TO MONTICELLO.

Funded Amount:

$15,000

Requested By:

GUNTHER–A

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YMCA OF RYE NY
21 LOCUST AVENUE
RYE, NY  10580
(914) 967–6363

Name of Project Director:

GREGG HOWELLS

Purpose of Project:

FUNDS WILL BE USED FOR FLOOD MITIGATION SOLUTIONS, INCLUDING FLOOD GATES AND BARRIERS AT LOW ELEVATION LEVELS OF THE YMCA BUILDING, WHERE VARIOUS PROGRAMS ARE HELD ALL YEAR LONG.

Funded Amount:

$10,000

Requested By:

LATIMER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YMCA OF THE CAPITAL DISTRICT
465 NEW KARNER ROAD, SECOND FLOOR
ALBANY, NY 12205
(518) 869–3500

Name of Project Director:

REGINA LA GATTA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT YOUTH EDUCATIONAL PROGRAMS.

Funded Amount:

$7,500

Requested By:

GORDON–T

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YONKERS EARLY CHILDHOOD INITIATIVE
30 SOUTH BROADWAY, 5TH FLOOR
YONKERS, NY  10701
(914) 968−1663  Ext: 1017

Name of Project Director:

JOANNE GRIPPO

Purpose of Project:

FUNDS WILL BE USED FOR THE CREATION OF THE YONKERS EARLY CHILDHOOD DATA BOOK, WHICH IS PROVIDED TO YONKERS FAMILIES.

Funded Amount:

$5,000

Requested By:

SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUNG ISRAEL OF HILLCREST
169-07 JEWEL AVENUE
FLUSHING, NY 11365
(718) 969-2990

Name of Project Director:

MARTIN PENN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR THE YOUTH OF THE HILLCREST COMMUNITY. PROGRAMS ARE OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$4,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUNG KOREAN AMERICAN SERVICE AND EDUCATION CENTER, INC.  
136–19 41ST AVENUE, 3RD FLOOR  
FLUSHING, NY 11355  
(718) 460–5600

Name of Project Director:

JU BUM CHA

Purpose of Project:

FUNDS WILL BE USED FOR THE YOUTH EMPOWERMENT PROJECT, WHICH ENGAGES YOUTH AGES 14–18 IN VARIOUS GRASSROOTS ORGANIZING INITIATIVES AND TEACHES THEM THE VALUES OF COMMUNITY SERVICE AND CIVIC ENGAGEMENT.

Funded Amount:

$3,000

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUNG MEN’S AND YOUNG WOMEN’S HEBREW ASSOCIATION (D/B/A 92ND STREET Y)
1395 LEXINGTON AVENUE
NEW YORK, NY  10128
(212) 415−5470

Name of Project Director:

SOL ADLER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ONGOING PERSONAL GROWTH AND CONNECTION FOR 60+ ADULTS, AS WELL AS THE TEEN PROGRAMS, WHICH PROVIDE SERVICES AND LEARNING OPPORTUNITIES BY FUNDING STAFFING FOR THESE PROGRAMS.

Funded Amount:

$10,000

Requested By:

BING

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUNG MEN’S AND YOUNG WOMEN’S HEBREW ASSOCIATION OF THE BRONX
5625 ARLINGTON AVENUE
BRONX, NY 10471
(718) 548–8200

Name of Project Director:

SIMON JAFFEE

Purpose of Project:

FUNDS WILL BE USED FOR A RIVERDALE–WIDE EVENT WHICH WILL SHOWCASE VARIOUS MUSICAL, DANCE, CULINARY, AND THEATRICAL PERFORMANCES. THIS EVENT IS OPEN TO THE PUBLIC ON A NON–SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUNG MEN’S AND YOUNG WOMEN’S HEBREW ASSOCIATION OF WASHINGTON HEIGHTS AND INWOOD
54 NAGLE AVENUE
NEW YORK, NY 10040
(212) 569–6200

Name of Project Director:

MARTIN ENGLISHER

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE THE MAIN OFFICE FACILITIES.

Funded Amount:

$10,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUNG MEN’S AND YOUNG WOMEN’S HEBREW ASSOCIATION OF WASHINGTON HEIGHTS AND INWOOD
54 NAGLE AVENUE
NEW YORK, NY 10040
(212) 569−6200

Name of Project Director:

SHARON ASHERMAN

Purpose of Project:

FUNDS WILL BE USED TOWARD THE RENOVATION OF THE KITCHEN OF THE YM/YWHA OF WASHINGTON HEIGHTS AND INWOOD IN ORDER FOR THE STAFF TO PREPARE NUTRITIOUS MEALS MORE EFFICIENTLY. FUNDS WILL ALSO BE USED TO PURCHASE OVENS, WARMERS AND A REFRIGERATOR.

Funded Amount:

$7,500

Requested By:

FARRELL, JR

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUNG MEN’S CHRISTIAN ASSOCIATION JAMESTOWN
101 EAST FOURTH STREET
JAMESTOWN, NY  14701
(716) 664−2802

Name of Project Director:

JONATHAN O'BRIAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOR BUILDING UPGRADES AT THE CAMP. THE CAMP HOLDS PROGRAMS AND ACTIVITIES FOR CHILDREN ON A NON−SECTARIAN BASIS.

Funded Amount:

$75,000

Requested By:

PARMENT

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUNG MEN’S CHRISTIAN ASSOCIATION OF THE CAPITAL DISTRICT
465 NEW KARNER ROAD, 2ND FLOOR
ALBANY, NY 12205
(518) 869–3500  Ext: 9920

Name of Project Director:

ORVILLE ABRAHAMS

Purpose of Project:

FUNDS WILL BE USED FOR A TEEN GANG PREVENTION PROGRAM AT THE YMCA.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUNG WOMENS CHRISTIAN ASSOCIATION OF BINGHAMTON AND BROOME COUNTY
80 HAWLEY STREET
BINGHAMTON, NY 13901
(607) 772-0340

Name of Project Director:

BECKY KRISE

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A FREEZER, FURNITURE, PLAYGROUND EQUIPMENT, BUILDING MATERIALS AND COMPUTERS TO IMPROVE THE "YOUNG WONDERS EARLY CHILDHOOD CENTER."

Funded Amount:

$7,500

Requested By:

LUPARDO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUNG WOMENS CHRISTIAN ASSOCIATION OF QUEENS
42–07 PARSONS BOULEVARD
FLUSHING, NY  11355
(718) 353–4553

Name of Project Director:

ANGELA BAEK

Purpose of Project:

FUNDS WILL BE USED FOR NEW PROGRAMS AND SERVICES FOR PRE–GED OUT OF SCHOOL YOUTH.

Funded Amount:

$4,000

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUNG WOMENS CHRISTIAN ASSOCIATION OF ULSTER COUNTY, INC.
209 CLINTON AVENUE
KINGSTON, NY 12401
(845) 338–6844

Name of Project Director:

ANDREA PARK

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE YWCA WEEKLY PARENTING EDUCATION PROGRAM.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUNG WOMENS CHRISTIAN ASSOCIATION OF YONKERS
87 SOUTH BROADWAY
YONKERS, NY 10701
(914) 963–0640

Name of Project Director:

YEJDE OKUNRIBIDO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE SUPPLIES FOR THE AFTER SCHOOL PROGRAM AND ACTIVITIES.

Funded Amount:

$5,000

Requested By:

PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUTH AND TENNIS, INC.  
ROY WILKINS PARK, 119TH AVENUE AND MERRICK BOULEVARD  
JAMAICA, NY  11434  
(718) 658−6728

Name of Project Director:

WILLIAM BRIGGS

Purpose of Project:

FUNDS WILL BE USED TO TEACH YOUNG PEOPLE IN SOUTHEAST QUEENS ABOUT TENNIS AND ACADEMICS.

Funded Amount:

$10,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUTH CADET PROGRAM
455 EAST 138TH STREET
BRONX, NY  10454
(718) 585−5234

Name of Project Director:

CARLOS QUINTANA

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP DISCIPLINE AND SELF−ESTEEM THROUGH MILITARY STRUCTURED ACTIVITIES FOR YOUTH OF THE SOUTH BRONX.

Funded Amount:

$8,000

Requested By:

ARROYO

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUTH ENRICHMENT SERVICES (YES)
P.O. BOX 105
WEST ISLIP, NY 11795
(631) 587–5172

Name of Project Director:

MARYANN PFEIFFER

Purpose of Project:

FUNDS WILL BE USED FOR SUMMER PROGRAMS IN BAY SHORE AND WEST ISLIP.

Funded Amount:

$5,000

Requested By:

BOYLE

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUTH ENRICHMENT SERVICES INC.
P.O. BOX 105
WEST ISLIP, NY 11795
(631) 587–5172

Name of Project Director:

MARYANN PFEIFFER

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YOUTH SERVICE OPPORTUNITIES PROJECT, INC.
15 RUTHERFORD PLACE
NEW YORK, NY 10003
(212) 598–0973  Ext: 106

Name of Project Director:

EDWARD DOTY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF A YOUTH VOLUNTEER PROGRAM WHICH WILL ENGAGE MORE YOUNG PEOPLE IN VOLUNTEERING TO HELP HUNGRY AND HOMELESS PEOPLE IN THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YWCA OF THE TONAWANDAS, INC.
49 TREMONT STREET
NORTH TONAWANDA, NY 14120
(716) 692–5580

Name of Project Director:

JILL TOWNSON

Purpose of Project:

FUNDS WILL BE USED FOR BUILDING RENOVATIONS AND TO UPGRADE OFFICE TECHNOLOGY.

Funded Amount:

$10,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

YWCA OF TROY AND COHOES NY, INC.
21 FIRST STREET
TROY, NY 12180
(518) 274–7100

Name of Project Director:

SHERRY A. ROUNDS

Purpose of Project:

FUNDS WILL BE USED TO REPLACE ALL MATTRESSES IN THE RESIDENTS’ FACILITY.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES
Legal Name, Address, and Telephone Number:

ANGELO J. MELILLO CENTER FOR MENTAL HEALTH, INC.  
113 GLEN COVE AVENUE  
GLEN COVE, NY 11542  
(516) 676−2388

Name of Project Director:

DANIEL VOGRIN

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP A SELF−SUSTAINING COMMUNITY MENTAL HEALTH PROMOTION TO INCLUDE A COMMUNITY SPECIFIC APPROACH TO ADVERTISING, PRESS RELEASES, GRANT WRITING, ETC., AS A MEANS OF PROMOTING ACCESS TO MENTAL HEALTH SERVICES.

Funded Amount:

$2,500

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

BROOKLYN PSYCHIATRIC CENTERS, INC.
189 MONTAGUE STREET
BROOKLYN, NY 11201
(718) 875–5625

Name of Project Director:

DR. PAMELA STRAKER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROGRAMS AND SERVICES BOROUGH–WIDE INCLUDING OUTPATIENT MENTAL HEALTH CARE, ON–SITE SCHOOL PROGRAMS, AND A MOBILE, COMMUNITY–BASED THERAPEUTIC PROGRAM TARGETING AT–RISK CHILDREN.

Funded Amount:

$7,000

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

CLUBHOUSE OF SUFFOLK, INC.
P.O. BOX 373, 939 JOHNSON AVENUE
RONKONKOMA, NY 11779
(631) 471–7242  Ext: 1304

Name of Project Director:

MIKE STOLTZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE LAPTOP COMPUTERS FOR CASE WORKERS TO BETTER SERVE PATIENTS.

Funded Amount:

$2,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

FAMILY SERVICE LEAGUE, INC.
208 ROANOKE AVENUE
RIVERHEAD, NY 11901
(631) 369–0104

Name of Project Director:

LARRY WEISS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPLEMENTAL TREATMENT FOR CHILDREN WITH ONGOING EMOTIONAL DIFFICULTIES.

Funded Amount:

$10,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

GUIDANCE CENTER, INC.
70 GRAND STREET
NEW ROCHELLE, NY  10801
(914) 636−4440

Name of Project Director:

MARA SAUMELL

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FIVE COMPUTERS FOR THE GUIDANCE CENTER’S SCHOOL−BASED PROGRAMS IN THE EDISON, PARK AVENUE AND MIDDLE SCHOOL IN PORT CHESTER, WHICH PROVIDE MENTAL HEALTH PROGRAMS FOR CHILDREN.

Funded Amount:

$5,000

Requested By:

LATIMER

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

HEIGHTS–HILL MENTAL HEALTH SERVICE, SOUTH BEACH PSYCHIATRIC CENTER COMMUNITY ADVISORY BOARD, INC.
25 FLATBUSH AVENUE, 3RD FLOOR
BROOKLYN, NY 11217
(718) 852−5210

Name of Project Director:

KEVIN GARRITY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FOOD AND SUPPLIES TO PROVIDE FREE MEALS FOR VERY LOW INCOME LGBT PERSONS LIVING WITH SEVERE AND PERSISTENT MENTAL ILLNESS.

Funded Amount:

$4,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

HEIGHTS–HILL MENTAL HEALTH SERVICE, SOUTH BEACH PSYCHIATRIC CENTER COMMUNITY ADVISORY BOARD, INC.
25 FLATBUSH AVENUE, 3RD FLOOR
BROOKLYN, NY 11217
(718) 852–2584

Name of Project Director:

KEVIN GARRITY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FOOD FOR THE EVENING MEALS PROGRAM WHICH SERVES OVER 125 MEALS PER WEEK.

Funded Amount:

$2,000

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

HEIGHTS–HILL MENTAL HEALTH SERVICE, SOUTH BEACH PSYCHIATRIC CENTER COMMUNITY ADVISORY BOARD, INC.
25 FLATBUSH AVENUE, 3RD FLOOR
BROOKLYN, NY  11217
(718) 852−5210

Name of Project Director:

KEVIN GARRITY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE RAINBOW HEIGHTS CLUB EVENING MEAL PROGRAM, WHERE MEMBERS OF THE LGBT COMMUNITY WHO STRUGGLE WITH MENTAL ILLNESS CAN COME TOGETHER IN THE COMMUNITY FOR SUPPORT AND CARE. FUNDS WILL ALSO BE USED TO TRAIN COUNSELORS.

Funded Amount:

$2,752

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

HEIGHTS–HILL MENTAL HEALTH SERVICE, SOUTH BEACH PSYCHIATRIC CENTER COMMUNITY ADVISORY BOARD, INC.
25 FLATBUSH AVENUE, 3RD FLOOR
BROOKLYN, NY 11217
(718) 852−5212

Name of Project Director:

CHRISTIAN HUYGEN

Purpose of Project:

FUNDS WILL BE USED TO PAY A PORTION OF THE COSTS OF PURCHASING CONSUMABLES, AS WELL AS NON−EDIBLE CONSUMABLES SUCH AS DISPOSABLE PRODUCTS AND CLEANING SUPPLIES.

Funded Amount:

$2,500

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

JEWISH BOARD OF FAMILY AND CHILDREN’S SERVICES, INC.
521 WEST 239TH STREET
BRONX, NY 10403
(718) 601−2280

Name of Project Director:

KAREN CWALINSKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MENTAL HEALTH COUNSELING SERVICES TO SENIORS IN THE COMMUNITY CENTERS AND AT THE RIVERDALE Y SENIOR CENTER. SERVICES ARE OPEN TO ALL ON A NON−SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

JEWISH BOARD OF FAMILY AND CHILDREN’S SERVICES, INC.
120 WEST 57 STREET
NEW YORK, NY 10019
(212) 582–9100

Name of Project Director:

RITA LANDBERG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MENTAL HEALTH COUNSELING SERVICES FOR SENIORS AND FAMILIES ONSITE AT THE KINGS BAY YM–YWHA. SERVICES ARE OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$3,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
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 NEMIROFF

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:

$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

MENTAL HEALTH ASSOCIATION OF ONONDAGA COUNTY, INC.
6493 RIDINGS ROAD, SUITE 112
SYRACUSE, NY 13206
(315) 445-5606 Ext: 201

Name of Project Director:

STEPHEN BUTLER

Purpose of Project:

FUNDS WILL BE USED TOWARD WEBSITE UPGRADES THAT WILL EMPLOY MULTI-MEDIA, CULTURAL COMPETENCIES, AND APPROPRIATE LINKS TO INFORMATION.

Funded Amount:

$7,500

Requested By:

CHRISTENSEN

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

MENTAL HEALTH ASSOCIATION OF THE SOUTHERN TIER, INC.
153 COURT STREET
BINGHAMTON, NY 13901
(607) 771–8888  Ext: 317

Name of Project Director:

AMY HUMPHREY

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE PROGRAM ACTIVITY SUPPLIES AND FOR MARKETING COSTS OF THE PROGRAM.

Funded Amount:

$6,000

Requested By:

LUPARDO

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

MENTAL HEALTH NEWS EDUCATION, INC.
40 RECTOR STREET
NEW YORK, NY 10006
(212) 385–3030

Name of Project Director:

IRA MINOT

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A BILINGUAL (SPANISH) AND MULTI–CULTURAL QUARTERLY PUBLICATION THAT DELIVERS VITAL MENTAL HEALTH EDUCATION TO THE LATINO COMMUNITY OF NEW YORK STATE.

Funded Amount:

$5,000

Requested By:

DIAZ–L

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

NAMI–NYC STATEN ISLAND, INC.
930 WILLOWBROOK ROAD, BUILDING 41A
STATEN ISLAND, NY 10314
(718) 477–1700

Name of Project Director:

LINDA WILSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT SERVICES, INFORMATION, AND EDUCATIONAL PROGRAMS FOR PEOPLE LIVING WITH MENTAL ILLNESS AND THEIR FAMILIES.

Funded Amount:

$2,500

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

NAMI–NYC STATEN ISLAND, INC.
930 WILLOWBROOK ROAD, BUILDING 41A
STATEN ISLAND, NY 10314
(718) 477–1700

Name of Project Director:

LINDA WILSON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT SERVICES, INFORMATION SERVICES AND EDUCATION PROGRAMS FOR PEOPLE LIVING WITH MENTAL ILLNESS AND FOR THEIR FAMILIES.

Funded Amount:

$2,500

Requested By:

CUSICK

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:

$2,500

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

NEW YORK STATE OFFICE OF MENTAL HEALTH
44 HOLLAND AVENUE
ALBANY, NY 12229
(518) 474−4403

Name of Project Director:

LEE AIEZZA

Purpose of Project:

FUNDS WILL BE USED FOR SERVICES AND EXPENSES ASSOCIATED WITH THE ADDITION OF SEVEN RESEARCH SCIENTIST POSITIONS AT THE NEW YORK STATE PSYCHIATRIC INSTITUTE TO SUPPORT THE CENTER FOR GENOMICS.

Funded Amount:

$400,000

Requested By:

RIVERA−P

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:
QUEENS CHILD GUIDANCE CENTER, INC.
60–02 QUEENS BOULEVARD, LOWER LEVEL
WOODSIDE, NY 11377
(718) 651–7770

Name of Project Director:
SANDRA HAGEN

Purpose of Project:
FUNDS WILL BE USED TO EXPAND MENTAL HEALTH SERVICES TO TROUBLED QUEENS CHILDREN AND THEIR FAMILIES IN THREE UNDERSERVED COMMUNITIES.

Funded Amount:
$10,000

Requested By:
NOLAN

Name of Administering State Agency:
OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

RAINBOW HEIGHTS CLUB
25 FLATBUSH AVENUE, 3RD FLOOR
BROOKLYN, NY 11217
(718) 852-2584

Name of Project Director:

KEVIN GARRITY

Purpose of Project:

FUNDS WILL BE USED FOR THE EVENING MEAL PROGRAM, WHICH ENABLES LESBIAN, GAY, BISEXUAL AND TRANSGENDER PEOPLE WITH MENTAL ILLNESS TO PARTICIPATE IN PLANNING, SHOPPING FOR, PREPARING AND SERVING EVENING MEALS.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

RIVERDALE MENTAL HEALTH ASSOCIATION, INC.
5676 RIVERDALE AVENUE
BRONX, NY 10471–2191
(718) 796–2191

Name of Project Director:

ROBERT BREWSTER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF PROVIDING ADMINISTRATIVE SUPPORT IN ORDER TO EXPAND SERVICE DELIVERY TO RESIDENTS IN NEED OF MENTAL HEALTH SERVICES THROUGH EFFICIENT AND EFFECTIVE REVENUE MANAGEMENT.

Funded Amount:

$10,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

ST. JOHN’S UNIVERSITY
8000 UTOPIA PARKWAY
JAMAICA, NY 11439
(212) 284–7005

Name of Project Director:

DR. RICHARD MORRISSEY

Purpose of Project:

FUNDS WILL BE USED TO OFFER FREE MENTAL HEALTH SERVICES AND EVALUATIONS TO MILITARY PERSONNEL AND THEIR FAMILIES AT THE CENTER FOR PSYCHOLOGICAL SERVICES.

Funded Amount:

$10,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF MENTAL HEALTH
Legal Name, Address, and Telephone Number:

A VERY SPECIAL PLACE, INC.
1429 HYLАН BOULEVARD
STATEN ISLAND, NY 10305
(718) 987–1234

Name of Project Director:

GENEVIEVE R. BENOIT

Purpose of Project:

FUNDS WILL BE USED TO COVER COSTS ASSOCIATED IN OPERATING THE COMMUNITY CENTER FOR THOSE WITH DEVELOPMENTAL DISABILITIES AND TO OFFER A WEEKEND RESPITE PROGRAM THAT WILL ALLOW THESE INDIVIDUALS TO HAVE RECREATIONAL ACTIVITIES EVERY DAY.

Funded Amount:

$3,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

ACTION TOWARD INDEPENDENCE, INC.
130 DOLSON AVENUE
MIDDLETOWN, NY 10940
(845) 343–4284

Name of Project Director:

CHERYL ANN WHITE

Purpose of Project:

FUNDS WILL BE USED TOWARD STARTUP EXPENSES FOR THE NEW INDEPENDENT LIVING CENTER.

Funded Amount:

$5,000

Requested By:

GUNTHER–A

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

BAIS EZRA, INC.
4510 16TH AVENUE
BROOKLYN, NY  11204
(718) 851−6300

Name of Project Director:

DAVID MANDEL

Purpose of Project:

FUNDS WILL BE USED FOR A VOLUNTEER PROGRAM TO PROVIDE EXTRA HELP TO DEPENDENT AND NEGLECTED CHILDREN AND THEIR FAMILIES.

Funded Amount:

$161,000

Requested By:

BRENNAN, CAMARA, CLARK, CYMBROWITZ−S, GOTTFRIED, HIKIND, MAISEL, MAYERSOHN, PHEFFER, SILVER, WEINSTEIN

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

CLUBHOUSE OF SUFFOLK, INC.
P.O. BOX 373
RONKONKOMA, NY  11779
(631) 471−7242

Name of Project Director:

MICHAEL STOLTZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTER HARDWARE AND SOFTWARE FOR THE COGNITIVE REMEDIATION PROGRAM FOR THE DEVELOPMENTALLY DISABLED POPULATION IN SUFFOLK COUNTY.

Funded Amount:

$1,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

CONNECTIONS OF CENTRAL NEW YORK, INC.
518 JAMES STREET, SUITE 110
SYRACUSE, NY 13203
(315) 434−9597  Ext: 202

Name of Project Director:

PAT FRATANGELO

Purpose of Project:

FUNDS WILL BE USED TO ENABLE DEVELOPMENTALLY DISABLED ADULTS TO MAKE CHOICES REGARDING LIVING ARRANGEMENTS, AND TO PROVIDE ONGOING SUPPORT SERVICES.

Funded Amount:

$5,000

Requested By:

STIRPE

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

DEVELOPMENTAL DISABILITIES INSTITUTE
99 HOLLYWOOD DRIVE
SMITHTOWN, NY 11787
(631) 366–2900

Name of Project Director:

DAN ROWLAND

Purpose of Project:

Funds will be used for expanding community awareness and understanding about autism and developmental disabilities.

Funded Amount:

$5,000

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

DEVELOPMENTAL DISABILITIES INSTITUTE, INC.
99 HOLLYWOOD DRIVE
SMITHTOWN, NY 11787
(631) 366−2905

Name of Project Director:

DANIEL ROWLAND

Purpose of Project:

FUNDS WILL BE USED TO TEACH HORTICULTURE, BUILD SOCIAL SKILLS, AND ACQUIRE VOCATIONAL TRAINING FOR ADOLESCENTS AND ADULTS WITH AUTISM AND RELATED DISABILITIES.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

DEVELOPMENTAL DISABILITIES INSTITUTE, INC.
99 HOLLYWOOD DRIVE
SMITH TOWN, NY 11787
(631) 366−2905

Name of Project Director:

DANIEL ROWLAND

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PRE−SCHOOL EDUCATION TO INCLUDE DEVELOPMENTALLY DISABLED CHILDREN IN A MAINSTREAM ENVIRONMENT.

Funded Amount:

$2,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

DEVELOPMENTAL DISABILITIES INSTITUTE, INC.
99 HOLLYWOOD DRIVE
SMITHTOWN, NY  11787
(631) 366–2900

Name of Project Director:

DAN ROWLAND

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH OPERATING THE YOUNG AUTISM PROGRAM AT THE MEDFORD FACILITY.

Funded Amount:

$5,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

DOWN SYNDROME AIM HIGH RESOURCE CENTER
1 MARCUS BOULEVARD, SUITE 105
ALBANY, NY 12205
(518) 391−2581

Name of Project Director:

DIANE LANG

Purpose of Project:

FUND$ WILL BE USED TO PROVIDE EDUCATIONAL SEMINARS FOR INDIVIDUALS WITH DOWN SYNDROME, PARENTS, TEACHERS AND ADVOCATORS.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

DYNAMIC THERAPY
464 ROUTE 17A
FLORIDA, NY 10921
(845) 651–2251

Name of Project Director:

ROBIN SACIFICA

Purpose of Project:

FUNDS WILL BE USED FOR PUBLISHING AN AWARENESS BOOKLET.

Funded Amount:

$7,000

Requested By:

RABBITT

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

EDEN II SCHOOL FOR AUTISTIC CHILDREN
270 WASHINGTON AVENUE
PLAINVIEW, NY 11803
(516) 937–1463

Name of Project Director:

JOANNE GERENSER

Purpose of Project:

FUNDS WILL BE USED FOR BEHAVIORAL SERVICES FOR THOSE WITH AUTISM.

Funded Amount:

$5,000

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

EDEN II SCHOOL FOR AUTISTIC CHILDREN, INC.
270 WASHINGTON AVENUE
PLAINVIEW, NY 11803
(516) 937–1397

Name of Project Director:

DR. JOANNE E. GERENSER

Purpose of Project:

FUNDS WILL BE USED FOR THEIR RECREATION/VOCATIONAL WEEKEND PROGRAM.

Funded Amount:

$5,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

EMPIRE STATE GAMES FOR THE PHYSICALLY CHALLENGED
163 WEST 125TH STREET, 17TH FLOOR
NEW YORK, NY 10027
(212) 866−2794

Name of Project Director:

JOHN DOHERTY

Purpose of Project:

FUNDS WILL BE USED FOR TRANSPORTATION TO AND FROM THE GAMES.

Funded Amount:

$4,500

Requested By:

MCKEVITT

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

EXCALIBUR LEISURE SKILL BOATING CENTER
90 NORTH DRIVE
BUFFALO, NY 14216
(716) 831−3188

Name of Project Director:

JAMES CATALANO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A BOATING PROGRAM FOR MENTALLY DISABLED PARTICIPANTS.

Funded Amount:

$5,000

Requested By:

QUINN

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

EXCALIBUR LEISURE SKILLS CENTER, INC.
90 NORTH DRIVE
BUFFALO, NY  14216
(716) 831–3188

Name of Project Director:

JAMES CATALANO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATIONAL EXPENSES IN ORDER TO PROVIDE BOATING AND FISHING OPPORTUNITIES FOR DISABLED/DISADVANTAGED PEOPLE RESIDING IN WESTERN NEW YORK.

Funded Amount:

$10,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

FAMILY RESIDENCES AND ESSENTIAL ENTERPRISES, INC.
191 SWEET HOLLOW ROAD
OLD BETHPAGE, NY 11804
(516) 870–1600

Name of Project Director:

JEFF COHEN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF RENOVATION OF THE FACILITY FOR DEVELOPMENTALLY DISABLED ADULTS, INCLUDING VINYL SIDING, ROOFING, AND FLOORING IMPROVEMENTS, GENERAL UPKEEP, ETC.

Funded Amount:

$5,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

GRACE FOUNDATION
264 WATCHOGUE ROAD
STATEN ISLAND, NY 10314
(718) 983–3800

Name of Project Director:

DONNA LONG

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY BASED PROGRAMS FOR PEOPLE WITH AUTISM.

Funded Amount:

$5,000

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

GROUP RESIDENTS OF WESTCHESTER, INCORPORATED
P.O. BOX 1692
WHITE PLAINS, NY  10602
(914) 493–1318

Name of Project Director:

SHERRY FINKELSTEIN

Purpose of Project:

FUNDS WILL BE USED TO PRODUCE AND MAIL THE GROW NEWSLETTER, MAINTAIN A TELEPHONE HELPLINE, SPONSOR MEMBERSHIP MEETINGS FEATURING AUTHORITATIVE SPEAKERS AND OTHER OUTREACH EFFORTS.

Funded Amount:

$5,000

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

GUILD FOR EXCEPTIONAL CHILDREN
260 68TH STREET
BROOKLYN, NY 11220
(718) 833−6633

Name of Project Director:

PAUL CASSONE

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP AND PRINT EDUCATIONAL MATERIALS FOR DISTRIBUTION TO THE GENERAL PUBLIC, INSTITUTIONS OF HIGHER LEARNING, AND COMMUNITY SERVICE PROVIDERS TO INCREASE AWARENESS OF THE NEED TO PROVIDE SERVICES FOR OLDER PEOPLE WITH DEVELOPMENTAL DISABILITIES.

Funded Amount:

$2,500

Requested By:

HYER−SPENCER

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

HELEN KELLER SERVICES FOR THE BLIND
40 NEW YORK AVENUE
HUNTINGTON, NY 11743
(631) 424–0022

Name of Project Director:

JOHN LYNCH

Purpose of Project:

FUNDS WILL BE USED FOR PRESCHOOL VISION SCREENING PROGRAM.

Funded Amount:

$5,000

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

HELEN KELLER SERVICES FOR THE BLIND
ONE HELEN KELLER WAY
HEMPSTEAD, NY 11550
(516) 485–1234

Name of Project Director:

JOHN P. LYNCH

Purpose of Project:

FUNDS WILL BE USED FOR THEIR PRESCHOOL VISION SCREENING PROGRAM.

Funded Amount:

$5,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

HUDSON VALLEY SPECIAL OLYMPICS
3 CROSS ROAD, (P.O. BOX 744)
HOLMES, NY 12531
(845) 878–9722

Name of Project Director:

THOMAS HAY

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING EXPENSES FOR DAY TO DAY EXPENSES OF PROGRAMS AND SERVICES.

Funded Amount:

$2,000

Requested By:

MILLER

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

LIFETIME CARE FOUNDATION FOR JEWISH DISABLED, INC.
4510 16TH AVENUE
BROOKLYN, NY  11204
(718) 851–8906

Name of Project Director:

JANE RUDOFF

Purpose of Project:

FUNDS WILL BE USED TO ASSIST ELDERLY PARENTS PLAN FOR THE FUTURE OF THEIR DISABLED CHILDREN (I.E., GUARDIANSHIP, CASE MANAGEMENT, ETC.).

Funded Amount:

$70,000

Requested By:

BRENNAN, CAMARA, CLARK, Cymbrowitz−S, GOTTFRIED, HIKIND, MAISEL, MAYERSOHN, PHEFFER, SILVER, WEINSTEIN

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:
LIVING RESOURCES CORPORATION
300 WASHINGTON AVENUE EXTENSION
ALBANY, NY 12203
(518) 218-0000  Ext: 4320

Name of Project Director:
KIM DARLING

Purpose of Project:
FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND TRAINING MATERIALS AND TO RENOVATE LIVING RESOURCES' HOMES FOR INDIVIDUALS WITH DISABILITIES USING THE FACILITIES.

Funded Amount:
$5,000

Requested By:
CANESTRARI

Name of Administering State Agency:
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

MISSION OF THE IMMACULATE VIRGIN
6581 HYLAN BOULEVARD
STATEN ISLAND, NY 10312
(718) 317–2806

Name of Project Director:

STEVEN RYNN

Purpose of Project:

FUNDS WILL BE USED FOR THEIR AUTISM PROGRAM.

Funded Amount:

$15,000

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

MY TIME, INC.
1312 E. 84TH STREET
BROOKLYN, NY 11236
(718) 314–4724

Name of Project Director:

LUCINA CLARKE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PARENT ACTIVITIES FOR CHILDREN WITH AUTISM AND DEVELOPMENTAL DISABILITIES.

Funded Amount:

$1,500

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

NASSAU SUFFOLK SERVICES FOR AUTISM
80 HAUPPAUGE ROAD
COMMACK, NY 11725
(631) 462–0386

Name of Project Director:

NICOLE WEIDENBAUM

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$2,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

NYSARC, INC., NIAGARA COUNTY CHAPTER OPPORTUNITIES
1555 FACTORY OUTLET BOULEVARD, P.O. BOX 360
NIAGARA FALLS, NY 14304
(716) 297-6400

Name of Project Director:

CONNIE BROWN

Purpose of Project:

FUNDs WILL BE USED TO HELP PROVIDE ENHANCEMENTS TO THE PRE-VOCATIONAL FOOD SERVICE TRAINING PROGRAM AT THE NIAGARA FALLS FACILITY WHERE INDIVIDUALS WITH DISABILITIES LEARN SKILLS NECESSARY FOR INDEPENDENT COMMUNITY EMPLOYMENT.

Funded Amount:

$7,000

Requested By:

DELMONTE

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

NYSARC, INC., NIAGARA COUNTY CHAPTER OPPORTUNITIES
1555 FACTORY OUTLET BOULEVARD, P.O. BOX 360
NIAGARA FALLS, NY 14304
(716) 297–6400

Name of Project Director:

CONNIE BROWN

Purpose of Project:

FUNDS WILL BE USED TO HELP PROVIDE ENHANCEMENTS TO THE
PRE- VOCATIONAL FOOD SERVICE TRAINING PROGRAM AT THE NIAGARA
FALLS FACILITY WHERE INDIVIDUALS WITH DISABILITIES LEARN SKILLS
NECESSARY FOR INDEPENDENT COMMUNITY EMPLOYMENT.

Funded Amount:

$7,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

NYSARC, INC., OTSEGO COUNTY CHAPTER
P.O. BOX 490, 35 ACADEMY STREET
ONEONTA, NY 13820
(607) 433−8401

Name of Project Director:

JOSEPH S. JUDD

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTER EQUIPMENT, INCLUDING
DESKTOPS, LAPTOPS, AND SERVERS.

Funded Amount:

$15,000

Requested By:

MAGEE

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

OHELV CHILDREN'S HOME AND FAMILY SERVICES, INC.
4510 16TH AVENUE
BROOKLYN, NY 11204
(718) 851–6300

Name of Project Director:

DAVID MANDEL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE GENERAL SUPPORT FOR THE OPERATIONS OF THE ORGANIZATION, WHICH INCLUDE BUT ARE NOT LIMITED TO RESIDENTIAL SERVICES, DAY PROGRAMMING AND SUPPORT SERVICES AND COORDINATION, DAY CAMP, ETC. FOR CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES.

Funded Amount:

$380,000

Requested By:

BRENNAN, CAMARA, CLARK, CYMBROWITZ–S, GOTTFRIED, HIKIND, MAISEL, MAYERSOHN, PHEFFER, SILVER, WEINSTEIN

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

OHEL CHILDREN'S HOME AND FAMILY SERVICES, INC.
4510 16TH AVENUE
BROOKLYN, NY  11204
(718) 851–6300

Name of Project Director:

DAVID MANDEL

Purpose of Project:

FUNDS WILL BE USED FOR CRISIS INTERVENTION FOR CHILDREN WHO HAVE NO PARENTAL SUPPORT.

Funded Amount:

$132,000

Requested By:

BRENNAN, CAMARA, CLARK, CYMBROWITZ–S, GOTTFRIED, HIKIND, MAISEL, MAIERSOHN, PHEFFER, SILVER, WEINSTEIN

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

OHEL CHILDREN'S HOME AND FAMILY SERVICES, INC.
4510 16TH AVENUE
BROOKLYN, NY 11204
(718) 851−6300

Name of Project Director:

DAVID MANDEL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ENRICHMENT EXPERIENCES FOR DEPRIVED CHILDREN IN FOSTER AND CONGREGATE CARE, AS WELL AS TO SEED THE DEVELOPMENT OF A VOLUNTEER PROGRAM, WHICH WILL PROVIDE EXTRA HELP TO DEPENDENT AND NEGLECTED CHILDREN AND THEIR FAMILIES.

Funded Amount:

$203,000

Requested By:

BRENNAN, CAMARA, CLARK, CYMBROWITZ−S, GOTTFRIED, HIKIND, MAISEL, MAYERSOHN, PHEFFER, SILVER, WEINSTEIN

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

OHELM CHILDREN’S HOME AND FAMILY SERVICES, INC.
4510 16TH AVENUE
BROOKLYN, NY 11204
(718) 851−6555

Name of Project Director:

PHYLLIS MAYER

Purpose of Project:

FUNDS WILL BE USED FOR PREVENTION, EDUCATION, AND INTERVENTION PROGRAMS FOR TROUBLED YOUTH IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

OHEL CHILDREN’S HOME AND FAMILY SERVICES, INC.
4510 16TH AVENUE
BROOKLYN, NY 11204
(718) 851–6300

Name of Project Director:

PHYLLIS MAYER

Purpose of Project:

FUNDS WILL BE USED TO HELP VICTIMS OF DOMESTIC VIOLENCE. PROGRAM IS OPEN TO ALL ON A NON–SECTARIAN BASIS.

Funded Amount:

$3,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ON YOUR MARK
645 FOREST AVENUE, #2A
STATEN ISLAND, NY 10310
(718) 720–9233

Name of Project Director:

GENE SPATZ

Purpose of Project:

FUNDS WILL BE USED FOR RECREATION OPPORTUNITIES FOR DISABLED AND SPECIAL NEEDS CHILDREN THROUGHOUT THE YEAR.

Funded Amount:

$2,500

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

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

Name of Project Director:

EUGENE SPATZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AUDIO−VISUAL EQUIPMENT TO BE USED BY CONSUMERS, STAFF AND PARENTS FOR EDUCATIONAL TRAINING FOR THOSE WITH SPECIAL Needs.

Funded Amount:

$5,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

ORANGE COUNTY CEREBRAL PALSY ASSOCIATION, INC.
2 FLETCHER STREET
GOSHEN, NY 10924
(845) 294–8806

Name of Project Director:

RITA FREY

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF AN EYEGAZE COMMUNICATION SYSTEM.

Funded Amount:

$6,000

Requested By:

GUNTHER–A

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

PENINSULA COUNSELING CENTER, INC.
124 FRANKLIN PLACE
WOODMERE, NY 11598
(516) 569-6600

Name of Project Director:

HERBERT RUBIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COUNSELING, SUPPORT, CASE MANAGEMENT AND ADVOCACY SERVICES TO THE PHYSICALLY AND DEVELOPMENTALLY DISABLED AND THEIR FAMILIES.

Funded Amount:

$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

QSAC, INC.
253 WEST 35TH STREET, 16TH FLOOR
NEW YORK, NY 10001
(212) 244-5560

Name of Project Director:

GARY A. MAFFEI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE DIRECT SERVICES, SUPPORT AND COMMUNITY OUTREACH TO 800 INDIVIDUALS WITH AUTISM THROUGHOUT THE CITY.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, andTelephone Number:

QSAC, INC.
253 WEST 35TH STREET, 16TH FLOOR
NEW YORK, NY 10001
(718) 728-8476

Name of Project Director:

BILL SPOLSFI

Purpose of Project:

FUNDS WILL BE USED TO HELP DEFRAY THE COSTS OF A GRAFFITI REMOVAL PROGRAM WHICH SERVES AS AN ALTERNATIVE TO EMPLOYMENT FOR ADULTS WITH AUTISM.

Funded Amount:

$10,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

QSAC, INC.
253 W. 35TH STREET, 16TH FLOOR
NEW YORK, NY  10001
(212) 244−5560

Name of Project Director:

GARY MAFFEI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES AFFILIATED WITH THE SATURDAY RECREATION PROGRAM FOR STUDENTS AGE 5−21.

Funded Amount:

$2,000

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

QSAC, INC.
253 WEST 35TH STREET, 16TH FLOOR
NEW YORK, NY 10001
(212) 244-5560 Ext: 2020

Name of Project Director:

GARY A. MAFFEI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE DIRECT SERVICES AND SUPPORT, AS WELL AS EDUCATION AND COMMUNITY OUTREACH TO PERSONS WITH AUTISM.

Funded Amount:

$3,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

ROCKLAND COUNTY ASSOCIATION FOR THE LEARNING DISABLED
2 CROSFIELD AVENUE
WEST NYACK, NY 10994
(845) 358-5700 Ext: 117

Name of Project Director:

NORMAN SILVERMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COMPUTERS FOR A PROGRAM THAT WILL HELP IMPROVE LEARNING AND SOCIAL SKILLS FOR DEVELOPMENTALLY DISABLED YOUTH.

Funded Amount:

$3,000

Requested By:

JAFFEE, ZEBROWSKI–K

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:
ROCKLAND COUNTY ASSOCIATION FOR THE LEARNING DISABLED
2 CROSFIELD AVENUE
WEST NYACK, NY 10994
(845) 358–5700 Ext: 117

Name of Project Director:
NORMAN SILVERMAN

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE COMPUTERS FOR A PROGRAM THAT STRESSES LEARNING AND SOCIAL SKILLS FOR DEVELOPMENTALLY DISABLED YOUTH.

Funded Amount:
$3,000

Requested By:
JAFFEE, ZEBROWSKI−K

Name of Administering State Agency:
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

ROOSEVELT ISLAND DISABLED ASSOCIATION, INC.
546 – 3 MAIN STREET
NEW YORK, NY 10044
(917) 455–0863

Name of Project Director:

VIRGINIA GRANATO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE IN–STATE TRANSPORTATION FOR DISABLED PEOPLE LIVING ON ROOSEVELT ISLAND TO SOCIAL EVENTS AND OTHER COMMUNITY EVENTS.

Funded Amount:

$4,000

Requested By:

KELLNER

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

SARATOGA BRIDGES
16 SARATOGA BRIDGES BOULEVARD
BALLSTON SPA, NY 12020
(518) 587–0723

Name of Project Director:

FRANK MARCELLINO

Purpose of Project:

FUNDS WILL BE USED TO CREATE A NATURE TRAIL AROUND THE PROPERTY PROVIDING A SAFE OUTDOOR LEARNING ENVIRONMENT FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES.

Funded Amount:

$3,400

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

SPECIAL OLYMPICS NEW YORK, INC.
504 BALLTOWN ROAD
SCHENECTADY, NY 12304
(518) 388–0790  Ext: 116

Name of Project Director:

HILARY KELLOGG

Purpose of Project:

FUNDS WILL BE USED FOR REGIONAL TOURNAMENTS OF THE CAPITAL DISTRICT.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

ST. LAWRENCE COUNTY NATIONAL ALLIANCE FOR THE MENTALLY ILL
149 RIVER ROAD
GOUVERNEUR, NY 13642
(315) 265–3745

Name of Project Director:

LYNNE MATOTT

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH OUTREACH EVENTS.

Funded Amount:

$5,000

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

STATEN ISLAND AID FOR RETARDED CHILDREN, INC.  
3450 VICTORY BOULEVARD  
STATEN ISLAND, NY 10314  
(718) 447−5200  Ext: 206

Name of Project Director:

DANA THOMAS MAGEE

Purpose of Project:

FUNDS WILL BE USED TO FURNISH AND EQUIP A RECREATION AND "DROP−IN" CENTER FOR PEOPLE WITH A DIAGNOSIS OF DEVELOPMENTAL DISABILITY OR MENTAL ILLNESS.

Funded Amount:

$3,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
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 DORAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND INSTALL ACCESSIBLE SOFTWARE FOR PEOPLE WITH DISABILITIES. FUNDS WILL ALSO BE USED TO COVER COSTS ASSOCIATED WITH THE OPERATION AND MAINTENANCE OF THE TECHNOLOGY CENTER.

Funded Amount:

$3,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
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 DORAN

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE HARDWARE AND SPECIALIZED PROGRAMS FOR THE COMPUTER LAB FOR PEOPLE WITH DISABILITIES.

Funded Amount:

$4,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

UNITED CEREBRAL PALSY OF GREATER SUFFOLK
250 MARCUS BOULEVARD
HAUPPAUGE, NY 11788
(631) 232−0011  Ext: 457

Name of Project Director:

SUSAN E. ECHERT

Purpose of Project:

FUNDS WILL BE USED FOR THE FEAST PROGRAM.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

WILDWOOD PROGRAMS, INC.
2995 CURRY ROAD EXTENSION
SCHENECTADY, NY 12303
(518) 356-6410

Name of Project Director:

MARY ANN D. ALLEN

Purpose of Project:

FUNDS WILL BE USED TO INSTALL A BACKUP GENERATOR AT THE DAVIS AVENUE RESIDENCE, A COMMUNITY RESIDENCE FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.

Funded Amount:

$5,000

Requested By:

MCENERY

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

WILDWOOD PROGRAMS, INC.
2995 CURRY ROAD EXTENSION
SCHENECTADY, NY 12303
(518) 356−6410

Name of Project Director:

MARY ANN ALLEN

Purpose of Project:

FUNDS WILL BE USED TO REPLACE KITCHEN AND HALL FLOORING IN TWO APARTMENTS AND TWO HALLWAYS, AS WELL AS TO REPLACE THE CARPETING IN TWO APARTMENTS.

Funded Amount:

$6,800

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

   YOUNG ADULT INSTITUTE, INC.
   460 WEST 34TH STREET
   NEW YORK, NY  10001
   (212) 563−7474

Name of Project Director:

   PHILIP LEVY

Purpose of Project:

   FUNDS WILL BE USED TO CREATE A GYM WITH MATS, SWINGS, CLIMBING EQUIPMENT, ADAPTIVE TOYS AND PRESSURE VESTS, WHICH WILL DEVELOP MOTOR SKILLS AND SELF−REGULATION FOR CHILDREN WITH DISABILITIES.

Funded Amount:

   $2,500

Requested By:

   BING

Name of Administering State Agency:

   OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
Legal Name, Address, and Telephone Number:

119TH STREET TENNIS ASSOCIATION
P.O. BOX 250686, COLUMBIA UNIVERSITY STATION
NEW YORK, NY  10025
(212) 870–3082

Name of Project Director:

ANNE–MARIE JANNUZZO

Purpose of Project:

FUNDS WILL BE USED FOR THE REPAIR OF A PUBLIC TENNIS COURT, INCLUDING BUT NOT LIMITED TO, LEVELING, FILLING CRACKS, AND REPAINTING.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

52ND STREET PROJECT, INC.
500 WEST 52 STREET, #2B
NEW YORK, NY 10019
(212) 333–5252

Name of Project Director:

CAROL OCHS

Purpose of Project:

FUNDS WILL BE USED FOR A PLAYWRITING COURSE FOR THE CHILDREN OF HELL’S KITCHEN (CLINTON) NEIGHBORHOOD THAT WILL BRING THEM TOGETHER WITH PROFESSIONAL ACTORS AND DIRECTORS IN MENTORING RELATIONSHIPS TO CREATE ORIGINAL THEATER.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

A BETTER JAMAICA, INC.
114–73 178TH STREET
JAMAICA, NY  11434
(718) 657–2605

Name of Project Director:

GREG MAYS

Purpose of Project:

FUNDS WILL BE USED TO PRESENT FREE WEEKLY FAMILY MOVIES AT THREE SELECTED JAMAICA PARKS OVER AN EIGHT WEEK PERIOD, PROVIDING RECREATIONAL ACTIVITIES FOR FAMILIES AND PROMOTING COMRADERIE THROUGHOUT THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ABRUZZI SPORTS CLUB, INC.
1001 KELLY STREET
ROTTERDAM, NY 12306
(518) 355−5453

Name of Project Director:

ALEX STRAMENGA

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE, REPAIR AND REMODEL CEILINGS, WALLS AND OTHER INTERNAL STRUCTURES.

Funded Amount:

$2,500

Requested By:

AMEDORE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ADVISORY BOARD FOR LOVEJOY ELDERLY AND YOUTH, INC.
24 LUDINGTON STREET
BUFFALO, NY 14206
(716) 893−4226

Name of Project Director:

RICH FONTANA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE BEAUTIFICATION TO A DISTRESSED PUBLIC AREA, INCLUDING LANDSCAPING, AND CONSTRUCTION OF A PUBLIC SHELTER WITH A BENCH.

Funded Amount:

$3,000

Requested By:

SCHROEDER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

AFRICAN CULTURAL CENTER OF BUFFALO, INC.
350 MASTEN AVENUE
BUFFALO, NY  14209
(716) 884–2013

Name of Project Director:

AGNES M. BAIN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES OF THE CULTURAL PROGRAMS AT THE CENTER.

Funded Amount:

$9,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ALBANY COUNTY HISTORICAL ASSOCIATION, INC.
9 TEN BROECK PLACE
ALBANY, NY 12210
(518) 436–9826

Name of Project Director:

WENDY BURCH

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH CHILDREN’S EDUCATIONAL PROGRAMS, INCLUDING CURRICULUM DEVELOPMENT, MATERIALS, IN–STATE TRANSPORTATION, OVERHEAD COSTS, AND PERSONNEL.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ALBANY INSTITUTE OF HISTORY AND ART
125 WASHINGTON AVENUE
ALBANY, NY 12210
(518) 463−4478

Name of Project Director:

CHRISTINE MILES

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PUBLIC PROGRAMS FOR ADULTS AND CHILDREN TO CELEBRATE THE 400TH ANNIVERSARY OF HENRY HUDSON’S EXPLORATION.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ALEX KOEHNE MEMORIAL WATERSPORTS AWARD FOUNDATION
P.O. BOX 3
BRIDGEHAMPTON, NY 11932
(631) 725–3552

Name of Project Director:

CHRISTOPHER STONE

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC OPERATIONS.

Funded Amount:

$500

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ALLIANCE FOR THE ARTS, INC.
330 WEST 42ND STREET, SUITE 1701
NEW YORK, NY  10036
(212) 947−6340

Name of Project Director:

LANE HARWELL

Purpose of Project:

FUNDS WILL BE USED TO BROADEN PUBLIC ACCESS TO WELL−KNOWN AND LESSER−KNOWN CULTURAL ORGANIZATIONS BY INCLUDING THEM IN THE PUBLICATION OF A WIDELY DISTRIBUTED MUSEUM MILE CULTURAL MAP.

Funded Amount:

$10,000

Requested By:

BING

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ALLIANCE OF RESIDENT THEATRES
520 EIGHTH AVENUE, SUITE 319
NEW YORK, NY 10018
(212) 244–6667  Ext: 231

Name of Project Director:

EBA TAYLOR

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TECHNICAL ASSISTANCE TO MEMBER ORGANIZATIONS AND PROVIDE TRAINING TO BUILD AND STRENGTHEN THEIR ORGANIZATIONS.

Funded Amount:

$7,500

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

AMERICAN CHAMBER ENSEMBLE
9 COMPASS LANE
MASSAPEQUA, NY 11758
(516) 541–9090

Name of Project Director:

NAOMI DRUCKER

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF PROGRAMS.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

AMERICAN MUSEUM OF NATURAL HISTORY
CENTRAL PARK WEST AT 79TH STREET
NEW YORK, NY 10024
(212) 769-5033

Name of Project Director:

DANIEL SLIPPE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE SENIOR EDUCATION DAY.

Funded Amount:

$4,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

AMERICAN MUSEUM OF THE MOVING IMAGE
3601 35TH AVENUE
ASTORIA, NY 11106
(718) 784−4520

Name of Project Director:

JUDY WADA

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE PLANNING, IMPLEMENTATION AND MARKETING OF THE MUSEUM’S CRITICALLY ACCLAIMED FILM AND VIDEO PROGRAMS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

AMERICAN MUSEUM OF THE MOVING IMAGE
35TH AVENUE AT 36TH STREET
ASTORIA, NY 11106
(718) 784–4520

Name of Project Director:

ROCHELLE SLOVIN

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE PLANNING, IMPLEMENTATION, AND MARKETING OF THE MUSEUM’S CRITICALLY ACCLAIMED FILM AND VIDEO PROGRAMS.

Funded Amount:

$3,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

AMERICAN REPERTORY THEATRE OF WESTERN NEW YORK, INC.
127 CROSBY AVENUE
KENMORE, NY  14217
(716) 884−4858

Name of Project Director:

MATTHEW LACHIUSA

Purpose of Project:

FUNDS WILL BE USED TO SECURE SPACE IN WHICH TO CONDUCT PERFORMANCES, GAIN TECHNICAL SUPPORT, MARKET THE ORGANIZATION, PAYMENT OF PERFORMERS AND OTHER COSTS RELATED TO THEATER PRODUCTIONS.

Funded Amount:

$4,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

AMHERST SYMPHONY ORCHESTRA
P.O. BOX 1083
WILLIAMSVILLE, NY 14231
(716) 633-4606

Name of Project Director:

JOAN FISHBURN

Purpose of Project:

FUNDS WILL BE USED FOR OPERATING ASSISTANCE.

Funded Amount:

$5,000

Requested By:

HAYES

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

AMIGOS DEL MUSEO DEL BARRIO
1230 5TH AVENUE
NEW YORK, NY 10029
(212) 831−7272

Name of Project Director:

DR. JULIA ZUGAZZGOITA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE CULTURAL EXHIBITION.

Funded Amount:

$3,500

Requested By:

DIAZ−L

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

AMIGOS DEL MUSEO DEL BARRIO
1230 FIFTH AVENUE
NEW YORK, NY 10029
(212) 831-7272

Name of Project Director:

JULIAN ZUGAZAGOITIA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR K-12 STUDENTS.

Funded Amount:

$2,500

Requested By:

BING

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008−2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

AMITYVILLE ARTISTS CIRCLE, INC.
10 ROBBINS AVENUE
AMITYVILLE, NY 11701
(631) 598−2182

Name of Project Director:

IRENE GREENHALGH

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS FOR THE CULTURAL ARTS PROGRAM, INCLUDING BUT NOT LIMITED TO ADVERTISING AND EQUIPMENT PURCHASES.

Funded Amount:

$5,000

Requested By:

SWEENEY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

AMSTERDAM BASEBALL CLUB, INC.
4 UNIVERSITY PLACE
AMSTERDAM, NY 12010
(518) 791–7546

Name of Project Director:

BRIAN SPAGNOLA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE IMPROVEMENTS TO THE SHUTTLEWORTH PARK BASEBALL FACILITY.

Funded Amount:

$4,000

Requested By:

AMEDORE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

AMSTERDAM LITTLE GIANTS FOOTBALL LEAGUE INC.
1277 MIDLINE ROAD
AMSTERDAM, NY 12010
(518) 843–9389

Name of Project Director:

RAY CETNAR

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PROTECTIVE FOOTBALL EQUIPMENT, UNIFORMS AND FIELD MAINTENANCE.

Funded Amount:

$2,000

Requested By:

AMEDORE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

AMSTERDAM WATERFRONT FOUNDATION
2400 RIVERFRONT CENTER, (P.O. BOX 636)
AMSTERDAM, NY 12010
(518) 842–7461

Name of Project Director:

PAUL GAVRY

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE RIVERLINK PARK CONCERT SERIES.

Funded Amount:

$4,000

Requested By:

AMEDORE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

APOLLO THEATRE FOUNDATION, INC.
253 WEST 125TH STREET
NEW YORK, NY 10027
(212) 531−5300

Name of Project Director:

JONELLE PROCOPE

Purpose of Project:

FUNDS WILL BE USED FOR THE DEVELOPMENT OF ARTISTIC AND COMMUNITY PROGRAMS AT THE APOLLO THEATRE.

Funded Amount:

$10,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ARS CHORALIS, INC.
P.O. BOX 903
WOODSTOCK, NY  12498
(845) 679–8172

Name of Project Director:

JOHANNA HALL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE HOLOCAUST–BASED CONCERT "MUSIC IN DESPERATE TIMES: REMEMBERING THE WOMEN’S ORCHESTRA OF BIRKENAU," WHICH IS SCHEDULED FOR MARCH, 2009. THE EVENT IS OPEN TO ALL IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ARS CHORALIS, INC.
P.O. BOX 903
WOODSTOCK, NY 12498
(845) 679–8172

Name of Project Director:

JOHANNA HALL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH PRODUCING CD RECORDINGS OF "MESSENGERS OF PEACE" CONCERTS, IN AN EFFORT TO BROADEN THE AUDIENCE OF THESE "PEACE AND JUSTICE" THEMED CONCERTS.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ART EDUCATION FOR THE BLIND, INC.
589 BROADWAY
NEW YORK, NY 10012
(212) 334–8720

Name of Project Director:

JOAN M. PURSLEY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE CREATION, RECORDING AND EDITING OF VISUAL DESCRIPTIONS OF NEW YORK CITY’S OUTDOOR ART, ARCHITECTURE AND HISTORIC SITES ACCESSIBLE TO PEOPLE WITH VISION LOSS, THROUGH VISUAL DESCRIPTIONS RECORDED BY PROMINENT NEW YORKERS.

Funded Amount:

$3,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ART HOUSE SCHOOL
1627 MERMAID AVENUE
BROOKLYN, NY 11224
(718) 996–2000

Name of Project Director:

SOPHIA HARRISON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ART EDUCATION TO CHILDREN.

Funded Amount:

$4,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ART LEAGUE OF LONG ISLAND
107 EAST DEER PARK ROAD
DIX HILLS, NY 11746
(631) 462−5400  Ext: 224

Name of Project Director:

TALIM SARRAF

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ART STUDIO OF WESTERN NEW YORK, INC.
2495 MAIN STREET, SUITE 500
BUFFALO, NY 14214
(716) 833-4450

Name of Project Director:

JOANNA ANGIE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AN EXHIBITION PROGRAM. THE PROGRAM PROVIDES CREATIVE ARTS PROGRAMS AND PUBLIC ART FOR LOW INCOME/AT RISK YOUTH IN BUFFALO AND COMMUNITY ENRICHMENT.

Funded Amount:

$2,500

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ARTISTS IN BUFFALO  
190 BRYANT STREET  
BUFFALO, NY 14222  
(716) 881−2199

Name of Project Director:

CATHERINE GILLESPIE

Purpose of Project:

FUNDS WILL BE USED TO HELP PRODUCE 100,000 ARTISTS AND GALLERY GUIDES TO BE DISTRIBUTED THROUGHOUT THE REGION, STATE AND INTO SOUTHERN ONTARIO TO SHOWCASE THE ARTS COMMUNITY IN WESTERN NEW YORK.

Funded Amount:

$2,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ARTISTS IN PARTNERSHIP, INC.
215 WEST CHESTER STREET
LONG BEACH, NY 11561
(516) 432−6342

Name of Project Director:

SUSAN JAMES

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE LONG ISLAND ARTS FEST, WHICH PROMOTES COMMUNITY APPRECIATION OF THE ARTS BY DISPLAYING INDEPENDENT FILMS, FREE OF CHARGE TO THE COMMUNITY AND HOLDING EDUCATIONAL SEMINARS SHORTLY THEREAFTER.

Funded Amount:

$2,500

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ARTPARK & COMPANY, INC.
450 SOUTH FOURTH STREET
LEWISTON, NY 14092
(716) 754–9000

Name of Project Director:

GEORGE OSBORNE

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH COSTS ASSOCIATED WITH PROVIDING ARTPARK’S FREE CONCERT SERIES.

Funded Amount:

$10,000

Requested By:

DELMONTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ARTPARK & COMPANY, INC.
450 SOUTH FOURTH STREET
LEWISTON, NY 14092
(716) 754–9000

Name of Project Director:

GEORGE OSBORNE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF PROVIDING THE TUESDAY AND WEDNESDAY FREE CONCERT SERIES.

Funded Amount:

$4,000

Requested By:

DELMONTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ARTS ALLIANCE OF HAVERSTRAW, INC.
91 BROADWAY
HAVERSTRAW, NY 10927
(845) 786−0253

Name of Project Director:

ANTHONY P. ACCOMANDO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOUNG PEOPLE WITH A SAFE SUPERVISED ENVIRONMENT TO PURSUE INVOLVEMENT IN THE ARTS.

Funded Amount:

$5,500

Requested By:

ZEBROWSKI−K

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ARTS CENTER OF THE CAPITAL REGION
265 RIVER STREET
TROY, NY  12180
(518) 273–0055  Ext: 228

Name of Project Director:

AMY WILLIAMS

Purpose of Project:

FUNDS WILL BE USED FOR A BROAD–BASED PUBLIC COMMUNICATION STRATEGY THAT WILL INCREASE EXPOSURE OF THE ARTS CENTER TO CAPITAL REGION RESIDENTS. THIS COMMUNICATIONS PLAN WILL INCLUDE AN UPDATE OF THE CURRENT WEBSITE TO ENABLE ONLINE REGISTRATION AND E–MAIL BLAST CAPABILITIES, AS WELL AS THE PRODUCTION OF PRINTED MATERIALS AND PRINT ADVERTISING TO WIDELY BROADCAST THE ARTS CENTER’S PROGRAMS, ACTIVITIES AND EVENTS.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ARTS COUNCIL OF ROCKLAND, INC.  
7 PERLMAN DRIVE  
SPRING VALLEY, NY  10977  
(845) 426–3660

Name of Project Director:

MARK JUDELSON

Purpose of Project:

FUNDS WILL BE USED FOR THE PRINTING AND DISTRIBUTION OF THE "ARTS HAPPENINGS" NEWSLETTER, WHICH LISTS UPCOMING ART EVENTS. FUNDS WILL ALSO BE USED TO ALLOW VETERANS, WHO ARE ARTISTS, TO HAVE A VENUE TO DISPLAY THEIR ARTWORK.

Funded Amount:

$7,000

Requested By:

ZEBROWSKI–K

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
ARTS COUNCIL OF ROCKLAND, INC.
7 PERLMAN DRIVE
SPRING VALLEY, NY 10977
(845) 426−3660

Name of Project Director:
MARK JUDELSON

Purpose of Project:
FUNDS WILL BE USED TO SUPPORT ARTISTIC PROJECTS THAT ENHANCE THE QUALITY OF LIFE IN ROCKLAND COUNTY.

Funded Amount:
$5,000

Requested By:
JAFFEE

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ARTS ON THIRD STREET
MOUNT VERNON CITY HALL – ONE ROOSEVELT SQUARE
MOUNT VERNON, NY 10550
(914) 669–7230 Ext: 125

Name of Project Director:

DANIELLA JACKSON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE ARTS ON THIRD FESTIVAL, WHICH HIGHLIGHTS THE DIVERSE MUSIC AND ARTISTIC TRADITIONS IN THE COMMUNITY. FUNDS WILL ALSO BE USED TO STIMULATE ECONOMIC DEVELOPMENT.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ASTORIA MUSIC SOCIETY, INC.
25-90 35TH STREET
ASTORIA, NY 11103
(718) 721-8311

Name of Project Director:

EVELYN GRIFFITHS

Purpose of Project:

FUNDS WILL BE USED TO ENRICH RESIDENTS MUSICALLY THROUGH CONCERTS AND PERFORMANCES BY THE ASTORIA SYMPHONY.

Funded Amount:

$5,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ASTORIA PERFORMING ARTS CENTER, INC.
P.O. BOX 195, 34–23 STEINWAY STREET
ASTORIA, NY  11101
(718) 393–7505

Name of Project Director:

TARYN DRONGOWSKI

Purpose of Project:

FUNDS WILL BE USED FOR THE PRODUCTION OF QUALITY THEATRE AND ENTERTAINMENT AT AFFORDABLE PRICES TO COMMUNITY RESIDENTS, WHILE PROVIDING FREE PROGRAMS TO YOUTH AND SENIOR CITIZENS.

Funded Amount:

$2,000

Requested By:

MARKEY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ASTORIA PERFORMING ARTS CENTER, INC.
P.O. BOX 195
ASTORIA, NY  11101
(718) 393–7505

Name of Project Director:

TARYN DRONGOWSKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THEATRICAL PERFORMANCES IN THE WESTERN QUEENS COMMUNITY.

Funded Amount:

$3,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ATLANTIC THEATER COMPANY
76 NINTH AVENUE, SUITE 537
NEW YORK, NY 10011
(212) 691−5919  Ext: 1087

Name of Project Director:

MARY MCCANN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE ATLANTIC’S ARTS EDUCATION PROGRAM, WHICH PROVIDES STUDENT MATINEES TO ALL MAINSTAGE PRODUCTIONS TO HIGH SCHOOL STUDENTS, AND KIDS’ SHOWS TO ELEMENTARY AND MIDDLE SCHOOL STUDENTS, WITH A SPECIFIC FOCUS IN CHELSEA.

Funded Amount:

$2,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ATTICA FOUNDER’S DAY
P.O. BOX 5
ATTICA, NY 14011
(585) 591−1400

Name of Project Director:

SUSAN L. ELMORE

Purpose of Project:

FUNDS WILL BE USED FOR ENTERTAINMENT AND CHILDREN’S ACTIVITIES.

Funded Amount:

$2,500

Requested By:

BURLING

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

AURORA HOUSE
200 LYELL AVENUE
SPENCERPORT, NY 14559
(585) 352–3467

Name of Project Director:

CAROL NELLIS–EWELL

Purpose of Project:

FUNDS WILL BE USED FOR THE CONSTRUCTION OF THE AURORA HOUSE.

Funded Amount:

$5,000

Requested By:

REILICH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BADEN STREET SETTLEMENT OF ROCHESTER, INC.
152 BADEN STREET
ROCHESTER, NY 14605
(585) 325−4910

Name of Project Director:

RON THOMAS

Purpose of Project:

FUNDS WILL BE USED TO PRODUCE THE SHADOWS DOCUMENTARY, WHICH EXAMINES THE HISTORIC ROOTS OF RACIALLY MOTIVATED VIOLENCE, IN ORDER TO CREATE A FOUNDATION FOR A PROACTIVE DISCUSSION ON HOW THIS LEGACY CONTINUES TO RESONATE RIGHT UP UNTIL TODAY.

Funded Amount:

$15,000

Requested By:

GANTT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BALLET ARTISTS OF WESTERN NEW YORK, INC.
1685 ELMWOOD AVENUE
BUFFALO, NY 14207
(716) 447-0401

Name of Project Director:

HEIDI HALT-NEGLIA

Purpose of Project:

FUNDS WILL BE USED FOR CULTURAL ARTS, PERFORMANCES, PRODUCTION COSTS, THEATER OPERATIONS, INCLUDING PRINTING BROCHURES, POSTERS AND OTHER MATERIALS.

Funded Amount:

$4,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BALLET TECH FOUNDATION, INC.
890 BROADWAY
NEW YORK, NY 10003
(212) 777–7710  Ext: 323

Name of Project Director:

SHANNON SHERIDAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE NEW YORK CITY PUBLIC SCHOOL STUDENTS WITH FREE BALLET TRAINING ALONGSIDE A PUBLIC ACADEMIC EDUCATION. EVERY YEAR 25,000 NEW YORK CITY PUBLIC SCHOOL CHILDREN AUDITION AND 800 STUDENTS ENROLL IN THE TUITION–FREE BALLET TECH SCHOOL.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BALLET TECH FOUNDATION, INC.
890 BROADWAY
NEW YORK, NY  10003
(212) 777−7710

Name of Project Director:

JESSICA BANKS

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE A TUITION−FREE BALLET TECH
SCHOOL FOR NEW YORK CITY PUBLIC SCHOOL STUDENTS CITY−WIDE.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BARTOW–PELL LANDMARK FUND
895 SHORE ROAD
BRONX, NY  10464
(718) 885–9164

Name of Project Director:

CLARISSA CYLICH

Purpose of Project:

FUNDS WILL BE USED TOWARD OPERATING COSTS ASSOCIATED WITH THE BARTOW–PELL MANSION MUSEUM, WHICH PROVIDES EDUCATIONAL PROGRAMS FOR LOCAL CHILDREN.

Funded Amount:

$2,500

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BARTOW–PELL MANSION MUSEUM  
895 SHORE ROAD, PELHAM BAY PARK  
BRONX, NY 10464  
(718) 885–1461 Ext: 4

Name of Project Director:

CLARISSA CYLICH

Purpose of Project:

FUNDS WILL BE USED FOR THE CHILDREN OF NEW ROCHELLE BOYS AND GIRLS CLUB TO VISIT A MUSEUM TO EXPERIENCE NEW YORK LIFE DURING THE 19TH CENTURY THROUGH MUSEUM EXHIBITS AND PROGRAMS.

Funded Amount:

$2,500

Requested By:

PAULIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BATAVIA LIONS CLUB
67 ELLICOTT AVENUE
BATAVIA, NY 14020
(585) 343-4100

Name of Project Director:

J. PETER GARLOCK

Purpose of Project:

FUNDS WILL BE USED TO REPLACE AND ADD DECORATIONS FOR THE CHRISTMAS SEASON ON MAIN STREET BATAVIA.

Funded Amount:

$2,500

Requested By:

HAWLEY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BAY AREA FRIENDS OF THE FINE ARTS
P.O. BOX 16
BAYPORT, NY 11705
(631) 589−7343

Name of Project Director:

HELMUT NORPOTH

Purpose of Project:

FUNDS WILL BE USED TO PRESENT FREE CONCERTS TO THE PUBLIC.

Funded Amount:

$3,000

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BAY IMPROVEMENT GROUP, INC.
P.O. BOX 351115
BROOKLYN, NY 11235
(718) 646−9206

Name of Project Director:

STEVEN BARRISON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE BAYFEST CELEBRATION WHICH PROMOTES THE WATERFRONT AREA THROUGH SPONSORSHIPS, DIRECT MARKETING AND ADVERTISING.

Funded Amount:

$1,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BAY IMPROVEMENT GROUP, INC.
P.O. BOX 351115
BROOKLYN, NY 11235
(212) 750-5560

Name of Project Director:

STEVEN BARRISON

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE ANNUAL BAYFEST, CELEBRATING THE MARINE SHIPS AND WATERFRONT OF SHEEPSHEAD BAY.

Funded Amount:

$2,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BAY RIDGE HISTORICAL SOCIETY
P.O. BOX 090–483, FORT HAMILTON STATION
BROOKLYN, NY  11209
(718) 836–0544

Name of Project Director:

PETER SCARPA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE RESEARCH AND DEVELOPMENT OF A BOOK, "BAY RIDGE, THEN AND NOW" AND FOR THE DEVELOPMENT OF A WEBSITE FOR THE HISTORICAL SOCIETY.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BAY SHORE HISTORICAL SOCIETY
22 MAPLE AVENUE
BAY SHORE, NY 11706
(631) 666−4875

Name of Project Director:

ROBERT HANCOCK

Purpose of Project:

FUNDS WILL BE USED FOR PRESERVATION AND REPAIR OF THE GIBSON–MACK–HOLT HOUSE.

Funded Amount:

$7,000

Requested By:

BOYLE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BAY STREET THEATRE
P.O. BOX 810
SAG HARBOR, NY 11963
(631) 725–0818

Name of Project Director:

STEPHEN HAMILTON

Purpose of Project:

FUNDS WILL BE USED FOR THEATRICAL PROJECTS.

Funded Amount:

$5,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BAYSIDE HISTORICAL SOCIETY
BUILDING 208, BOX 6 – FT. TOTTEN
BAYSIDE, NY 11359
(718) 352–1548

Name of Project Director:

GERALDINE SPINELLA

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE THE ON−GOING EDUCATIONAL PROGRAMS FOR THE LOCAL SCHOOL DISTRICT.

Funded Amount:

$2,500

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BAYVIEW COMMUNITY COUNCIL, INC.
63 MONTGOMERY AVENUE
STATEN ISLAND, NY 10301
(718) 273–6369

Name of Project Director:

KAMILLAH HANKS

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH CREATING AND RUNNING A DRIVE-IN MOVIE EVENT. FUNDS WILL ALSO BE USED FOR PROGRAMMING AIMED AT TEACHING CHILDREN THE IMPORTANCE OF ART IN A COMMUNITY.

Funded Amount:

$10,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BEARTOWN SKI AREA, INC.
BEARTOWN ROAD, (P.O. BOX 2702)
PLATTSBURGH, NY 12901
(518) 561–7330  Ext: 207

Name of Project Director:

TIM HOWLEY

Purpose of Project:

FUNDS WILL BE USED TOWARD SURFACE LIFT RESTORATION PROJECT.

Funded Amount:

$8,000

Requested By:

DUPREY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BELLMORE–MERRICK HIGH SCHOOL HOCKEY CLUB, INC.
2051 VINE DRIVE
MERRICK, NY 11566
(516) 679–1481

Name of Project Director:

ALYSSA GREENWALD

Purpose of Project:

FUNDS WILL BE USED FOR ONGOING PROGRAMMATIC OPERATIONS.

Funded Amount:

$5,000

Requested By:

MCDONOUGH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BELLPORT FILM SOCIETY, INC.
P.O. BOX 441
BELLPORT, NY  11713
(631) 286−1910

Name of Project Director:

JEFF KORN

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH PRESENTING OUTDOOR FILM SCREENINGS (MOVIES) TO THE COMMUNITY, PROVIDING RECREATIONAL ACTIVITIES FOR FAMILIES AND PROMOTING COMRADERIE THROUGHOUT THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
BELLPORT−BROOKHAVEN HISTORICAL SOCIETY
31 BELLPORT LANE – P.O. BOX 47
BELLPORT, NY 11713
(631) 286−6129

Name of Project Director:
CAROL BLESER

Purpose of Project:
FUNDS WILL BE USED FOR EXPENSES ASSOCIATED WITH THE OPERATION OF THE BELLPORT−BROOKHAVEN HISTORICAL SOCIETY.

Funded Amount:
$2,000

Requested By:
EDDINGTON

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

BILLIE HOLIDAY THEATRE, INC.
1368 FULTON STREET
BROOKLYN, NY 11216
(718) 636–0918

Name of Project Director:

MAJORIE MOON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A 40–WEEK SEASON OF PLAYS BY AFRICAN–AMERICAN WRITERS WHOSE WORK REFLECTS THE ATTITUDES AND CONCERNS OF THE COMMUNITY IN A MANNER WHICH ENLIGHTENS, AS WELL AS ENTERTAINS.

Funded Amount:

$7,500

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BINGHAMTON DOWNTOWN SINGERS, INC.
160 EASTWOOD DRIVE
JOHNSON CITY, NY  13790
(607) 785–7005

Name of Project Director:

MICHAEL RANDOLPH

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE BINGHAMTON DOWNTOWN SINGERS SILVER ANNIVERSARY SPRING CONCERT.

Funded Amount:

$5,000

Requested By:

LUPARDO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BLACK SPECTRUM THEATRE COMPANY, INC.
ROY WILKENS PARK, 119TH AVENUE AND MERRICK BOULEVARD
JAMAICA, NY 11434
(718) 723–1800

Name of Project Director:

CARL CLAY

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATING SUPPORT AND MAINTENANCE COSTS FOR THE BLACK SPECTRUM THEATRE, WHICH ENHANCES CULTURAL ACTIVITIES IN SOUTHEAST QUEENS.

Funded Amount:

$15,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BLACK SPECTRUM THEATRE COMPANY, INC.
ROY WILKINS PARK, 177TH STREET AND BAISLEY BOULEVARD
JAMAICA, NY  11434
(718) 723–1800

Name of Project Director:

CARL CLAY

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE CULTURAL ACTIVITIES IN SOUTHEAST QUEENS.

Funded Amount:

$25,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BLUE DOOR ART GALLERY
169 SHONNARD TERRACE
YONKERS, NY  10701
(914) 376−7361

Name of Project Director:

LUIS PERELMAN

Purpose of Project:

FUNDS WILL BE USED TOWARD THE CREATION OF A NEW MURAL IN DOWNTOWN YONKERS, DECORATION OF CONCRETE PLANTERS WITH CERAMIC AND MOSAIC DESIGNS, AND PAINTING TRASH RECEPTACLES.

Funded Amount:

$2,000

Requested By:

PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BLUE DOOR ART GALLERY
169 SHONNARD TERRACE
YONKERS, NY  10701
(914) 376–7361

Name of Project Director:

LUIS PERELMAN

Purpose of Project:

FUNDS WILL BE USED TO CREATE A MURAL IN DOWNTOWN YONKERS, DECORATE CONCRETE PLANTERS WITH CERAMIC AND MOSAIC DESIGNS AND PAINT TRASH RECEPTACLES WITHIN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

BOWNE HOUSE HISTORICAL SOCIETY, INC.
37–01 BOWNE STREET
FLUSHING, NY  11354
(718) 359–0528

Name of Project Director:

DONNA CARTELLI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE HISTORIC TIMBER FRAMING DEMONSTRATION.

Funded Amount:

$2,500

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRIGHT HILL PRESS
94 CHURCH STREET, (P.O. BOX 193)
TREADWELL, NY 13846
(607) 829–5055

Name of Project Director:

BERTHA ROGERS

Purpose of Project:

FUNDS WILL BE USED FOR FACILITY IMPROVEMENTS.

Funded Amount:

$2,000

Requested By:

LOPEZ−P

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRIGHTON BALLET THEATER CO., INC.
KINGSBOROUGH COMMUNITY COLLEGE, 2001 ORIENTAL BOULEVARD, T7, 2ND FLOOR, ROOM 7211, BROOKLYN, NY 11235
(718) 769–9161

Name of Project Director:

IRINA ROIZIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE WORLD OF DANCE FESTIVAL, WHICH IS SEEN BY THOUSANDS OF PEOPLE EACH YEAR AND INCLUDES DANCE PIECES FROM A WIDE RANGE OF NATIONAL CULTURES. IT IS A SELECTION OF THE DIVERSITY AND ARTISTIC TALENT IN THE BROOKLYN COMMUNITY.

Funded Amount:

$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROADWAY MALL MAINTENANCE FUND, INC.
P.O. BOX 250234, COLUMBIA UNIVERSITY SUBSTATION
NEW YORK, NY 10025
(212) 491-6470

Name of Project Director:

ROBERT HERRMANN

Purpose of Project:

FUNDS WILL BE USED FOR MAINTENANCE, CLEANING, NEW PLANTINGS AND HORTICULTURAL PROGRAMS ON THE LANDSCAPED MEDIANS ALONG BROADWAY FROM 70TH TO 168TH STREET, AS WELL AS AN EXPANDED WINTER LIGHTING PROGRAM.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX ARTS ENSEMBLE, INC.
80 VAN CORTLANDT PARK SOUTH, SUITE 7D−1
BRONX, NY 10463
(718) 601−7399

Name of Project Director:

WILLIAM SCRIBNER

Purpose of Project:

FUNDS WILL BE USED FOR THE PRODUCTION OF FREE OR LOW−COST CONCERTS TO BRONX RESIDENTS, INCLUDING FAMILY CONCERTS AT THE NEW YORK BOTANICAL GARDEN, AND FREE CONCERTS IN VAN CORTLANDT PARK ON MEMORIAL DAY WEEKEND, AS WELL AS THROUGHOUT THE SUMMER.

Funded Amount:

$26,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX COUNCIL FOR ECONOMIC DEVELOPMENT LOCAL DEVELOPMENT CORP.
809–811 LYDIG AVENUE
BRONX, NY  10462
(718) 562−2104

Name of Project Director:

VINCENT PINELA

Purpose of Project:

FUNDS WILL BE USED FOR THE DEVELOPMENT OF A BOROUGHWIDE PROMOTIONAL PROGRAM FOR CULTURAL AWARENESS.

Funded Amount:

$30,000

Requested By:

RIVERA−J

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX COUNCIL ON THE ARTS, INC.
1729 HONE AVENUE
BRONX, NY 10461
(718) 931–9500

Name of Project Director:

WILLIAM AGUADO

Purpose of Project:

FUNDS WILL BE USED FOR THE PRODUCTION OF FREE CONCERTS IN LOCATIONS THROUGHOUT THE NORTHWEST BRONX.

Funded Amount:

$15,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX COUNCIL ON THE ARTS, INC.  
1738 HONE AVENUE  
BRONX, NY 10461  
(718) 931−9500

Name of Project Director:

WILLIAM AGUADO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A DISCOUNT CARD TO ALL MEMBERS OF THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

RIVERA–N

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX COUNTY HISTORICAL SOCIETY
3309 BAINBRIDGE AVENUE
BRONX, NY 10467
(718) 881–8900

Name of Project Director:

DR. GARY HERMALYN

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATING SUPPORT OF THE BRONX COUNTY HISTORICAL SOCIETY.

Funded Amount:

$30,000

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX COUNTY HISTORICAL SOCIETY
3309 BAINBRIDGE AVENUE
BRONX, NY 10467
(718) 881–8900

Name of Project Director:

DR. GARY HERMALYN

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT LOCAL HISTORICAL PROJECTS IN BRONX COUNTY.

Funded Amount:

$5,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX COUNTY HISTORICAL SOCIETY
3309 BAINBRIDGE AVENUE
BRONX, NY 10467
(718) 881–8900

Name of Project Director:

DR. GARY HERMALYN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH A NEW EDUCATION PROGRAM KNOWN AS THE BRONX AFRICAN–AMERICAN HISTORY PROJECT.

Funded Amount:

$8,900

Requested By:

HEASTIE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX COUNTY HISTORICAL SOCIETY
3309 BAINBRIDGE AVENUE
BRONX, NY 10467
(718) 881–8900

Name of Project Director:

DR. GARY D. HERMALYN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT RESEARCH AND STAFFING EXPENSES FOR IMPLEMENTING A NEW EDUCATIONAL PROGRAM KNOWN AS THE BRONX AFRICAN–AMERICAN HISTORY PROJECT, INCLUDING THE PURCHASE OF MATERIALS AND TO OFFSET THE STAFFING NEEDS OF THE PROGRAM.

Funded Amount:

$7,000

Requested By:

GREENE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX COUNTY HISTORICAL SOCIETY
3309 BAINBRIDGE AVENUE
BRONX, NY  10467
(718) 881–8900

Name of Project Director:

GARY D. HERMALYN

Purpose of Project:

FUNDS WILL BE USED TO INVESTIGATE SOURCES OF MATERIAL ON THE AFRICAN AMERICAN EXPERIENCE BY RESEARCHING LIBRARIES, INTERVIEWING PRIVATE CITIZENS AND CONTACTING ASSOCIATIONS.

Funded Amount:

$25,000

Requested By:


Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX MUSEUM OF THE ARTS
1040 GRAND CONCOURSE
BRONX, NY 10456
(718) 681−6000

Name of Project Director:

HOLLY BLOCK

Purpose of Project:

Funds will be used for exhibitions, public and educational programs designed to increase access to, and appreciation of, contemporary arts and art practices. These programs are targeted to Bronx students and families, as well as artists and the general viewing public.

Funded Amount:

$3,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX MUSEUM OF THE ARTS
1040 GRAND CONCOURSE
BRONX, NY 10456
(718) 681−6000

Name of Project Director:

HOLLY BLOCK

Purpose of Project:

FUNDS WILL BE USED FOR EXHIBITIONS, EDUCATIONAL PROGRAMS DESIGNED TO INCREASE ACCESS TO AND APPRECIATION OF CONTEMPORARY ARTS AND ART PRACTICES. THESE ESSENTIAL PROGRAMS ARE TARGETED TO BRONX STUDENTS, YOUTH AND FAMILIES, AS WELL AS, ARTISTS AND THE GENERAL VIEWING PUBLIC.

Funded Amount:

$7,000

Requested By:

DIAZ−R

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX MUSEUM OF THE ARTS
1040 GRAND CONCOURSE
BRONX, NY 10456
(718) 681–6000 Ext: 130

Name of Project Director:

HOLLY BLOCK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EXHIBITIONS AND EDUCATION PROGRAMS SERVING BRONX RESIDENTS, K–12 STUDENTS, FAMILIES, ARTIST, AND THE GENERAL PUBLIC.

Funded Amount:

$10,000

Requested By:

GREENE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX MUSEUM OF THE ARTS
1040 GRAND CONCOURSE
BRONX, NY 10456
(718) 681-6000

Name of Project Director:

HOLLY BLOCK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EXHIBITIONS AND PUBLIC EDUCATION PROGRAMS SERVING BRONX RESIDENTS INCLUDING K–12 STUDENTS, FAMILIES, ARTISTS, AND THE GENERAL PUBLIC.

Funded Amount:

$9,000

Requested By:

DIAZ–L

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX MUSEUM OF THE ARTS
1040 GRAND CONCOURSE
BRONX, NY 10456
(718) 681–6000

Name of Project Director:

HOLLY BLOCK

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE MUSEUM’S EXHIBITIONS, AND FOR PUBLIC AND EDUCATIONAL PROGRAMS.

Funded Amount:

$7,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX MUSEUM OF THE ARTS
1040 GRAND CONCOURSE
BRONX, NY  10456
(718) 681–6000

Name of Project Director:

HOLLY BLOCK

Purpose of Project:

FUNDS WILL BE USED FOR EXHIBITIONS, PUBLIC AND EDUCATIONAL PROGRAMS DESIGNED TO INCREASE ACCESS TO, AND APPRECIATION OF, CONTEMPORARY ARTS AND ART PRACTICES. THESE ESSENTIAL PROGRAMS ARE TARGETED TO BRONX STUDENTS, YOUTH AND FAMILIES, AS WELL AS ARTISTS AND THE GENERAL VIEWING PUBLIC.

Funded Amount:

$8,159

Requested By:

ARROYO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX MUSEUM OF THE ARTS
1040 GRAND CONCOURSE
BRONX, NY 10456
(718) 681−6000

Name of Project Director:

HOLLY BLOCK

Purpose of Project:

FUNDS WILL BE USED FOR EXHIBITIONS, PUBLIC AND EDUCATION PROGRAMS DESIGNED TO INCREASE ACCESS TO, AND APPRECIATION OF, CONTEMPORARY ARTS AND PRACTICES.

Funded Amount:

$7,500

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX OPERA COMPANY, INC.
5 MINERVA PLACE
BRONX, NY 10468
(718) 365−4209

Name of Project Director:

MICHAEL SPIERMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT LOW−COST, FULL OPERA PRODUCTIONS IN THE BRONX COMMUNITY. FUNDS WILL ALSO ALLOW STUDENTS AND SENIOR CITIZENS TO ATTEND LIVE OPERA PERFORMANCES.

Funded Amount:

$22,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BRONX ZOO
2300 SOUTHERN BOULEVARD
BRONX, NY 10460
(718) 220–7353

Name of Project Director:

SARA HOBEL

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATION INSTRUCTORS AND TEACHER TRAINERS − TEACHING STRATEGIES AND MODEL ACTIVITIES TO ENHANCE CLASSROOM LIFE SCIENCE INSTRUCTION.

Funded Amount:

$7,000

Requested By:

DIAZ–L

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
30 LAFAYETTE AVENUE
BROOKLYN, NY 11217
(718) 636−4138

Name of Project Director:

KAREN BROOKS−HOPKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS, AND FOR THE PROMOTION OF CONCERTS AND MUSICAL PRODUCTIONS.

Funded Amount:

$1,500

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK−KRASNY, CAMARA, COLTON, CYMBROWITZ−S, GORDON−D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ−V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
30 LAFAYETTE AVENUE
BROOKLYN, NY 11217
(718) 636–4138

Name of Project Director:

KAREN HOPKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS AND FOR THE PROMOTION OF CONCERTS AND MUSICAL PRODUCTIONS.

Funded Amount:

$1,000

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK−KRASNY, CAMARA, COLTON, CYMBROWITZ−S, GORDON−D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ−V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
30 LAFAYETTE AVENUE
BROOKLYN, NY 11217
(718) 636–4138

Name of Project Director:

KAREN BROOKS–HOPKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS, AND FOR THE PROMOTION OF CONCERTS AND MUSICAL PRODUCTIONS.

Funded Amount:

$1,458

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
30 LAFAYETTE AVENUE
BROOKLYN, NY  11217
(718) 636–4135

Name of Project Director:

KAREN BROOKS HOPKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS, AS WELL AS PROMOTING THE SENIOR CINEMA SERIES.

Funded Amount:

$1,500

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
30 LAFAYETTE AVENUE
BROOKLYN, NY 11217
(718) 636–4138

Name of Project Director:

KAREN BROOKS–HOPKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS AND FOR THE PROMOTION OF CONCERTS AND MUSICAL PRODUCTIONS.

Funded Amount:

$2,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
30 LAFAYETTE AVENUE
BROOKLYN, NY 11217
(718) 636-4138

Name of Project Director:

KIRSTEN MUNRO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS, AS WELL AS FOR THE PROMOTION OF CONCERTS AND MUSICAL PRODUCTIONS.

Funded Amount:

$1,458

Requested By:

ABBATE, BOYLAND, BRENnan, BROOK-KRASNY, CAMARA, COLTON, CYMBROWITZ-S, GORDON-D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ-V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
30 LAFAYETTE AVENUE
BROOKLYN, NY 11217
(718) 636–4138  Ext: 4657

Name of Project Director:

KIRSTEN MUNRO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS, AS WELL AS FOR THE PROMOTION OF CONCERTS AND MUSICAL PRODUCTIONS.

Funded Amount:

$5,000

Requested By:

JACOBS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
30 LAFAYETTE AVENUE
BROOKLYN, NY 11217
(718) 636–4138

Name of Project Director:

KAREN BROOKS–HOPKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS, AS WELL AS FOR THE PROMOTION OF CONCERTS AND MUSICAL PRODUCTIONS.

Funded Amount:

$9,458

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
30 LAFAYETTE AVENUE
BROOKLYN, NY 11217
(718) 636−4138

Name of Project Director:

KAREN BROOKS−HOPKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS, AS WELL AS FOR THE PROMOTION OF CONCERTS AND MUSICAL PRODUCTIONS.

Funded Amount:

$1,500

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
30 LAFAYETTE AVENUE
BROOKLYN, NY 11217
(718) 636-4132

Name of Project Director:

KAREN BROOKS–HOPKINS

Purpose of Project:

FUNDS WILL BE USED TO BRING PERFORMING ARTS PROGRAMS TO PUBLIC SCHOOLS IN WILLIAMSBURG, FORT GREEN, AND GREENPORT.

Funded Amount:

$6,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
30 LAFAYETTE AVENUE
BROOKLYN, NY 11217
(718) 636-4138

Name of Project Director:

KAREN BROOKS–HOPKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS, AS WELL AS FOR THE PROMOTION OF CONCERTS AND MUSICAL PRODUCTIONS.

Funded Amount:

$1,458

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
30 LAFAYETTE AVENUE
BROOKLYN, NY  11217
(718) 636–4138

Name of Project Director:

KAREN BROOKS–HOPKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR THE PROMOTION OF CONCERTS AND MUSICAL PRODUCTIONS.

Funded Amount:

$1,458

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
30 LAFAYETTE AVENUE
BROOKLYN, NY 11217
(718) 636-4100

Name of Project Director:

KAREN BROOKS-HOPKINS

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS AND FOR THE PROMOTION OF CONCERTS AND MUSICAL PRODUCTIONS.

Funded Amount:

$1,500

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
PETER JAY SHARP BUILDING, 30 LAFAYETTE AVENUE
BROOKLYN, NY 11217
(718) 636-4100

Name of Project Director:

KAREN BROOKS HOPKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES PERTAINING TO THE PERFORMING ARTS FOR SCHOOLS IN THE COMMUNITY AND OFFER FREE TICKETS FOR SENIORS.

Funded Amount:

$1,458

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ACADEMY OF MUSIC, INC.
30 LAFAYETTE AVENUE
BROOKLYN, NY 11217
(718) 636−4100 Ext: 4127

Name of Project Director:

KAREN BROOKS HOPKINS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CULTURAL AND PERFORMING ARTS EDUCATION FOR YOUTH.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ARTS COUNCIL, INC.
55 WASHINGTON STREET, SUITE 218
BROOKLYN, NY 11201
(718) 625-0080

Name of Project Director:

ELLA J. WEISS

Purpose of Project:

FUNDS WILL BE USED TO IMPLEMENT ART PROGRAMS IN THE SCHOOLS, IN SENIOR CENTERS AND WITHIN COMMUNITY GROUPS.

Funded Amount:

$15,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ARTS COUNCIL, INC.
55 WASHINGTON STREET, SUITE 218
BROOKLYN, NY  11201
(718) 625−0080

Name of Project Director:

ELLA WEISS

Purpose of Project:

FUNDS WILL BE USED TO IMPLEMENT ARTS PROGRAMS IN THE SCHOOLS, COMMUNITY ORGANIZATIONS AND SENIOR CENTERS WITHIN THE COMMUNITY.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
LEGAL NAME, ADDRESS, AND TELEPHONE NUMBER:

BROOKLYN ARTS COUNCIL, INC.
55 WASHINGTON STREET, SUITE 218
BROOKLYN, NY 11201
(718) 625-0080

NAME OF PROJECT DIRECTOR:

ELLA J. WEISS

PURPOSE OF PROJECT:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH PROVIDING ARTS PROGRAMMING AT SENIOR CENTERS.

FUNDED AMOUNT:

$3,000

REQUESTED BY:

JACOBS

NAME OF ADMINISTERING STATE AGENCY:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ARTS COUNCIL, INC.
55 WASHINGTON STREET, SUITE 218
BROOKLYN, NY 11201
(718) 625−0080

Name of Project Director:

ELLA WEISS

Purpose of Project:

FUNDS WILL BE USED FOR WEBSITE AND DATABASE ENHANCEMENTS.

Funded Amount:

$6,000

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ARTS COUNCIL, INC.
55 WASHINGTON STREET
BROOKLYN, NY  11201
(718) 625–0080

Name of Project Director:

ELLA WEISS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ARTS PROGRAMMING IN BROOKLYN.

Funded Amount:

$5,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN ARTS COUNCIL, INC.
55 WASHINGTON STREET, SUITE 218
BROOKLYN, NY 11201
(718) 625-0080

Name of Project Director:

ELLA WEISS

Purpose of Project:

FUNDS WILL BE USED FOR THE TUESDAY NIGHT CONCERT PROGRAMS.

Funded Amount:

$5,000

Requested By:

BROOK-KRASNY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN BRIDGE PARK CONSERVANCY, INC.
334 FURMAN STREET
BROOKLYN, NY 11201
(718) 802-0603

Name of Project Director:

RICHARD LOYD

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE PUBLIC PROGRAMMING, INCLUDING A SUMMER FILM SERIES, A MUSIC SERIES, FITNESS CLASSES AND BIRD WATCHING.

Funded Amount:

$5,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:
BROOKLYN CITY STREETCAR COMPANY, INC.
1360 OCEAN PARKWAY, SUITE 61
BROOKLYN, NY 11230
(718) 998–2421

Name of Project Director:
ARTHUR MELNICK

Purpose of Project:
FUNDS WILL BE USED TO OFFSET COSTS OF THE HOPE COMMUNITY FESTIVAL.

Funded Amount:
$1,000

Requested By:
BROOK–KRASNY

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN HEIGHTS MUSIC SOCIETY, INC.
P.O. BOX 020–334
BROOKLYN, NY  11202
(718) 852–0677

Name of Project Director:

NICHOLAS ARMSTRONG

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES RELATED TO THE FREE CONCERTS OF THE BROOKLYN SYMPHONY ORCHESTRA AT ST. ANN’S CHURCH IN BROOKLYN HEIGHTS.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN HISTORICAL SOCIETY
128 PIERREPONT STREET
BROOKLYN, NY  11201
(718) 222–4111

Name of Project Director:

DEBORAH SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS WHICH UTILIZE THE SOCIETY’S COLLECTION OF HISTORICAL MANUSCRIPTS, PHOTOS, MAPS, OBJECTS, AND ARTWORK WHICH EXPLORE THE COMPLEX HISTORY OF BROOKLYN’S PEOPLE, NEIGHBORHOOD, AND BUILDINGS.

Funded Amount:

$7,500

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

BROOKLYN HISTORICAL SOCIETY
128 PIERREPONT STREET
BROOKLYN, NY 11201
(718) 222–4111 Ext: 239

Name of Project Director:

DEBORAH SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS WHICH WILL HELP STUDENTS TO UNDERSTAND THAT HISTORY IS CONNECTED TO THEIR LIVES. THESE PROGRAMS LINK THE STUDY OF AMERICAN HISTORY TO EVENTS AND SITES IN THE STUDENTS’ COMMUNITIES BY INTRODUCING THE INVESTIGATION OF PRIMARY SOURCE DOCUMENTS AND NEIGHBORHOOD HISTORIES.

Funded Amount:

$5,000

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INFORMATION AND CULTURE, INC.
647 FULTON STREET – 2ND FLOOR
BROOKLYN, NY 11217
(718) 855–7882

Name of Project Director:

BETSY SMULYEN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET GENERAL OPERATING EXPENSES OF BRIC, WHICH SUPPORTS MANY PROGRAMS INCLUDING, BUT NOT LIMITED TO: BROOKLYN COMMUNITY ACCESS TELEVISION; CELEBRATE BROOKLYN! PERFORMING ARTS FESTIVAL; BRIC ROTUNDA GALLERY; AND BRIC STUDIO.

Funded Amount:

$20,000

Requested By:

ABBATE, BOYLAND, BRENnan, BROOK-KRASNY, CAMARA, COLTON, CYMBROWITZ–S, GORDON–D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ–V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INFORMATION AND CULTURE, INC.
647 FULTON STREET
BROOKLYN, NY 11217
(718) 855-7882

Name of Project Director:

LESLIE G. SCHULTZ

Purpose of Project:

FUNDS WILL BE USED TO EXPAND ACCESS TO THE ARTS AND BROOKLYN FOCUSED MEDIA EDUCATION TO DIVERSE COMMUNITIES THROUGHOUT THE BOROUGH.

Funded Amount:

$3,000

Requested By:

BOYLAND

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INFORMATION AND CULTURE, INC.
647 FULTON STREET
BROOKLYN, NY  11217
(718) 855−7882  Ext: 17

Name of Project Director:

LESLIE G. SCHULTZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT FREE PERFORMANCES OF MUSIC, DANCE, FILM AND THEATER AT THE PROSPECT PARK BANDSHEDD.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INFORMATION AND CULTURE, INC.
647 FULTON STREET
BROOKLYN, NY 11217
(718) 855-7882 Ext: 17

Name of Project Director:
LESLEY SCHULTZ

Purpose of Project:
FUNDS WILL BE USED TO SUPPORT THE CELEBRATE BROOKLYN! PERFORMING ARTS FESTIVAL FEATURING PERFORMANCES OF MUSIC, DANCE, FILM, AND THEATRE.

Funded Amount:
$2,500

Requested By:
BRENNAN

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INFORMATION AND CULTURE, INC.
647 FULTON STREET
BROOKLYN, NY 11217
(718) 855−7882  Ext: 17

Name of Project Director:

LESLE G. SCHULTZ

Purpose of Project:

FUNDS WILL BE USED FOR THE CENTER FOR MEDIA EDUCATION AT BCAT (PUBLIC ACCESS TELEVISION STATION). IT WILL PROVIDE RESIDENTS WITH MEDIA SERVICES, EDUCATIONAL INITIATIVES, AND MENTORING PROGRAMS THAT ENABLE THE CREATION AND PRODUCTION BY BROOKLYNITES OF THEIR OWN TELEVISION PROGRAMS. THIS GROUP WILL ALSO TELEVISE COMMUNITY SERVICE EVENTS.

Funded Amount:

$5,000

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INFORMATION AND CULTURE, INC.
647 FULTON STREET
BROOKLYN, NY 11217
(718) 855–7882 Ext: 30

Name of Project Director:

LESLIE G. SCHULTZ

Purpose of Project:

FUNDS WILL BE USED FOR A PERFORMING ARTS FESTIVAL AND FOR BROOKLYN INDEPENDENT TELEVISION PROGRAMMING.

Funded Amount:

$5,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INFORMATION AND CULTURE, INC.
647 FULTON STREET
BROOKLYN, NY 11217
(718) 855–7882 Ext: 30

Name of Project Director:

LESLIE SCHULTZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT FREE PERFORMANCES, ARTS AND MEDIA EDUCATION PROGRAMS, AND THE BROOKLYN INDEPENDENT TELEVISION INITIATIVE.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INFORMATION AND CULTURE, INC.
647 FULTON STREET
BROOKLYN, NY  11217
(718) 855−7882  Ext: 30

Name of Project Director:

LESLIE G. SCHULTZ

Purpose of Project:

FUNDS WILL BE USED FOR THE PRODUCTION AND MARKETING COSTS ASSOCIATED WITH THE BROOKLYN INDEPENDENT TELEVISION INITIATIVE.

Funded Amount:

$3,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INSTITUTE OF ARTS AND SCIENCES
200 EASTERN PARKWAY
BROOKLYN, NY 11238
(718) 638–5000

Name of Project Director:

DR. ARNOLD LEHMAN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS, AND FOR THE PROMOTION OF MUSEUM PROGRAMS AND EXHIBITS.

Funded Amount:

$1,500

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK−KRASNY, CAMARA, COLTON, CYMBROWITZ−S, GORDON−D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ−V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INSTITUTE OF ARTS AND SCIENCES
200 EASTERN PARKWAY
BROOKLYN, NY 11238
(718) 638-5000

Name of Project Director:

DR. ARNOLD LEHMAN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS AND FOR THE PROMOTION OF MUSEUM PROGRAMS AND EXHIBITS.

Funded Amount:

$1,000

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK−KRASNY, CAMARA, COLTON, CYMBROWITZ−S, GORDON−D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ−V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INSTITUTE OF ARTS AND SCIENCES
200 EASTERN PARKWAY
BROOKLYN, NY 11238
(718) 638–5000

Name of Project Director:

DR. ARNOLD LEHMAN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS, AND FOR THE PROMOTION OF MUSEUM PROGRAMS AND EXHIBITS.

Funded Amount:

$1,458

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INSTITUTE OF ARTS AND SCIENCES
200 EASTERN PARKWAY
BROOKLYN, NY 11238
(718) 501–6200

Name of Project Director:

DR. ARNOLD LEHMAN

Purpose of Project:

FUNDS WILL BE USED FOR "FIRST SATURDAYS", THE MUSEUM'S FREE COMMUNITY EVENT THAT PROVIDES EDUCATIONAL AND ENTERTAINMENT PROGRAMMING TO APPROXIMATELY 70,000 BROOKLYN RESIDENTS AND VISITORS EACH YEAR. THE EDUCATION DEPARTMENT ALSO OFFERS SCHOOL, FAMILY AND ADULT PROGRAMS.

Funded Amount:

$1,500

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INSTITUTE OF ARTS AND SCIENCES
200 EASTERN PARKWAY
BROOKLYN, NY 11238
(718) 638–5000

Name of Project Director:

DR. ARNOLD LEHMAN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS AND FOR THE PROMOTION OF MUSEUM PROGRAMS AND EXHIBITS.

Funded Amount:

$2,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INSTITUTE OF ARTS AND SCIENCES
200 EASTERN PARKWAY
BROOKLYN, NY 11238
(718) 501–6200

Name of Project Director:

ARNOLD LEHMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS, AND PROVIDE FREE PROGRAMS TO SCHOOLS IN BROOKLYN.

Funded Amount:

$1,458

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK−KRASNY, CAMARA, COLTON, CYMBROWITZ−S, GORDON−D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ−V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INSTITUTE OF ARTS AND SCIENCES
200 EASTERN PARKWAY
BROOKLYN, NY  11238
(718) 638−5000

Name of Project Director:

DR. ARNOLD LEHMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS, AS WELL AS FOR THE PROMOTION OF MUSEUM PROGRAMS AND EXHIBITS.

Funded Amount:

$9,458

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INSTITUTE OF ARTS AND SCIENCES
200 EASTERN PARKWAY
BROOKLYN, NY  11238
(718) 638−5000

Name of Project Director:

DR. ARNOLD LEHMAN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS, AS WELL AS FOR THE PROMOTION OF MUSEUM PROGRAMS AND EXHIBITS.

Funded Amount:

$1,500

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INSTITUTE OF ARTS AND SCIENCES
200 EASTERN PARKWAY
BROOKLYN, NY 11238
(718) 501–6200

Name of Project Director:

DR. ARNOLD LEHMAN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS AND FOR THE PROMOTION OF MUSEUM PROGRAMS AND EXHIBITS.

Funded Amount:

$1,458

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INSTITUTE OF ARTS AND SCIENCES
200 EASTERN PARKWAY
BROOKLYN, NY 11238
(718) 638-5000

Name of Project Director:

DR. ARNOLD LEHMAN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS AND FOR THE PROMOTION OF MUSEUM PROGRAMS AND EXHIBITS.

Funded Amount:

$1,458

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INSTITUTE OF ARTS AND SCIENCES
200 EASTERN PARKWAY
BROOKLYN, NY  11238
(718) 638–5000

Name of Project Director:

DR. ARNOLD LEHMAN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS AND FOR THE PROMOTION OF MUSEUM PROGRAMS AND EXHIBITS.

Funded Amount:

$2,000

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN INSTITUTE OF ARTS AND SCIENCES
200 EASTERN PARKWAY
BROOKLYN, NY  11238
(718) 638–5000

Name of Project Director:

DR. ARNOLD LEHMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A FREE COMMUNITY EVENT THAT OFFERS EDUCATIONAL AND ENTERTAINMENT PROGRAMMING TO 70,000 RESIDENTS EACH YEAR.

Funded Amount:

$1,458

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC.
189 MONTAGUE STREET, SUITE 200A
BROOKLYN, NY 11201
(718) 488–5700

Name of Project Director:

CATHERINE CAHILL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATION AND OUTREACH PROGRAMS TARGETED AT CHILDREN AND THE ELDERLY.

Funded Amount:

$40,000

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK−KRASNY, CAMARA, COLTON, CYMBROWITZ−S, GORDON−D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ−V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC.
138A COURT STREET
BROOKLYN, NY  11201
(718) 622–5555

Name of Project Director:

CATHERINE CAHILL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A RANGE OF EDUCATIONAL AND COMMUNITY OUTREACH PROGRAMS SERVING A DIVERSE POPULATION OF STUDENTS, SENIOR CITIZENS, AND UNDERSERVED CONSTITUENCIES IN THE BOROUGH OF BROOKLYN.

Funded Amount:

$3,000

Requested By:

ABBATE, CYMBROWITZ–S

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC.
138A COURT STREET
BROOKLYN, NY  11201
(718) 488−7727

Name of Project Director:

RUTH WIKLER−LUKER

Purpose of Project:

FUNDs WILL BE USED TO PROVIDE THE BOROUGH WITH DYNAMIC LIVE CONCERTS OF THE HIGHEST MUSICAL CALIBER, AND FOR STANDARDS−BASED MUSIC EDUCATION PROGRAMS.

Funded Amount:

$4,250

Requested By:

BOYLAND

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC.
138 A COURT STREET
BROOKLYN, NY  11201
(718) 488–5700

Name of Project Director:

CATHY CAHILL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A RANGE OF EDUCATIONAL AND COMMUNITY OUTREACH PROGRAMS SERVING A DIVERSE POPULATION OF STUDENTS, SENIOR CITIZENS, AND UNDERSERVED CONSTITUENCIES IN THE BOROUGH OF BROOKLYN.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC.
138A COURT STREET
BROOKLYN, NY 11201
(718) 488-5700

Name of Project Director:

CATHERINE M. CAHILL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COMPREHENSIVE MUSIC PROGRAMS FOR STUDENTS, MENTORING FOR YOUNG MUSICIANS, AND FREE CONCERT TICKETS TO COMMUNITY GROUPS, INCLUDING PROGRAMMING FOR SENIORS.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC.
138A COURT STREET
BROOKLYN, NY  11201
(718) 488–5700

Name of Project Director:

CATHERINE CAHILL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MUSIC EDUCATION FOR SENIORS AT FLATLANDS, MIDWOOD, SHEEPSHEAD BAY AND FOR STUDENTS WITHIN COMMUNITY SCHOOL BOARDS #18 AND #22.

Funded Amount:

$4,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC.
138 A COURT STREET
BROOKLYN, NY 11201
(718) 488–5902

Name of Project Director:

MARIE WATSON

Purpose of Project:

FUNDS WILL BE USED TO UNDERWRITE EXPENSES ASSOCIATED WITH PUBLIC SCHOOL MUSIC EDUCATION PROGRAMS.

Funded Amount:

$5,000

Requested By:

JACOBS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC.
138 A COURT STREET
BROOKLYN, NY  11201
(718) 488–5700

Name of Project Director:

CATHERINE CAHILL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE PROGRAMMING OF THE BROOKLYN PHILHARMONIC IN LOCAL SCHOOLS (I.E. PS 222).

Funded Amount:

$2,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC.
138A COURT STREET
BROOKLYN, NY  11201
(718) 488−5700

Name of Project Director:

CATHERINE CAHILL

Purpose of Project:

Funds will be used to provide mentoring programs for young musicians and professionals after school, as well as, to provide special projects with a local social service agency.

Funded Amount:

$3,000

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC.
138A COURT STREET
BROOKLYN, NY  11201
(718) 488–5700

Name of Project Director:

CATHERINE M. CAHILL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CONCERT TICKETS AND AN EDUCATIONAL PROGRAM AT PS 110.

Funded Amount:

$3,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC.
138 A COURT STREET
BROOKLYN, NY 11201
(718) 488−5700

Name of Project Director:

STEVEN LANKENAU

Purpose of Project:

FUNDS WILL BE USED FOR THE BROOKLYN PHILHARMONIC WHICH PROVIDES CRITICAL PROGRAMMING TO BROOKLYN’S NEEDIEST NEIGHBORHOODS, WITH THE GOAL OF PROMOTING WELL−BEING, ACADEMIC ACHIEVEMENT AND SOCIAL SUCCESS OF CHILDREN AND THEIR FAMILIES THROUGH A VARIETY OF CULTURAL, ACADEMIC AND SOCIAL ACTIVITIES.

Funded Amount:

$2,500

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC.
138 A COURT STREET
BROOKLYN, NY 11201
(718) 488–5700

Name of Project Director:

CATHERINE M. CAHILL

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE EDUCATIONAL AND RECREATIONAL PROGRAMS THAT BENEFIT SENIORS AND AT–RISK YOUTH.

Funded Amount:

$4,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC.
138A COURT STREET
BROOKLYN, NY  11201
(718) 488–5700

Name of Project Director:

CATHERINE CAHILL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE OPPORTUNITIES FOR IMPROVED LEARNING AND DELINQUENCY PREVENTION FOR BROOKLYN’S NEEDIEST NEIGHBORHOODS THROUGH CULTURAL, ACADEMIC, AND SOCIAL ACTIVITIES.

Funded Amount:

$2,500

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC.
138A COURT STREET
BROOKLYN, NY 11201
(718) 488–5700

Name of Project Director:

CATHERINE CAHILL

Purpose of Project:

FUNDS WILL BE USED FOR MENTORING PROGRAMS FOR YOUNG MUSICIANS WHO ARE PAIRED UP WITH PROFESSIONAL MUSICIANS.

Funded Amount:

$2,500

Requested By:

TOWNS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC.
138A COURT STREET
BROOKLYN, NY 11201
(718) 488–5700

Name of Project Director:
CATHERINE M CAHILL

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE CONCERT SERIES TICKETS TO COMMUNITY GROUPS.

Funded Amount:
$2,000

Requested By:
BROOK–KRAASY

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROOME COUNTY
BROOME CO. OFFICE BUILDING − 44 HAWLEY STREET
BINGHAMTON, NY 13902
(607) 778–3950

Name of Project Director:

COLLEEN WAGNER

Purpose of Project:

FUNDS WILL BE USED FOR THE RENTAL AND SET-UP OF EQUIPMENT FOR THE ANNUAL ETHNIC FESTIVAL. SET UP COSTS INCLUDE TABLES, CHAIRS, BACKDROP DRAPING AND CARPET, AS WELL AS AUDIO EQUIPMENT.

Funded Amount:

$5,000

Requested By:

LUPARDO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BROTHERHOOD/SISTER SOL, INC.
512 WEST 143RD STREET
NEW YORK, NY  10031
(212) 283−7044

Name of Project Director:

KHARY LARARRE−WHITE

Purpose of Project:

FUNDS WILL BE USED TO AcQUIRE A BUILDING TO PROVIDE EDUCATIONAL AND THEATRICAL PROGRAMS TO THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BUFFALO INNER CITY BALLET CO., INC.
2495 MAIN STREET, SUITE 357
BUFFALO, NY 14214
(716) 864-1832

Name of Project Director:

MARVIN ASKEW

Purpose of Project:

FUNDS WILL BE USED FOR RECREATIONAL AND CULTURAL PERFORMANCES, AS WELL AS, FOR YOUTH AFTER SCHOOL AND SUMMER PROGRAMS.

Funded Amount:

$5,000

Requested By:

PEOPLES

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BUFFALO NAVAL PARK COMMITTEE, INC.
ONE NAVAL PARK COVE
BUFFALO, NY 14202
(716) 847–1773

Name of Project Director:

PATRICK CUNNINGHAM

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATING SUPPORT OF THE BUFFALO NAVAL PARK.

Funded Amount:

$50,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BUFFALO PHILHARMONIC ORCHESTRA
499 FRANKLIN STREET
BUFFALO, NY  14202
(716) 885–0331

Name of Project Director:

DANIEL HART

Purpose of Project:

FUNDS WILL BE USED TO OFFSET GENERAL OPERATING EXPENSES OF THE
PHILHARMONIC ORCHESTRA.

Funded Amount:

$50,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BURNT HILLS BASKETBALL CLUB, INC.
44 PARADOWSKI ROAD
GLENVILLE, NY 12302
(518) 496–5722

Name of Project Director:

JIM JANSEN

Purpose of Project:

FUNDS WILL BE USED TO START A YOUTH BASKETBALL CLUB IN BURNT HILLS.

Funded Amount:

$2,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

BUTLER HISTORICAL SOCIETY
3514 ROUTE 414
CLYDE, NY 14433
(315) 923–7170

Name of Project Director:

ROBERT MEAD

Purpose of Project:

FUNDS WILL BE USED FOR THE RESTORATION OF THE BUILDING.

Funded Amount:

$5,000

Requested By:

OAKS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

C−R PRODUCTIONS, INC.
COHOES MUSIC HALL, 58 REMSEN STREET
COHOES, NY 12047
(518) 237−5858  Ext: 3

Name of Project Director:

TONY RIVERA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE COMPUTERS, MONITORS, PRINTERS, COPIERS, FAX MACHINES AND SOFTWARE FOR THE MUSIC HALL’S ADMINISTRATIVE OFFICES.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CAN YOU DIG IT, INC.
48 NARRANGANSETT ROAD
BUFFALO, NY 14220
(716) 983–8094

Name of Project Director:

RAYMOND MCGURN

Purpose of Project:

FUNDS WILL BE USED FOR A CULTURAL ENRICHMENT PROGRAM, WHICH WILL INCLUDE LIVE MUSIC FROM AROUND THE WORLD AND FIREWORKS FOR APPROXIMATELY 2,000 PEOPLE.

Funded Amount:

$15,000

Requested By:

SCHROEDER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CARAMOOR CENTER FOR MUSIC AND THE ARTS, INC.
149 GIRDLE RIDGE ROAD, P.O. BOX 816
KATONAH, NY 10536
(914) 232–5035

Name of Project Director:

PAUL ROSENBLUM

Purpose of Project:

FUNDS WILL BE USED TO GIVE PARTICIPATING STUDENTS AN INTENSIVE ARTS EXPERIENCE, OFFERING DIRECT EXPOSURE TO LIVE ARTISTS AND ARTS PROFESSIONALS, IN AN UP–CLOSE AND PERSONAL MANNER.

Funded Amount:

$10,000

Requested By:

BRADLEY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CARIBBEAN CULTURAL THEATRE, INC.
138 SOUTH OXFORD STREET, SUITE 4A
BROOKLYN, NY  11217
(718) 783−8345

Name of Project Director:

E. WAYNE MCDONALD

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SPOKEN WORD AND DRAMATIC PRESENTATIONS FOR BROOKLYN'S DIVERSE COMMUNITIES WITH A SPECIFIC FOCUS ON THE BOROUGHS' CARIBBEAN POPULATION.

Funded Amount:

$10,000

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CATSKILL BOXING CENTER
422 MAIN STREET
CATSKILL, NY 12414
(518) 965–0184

Name of Project Director:

WILLIAM WHITE, II

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT.

Funded Amount:

$1,500

Requested By:

LOPEZ–P

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CATSKILL LITTLE LEAGUE
P.O. BOX 808
CATSKILL, NY 12414
(518) 943–2632

Name of Project Director:

TOM RILEY

Purpose of Project:

FUNDS WILL BE USED FOR AN AED.

Funded Amount:

$1,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CATTARAUGUS COUNTY ARTS COUNCIL
P.O. BOX 406
OLEAN, NY 14760
(716) 372−7455

Name of Project Director:

ANNE CONROY−BAITER

Purpose of Project:

FUNDS WILL BE USED FOR ROUTES TO ART: CATTARAUGUS REGION OPEN STUDIO TOUR.

Funded Amount:

$5,000

Requested By:

GIGLIO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CATTARAUGUS COUNTY EQUINE ADVISORY COMMITTEE
303 COURT STREET
LITTLE VALLEY, NY 14755
(716) 938−2320

Name of Project Director:

ANNIE WIDGER

Purpose of Project:

FUNDS WILL BE USED FOR THE CATTARAUGUS COUNTY BICENTENNIAL HORSE/BUGGY TRAIL RIDE.

Funded Amount:

$1,000

Requested By:

GIGLIO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CEJJES INSTITUTE, INC.
5 COOPER MORRIS DRIVE
POMONA, NY 10970
(845) 362–8610

Name of Project Director:

JAMILA BRATHWAITE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE HUDSON VALLEY WITH THE FIRST EXHIBITION CENTER DEVOTED TO THE HISTORY AND CULTURE OF PEOPLE OF AFRICAN ANCESTRY.

Funded Amount:

$5,000

Requested By:

JAFFEE, ZEBROWSKI–K

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CEJIES INSTITUTE, INC.
5 COOPER MORRIS DRIVE
POMONA, NY 10970
(845) 362–8610

Name of Project Director:

JAMILA BRATHWAITE

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH PROVIDING THE HUDSON VALLEY’S ONLY EXHIBITION CENTER DEVOTED TO THE HISTORY AND CULTURE OF PEOPLE OF AFRICAN ANCESTRY.

Funded Amount:

$5,000

Requested By:

JAFFEE, ZEBROWSKI–K

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CENTER FOR JEWISH HISTORY, INC.
15 WEST 16TH STREET
NEW YORK, NY 10011
(212) 294-8301

Name of Project Director:

MICHAEL GLICKMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE GENERAL OPERATING SUPPORT OF THE CENTER AND ITS EDUCATION, OUTREACH PROGRAMS RELATED TO THE PRESERVATION OF THE JEWISH HERITAGE.

Funded Amount:

$50,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CENTER FOR THE ARTS OF HOMER
72 SOUTH MAIN STREET
HOMER, NY 13077
(607) 749–4900

Name of Project Director:

DANIEL HAYES

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT AND IMPLEMENTATION.

Funded Amount:

$3,000

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CENTRAL ASTORIA LOCAL DEVELOPMENT COALITION, INC.
28–27 STEINWAY STREET
ASTORIA, NY 11103
(718) 721−8252

Name of Project Director:

MARIE TORNIALI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF PRESENTING THE JULY 4TH FIREWORKS CELEBRATION IN ASTORIA PARK.

Funded Amount:

$30,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CENTRAL BROOKLYN JAZZ CONSORTIUM
23 PULASKI STREET
BROOKLYN, NY 11206
(718) 778-0009 Ext: 25

Name of Project Director:

JITU K. WEUSI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF PROVIDING JAZZ AND GOSPEL MUSIC TO THE COMMUNITY.

Funded Amount:

$3,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CENTRAL ISLIP HISTORIC PRESERVATION SOCIETY
P.O. BOX 219
CENTRAL ISLIP, NY 11722
(631) 348–0669

Name of Project Director:

NANCY MANFREDONIA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET OPERATIONAL AND MAINTENANCE COSTS, SUCH AS POSTAGE, NEWSLETTERS, STATIONERY, ETC.

Funded Amount:

$2,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CENTRAL QUEENS HISTORICAL ASSOCIATION, INC.
P.O. BOX N
KEW GARDENS, NY 11415
(718) 896-4416

Name of Project Director:

JEFFREY GOTTLIEB

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AN ARCHIVE OF QUEENS HISTORY BY REPRODUCING OLD PHOTOS, ARTICLES, DIARY AND JOURNAL ENTRIES FOR THE ARCHIVES, AS WELL AS POSTAGE FOR MAILINGS.

Funded Amount:

$1,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
CENTRAL QUEENS HISTORICAL ASSOCIATION, INC.
P.O. BOX N
KEW GARDENS, NY 11415
(718) 896−4416

Name of Project Director:
JEFFREY GOTTLIEB

Purpose of Project:
FUNDS WILL BE USED TO RAISE THE CONSCIOUSNESS OF THE RESIDENTS OF CENTRAL QUEENS TO THE HISTORICAL BACKGROUND OF THEIR NEIGHBORHOODS.

Funded Amount:
$2,000

Requested By:
HEVESI

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CHAMBER OF COMMERCE OF ULSTER COUNTY, INC.
51 ALBANY AVENUE
KINGSTON, NY  12401
(845) 338−5100

Name of Project Director:

WARD TODD

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE EXECUTION OF THE ULSTER COUNTY QUADRIANENNIAL COMMITTEE CELEBRATIONS, INCLUDING BUT NOT LIMITED TO ACTIVITIES, EVENTS AND PROGRAMS FOR THE COMMUNITY.

Funded Amount:

$40,000

Requested By:

CAHILL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CHAPPAQUA ORCHESTRAL ASSOCIATION
P.O. BOX 461
CHAPPAQUA, NY  10514
(914) 238–9220

Name of Project Director:

MARJORIE PERLIN

Purpose of Project:

FUNDS WILL BE USED TO PRESENT A TWO CONCERT RETROSPECTIVE, BRINGING THE HISTORY OF THE ORCHESTRA FROM 1958, INCLUDING LOCAL AND WORLD HISTORY TO CURRENT EVENTS OF SAME, TO CELEBRATE 50 YEARS OF BRINGING CULTURE TO THE COMMUNITY. THE SECOND CONCERT WILL INCLUDE A COMMISSION FROM LOWELL LIEBERMAN, A HORACE GREELEY GRADUATE.

Funded Amount:

$4,000

Requested By:

BRADLEY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CHERRY LANE ALTERNATIVE, INC.
38 COMMERCE STREET
NEW YORK, NY 10014
(212) 989−2020 Ext: 20

Name of Project Director:

JOANNA GOTTLIEB

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE MENTOR PROJECT, WHICH ENGAGES PRE−EMINENT DRAMATISTS IN ONE−TO−ONE MENTORING RELATIONSHIPS WITH ASPIRING PLAYWRIGHTS FOR AN ENTIRE THEATRICAL SEASON.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CHILDREN’S MUSEUM OF THE EAST END
P.O. BOX 316
BRIDGEHAMPTON, NY 11932
(631) 537–8250

Name of Project Director:

JACKIE LOWEY

Purpose of Project:

FUNDS WILL BE USED FOR YOUTH PROGRAMS.

Funded Amount:

$10,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CHINESE–AMERICAN ARTS COUNCIL, INC.
456 BROADWAY, 3RD FLOOR
NEW YORK, NY 10013
(212) 431–9740

Name of Project Director:

ALAN CHOW

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE OUTDOOR PERFORMANCES OF TRADITIONAL ASIAN MUSIC, DANCE, AND THEATER IN MANHATTAN, BROOKLYN, QUEENS, AND CHINATOWN. FUNDS WILL ALSO BE USED TO PROVIDE VISUAL ART MULTI–MEDIA SHOWS OF EMERGING AND ESTABLISHED ASIAN AMERICAN ARTISTS. THESE PERFORMANCES ARE FREE FOR SENIOR CITIZEN CENTERS, HOSPITALS, AND PUBLIC SCHOOLS.

Funded Amount:

$38,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CHITTENANGO LANDING CANAL BOAT MUSEUM
7010 LAKEPORT ROAD
CHITTENANGO, NY 13037
(315) 687–3801

Name of Project Director:

RALPH PENNER

Purpose of Project:

FUNDS WILL BE USED TO RECONSTRUCT THE MULE/HORSE STABLE AS IT EXISTED IN THE 19TH CENTURY ON THE ORIGINAL SITE.

Funded Amount:

$10,000

Requested By:

MAGEE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CHRISTIAN BROTHERS ACADEMY
12 AIRLINE DRIVE
ALBANY, NY 12205
(518) 452–9809 Ext: 123

Name of Project Director:

JOE VOLPE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE RENTAL FEE AT THE EGG FOR CBA’S BAND FOR THEIR SPRING CONCERT, WHICH IS OPEN TO THE PUBLIC.

Funded Amount:

$3,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CIRCLE OF DANCE REPERTORY COMPANY
P.O. BOX 840
WANTAGH, NY 11793
(516) 826–8053

Name of Project Director:

JO-ANN HERTZMAN

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$2,500

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CITY OF NEW YORK DEPARTMENT OF PARKS AND RECREATION
THE ARSENAL, CENTRAL PARK, 830 FIFTH AVENUE, ROOM 310
NEW YORK, NY 10065
(212) 360–1360

Name of Project Director:

EDWARD J. LEWIS

Purpose of Project:

FUNDS WILL BE USED FOR ORGANIZED PROGRAMS THAT WILL INCREASE THE CLEANLINESS AND SAFETY OF CARL SCHURZ, JOHN JAY, AND ST. CATHERINE’S PARKS, MAKING THEM SAFE HAVENS FOR THE CHILDREN AND FAMILIES OF THE SURROUNDING NEIGHBORHOODS, INCLUDING SPORTS, BOARD GAMES, ARTS AND CRAFTS, TOURNAMENTS, WATER GAMES, ORGANIZED WALKS, ETC.

Funded Amount:

$16,500

Requested By:

KELLNER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CITY OF NORTH TONAWANDA
216 PAYNE AVENUE
NORTH TONAWANDA, NY  14120
(716) 695−8540

Name of Project Director:

JERRY WHITEHEAD

Purpose of Project:

FUNDS WILL BE USED TO COMPLETE RENOVATIONS TO THE PINEWOODS PARK RESTROOM FACILITIES, INCLUDING PLUMBING AND DRAINAGE, AS WELL AS FOR NEW HANDICAP ACCESSIBLE ENTRANCE DOORS AND RAMPS.

Funded Amount:

$18,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CITY OF RENSSELAER
62 WASHINGTON STREET
RENSSELAER, NY 12144
(518) 449-4756

Name of Project Director:

DR. CHARLES SEMOWICH

Purpose of Project:

FUNDS WILL BE USED TO MICROFILM THE CITY’S NEWSPAPERS AND TO ADD MORE ITEMS TO THE CITY’S HISTORY CENTER RESEARCH ROOM, SUCH AS THE NEW NETHERLAND PAPER PUBLICATIONS PLUS MANY OTHER ITEMS RELATED TO LOCAL HISTORY.

Funded Amount:

$2,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CITY OF SYRACUSE
233 EAST WASHINGTON STREET, CITY HALL, ROOM 203
SYRACUSE, NY  13202
(315) 473–4330

Name of Project Director:

PATRICK DRISCOLL

Purpose of Project:

FUNDS WILL BE USED FOR SHRUBS, PLANTS, SEATING AND SIGNAGE FOR WEBSTERS POND PARK.

Funded Amount:

$15,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CITY OF YONKERS
40 SOUTH BROADWAY
YONKERS, NY  10701
(914) 377−6160

Name of Project Director:

JAMES LAPERCHE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS FOR THE ANNUAL YONKERS MEMORIAL DAY PARADE AND FOR MEMORIAL DAY EVENTS FEES.

Funded Amount:

$10,000

Requested By:

SPANO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CITY OF YONKERS
40 SOUTH BROADWAY
YONKERS, NY 10701
(914) 377–6160

Name of Project Director:

JAMES LAPERCHE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS FOR THE ANNUAL YONKERS COLUMBUS DAY PARADE AND ITALIAN HERITAGE EVENTS.

Funded Amount:

$10,000

Requested By:

SPANO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CITY OF YONKERS
40 SOUTH BROADWAY, CITY HALL
YONKERS, NY 10701
(914) 377-6160

Name of Project Director:

JAMES LAPERCHE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS FOR THE ANNUAL YONKERS PUERTO RICAN DAY PARADE AND HERITAGE FESTIVAL EVENTS.

Funded Amount:

$6,500

Requested By:

PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CIVIC HERITAGE
11256 SOUTH STREET, (P.O. BOX 389)
CATO, NY 13033
(315) 626–2192

Name of Project Director:

MARGARET SWEETMAN

Purpose of Project:

FUNDS WILL BE USED FOR THE CIVIC HERITAGE CENTER.

Funded Amount:

$10,000

Requested By:

OAKS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CLEVELAND HISTORICAL SOCIETY
36 WEST STREET
CLEVELAND, NY 13042
(315) 675–8517

Name of Project Director:

MARGE THOMAS

Purpose of Project:

FUNDS WILL BE USED FOR LIGHT AND SOUND SYSTEM FOR CHILDREN’S GLASSWORKS THEATRE.

Funded Amount:

$4,000

Requested By:

TOWNSEND

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CNY COMMUNITY ARTS COUNCIL
261 GENESEE STREET
UTICA, NY 13501
(315) 724–1113

Name of Project Director:

KEVIN MARKEN

Purpose of Project:

FUNDS WILL BE USED FOR FUNDING OF STANLEY SCHOOL TIME PERFORMANCES PROGRAMS FOR SCHOOLS WITHIN THE 117TH DISTRICT.

Funded Amount:

$3,000

Requested By:

BUTLER–M

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CNY COMMUNITY ARTS COUNCIL
261 GENESEE STREET
UTICA, NY 13501
(315) 724-1113

Name of Project Director:

LESLEY TILLOTSON

Purpose of Project:

FUNDS WILL BE USED FOR ARTS IN EDUCATION INSTITUTE–CLINTON SCHOOL DISTRICT.

Funded Amount:

$10,000

Requested By:

TOWNSEND

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CNY COMMUNITY ARTS COUNCIL
261 GENESEE STREET
UTICA, NY 13501
(315) 724–1113

Name of Project Director:

RONALD THIELE

Purpose of Project:

FUNDS WILL BE USED FOR THE COMPLETION OF THE STANLEY THEATRE EXPANSION PROJECT CATERING KITCHEN.

Funded Amount:

$5,000

Requested By:

TOWNSEND

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COAST 2 COAST BASKETBALL, INC.
P.O. BOX 724
MORICHES, NY 11955
(631) 298-4940

Name of Project Director:

TERRELL DOZIER

Purpose of Project:

FUNDS WILL BE USED FOR STUDENT ATHLETE PROGRAM.

Funded Amount:

$1,500

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COLLEGE COMMUNITY SERVICES, INC.
P.O. BOX 100163
BROOKLYN, NY 11210
(718) 951-4600

Name of Project Director:

FRANK SONNTAG

Purpose of Project:

FUNDS WILL BE USED TO INCREASE PROGRAMMING, OUTREACH AND PUBLIC ACCESS FOR BROOKLYN’S DIVERSE COMMUNITIES TO CULTURAL PERFORMANCES FOR TEACHERS, PARENTS AND GUARDIANS.

Funded Amount:

$40,000

Requested By:

PERRY, SILVER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COLLEGE COMMUNITY SERVICES, INC.
P.O. BOX 100163
BROOKLYN, NY  11210
(718) 951−4600

Name of Project Director:

CHERI WALSH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE COMMUNITY WITH A CULTURAL ARTS AND EDUCATION PROGRAM.

Funded Amount:

$2,500

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COLLEGE COMMUNITY SERVICES, INC.  
P.O. BOX 100163  
BROOKLYN, NY 11210  
(718) 951−4600 Ext: 21

Name of Project Director:

LANA ROGACHEVSKAYA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH BILINGUAL PERFORMANCES.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COLLEGE COMMUNITY SERVICES, INC.
P.O. BOX 100163
BROOKLYN, NY 11210
(718) 951–4600 Ext: 21

Name of Project Director:

FRANK SONNTAG

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE ANNUAL PRODUCTION OF THE "CARRIBEAN CELEBRATION" CONCERTS AND "SCHOOL TIME" SERIES AT THE BROOKLYN CENTER FOR THE PERFORMING ARTS.

Funded Amount:

$3,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COLLEGE COMMUNITY SERVICES, INC.
P.O. BOX 100163
BROOKLYN, NY 11210
(718) 951−5100

Name of Project Director:

RICHARD GROSSBERG

Purpose of Project:

FUNDS WILL BE USED TO COVER VENUE RENTAL COSTS OF A FREE COMMUNITY KIDS PERFORMANCE.

Funded Amount:

$1,200

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COLLEGE COMMUNITY SERVICES, INC.
P.O. BOX 100163
BROOKLYN, NY 11210
(718) 951–4600

Name of Project Director:

FRANK SONNTAG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PERFORMING ARTS EDUCATIONAL PROGRAMS FOR ELEMENTARY STUDENTS IN BROOKLYN.

Funded Amount:

$7,500

Requested By:

JACOBS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COLLEGE COMMUNITY SERVICES, INC.
P.O. BOX 100163
BROOKLYN, NY 11210
(718) 951-4600

Name of Project Director:

CHERI WALSH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ENTERTAINMENT TO THE PUBLIC, INCLUDING PLAYS, OPERAS, ETC.

Funded Amount:

$2,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COLLEGE COMMUNITY SERVICES, INC.
P.O. BOX 100163
BROOKLYN, NY  11210
(718) 951–4600

Name of Project Director:

FRANK SONNTAG

Purpose of Project:

FUNDS WILL BE USED FOR THE PRESENTATION OF INTERNATIONAL ARTISTS.

Funded Amount:

$1,458

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COLLEGE COMMUNITY SERVICES, INC.  
P.O. BOX 100163  
BROOKLYN, NY  11210  
(718) 951–4600

Name of Project Director:

FRANK SONNTAG

Purpose of Project:

FUNDS WILL BE USED TO INCREASE PROGRAMMING, OUTREACH AND PUBLIC ACCESS FOR BROOKLYN’S DIVERSE COMMUNITIES WITH A SPECIFIC FOCUS ON THE BOROUGH’S CARIBBEAN POPULATION.

Funded Amount:

$12,000

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COLONIAL FARMHOUSE RESTORATION SOCIETY OF BELLEROSE, INC.
73–50 LITTLE NECK PARKWAY
FLORAL PARK, NY 11004
(718) 347–3274

Name of Project Director:

AMY FISCHETTI

Purpose of Project:

FUNDS WILL BE USED TO OFFER A VARIETY OF PROGRAMS, TOURS, EXHIBITS AND SPECIAL EVENTS ON THE AGRICULTURAL HISTORY OF QUEENS COUNTY.

Funded Amount:

$5,500

Requested By:

WEPRIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COLUMBUS PARADE AND ITALIAN FESTIVAL, INC.
200 SOUTH PEARL STREET
ALBANY, NY 12202
(518) 641-7511

Name of Project Director:

STEVEN T. LONG

Purpose of Project:

FUNDS WILL BE USED TO ASSIST WITH THE COST OF THE ANNUAL COLUMBUS PARADE AND FESTIVAL THAT IS HELD EACH YEAR IN THE CITY OF ALBANY.

Funded Amount:

$3,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COLUMBUS PARADE AND ITALIAN FESTIVAL, INC.
200 SOUTH PEARL STREET
ALBANY, NY 12202
(518) 641−7518

Name of Project Director:

STEVEN T. LONGO

Purpose of Project:

FUNDS WILL BE USED TO HELP DEFRAY COSTS OF THE PARADE IN ALBANY.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
COMMUNITY WORKS
55 WEST END AVENUE
NEW YORK, NY 10023
(212) 459–1854

Name of Project Director:
BARBARA HOROWITZ

Purpose of Project:
FUNDS WILL BE USE FOR A TEACHING ARTIST RESIDENCIES PROGRAM
AND WORKSHOPS IN ELEMENTARY OR MIDDLE SCHOOLS.

Funded Amount:
$5,000

Requested By:
KELLNER

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COMMUNITY WORKS
55 WEST END AVENUE
NEW YORK, NY 10023
(212) 459-1854

Name of Project Director:

BARBARA HOROWITZ

Purpose of Project:

FUNDS WILL BE USED TO BRING PROFESSIONAL TEACHING ARTISTS TO PUBLIC SCHOOL 199 FOR WORKSHOPS AND RESIDENCIES – THEATRE, DANCE, MUSIC, VISUAL ARTS, LITERACY ARTS, ETC.

Funded Amount:

$5,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COMMUNITY WORKS
55 WEST END AVENUE
NEW YORK, NY  10023
(212) 459−1854

Name of Project Director:

BARBARA HOROWITZ

Purpose of Project:

Funds will be used to offset the costs associated with the "Theatre to Go" and "Making a Difference", programs, which brings administrators to classrooms to teach young people theater, dance, music, visual arts, and literacy arts.

Funded Amount:

$5,000

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CONCERNED CITIZENS OF HASBROUCK AND VICINITY, INC.
P.O. BOX 355
WOODBOURNE, NY 12788
(845) 436–7720

Name of Project Director:

ALANA SHERMAN

Purpose of Project:

FUNDS WILL BE USED FOR REPAIRS, RENOVATION AND UPKEEP OF OLD STONE HOUSE, AN HISTORIC BUILDING.

Funded Amount:

$2,000

Requested By:

GUNTHER–A

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CONCERTED EFFORT, INC.
P.O. BOX 407
NORTH CHATHAM, NY 12132
(518) 766–4276

Name of Project Director:

JULIE KABAT

Purpose of Project:

FUNDS WILL BE USED FOR THE IMPLEMENTATION OF EDUCATIONAL ARTS PROGRAMS.

Funded Amount:

$2,500

Requested By:

GORDON–T

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CONEY ISLAND HISTORY PROJECT, INC.
1000 SURF AVENUE
BROOKLYN, NY 11224
(646) 334–8860

Name of Project Director:

TRICIA VITA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN AUDIO WALKING TOUR OF THE HISTORY OF CONEY ISLAND.

Funded Amount:

$1,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CONFERENCE HOUSE ASSOCIATION
P.O. BOX 171
STATEN ISLAND, NY 10312
(718) 984–0415

Name of Project Director:

MADALEN A. BERTOLINI

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL OUTREACH ABOUT THIS HISTORIC LANDMARK.

Funded Amount:

$2,000

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CONRAD POPPENHUSEN ASSOCIATION
114–04 14 ROAD
COLLEGE POINT, NY 11356
(718) 358–0067

Name of Project Director:

SUSAN BRUSTMANN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE COMMUNITY, CULTURAL AND HISTORICAL PROGRAMS TO THE COMMUNITY. IN ADDITION, FUNDS WILL BE USED TO SUPPORT THE OPERATION OF THE INSTITUTE, INCLUDING THE PURCHASE OF OFFICE SUPPLIES.

Funded Amount:

$7,500

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COOPERATIVE EXTENSION ASSOCIATION IN THE STATE OF NEW YORK
26 LEGION DRIVE
VALHALLA, NY 10595
(914) 285-4622

Name of Project Director:

BARBARA SACKS

Purpose of Project:

FUNDS WILL BE USED TO TRAIN MUNICIPAL EMPLOYEES IN THE
SELECTION, SITING AND CARE OF PUBLIC STREET TREES AND PARK
TREES.

Funded Amount:

$7,000

Requested By:

BRADLEY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CORNWALL LITTLE LEAGUE
P.O. BOX 427
CORNWALL, NY 12518
(845) 534-4960

Name of Project Director:

JOHN CARNRIGHT

Purpose of Project:

FUNDS WILL BE USED FOR FIELD IMPROVEMENTS.

Funded Amount:

$2,500

Requested By:

CALHOUN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CORTLAND REPERTORY THEATRE, INC
37 FRANKLIN STREET, (P.O. BOX 783)
CORTLAND, NY 13045
(607) 753−6161

Name of Project Director:

KIRBY THOMPSON

Purpose of Project:

FUNDS WILL BE USED FOR STARS OF TOMORROW AND SHOWSTOPPERS AND SUPERSTARS YOUTH CAMPS.

Funded Amount:

$5,000

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

COUNCIL OF PARK FRIENDS, INC.
P.O. BOX 153
JAMESVILLE, NY 13078
(315) 474–4508

Name of Project Director:

DAN SMOTHERGILL

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE PROGRAMS DEDICATED TO THE CLARK RESERVATION.

Funded Amount:

$4,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

COUNCIL ON THE ARTS AND HUMANITIES FOR STATEN ISLAND
1000 RICHMOND TERRACE
STATEN ISLAND, NY 10301
(718) 447–3329

Name of Project Director:

MELANIE COHN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TECHNICAL ASSISTANCE TO STATEN ISLAND BASED ARTS AND HUMANITIES ORGANIZATIONS FOR THE PROMOTION AND EXPANSION OF THESE ORGANIZATIONS.

Funded Amount:

$2,500

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
CRADLE OF AVIATION
CHARLES LINDBURGH BOULEVARD
GARDEN CITY, NY 11530
(516) 572–4038

Name of Project Director:
ANDY PARTON

Purpose of Project:
FUNDS WILL BE USED FOR THE CONTINUATION OF PROGRAMS.

Funded Amount:
$3,000

Requested By:
SALADINO

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CRADLE OF AVIATION MUSEUM
ONE DAVIS AVENUE
GARDEN CITY, NY 11530
(516) 572-4111

Name of Project Director:

ANDREW PARTON

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS.

Funded Amount:

$5,000

Requested By:

MCKEVITT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

CRAGSMOOR HISTORICAL SOCIETY, INC.
P.O. BOX 354
CRAGSMOOR, NY 12420
(845) 647–6384

Name of Project Director:

SALLY MATZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE RESTORATION OF THE FORMER CRAGSMOOR FEDERATED BUILDING.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CREATIVE MINISTRIES, INC.
931 MONTAUK HIGHWAY
OAKDALE, NY 11769
(631) 218–2812

Name of Project Director:

NOEL J. RUIZ

Purpose of Project:

FUNDS WILL BE USED FOR THE PRODUCTION AND ADVERTISING EXPENSES OF LIVE THEATRE. THIS PROGRAM IS OPEN TO ALL ON A NON-SECTARIAN BASIS.

Funded Amount:

$10,000

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CREATIVE OUTLET DANCE THEATRE OF BROOKLYN, INC.
80 HANSON PLACE, SUITE 303
BROOKLYN, NY 11217
(718) 636–9312

Name of Project Director:

JAMEL GAINES

Purpose of Project:

FUNDS WILL BE USED TO PRODUCE A BLACK HISTORY FESTIVAL AND FOR AN ARTS IN EDUCATION PROGRAM FOR STUDENTS IN THE COMMUNITY. FUNDS WILL ALSO BE USED TO PROVIDE IN–STATE TRANSPORTATION FOR STUDENTS TO THESE CULTURAL AND EDUCATIONAL PERFORMANCES.

Funded Amount:

$2,500

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CREATIVE OUTLET DANCE THEATRE OF BROOKLYN, INC.
80 HANSON PLACE, SUITE 303
BROOKLYN, NY  11217
(718) 636–9312

Name of Project Director:

JAMEL GAINES

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CULTURAL ARTS EDUCATION PROGRAMS TO PUBLIC SCHOOLS THROUGHOUT NEW YORK CITY.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CYPRECO OF AMERICA, INC.
23-50 27TH STREET
LONG ISLAND CITY, NY 11105
(718) 545-1151

Name of Project Director:

ELENA MAROULLETI

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE BILINGUAL RADIO PROGRAM FOR GREEK AND ENGLISH SPEAKING AUDIENCES IN THE METRO AREA, AND TO ACQUAINT THEM WITH THE RICH CULTURE AND HERITAGE OF GREECE AND CYPRUS.

Funded Amount:

$5,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

DANCE NEW AMSTERDAM, INC.
280 BROADWAY, 2ND FLOOR
NEW YORK, NY 10007
(212) 625–8369 Ext: 233

Name of Project Director:

KAITLIN HINES

Purpose of Project:

FUNDS WILL BE USED FOR FREE PUBLIC EXHIBITS IN THE DNA’S GALLERY, MARKETING OF THE PROGRAM TO THE GENERAL PUBLIC AND AIDING IN THE CURATORIAL DECISIONS, WHICH PROMOTE DNA’S ARTISTIC VISION.

Funded Amount:

$3,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

DANCE THEATRE OF HARLEM, INC.
466 WEST 152ND STREET
NEW YORK, NY  10031
(212) 690–2800  Ext: 434

Name of Project Director:

SHARON WILLIAMS

Purpose of Project:

FUNDS WILL BE USED FOR BASEMENT REPAIRS, INCLUDING NEW FLOORING, REPLACEMENT OF PARENT WAITING AREA, LIGHTING UPGRADES, AS WELL AS FOR THE PURCHASE OF Locker ROOM EQUIPMENT.

Funded Amount:

$50,000

Requested By:

FARRELL, JR

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

DANISAR PRODUCTIONS, INC.
ONE UNION SQUARE, SUITE 17M
NEW YORK, NY 10003
(212) 561–0191

Name of Project Director:

ALICIA KAPLAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PLAYS AND OTHER EVENTS IN ENGLISH AND SPANISH, FREE OF CHARGE FOR THE HARLEM COMMUNITY.

Funded Amount:

$10,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

DIATA DIATA INTERNATIONAL FOLKLORIC THEATRE, HUDSON DEPARTMENT OF YOUTH–HUDSON OPERA HOUSE
54 NORTH 5TH STREET
HUDSON, NY 12534
(518) 828–0594

Name of Project Director:

PAMELA BADILA

Purpose of Project:

FUNDS WILL BE USED FOR THE COSTS OF RENTING THE BUILDING FOR THE PERFORMANCE OF "AND THEN THERE WAS ONE".

Funded Amount:

$1,250

Requested By:

MOLINARO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

DUDLEY OBSERVATORY
107 NOTT TERRACE, SUITE 201
SCHENECTADY, NY 12308
(518) 382–7538

Name of Project Director:

JANIE SCHWAB

Purpose of Project:

FUNDS WILL BE USED FOR THE PRESENTATION OF THE PHOTOGRAPHIC RESTAGING OF THE HISTORIC PAINTINGS OF THE INAUGURATION OF THE DUDLEY OBSERVATORY.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

DUDLEY OBSERVATORY OF THE CITY OF ALBANY, INC.
107 NOTT TERRACE, SUITE 301
SCHENECTADY, NY 12308
(518) 382-7583

Name of Project Director:

JANIE SCHWAB

Purpose of Project:

FUNDS WILL BE USED TO RESTORE HISTORIC PRUYN TELESCOPE, WHICH IS HOUSED IN THE STATE MUSEUM.

Funded Amount:

$4,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

DUTCHESS COUNTY ARTS COUNCIL
9 VASSAR STREET
POUGHKEEPSIE, NY 12601
(845) 454–3222

Name of Project Director:

BENJAMIN KREVOLIN

Purpose of Project:

FUNDS WILL BE USED FOR A MOVIES IN THE PARK PROGRAM.

Funded Amount:

$4,750

Requested By:

MOLINARO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

EAR SAY, INC.
P.O. BOX 4338
SUNNYSIDE, NY 11104
(718) 791–4324

Name of Project Director:

JUDITH SLOAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AN ARTS IN EDUCATION PROGRAM TO TRAIN TEENS, ARTISTS, AND TEACHERS ABOUT THEATRE, VISUAL, AND MULTIMEDIA ARTS, AND FOR A PERFORMANCE FESTIVAL "CROSSING THE BLVD/CROSSING THE CULTURAL DIVIDE."

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

EAST 62ND STREET ASSOCIATION, INC.
770 LEXINGTON AVENUE, 18TH FLOOR
NEW YORK, NY  10021
(212) 832–3049

Name of Project Director:

JOAN LIPTON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE SURVIVAL AND HEALTH OF TREES, AS WELL AS BEAUTIFICATION OF THE AREA THROUGH THE PURCHASE AND INSTALLATION OF TREE GUARDS.

Funded Amount:

$5,000

Requested By:

BING

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

EAST END ARTS COUNCIL  
133 EAST MAIN STREET  
RIVERHEAD, NY 11901  
(631) 727−0900

Name of Project Director:

TONI MUNNA

Purpose of Project:

FUNDS WILL BE USED FOR A STUDENT ARTS PROGRAM.

Funded Amount:

$2,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

EAST HARLEM PRESERVATION
1622 MADISON AVENUE, SUITE 5A
NEW YORK, NY 10029
(646) 271−6854

Name of Project Director:

MARINA ORTIZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF A FREE OUTDOOR COMMUNITY CONCERT INTENDED TO BRING AWARENESS OF THE ISSUE OF DISPLACEMENT AND GENTRIFICATION IN EAST HARLEM. THE CONCERT WILL INVOLVE MUSICAL, AS WELL AS SPOKEN WORD PERFORMANCES BY LOCAL ARTISTS.

Funded Amount:

$2,500

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

EL MUSEO FRANCISCO OLLER Y DIEGO RIVERA, INC.
91 ALLEN STREET
BUFFALO, NY 14202
(716) 884-9693

Name of Project Director:

CRAIG G. CENTRIE

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATING SUPPORT FOR PROGRAMS THAT BRING LOCAL AND NATIONALLY RECOGNIZED ETHNIC ARTISTS TO THE WESTERN NEW YORK COMMUNITY FOR ARTS EDUCATION PROGRAMS, AND FOR BILINGUAL PROGRAMS.

Funded Amount:

$4,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ELAINE KAUFMAN CULTURAL CENTER/LUCY MOSES SCHOOL FOR MUSIC AND DANCE
129 WEST 67TH STREET
NEW YORK, NY 10023
(212) 501–3357

Name of Project Director:

LYDIA KONTOS

Purpose of Project:

FUNDS WILL BE USED FOR FIVE WEEK SUMMER WORKSHOPS, TO TEACH THEATER TO CHILDREN.

Funded Amount:

$7,500

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ELDRIDGE STREET PROJECT
12 ELDRIDGE STREET
NEW YORK, NY  10002
(212) 219–0888

Name of Project Director:

AMY WATERMAN

Purpose of Project:

FUNDS WILL BE USED TO HELP TO PRESERVE THE HISTORIC (NEW YORK STATE LANDMARK AND LISTED ON NATIONAL REGISTRAR OF HISTORIC PLACES) BUILDING AND TO PROMOTE IT WITH PUBLIC CULTURAL AND EDUCATIONAL ACTIVITIES.

Funded Amount:

$44,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ELMWOOD AVENUE FESTIVAL OF THE ARTS, INC.
P.O. BOX 786
BUFFALO, NY  14213
(716) 830–2484

Name of Project Director:

JOSEPH DIPASQUALE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE ELMWOOD AVENUE FESTIVAL, WHICH DRAWS IN THE COMMUNITY TO FOSTER GROWTH AND AWARENESS OF WESTERN NEW YORK’S CULTURAL AND ARTISTIC TREASURES, AS WELL AS BUILDS THE LOCAL ARTS ECONOMY.

Funded Amount:

$4,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ENDICOTT PERFORMING ARTS CENTER, INC.
102 WASHINGTON AVENUE
ENDICOTT, NY  13760
(607) 785–8903

Name of Project Director:

PATRICK FOTI

Purpose of Project:

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A LOFT FOR THE STORAGE OF COSTUMES AND PROPS, AND TO INSTALL ELECTRICITY IN THE STORAGE AREA.

Funded Amount:

$5,000

Requested By:

LUPARDO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

EPIPHANY THEATER COMPANY, INC.
154 REGENT STREET, SUITE 2010
SARATOGA SPRINGS, NY 12866
(518) 584–4666

Name of Project Director:

AMY KAISSAR

Purpose of Project:

FUNDS WILL BE USED TO PARTIALLY FUND THE PREMIERE OF THE NEW PLAY I AM NOT BREAKFAST.

Funded Amount:

$10,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

EUGENIO MARIA DE HOSTOS COMMUNITY COLLEGE FOUNDATION
450 GRAND CONCOURSE
BRONX, NY 10451
(718) 518–6700

Name of Project Director:

WALLACE I. EDGEcombe

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT TWO CONCERTS THAT CELEBRATE PUERTO RICAN CULTURE, MUSIC, AND THE TRADITIONS OF PUERTO RICO: "CELEBRATE ANNIVERSARY OF THE CUBAN & PUERTO RICAN FLAGS" AND "A SOUTH BRONX SALUTE TO EAST HARLEM".

Funded Amount:

$50,000

Requested By:

RIVERA–J

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

EUGENIO MARIA DE HOSTOS COMMUNITY COLLEGE FOUNDATION
450 GRAND CONCOURSE
BRONX, NY 10451
(718) 518-6700

Name of Project Director:

WALLACE I. EDGECOMBE

Purpose of Project:

FUNDS WILL BE USED FOR A ONE DAY SYMPOSIUM ON "THE IMPACT OF DEVELOPMENT AND GLOBALIZATION ON TRADITIONAL CULTURES IN LATIN AMERICA AND THE CARIBBEAN".

Funded Amount:

$25,000

Requested By:

RIVERA−J

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

EUGENIO MARIA DE HOSTOS COMMUNITY COLLEGE FOUNDATION
475 GRAND CONCOURSE
BRONX, NY 10451
(718) 518–6500

Name of Project Director:

WALLACE EDGEcombe

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL AND CULTURAL PROGRAMS OF THE HOSTOS CENTER FOR THE ARTS AND CULTURE.

Funded Amount:

$14,682

Requested By:

ARROYO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FALCON PRIDE ATHLETIC ASSOCIATION
P.O. BOX 283
LOCUST VALLEY, NY 11560
(516) 655-6276

Name of Project Director:

CATHY RAPELJE

Purpose of Project:

FUNDS WILL BE USED FOR ASSISTING IN THE PURCHASE OF EQUIPMENT.

Funded Amount:

$2,500

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FALCONWORKS ARTISTS GROUP  
89 PIONEER STREET, P.O. BOX 310283  
BROOKLYN, NY 11231  
(718) 395–3218

Name of Project Director:

CHRISTOPHER HAMMETT

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE POLICE–TEEN THEATER PROJECT, AND OFF THE HOOK PROJECT, A COLLABORATIVE THEATER PROGRAM FOR TEENAGERS WORKING WITH PROFESSIONAL PLAYWRIGHTS, ACTORS AND THEATER PROFESSIONALS.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FARMINGDALE BASEBALL, INC.
34 HEMPSTEAD TURNPIKE
FARMINGDALE, NY 11735
(516) 249–5800

Name of Project Director:

THOMAS SABELLICO

Purpose of Project:

FUNDS WILL BE USED FOR SAFETY EQUIPMENT UPGRADES.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FARMINGDALE YOUTH FOOTBALL, INC.
975 MAIN STREET
FARMINGDALE, NY 11735
(516) 330–7413

Name of Project Director:

ROBERT THOMPSON

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT UPGRADES.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FEDERATION OF HELLENIC SOCIETIES OF GREATER NEW YORK, INC.
22–51 29TH STREET
ASTORIA, NY  11105
(718) 204–6500

Name of Project Director:

NIKOS DIANENTIDES

Purpose of Project:

FUNDS WILL BE USED TOWARD THE PRESENTATION OF THEATRICAL PERFORMANCES FOR THE WESTERN QUEENS COMMUNITY.

Funded Amount:

$10,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FINE ARTS ORCHESTRAL SOCIETY OF YONKERS, INC.
C/O 10 MCGEARY AVENUE
YONKERS, NY  10708
(914) 964–8163

Name of Project Director:

ROSEMARIE DOERR

Purpose of Project:

FUNDS WILL BE USED TO PRESENT FREE LIVE SYMPHONIC CONCERTS TO RESIDENTS OF THE CITY OF YONKERS.

Funded Amount:

$5,000

Requested By:

SPANO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FIRE ISLAND PINES ARTS PROJECT, INC.
C/O JACK LICHTENSTEIN, 224 WEST 35TH STREET, SUITE 508
NEW YORK, NY 10001
(212) 564–0757

Name of Project Director:

MICHAEL SAVINO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A TWO−DAY CHAMBER MUSIC FESTIVAL.

Funded Amount:

$2,500

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FIRE ISLAND PINES PROPERTY OWNER’S ASSOCIATION CHARITABLE FOUNDATION, INC.
P.O. BOX 5303
FIRE ISLAND PINES, NY 11782
(631) 597-6060

Name of Project Director:

MICHAEL SAVINO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A THREE DAY FILM FESTIVAL AT THE COMMUNITY CENTER.

Funded Amount:

$2,500

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FLUID MOTION THEATER AND FILM, INC.
109 WEST 27TH STREET, SUITE 9A
NEW YORK, NY 10001
(917) 459–8181

Name of Project Director:

MICHELLE CHEN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT DISCOUNTED TICKET PROGRAMS FOR
THE 2009 PRODUCTION OF THE MEDIA PROJECT (PIOUS POETIC PIE), AND
FREE PERFORMANCES AND TALKBACKS FOR TWO DEVELOPMENTAL PLAY
WORKSHOPS.

Funded Amount:

$2,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FOLK MUSIC SOCIETY OF NEW YORK, INC.
35–41 72ND STREET
JACKSON HEIGHTS, NY 11372
(718) 426–8555

Name of Project Director:

EILEEN PENTEL

Purpose of Project:

FUNDS WILL BE USED FOR THE PRODUCTION OF MUSIC AND FOLK SONG FESTIVALS, REPRESENTATIVE OF ETHNIC TRADITIONS.

Funded Amount:

$3,000

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FOOTHILLS TOURISM COUNCIL
255 DISCOVERY DRIVE
HOWES CAVE, NY 12092
(518) 296–8992

Name of Project Director:

SASCHA MCRAE

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM COSTS AND TOURISM EQUIPMENT.

Funded Amount:

$1,500

Requested By:

LOPEZ–P

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FORT GREENE PARK CONSERVANCY, INC.
85 SOUTH OXFORD STREET
BROOKLYN, NY  11217
(718) 222–1461

Name of Project Director:

RUTH GOLDSTEIN

Purpose of Project:

FUNDS WILL BE USED FOR CULTURAL AND EDUCATIONAL PROGRAMMING.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FORT GREENE SENIOR CITIZENS COUNCIL, INC.
966 FULTON STREET
BROOKLYN, NY 11238
(718) 638–6910

Name of Project Director:

SAM PINN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE COST OF JAZZ MUSICIANS FOR THE RENAISSANCE OF JAZZ SPRING CONCERTS.

Funded Amount:

$17,500

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FORT TICONDEROGA
P.O. BOX 390
TICONDEROGA, NY 12883
(518) 585−2121

Name of Project Director:

MARTHA STRUM

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATION OUTREACH PROGRAMS.

Funded Amount:

$5,000

Requested By:

SAYWARD

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FOUNDATION FOR FILIPINO ARTISTS, INC.
34–67 60TH STREET
WOODSIDE, NY 11377
(718) 565–8852

Name of Project Director:

AIDA BARTOLOME

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CULTURAL AND PERFORMING ARTS IN THE COMMUNITY.

Funded Amount:

$4,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FRACTURED ATLAS PRODUCTIONS, INC.
248 WEST 35TH STREET, SUITE 1202
NEW YORK, NY 10001
(212) 277–8020

Name of Project Director:

ADAM FOREST HUTTLER

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE TO ACT AS A CENTRALIZED INFORMATION RESOURCE FOR THE ARTS COMMUNITY, HELPING ARTISTS LEARN ABOUT EVERYTHING FROM HEALTH CARE TO REHEARSAL SPACE. BROOKLYN WILL HOST MONTHLY OUTREACH EVENTS AROUND SPECIFIC TOPICS OF INTEREST TO LOCAL ARTISTS AND RESPOND TO COMMUNITY NEEDS THAT IT LEARNS ABOUT THROUGH THOSE MEETINGS.

Funded Amount:

$20,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FREEPORT COMMUNITY CONCERT ASSOCIATION
117 MAXSON AVENUE
FREEPORT, NY 11520
(516) 379–8922

Name of Project Director:

BELLE SYLVESTER

Purpose of Project:

FUNDS WILL BE USED FOR THE PRESENTATION OF MUSICAL ATTRACTIONS FOR THE FREEPORT COMMUNITY SUCH AS CLASSICAL BALLET.

Funded Amount:

$12,000

Requested By:

HOOPER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FRESH ART, INC.
548 BROADWAY, 3RD FLOOR
NEW YORK, NY 10012
(646) 262–3273

Name of Project Director:

SUZANNE KREPS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FINE ARTS WORKSHOPS FOR ARTISTS WITH SPECIAL NEEDS, THROUGHOUT THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FRIENDS AND NEIGHBORS OF BALLSTON SPA
26 HYDE BOULEVARD
BALLSTON SPA, NY 12020
(518) 885–1525

Name of Project Director:

SHANNON HANSEN

Purpose of Project:

FUNDS WILL BE USED TO BUILD AN INCLUSIVE, COMMUNITY BASED PLAYGROUND IN THE VILLAGE OF BALLSTON SPA’S PUBLIC PARK.

Funded Amount:

$20,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FRIENDS OF ALICE AUSTEN HOUSE, INC.
2 HYLAN BOULEVARD
STATEN ISLAND, NY  10305
(718) 816–4506

Name of Project Director:

G. CARL RUTBERG

Purpose of Project:

FUNDS WILL BE USED FOR UPKEEP AND MAINTENANCE OF THE MUSEUM AND GROUNDS.

Funded Amount:

$10,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FRIENDS OF CLARENCE/ARBORETUM
ONE TOWN PLACE
CLARENCE, NY 14031
(716) 689–8425

Name of Project Director:

RICHARD M. STEGER

Purpose of Project:

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A NEW ENTRANCE TO THE MEMORIAL ARBORETUM IN THE TOWNSHIP OF CLARENCE.

Funded Amount:

$5,000

Requested By:

COLE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FRIENDS OF CMAC  
72 SOUTH MAIN STREET  
CANANDAIGUA, NY 14424  
(585) 733–4573

Name of Project Director:

STEVE MARTIN

Purpose of Project:

FUNDS WILL BE USED FOR THE PERFORMING ARTS CENTER.

Funded Amount:

$15,000

Requested By:

KOLB

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
FRIENDS OF GANTRY PLAZA STATE PARK, INC.
4–74 48TH AVENUE, #12 L
LONG ISLAND CITY, NY 11109
(718) 340–1836

Name of Project Director:
JENNIE NYULASI

Purpose of Project:
FUNDS WILL BE USED FOR SIGNAGE IN GANTRY PARK THAT WILL INFORM ITS VISITORS OF THE HORTICULTURAL, HISTORICAL, AND GEOGRAPHIC ASPECTS OF THE PARK.

Funded Amount:
$1,000

Requested By:
NOLAN

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FRIENDS OF HUDSON RIVER PARK, INC.
311 WEST 43RD STREET, SUITE 300
NEW YORK, NY 10036
(212) 757–0981

Name of Project Director:

MATTHEW WASHINGTON

Purpose of Project:

FUNDS WILL BE USED TO HELP SUPPORT PROGRAMS IN HUDSON RIVER PARK AND ALSO TO OFFER EDUCATIONAL PROGRAMS FOR CHILDREN AND YOUTH.

Funded Amount:

$5,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FRIENDS OF HUDSON RIVER PARK, INC.
311 WEST 43RD STREET, SUITE 300
NEW YORK, NY 10036
(212) 757–0981

Name of Project Director:

MATTHEW WASHINGTON

Purpose of Project:

FUNDS WILL BE USED FOR EVENTS, INCLUDING THE SPRING FESTIVAL ON PIER 45, AND THE PET PARADE ON PIER 84, WALKING TOURS, PUBLIC BOAT RIDES, PARK MUSIC SERIES AND A SHAKESPEARE IN THE PARK PROGRAM.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FRIENDS OF HUNTINGTON FARMLANDS
P.O. BOX 92
HUNTINGTON, NY 11743
(631) 470–4272

Name of Project Director:

JANE GOEBEL

Purpose of Project:

FUNDS WILL BE USED FOR MAINTENANCE AND PRESERVATION OF FROLIECH FARM NATURE PRESERVE.

Funded Amount:

$1,500

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FRIENDS OF KAISER PARK, INC.
2703 WEST 36TH STREET
BROOKLYN, NY 11224
(917) 837–9261

Name of Project Director:

ROCCO BREScia

Purpose of Project:

FUNDS WILL BE USED FOR RECREATIONAL ACTIVITIES IN THE PARK.

Funded Amount:

$4,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FRIENDS OF MORNINGSIDE PARK, INC.
P.O. BOX 250228
NEW YORK, NY  10025
(212) 937–3883

Name of Project Director:

BRAD TAYLOR

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT FREE FAMILY EVENTS AND ACTIVITIES IN MORNINGSIDE PARK.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FRIENDS OF PRUYN HOUSE
P.O. BOX 212, 207 OLD NISKAYUNA ROAD
NEWTONVILLE, NY 12128
(518) 783–1435

Name of Project Director:

SHARON PARYS

Purpose of Project:

FUNDS WILL BE USED TO REPLACE OLD WALLPAPER, REFURBISH WOODWORK, REPAIR AND PAINT WALLS AND UPGRADE LOWER KITCHEN AREA.

Funded Amount:

$4,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FRIENDS OF SCIENCE EAST, INC.
P.O. BOX 552
SHOREHAM, NY 11786
(631) 929–6685

Name of Project Director:

JANE ALCORN

Purpose of Project:

FUNDS WILL BE USED FOR THE DEVELOPMENT OF MATERIALS FOR THE TELSA SCIENCE CENTER.

Funded Amount:

$6,500

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FRONTENAC MUSEUM
1650 GREAT GULLY ROAD
UNION SPRINGS ROAD, NY 13160
(315) 889-5850

Name of Project Director:

JANE BOWEN AND PAT KIMBER

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AN ELEVATOR TO MAKE THE MUSEUM HANDICAP ACCESSIBLE.

Funded Amount:

$5,000

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FUND FOR THE CITY OF NEW YORK, INC.
121 AVENUE OF THE AMERICAS
NEW YORK, NY 10013
(914) 632–4829

Name of Project Director:

YVETTE B. WILLIAMS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MATERIALS/SUPPLIES AND SUPPLEMENTAL INSTRUCTION FOR THE COMMUNITY DANCE PROGRAM. THIS PROGRAM OFFERS AN OPPORTUNITY FOR YOUNG ADULTS TO GAIN INSTRUCTION IN THE ARTS OF DANCE AND PERFORMANCE.

Funded Amount:

$3,000

Requested By:

HEASTIE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

FUNDACION DOMINICANA CULTURATE DE NEW YORK, INC.
260 AUDUBON AVENUE, SUITE 100−S, FIRST FLOOR
NEW YORK, NY 10033
(212) 928−8100

Name of Project Director:

JORGE PINA

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE WEEKLY ENCOUNTERS WITH ARTISTS, WRITERS AND PROFESSIONALS. CULTURATE ORGANIZES PERIODIC CONVENTIONS, CONGRESSES, FORUMS AND SYMPOSIA OF HISPANIC CULTURE.

Funded Amount:

$5,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GALEN HISTORICAL SOCIETY
1200 GARY ROAD
CLYDE, NY 14433
(315) 923–9266

Name of Project Director:

RUTH GILLETTE

Purpose of Project:

FUNDS WILL BE USED FOR MILL MUSEUM REPAIRS.

Funded Amount:

$5,000

Requested By:

OAKS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GALLERY NORTH, INC.
90 NORTH COUNTRY ROAD
SETAUKET, NY 11733
(631) 751−2676

Name of Project Director:

COLLEEN HANSON

Purpose of Project:

FUNDS WILL BE USED FOR EXPANSION OF THE TEACHING AND PUBLIC DISPLAY SPACES, AND FOR COSTS OF PERSONNEL, CONSTRUCTION, AND REPAIRS RELATED TO THE GALLERY’S EXPANDED COMMITMENT TO ARTS AND EDUCATION IN THE COMMUNITY AND REGION. FUNDS WILL ALSO BE USED FOR UTILITIES AND GENERAL MAINTENANCE EXPENSES.

Funded Amount:

$110,000

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GALLERY NORTH, INC.
90 NORTH COUNTRY ROAD
SETAUKET, NY 11733
(631) 751–2676

Name of Project Director:

COLLEEN HANSON

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATING EXPENSES INCLUDING BUT NOT LIMITED TO PERSONNEL, UTILITIES, GENERAL MAINTENANCE AND REPAIRS, AND THE COSTS ASSOCIATED WITH THE OPERATIONS OF THE FACILITY.

Funded Amount:

$300,000

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GARIBALDI MEUCCI MUSEUM
420 TOMPKINS AVENUE
STATEN ISLAND, NY 10305
(718) 442–1608

Name of Project Director:

EMILY GEAR

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE PROGRAMS AND GENERAL OPERATIONS OF THE ITALIAN–AMERICAN MUSEUM AND NATIONAL LANDMARK, WHICH SERVES 10,000 ON–SITE VISITORS PER YEAR.

Funded Amount:

$5,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GARIBALDI MEUCCI MUSEUM
420 TOMPKINS AVENUE
STATEN ISLAND, NY 10305
(718) 442-1608

Name of Project Director:

EMILY T. GEAR

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE MUSEUM'S SCHOOL-BASED AFTER SCHOOL AND ADULT PROGRAMS, AS WELL AS PROGRAM DEVELOPMENT AND FOR THE MATERIALS USED IN THE COURSE OF THE PROGRAMS.

Funded Amount:

$1,500

Requested By:

HYER-SPENCER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GENERAL PETER GANSEVOORT CHAPTER (NSDAR)
1 VAN SCHAICK MANSION
COHOES, NY 12047
(518) 489-5160

Name of Project Director:

ODELLA ROGERS

Purpose of Project:

FUNDS WILL BE USED TO MAINTAIN AND RESTORE THE HISTORIC TREASURES, AND REPLACE THE CENTRAL AIR CONDITIONING UNIT, REPAIR DAMAGED WINDOWS, REFURBISH HARDWOOD FLOORS, REPAIR SLATE ROOF, AND INSTALL INSULATION IN THE ATTIC AREA.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GENERAL PULASKI ASSOCIATION, INC.
340 WELLINGTON AVENUE
E. AMHERST, NY 14051
(716) 553−5236

Name of Project Director:

BRIAN RUSK

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE GENERAL PULASKI DAY PARADE.

Funded Amount:

$2,000

Requested By:

GABRYSZAK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GERRITSEN BEACH CARES, INC.
P.O. BOX 340–505
BROOKLYN, NY  11234
(718) 648–3745

Name of Project Director:

MICHAEL TAYLOR

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EQUIPMENT FOR A VOLUNTEER CLEANUP OF PARKS AND BEACHES, AND FOR GRAFFITI REMOVAL IN THE GERRITSEN BEACH COMMUNITY. IN ADDITION, SPORTS EQUIPMENT AND COMMUNITY BAND UNIFORMS WILL BE PURCHASED.

Funded Amount:

$10,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GLEBE STREET PTA PLAYGROUND COMMITTEE
502 GLEBE STREET
JOHNSTOWN, NY 12095
(518) 736–4014

Name of Project Director:

CHAD KORTZ

Purpose of Project:

FUNDS WILL BE USED FOR THE BUILDING OF A NEW PLAYGROUND.

Funded Amount:

$5,000

Requested By:

BUTLER–M

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GORDEOUS WASHINGTON STREET ASSOCIATION
116 WASHINGTON STREET, #1F
BINGHAMTON, NY  13901
(607) 723−5172

Name of Project Director:

SHERRY EATON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND MAINTAIN PLANTS, FLOWER BEDS AND PLANTERS IN DOWNTOWN BINGHAMTON.

Funded Amount:

$5,000

Requested By:

LUPARDO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GOUVERNEUR PARENTS ASSOCIATION
441 EAST 119TH STREET
NEW YORK, NY  10029
(212) 410–7521

Name of Project Director:

RAUL RODRIGUEZ

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE INCLUSION OF ALL INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES IN THE MULTI CULTURAL UNITY PARADE AND BLOCK PARTY.

Funded Amount:

$5,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GOWANDA HOLLYWOOD THEATER
28 JAMESTOWN STREET, (P.O. BOX 45)
GOWANDA, NY 14070
(716) 532–1161

Name of Project Director:

MARK C. BURR

Purpose of Project:

FUNDS WILL BE USED FOR THEATER UPGRADES.

Funded Amount:

$10,000

Requested By:

GIGLIO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GREAT NECK CENTER FOR THE VISUAL AND 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:

$4,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GREATER BALDWINSVILLE CARP TOURNAMENT COMMITTEE
117 METROPOLITAN DRIVE
LIVERPOOL, NY 13088
(315) 451–7330

Name of Project Director:

JAKE MCKENNA

Purpose of Project:

FUNDS WILL BE USED FOR THE ANNUAL BALDWINSVILLE CARP TOURNAMENT.

Funded Amount:

$9,000

Requested By:

BARCLAY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GREATER BUFFALO ITALIAN HERITAGE & FOOD FESTIVAL, INC.
P.O. BOX 39
BUFFALO, NY 14207
(716) 874–6133

Name of Project Director:

CARMEN PALMA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE ITALIAN HERITAGE FESTIVAL.

Funded Amount:

$4,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GREATER HUNTINGTON COUNCIL OF YACHT & BOATING CLUBS
P.O. BOX 2124
HALESITE, NY 11743
(631) 425–1966

Name of Project Director:

JON TEN HAAGEN

Purpose of Project:

FUNDS WILL BE USED FOR PURCHASE OF PUBLIC ADDRESS SYSTEM.

Funded Amount:

$3,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GREATER LONG ISLAND ROAD RUNNERS CLUB
101 DUPONT STREET
PLAINVIEW, NY 11803
(516) 349–7646

Name of Project Director:

MICHAEL POLANSKY

Purpose of Project:

FUNDS WILL BE USED FOR VARIOUS ROAD RUNNING EVENTS, TRACK AND FIELD PROGRAMS AND RUNNING RELATED PROGRAMS THROUGHOUT THE REGION.

Funded Amount:

$4,500

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GREATER LONG ISLAND RUNNING CLUB
101 DUPONT STREET, SUITE 24
PLAINVIEW, NY 11803
(516) 349–7646

Name of Project Director:

MIKE POLANSKY

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE AND FOSTER COMPETITIVE AND RECREATIONAL RUNNING, SPORTS AND FITNESS ON LONG ISLAND.

Funded Amount:

$1,000

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GREATER LONG ISLAND RUNNING CLUB
101-24 DUPONT STREET
PLAINVIEW, NY 11803
(516) 349-7646

Name of Project Director:

MIKE POLANSKY

Purpose of Project:

FUNDS WILL BE USED FOR WHEELCHAIR SPORTS PROGRAM.

Funded Amount:

$1,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
GREATER NEWBURGH SYMPHONY ORCHESTRA
P.O. BOX 7215
NEWBURGH, NY 12550
(845) 913-7157

FREDERIC MCCURDY

FUNDS WILL BE USED FOR COSTS OF THE SYMPHONY’S 14TH SEASON.

$7,500

KIRWAN

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GREATER PORT JEFFERSON ARTS COUNCIL, INC.
P.O. BOX 204
PORT JEFFERSON, NY 11777
(631) 473–5220

Name of Project Director:

ALAN VARELLA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT TECHNICAL STAFF, WHICH WILL DIGITIZE PHOTOGRAPHS AND OTHER DOCUMENTS FROM LOCAL HISTORICAL SOCIETIES, MUSEUMS AND PRIVATE COLLECTIONS. THIS INITIATIVE WILL PROVIDE AN ACCESSIBLE VISUAL RECORD OF SUFFOLK COUNTY’S CULTURE AND HISTORY.

Funded Amount:

$18,000

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GREATER RIDGEWOOD HISTORICAL SOCIETY, INC.
1820 FLUSHING AVENUE
RIDGEWOOD, NY 11385
(718) 456−1776

Name of Project Director:

LINDA MONTE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND CULTURAL PROGRAMS FOR SCHOOL CHILDREN AT THE ONDERDONK HOUSE TO EXPLAIN AND DEMONSTRATE THE CULTURAL AND HISTORIC HERITAGE OF THE RIDGEWOOD AREA.

Funded Amount:

$1,250

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GREEK CULTURAL CENTER, INC.
27-09 CRESCENT STREET
ASTORIA, NY 11102
(718) 626-5293

Name of Project Director:

BISHOP URKENTIOS

Purpose of Project:

FUNDS WILL BE USED TO SHARE THE CUSTOMS AND CULTURE OF GREECE WITH THE PUBLIC THROUGH LECTURES, PERFORMANCES, EXHIBITS, AND OTHER CULTURAL EVENTS.

Funded Amount:

$3,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GREEK–AMERICAN EDUCATIONAL PUBLIC INFORMATION SYSTEM, INC.
59 SCHERMERHORN STREET
BROOKLYN, NY  11201
(718) 274–0439

Name of Project Director:

LORRIS SIMONEDES

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT BILINGUAL RADIO PROGRAMS FOR GREEK AND ENGLISH SPEAKING AUDIENCES TO ACQUAINT THEM WITH GREEK AND CYPRIOT CULTURE AND HERITAGE THROUGH DAILY RADIO BROADCASTS.

Funded Amount:

$3,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GREEN BELT CONSERVANCY, INC.
200 NEVADA AVENUE
STATEN ISLAND, NY 10306
(718) 667–2165 Ext: 103

Name of Project Director:

ADENA LONG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PROGRAMS AND ACTIVITIES THAT PROMOTE STEWARDSHIP AND PRESERVATION, RAISE ENVIRONMENTAL AWARENESS, CELEBRATE THE GREENBELT AS A CULTURAL RESOURCE AND SUPPORT RECREATION AND WELLNESS.

Funded Amount:

$7,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GREEN BELT CONSERVANCY, INC.
200 NEVADA AVENUE
STATEN ISLAND, NY  10306
(718) 667−2165  Ext: 112

Name of Project Director:

JAMES FITZPATRICK

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE TOOLS, SUPPLIES AND PLANT MATERIALS PURCHASED FOR THIS INITIATIVE, WHICH WILL IMPROVE THE ENVIRONMENTAL INTEGRITY OF THE GREENBELTS, WOODED AREAS, MEADOWS, WETLANDS, TRAILS AND PERIMETER EDGES.

Funded Amount:

$5,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GREENE COUNTY COUNCIL ON THE ARTS
398 MAIN STREET, P.O. BOX 463
CATSKILL, NY 12414
(518) 943–3400

Name of Project Director:

KAY STAMER

Purpose of Project:

FUNDS WILL BE USED FOR IMPROVEMENTS AND EQUIPMENT.

Funded Amount:

$1,500

Requested By:

LOPEZ–P

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
GREENPOINT WATERFRONT ASSOCIATION FOR PARKS AND PLANNING, INC.
108 HURON STREET
BROOKLYN, NY 11222
(718) 228–2595

Name of Project Director:
CHRISTINE HOLOWACZ

Purpose of Project:
FUNDS WILL BE USED TO ASSIST OUTREACH EFFORTS IN THE COMMUNITY AROUND OPEN SPACE AND LAND PLANNING ISSUES.

Funded Amount:
$5,000

Requested By:
LENTOL

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GREENWICH VILLAGE SOCIETY FOR HISTORIC PRESERVATION
232 EAST 11TH STREET
NEW YORK, NY 10003
(212) 475-9585 Ext: 38

Name of Project Director:

ANDREW BERMAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF ONGOING PROGRAMS, INCLUDING OVERSIGHT OF GREENWICH VILLAGE'S HISTORIC BUILDINGS AND STREETSCAPES, THE SOUTH VILLAGE PRESERVATION PROJECT, THE EAST VILLAGE DOCUMENTATION AND PRESERVATION PROJECT, AND EDUCATIONAL PROGRAMS FOR CHILDREN AND ADULTS.

Funded Amount:

$3,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GROUP
17 CLAIRE COURT
STATEN ISLAND, NY 10301
(908) 930–9552

Name of Project Director:

WILFREDO PADERONE

Purpose of Project:

FUNDS WILL BE USED TO SPONSOR A BASKETBALL TOURNAMENT FOR THE STATEN ISLAND PHILIPPINE–AMERICAN GROUP.

Funded Amount:

$5,000

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

GUILD HALL OF EAST HAMPTON, INC.
158 MAIN STREET
EAST HAMPTON, NY 11937
(631) 324–0806

Name of Project Director:

RUTH APPELHOF

Purpose of Project:

FUNDS WILL BE USED FOR CULTURAL EDUCATION PROGRAMS.

Funded Amount:

$5,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HALLOCKVILLE, INC.
6038 SOUND AVENUE
RIVERHEAD, NY 11901
(631) 298–5292

Name of Project Director:

RICHARD WINES

Purpose of Project:

FUNDS WILL BE USED TO UPDATE THE FIRE ALARM SYSTEM AT THE HALLOCKVILLE MUSEUM FARM.

Funded Amount:

$12,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HAMILTON HILL ARTS CENTER
409 SCHENECTADY STREET
SCHENECTADY, NY 12307
(518) 346–1262

Name of Project Director:

MIKI CONN

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF 12 NEW COMPUTERS, SOFTWARE AND TROUBLESHOOTING.

Funded Amount:

$7,500

Requested By:

AMEDORE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HAMPTONIANS NEW YORK
C/O 1562 ROCKAWAY PARKWAY
BROOKLYN, NY 11236
(718) 927–6817

Name of Project Director:

MAXINE HAMILTON ALEXANDER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE BROOKLYN CARRIBEAN YOUTH FEST 2008 TO BE HELD IN PROSPECT PARK, BROOKLYN.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HAMPTONIANS NEW YORK  
1562 ROCKAWAY PARKWAY  
BROOKLYN, NY 11236  
(718) 927−6817

Name of Project Director:

MAXINE ALEXANDER

Purpose of Project:

FUNDS WILL BE USED TO SHOWCASE AND PRESERVE CARRIBBEAN CULTURE.

Funded Amount:

$2,500

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HAMPTONIANS NEW YORK
1562 ROCKAWAY PARKWAY
BROOKLYN, NY  11236
(718) 927–6817

Name of Project Director:

MAXINE HAMILTON–ALEXANDER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF A DAY–LONG CELEBRATION OF CARIBBEAN CULTURE FEATURING MUSIC, DANCE, ART, SPOKEN WORD AND FOOD.

Funded Amount:

$3,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HARBORFIELDS BOOSTER CLUB
98 TAYLOR AVENUE
GREENLAWN, NY 11740
(631) 424−3946

Name of Project Director:

ANDY TERC

Purpose of Project:

FUNDS WILL BE USED FOR UPGRADES TO THE VARSITY BASEBALL COMPLEX AT HARBORFIELDS HIGH SCHOOL BY BUILDING NEW DUGOUTS.

Funded Amount:

$5,000

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HARLEM NEEDLE ARTS, INC.
2160 MADISON AVENUE, #11C
NEW YORK, NY  10037
(212) 491–8581

Name of Project Director:

MICHELLE BISHOP

Purpose of Project:

FUNDS WILL BE USED TO INTRODUCE COMMUNITY RESIDENTS TO THE NEEDLE ARTS.

Funded Amount:

$4,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HARLEM SCHOOL OF THE ARTS, INC.
645 ST. NICHOLAS AVENUE
NEW YORK, NY 10030
(212) 926-4100

Name of Project Director:

KAKUNA N. KERINA

Purpose of Project:

FUNDS WILL BE USED TO ENRICH AND ENABLE THE LIVES OF YOUTH AND THEIR FAMILIES, FROM HARLEM AND SURROUNDING COMMUNITIES BY TRAINING AND PROVIDING EXPOSURE TO THE ARTS.

Funded Amount:

$7,500

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HARLEM SCHOOL OF THE ARTS, INC.
645 SAINT NICHOLAS AVENUE
NEW YORK, NY 10030
(212) 926-4100

Name of Project Director:

KAKUNA KERINA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ARTS EDUCATION WITHIN PUBLIC SCHOOLS FOR CHILDREN WHO RESIDE IN THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HARLEM WEEK, INC.
200 A WEST 136 STREET
NEW YORK, NY 10030
(212) 862−7200

Name of Project Director:

TAMARA SMALING

Purpose of Project:

FUNDS WILL BE USED TO HIGHLIGHT THE MANY POSITIVE AND RELEVANT ASPECTS OF AFRICAN−AMERICAN, LATINO, CARIBBEAN−AMERICAN, AND EUROPEAN−AMERICAN CULTURES OF HARLEM THROUGH SEMINARS, BOOK FAIRS AND OTHER ACTIVITIES.

Funded Amount:

$50,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HEBREW HOME FOR THE AGED
5901 PALISADE AVENUE
BRONX, NY 10471
(718) 549–8700

Name of Project Director:

KAREN FRANKLIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AN ETHNICALLY CENTERED MUSEUM THAT SERVES AS A POSITIVE COMMUNITY CATALYST AMONG AT–RISK ELEMENTARY SCHOOL STUDENTS FROM ECONOMICALLY DISADVANTAGED FAMILIES AND IS OPEN TO THE PUBLIC ON A NON–SECTARIAN BASIS.

Funded Amount:

$2,500

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HECKSCHER MUSEUM OF ART
2 PRIME AVENUE
HUNTINGTON, NY 11743
(631) 423–2145

Name of Project Director:

ERIK NEIL

Purpose of Project:

FUNDS WILL BE USED FOR EXHIBITIONS AND EDUCATIONAL PROGRAMS.

Funded Amount:

$7,500

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HERTEL–NORTH PARK BUSINESS ASSOCIATION
P.O. BOX 3
BUFFALO, NY  14207
(716) 877–6607

Name of Project Director:

JEFF RINALDO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE 20 PARK BENCHES FOR HERTEL AVENUE.

Funded Amount:

$10,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HICKSVILLE AMERICAN SOCCER CLUB
14 SEYMOUR LANE
HICKSVILLE, NY 11801
(516) 933−1192

Name of Project Director:

JOSEPH VISCONTI

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE PORTABLE LIGHTING EQUIPMENT.

Funded Amount:

$4,000

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HISPANIC AND LATINO CULTURAL CENTER OF NEW YORK, INC.
88–10 35TH AVENUE, APARTMENT 613
JACKSON HEIGHTS, NY 11372
(917) 470–8169

Name of Project Director:

JUAN TINE

Purpose of Project:

FUNDS WILL BE USED FOR THE DEVELOPMENT OF CULTURAL AND ARTISTIC PROJECTS AND PROGRAMS, AS WELL AS AN ANNUAL BOOKFAIR, AND THE PURCHASE OF EQUIPMENT AND SUPPLIES.

Funded Amount:

$10,000

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HISTORIC ALBANY FOUNDATION, INC.
472 MADISON AVENUE
ALBANY, NY 12208
(518) 465-0876

Name of Project Director:

SUSAN HOLLAND

Purpose of Project:

FUNDS WILL BE USED TO HELP SUPPORT HISTORIC ALBANY'S TECHNICAL
SERVICES PROGRAM, WHICH PROVIDES INFORMATION ON URBAN
REVITALIZATION AND HISTORIC PRESERVATION TO THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HISTORIC CHERRY HILL
523 1/2 SOUTH PEARL STREET
ALBANY, NY 12202
(518) 434–4791

Name of Project Director:

LISELLE LAFRANCE

Purpose of Project:

FUNDS WILL BE USED FOR A SERIES OF EDUCATIONAL FAMILY PROGRAMS, HIGHLIGHTING THE HUDSON RIVER AND CHERRY HILL’S RELATIONSHIP TO THE QUADRICEPTENNIAL.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HISTORIC DISTRICTS COUNCIL, INC.
232 EAST 11TH STREET
NEW YORK, NY 10003
(212) 614−9107

Name of Project Director:

FRAMPTON TOLBERT

Purpose of Project:

FUNDS WILL SUPPORT THE NEIGHBORHOOD PARTNERS PROGRAM, WHICH WORKS WITH AND PROVIDES EXPERT PRESERVATION ADVICE TO OTHER GROUPS, AND WILL HELP CREATE NEW PRESERVATION PUBLICATIONS.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
HISTORIC ITHACA, INC. – THE CLINTON HOUSE
116 CAYUGA STREET, N.
ITHACA, NY   14850
(607) 273–5796

VICTORIA ROMANOFF

FUNDS WILL BE USED FOR THE RESTORATION OF THE CLINTON HOUSE,
INCLUDING ROOF REPAIR, REPAIR OF FALLING STUCCO, MORTAR JOINTS,
ATTIC INSULATION AND CARPENTRY REPAIR TO ARCHITECTURAL DETAIL.

$20,000

LIFTON

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HISTORIC SALEM COURTHOUSE PRESERVATION ASSOCIATION
P.O. BOX 140
SALEM, NY 12865
(518) 854-7053

Name of Project Director:

PETER SAUER

Purpose of Project:

FUNDS WILL BE USED FOR BASEMENT ELEVATOR STOP AND HALLWAY WOODWORK RESTORATION.

Funded Amount:

$5,000

Requested By:

MCDONALD

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HISTORICAL SOCIETY OF NORTH GERMAN SETTLEMENTS IN WESTERN NEW YORK
2549 NIAGARA ROAD
NIAGARA FALLS, NY 14304
(716) 471−2217

Name of Project Director:

ELANE TIMM

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE AND PARTICIPATE IN SEASONAL FESTIVITIES INVOLVING THE PRODUCTION OF GERMAN WREATHS, CALENDARS AND FIGURINES TO BE DISPLAYED IN PUBLIC LOCATIONS THROUGHOUT NIAGARA FALLS.

Funded Amount:

$2,000

Requested By:

DELMONTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HISTORICAL SOCIETY OF ROCKLAND COUNTY
20 ZUKOR ROAD
NEW CITY, NY  10956
(845) 634–9629

Name of Project Director:

ERIN L. MARTIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THREE EXHIBITIONS FOR THE COMMUNITY ENTITLED "SPORTS IN ROCKLAND COUNTY", "33RD ANNUAL MINIATURE AND DOLLHOUSE EXHIBITION", AND "THE TAPPAN ZEE BRIDGE: TRANSFORMING ROCKLAND COUNTY."

Funded Amount:

$5,000

Requested By:

ZEBROWSKI–K

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HISTORICAL SOCIETY OF THE MASSAPEQUAS, INC.
221 TYRCONNELL AVENUE
MASSAPEQUA PARK, NY 11762
(516) 295–8543

Name of Project Director:

WILLIAM COLFER

Purpose of Project:

FUNDS WILL BE USED FOR REHABILITATION OF AN HISTORICAL BUILDING.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
HISTORICAL SOCIETY OF THE TONAWANDAS, INC.
113 MAIN STREET
TONAWANDA, NY  14150
(716) 695−7406

JAMES C. HOLLER

FUNDS WILL BE USED TO ACQUIRE STORAGE EQUIPMENT AND ARCHIVAL SUPPLIES.

$10,000

SCHIMMINGER

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HOME FOR CONTEMPORARY THEATRE AND ART, LTD.
145 AVENUE OF AMERICAS
NEW YORK, NY 10013
(212) 647–0202

Name of Project Director:

KIM WHITENER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ACCESS HERE, WHICH PROVIDES FREE AND SUBSIDIZED THEATRE TICKETS TO NEW YORKERS NOT TYPICALLY EXPOSED TO THE ARTS.

Funded Amount:

$2,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HOME FOR CONTEMPORARY THEATRE AND ART, LTD.
145 AVENUE OF THE AMERICAS
NEW YORK, NY 10013
(212) 647–0202  Ext: 326

Name of Project Director:

PAUL MENARD

Purpose of Project:

FUNDS WILL BE USED FOR ACCESS HERE, WHICH PROVIDES FREE AND SUBSIDIZED THEATRE TICKETS TO NEW YORKERS NOT TYPICALLY TARGETED BY ARTS GROUPS, INCLUDING SENIORS, STUDENTS AND A WIDE VARIETY OF SERVICE ORGANIZATIONS.

Funded Amount:

$3,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HUDSON LITTLE LEAGUE
P.O. BOX 1171
HUDSON, NY 12534
(518) 821−9589

Name of Project Director:

VINCENT DOTO

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT AND PROGRAM COSTS.

Funded Amount:

$5,000

Requested By:

MOLINARO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HUDSON MOHAWK TRADITIONAL DANCE, INC.
4 SAINT JUDE COURT
SARATOGA SPRINGS, NY 12866
(518) 581−0171

Name of Project Director:

DOUGLAS HALLER

Purpose of Project:

FUNDS WILL BE USED TO HELP DEFER THE COST FOR A THREE DAY FESTIVAL OF TRADITIONAL MUSIC AND DANCE.

Funded Amount:

$2,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HUDSON RIVER ENVIRONMENTAL SOCIETY, INC.
6626 STITT ROAD
ALTAMONT, NY 12009
(518) 861−8020

Name of Project Director:

STEPHEN O. WILSON

Purpose of Project:

FUNDS WILL BE USED FOR IN−STATE CONFERENCES AND PUBLICATION COSTS OF A BOOK AS PART OF THE CELEBRATION OF THE HUDSON−FULTON−CHAMPLAIN−QUADRICENTENNIAL.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HUDSON RIVER MUSEUM OF WESTCHESTER
511 WARBURTON AVENUE
YONKERS, NY 10701
(914) 963–4550

Name of Project Director:

MICHAEL BOTWINICK

Purpose of Project:

FUNDS WILL BE USED TO REPAIR A DETERIORATING EXTERIOR WALL AND WINDOWS ON THE NORTH FACE OF GLENVIEW.

Funded Amount:

$5,000

Requested By:

BRODSKY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HUNTINGTON ARTS COUNCIL
213 MAIN STREET
HUNTINGTON, NY 11743
(631) 271–8423

Name of Project Director:

DIANA CHERRYHOLMES

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS SERVING THE ARTS AND THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

CONTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HUNTINGTON ARTS COUNCIL
213 MAIN STREET
HUNTINGTON, NY 11743
(631) 271–8423 Ext: 13

Name of Project Director:

DIANA CHERRYHOLMES

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$2,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

HUNTINGTON HISTORICAL SOCIETY
209 MAIN STREET
HUNTINGTON, NY 11743
(631) 427-7045

Name of Project Director:

CAROL A. MAGUIRE

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATIONS.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:
HUNTINGTON STATION BUSINESS IMPROVEMENT DISTRICT
P.O. BOX 53
HUNTINGTON STATION, NY 11746
(631) 427–4896

Name of Project Director:
KEITH BARRETT

Purpose of Project:
FUNDS WILL BE USED FOR MAINTENANCE OF SECURITY CAMERAS AND BEAUTIFICATION ITEMS FOR COMMUNITY.

Funded Amount:
$15,000

Requested By:
CONTE

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

IFETAYO CULTURAL ARTS FACILITY, INC.
629 A EAST 35TH STREET, SUITE #2
BROOKLYN, NY  11203
(718) 856–1123

Name of Project Director:

KWAYERA ARCHER–CUNNINGHAM

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM EXPANSION AND TOWARD THE ACQUISITION OF A BUILDING.

Funded Amount:

$5,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

INTERNATIONAL AGENCY FOR MINORITY ARTIST AFFAIRS
ADAM CLAYTON POWELL, JR. STATE OFFICE BUILDING
163 WEST 125GH STREET, SUITE 909, NEW YORK, NY 10027
(212) 749–5298

Name of Project Director:

GREGORY JOVAN MILLS

Purpose of Project:

FUNDS WILL BE USED TO ENABLE COMMUNITY EXPOSURE TO ARTISTS OF COLOR.

Funded Amount:

$7,500

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

IRISH AMERICAN HERITAGE MUSEUM
991 BROADWAY, SUITE 101
ALBANY, NY 12204
(518) 432–6598

Name of Project Director:

JOSEPH DOLAN

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATING SUPPORT FOR THE 2008 EDUCATIONAL EVENTS AT AREA MUSEUMS, SCHOOLS, LIBRARIES AND SENIOR CENTERS.

Funded Amount:

$5,000

Requested By:

REILLY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

IRISH REPERTORY THEATRE COMPANY, INC.
132 WEST 22ND STREET
NEW YORK, NY 10011
(212) 255–0270  Ext: 14

Name of Project Director:

CIARAN O’REILLY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES OF PRODUCING FIVE MAINSTAGE SHOWS PER YEAR. EXPENSES MAY INCLUDE ARTISTIC SALARIES, SET CONSTRUCTION, TECHNICAL STAFF, MARKETING AND ADVERTISING.

Funded Amount:

$3,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

IRISH–AMERICAN HERITAGE MUSEUM
991 BROADWAY, SUITE 101
ALBANY, NY 12204
(518) 432–6598

Name of Project Director:

JOSEPH J. DOLAN

Purpose of Project:

FUNDS WILL BE USED FOR CONTINUED OPERATIONS AND EXHIBITIONS OF THE IRISH–AMERICAN HERITAGE MUSEUM. THE MUSEUM’S OBJECTIVE IS TO PRESERVE AND DOCUMENT THE INFLUENCE AND IMPORTANCE OF IRISH CULTURE IN NEW YORK STATE.

Funded Amount:

$15,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
IROQUOIS INDIAN MUSEUM
324 CAVERNS AVENUE
HOWES CAVE, NY 12092
(518) 296–8949

Name of Project Director:
ERYNNE ANSEL–MCCABE

Purpose of Project:
FUNDS WILL BE USED FOR ROOF ON EDUCATIONAL AMPITHEATER.

Funded Amount:
$1,000

Requested By:
LOPEZ–P

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ISLAND TREES BASEBALL
3813 JACQUELINE STREET
BETHPAGE, NY 11714
(516) 735−1841

Name of Project Director:

NICK SQUIGNA

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT UPGRADES.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ISLAND VOICE, INC.
31 WATER STREET
STATEN ISLAND, NY 10304
(718) 710–5181

Name of Project Director:

ROZ JOSEPH

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH PLANNING AND PRODUCING A HERITAGE PARADE, AS WELL AS COSTS ASSOCIATED WITH VARIOUS CULTURAL PROGRAMS AND EVENTS.

Funded Amount:

$3,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ISLIP ARTS COUNCIL
50 IRISH LANE
EAST ISLIP, NY 11730
(631) 224-5420

Name of Project Director:

LILLIAN BARBASH

Purpose of Project:

FUNDS WILL BE USED FOR A MUSIC PROGRAM FOR BAY SHORE TRICENTENNIAL CELEBRATION.

Funded Amount:

$5,000

Requested By:

BOYLE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ISLIP ARTS COUNCIL, INC.
50 IRISH LANE
EAST ISLIP, NY 11730
(631) 224–5420

Name of Project Director:

LYNDA MORAN

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE ANNUAL MUSIC FESTIVAL.

Funded Amount:

$1,500

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ITALIAN AMERICAN MUSEUM
28 WEST 44TH STREET, 17TH FLOOR
NEW YORK, NY  10036
(212) 541–1024

Name of Project Director:

JOE SCELSA

Purpose of Project:

FUNDS WILL BE USED TO HELP DEFRAY THE COSTS OF THE MUSEUM EXHIBITS.

Funded Amount:

$5,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ITALIAN GENEALOGICAL GROUP  
P.O. BOX 626  
BETHPAGE, NY 11714  
(631) 368–8174

Name of Project Director:

JOHN MARTINO

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES.

Funded Amount:

$2,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

JACKSON HEIGHTS ARTS CLUB, INC.
P.O BOX 720335
JACKSON HEIGHTS, NY 11372
(718) 899–0065

Name of Project Director:

ALEXIS DANIEL

Purpose of Project:

FUNDS WILL BE USED FOR THE CLUB’S PROGRAM FOR GALLERY EXHIBITS, INCLUDING SPECIAL SHOWS AND INSTRUCTIONAL CLASSES FOR CHILDREN AND ADULTS. FUNDS WILL ALSO BE USED FOR PAINTING AND DEMONSTRATIONS, LECTURES, OUTDOOR EXHIBITS, SPECIAL TEACHING IN LOCAL SCHOOLS AND A SUMMER PROGRAM FOR CHILDREN.

Funded Amount:

$3,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

JACQUE MARCAIS CENTER OF TIBETAN ARTS, INC.
338 LIGHTHOUSE AVENUE
STATEN ISLAND, NY 10306
(718) 987−3500

Name of Project Director:

MEG VENTRUDO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LECTURES, DEMONSTRATIONS, MUSICAL PERFORMANCES AND EXHIBITS TO PRESENT TIBETAN ART AND CULTURE TO A WIDER AUDIENCE OF STUDENTS, VISITORS AND TOURISTS.

Funded Amount:

$8,000

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

JACQUES MARCAIS MUSEUM OF TIBETAN ARTS
3338 LIGHTHOUSE AVENUE
STATEN ISLAND, NY 10306
(718) 317–0402

Name of Project Director:

MEG VENTRUDO

Purpose of Project:

FUNDS WILL BE USED FOR LECTURES, COMMUNITY OUTREACH AND PRESENTATIONS.

Funded Amount:

$3,000

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

JAMAICAN CIVIC AND CULTURAL ASSOCIATION OF ROCKLAND, INC.
P.O. BOX 1727
SPRING VALLEY, NY 10977
(845) 354–5675

Name of Project Director:

CLOVER HALL

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MUSICAL INSTRUMENTS AND PROVIDE IN–STATE TRANSPORTATION FOR YOUTH TO ATTEND MUSICAL PROGRAMS.

Funded Amount:

$4,000

Requested By:

JAFFEE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

JAZZ/LATINO, INC.
ONE BONNIE DRIVE
GUILDERLAND, NY 12084
(518) 466−9990

Name of Project Director:

DR. JOSE CRUZ

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A CULTURAL PERFORMANCE CONCERT SERIES.

Funded Amount:

$3,000

Requested By:

RIVERA−P

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

JEWISH ASSOCIATION FOR SERVICES FOR THE AGED
9502 SEAVIEW AVENUE
BROOKLYN, NY  11236
(718) 251–3700

Name of Project Director:

SUE ANN PARTNOW

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE CULTURAL APPRECIATION BY SPONSORING TRIPS TO MUSEUMS, THEATER AND CONCERTS WITHIN NEW YORK STATE ON A NON-SECTARIAN BASIS.

Funded Amount:

$7,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

JEWISH MUSEUM
1109 FIFTH AVENUE
NEW YORK, NY  10128
(212) 423–3000

Name of Project Director:

RUTH BEESCH

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ACTION/ABSTRACTION, A MAJOR EXHIBITION ON THE EMERGENCE OF ABSTRACT ART IN POST WAR AMERICA.

Funded Amount:

$5,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

JEWISH REPERTORY THEATRE OF WNY
2640 NORTH FOREST ROAD
GETZVILLE, NY 14068
(716) 688−4114 Ext: 334

Name of Project Director:

THOMAS DOONEY

Purpose of Project:

FUNDS WILL BE USED TO INCREASE ARTISTIC OUTREACH IN WNY FOR THEATRE FEATURING THE WORK OF JEWISH AUTHORS WRITING ABOUT SIGNIFICANT JEWISH THEMES PRESENTED IN CONTEXT OF AMERICA’S DIVERSITY.

Funded Amount:

$5,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

JOHN D. CALANDRA ITALIAN AMERICAN INSTITUTE
QUEENS COLLEGE / CUNY 25 WEST 43RD STREET, 17TH FLOOR
NEW YORK, NY 10036
(212) 642-2005

Name of Project Director:

DR. ANTHONY TAMBURRI

Purpose of Project:

FUNDS WILL BE USED TO CREATE A DEPOSITORY OF INTERVIEWS AND OTHER MATTERS RELATED TO ITALIAN AMERICANS.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

JOSEPH BASKIN CULTURE CENTER, INC.
45 EAST 33RD STREET
NEW YORK, NY 10016
(212) 889–9680  Ext: 215

Name of Project Director:

MARTIN SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE QUEENS FESTIVAL OF YIDDISH MUSIC, WHICH IS OPEN TO THE ENTIRE QUEENS COMMUNITY.

Funded Amount:

$5,500

Requested By:

MAYERSOHN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

JOURNEYMEN WRESTLING CLUB
2220 BALLTOWN ROAD
NISKAYUNA, NY 12309
(518) 374–3901

Name of Project Director:

FRANK POPOLIZIO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADDITIONAL MAT SPACE.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

JUNIPER VALLEY PARK CONSERVANCY, INC.
P.O. BOX 790275
MIDDLE VILLAGE, NY 11379
(718) 651–5865

Name of Project Director:

ROBERT HOLDEN

Purpose of Project:

FUNDS WILL BE USED TO FACILITATE PARK REHABILITATION EFFORTS BY LOCAL VOLUNTEERS.

Funded Amount:

$4,000

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

KEEP PUTNAM BEAUTIFUL
40 GLENEIDA AVENUE
CARMEL, NY 10512
(914) 671–3903

Name of Project Director:

WALT THOMPSON

Purpose of Project:

FUNDS WILL BE USED FOR LITTER GRABBERS/SAFETY EQUIPMENT.

Funded Amount:

$2,000

Requested By:

BALL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

KEEP RISING TO THE TOP
119 EAST 102ND STREET, APT. #5B
NEW YORK, NY  10029
(212) 410–9426

Name of Project Director:

VIOLETA GALAGARZA

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE THE DEVELOPMENT OF YOUNG PEOPLE IN THE ARTS THROUGH MUSIC AND DANCE EDUCATIONAL PROGRAMS.

Funded Amount:

$5,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

KISSENA PARK CIVIC ASSOCIATION, INC.
142–09 POPLAR AVENUE
FLUSHING, NY 11355
(718) 762−3004

Name of Project Director:

BEVERLY MCDERMOTT

Purpose of Project:

FUNDS WILL BE USED TO PRESENT CONCERTS IN KISSENA PARK FOR THE COMMUNITY AT LARGE.

Funded Amount:

$5,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

KIWANIS CLUB OF NIAGARA FALLS
P.O. BOX 135
NIAGARA FALLS, NY 14302
(716) 285-9681

Name of Project Director:

LAURIE DAVIS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A DISPLAY CASE FOR INTERNATIONAL DOLLS THAT WILL BE HOUSED AT THE ARTS AND CULTURAL CENTER.

Funded Amount:

$2,500

Requested By:

DELMONTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

KIWANIS CLUB OF YORK-LEICESTER
4080 MAIN STREET
WADSWORTH, NY 14533
(585) 243-1363

Name of Project Director:

TIM SWISHER

Purpose of Project:

FUNDS WILL BE USED FOR MATERIALS FOR STARR PARK.

Funded Amount:

$4,000

Requested By:

BURLING

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LA CASA DE LA HERENCIA CULTURAL PUERTORRIQUENA, INC.
1230 FIFTH AVENUE, SUITE 458
NEW YORK, NY  10029
(212) 722−2600

Name of Project Director:

LETICIA RODRIGUEZ

Purpose of Project:

FUNDS WILL BE USED TO PRESERVE AND DISSEMINATE THE PROLIFIC LITERACY AND CULTURAL HERITAGE OF PUERTO RICANS.

Funded Amount:

$10,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LAKE GEORGE OPERA AT SARATOGA
480 BROADWAY, SUITE 336
SARATOGA SPRINGS, NY 12866
(518) 584–6018

Name of Project Director:

ELIZABETH GIBLIN

Purpose of Project:

FUNDS WILL BE USED TO HELP BRING A 45 MINUTE CHILDREN’S OPERA TO LOCAL AND REGIONAL SCHOOLS.

Funded Amount:

$20,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LANCASTER TOWN BAND, INC.
21 HEDGE LANE
LANCASTER, NY  14086
(716) 686–3252

Name of Project Director:

RICHARD GOSS

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH BUILDING A COMMUNITY BAND SHELL FOR THE TOWN OF LANCASTER.

Funded Amount:

$5,000

Requested By:

GABRYSZAK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LANDIS ARBORETUM
174 LAPE ROAD, (P.O. BOX 186)
ESPERANCE, NY 12066
(518) 875–6935

Name of Project Director:

THOM O’CONNOR

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM COSTS.

Funded Amount:

$4,000

Requested By:

LOPEZ–P

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LANDMARK WEST, INC.
45 WEST 67TH STREET
NEW YORK, NY 10023
(212) 446–8110

Name of Project Director:

KATE WOOD

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PUBLIC EDUCATION AND ADVOCACY EFFORTS.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LANDMARK WEST, INC.
45 WEST 67TH STREET
NEW YORK, NY  10023
(212) 496–8110

Name of Project Director:

KATE WOOD

Purpose of Project:

FUNDS WILL BE USED FOR A PUBLIC EDUCATION DATABASE, A YOUTH EDUCATION PROGRAM, A VOLUNTEER SURVEY PROGRAM, AND A PRESERVATION HOTLINE.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LANDMARKS PRESERVATION SOCIETY
43 OAK STREET
BREWSTER, NY 10509
(845) 279−4859

Name of Project Director:

MARY ROGERS

Purpose of Project:

FUNDS WILL BE USED TO REVITALIZE OLD SOUTHEAST CHURCH.

Funded Amount:

$5,000

Requested By:

BALL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LANSING STREET NEIGHBORHOOD WATCH
46 LANSING STREET
COHOES, NY  12047
(518) 237–5712

Name of Project Director:

DAVID EMANATIAN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FLOWERS, PLANTS, TREES, SHRUBS, MULCH, GARDENING TOOLS, SUPPLIES, AND HOSES TO AID IN THE BEAUTIFICATION OF THE COMMUNITY PARK.

Funded Amount:

$2,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LARK STREET AREA MANAGEMENT ASSOCIATION, INC.
245 LARK STREET
ALBANY, NY 12210
(518) 434−3861  Ext: 2

Name of Project Director:

MICHAEL WEIDRICH

Purpose of Project:

FUNDS WILL BE USED FOR THE ART ON LARK EVENT.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LATIN AMERICAN CULTURAL CENTER OF QUEENS, INC.
120-55 QUEENS BOULEVARD
KEW GARDENS, NY  11424
(718) 261−7664

Name of Project Director:

NAYIBE NUNEZ-BERGER

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP INTERCULTURAL AWARENESS WITHIN THE LATINO COMMUNITY, AS WELL AS TO TEACH MUTUAL TOLERANCE AND COOPERATION ACROSS THE LINES OF AGE, RACE, GENDER, ETHNICITY AND SOCIAL STATUS. FUNDS WILL ALSO BE USED FOR CULTURAL EVENTS.

Funded Amount:

$45,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LEHMAN COLLEGE CENTER FOR THE PERFORMING ARTS, INC.
250 BEDFORD PARK BOULEVARD WEST
BRONX, NY 10468
(718) 960–8232

Name of Project Director:

EVA BORNSTEIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A SPECIAL CONCERT DEDICATED TO MARTIN LUTHER KING, JR. IN LEHMAN CENTER’S CONCERT HALL.

Funded Amount:

$21,000

Requested By:

RIVERA–J

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LEROY BUSINESS COUNCIL
P.O. BOX 263
LEROY, NY 14482
(585) 768–7249

Name of Project Director:

JAMES NIELSON

Purpose of Project:

FUNDS WILL BE USED FOR THE REPLACEMENT OF FOUR DETERIORATED BENCHES ON MAIN STREET AND TO INSTALL TWO BENCHES BY THE PARK.

Funded Amount:

$1,500

Requested By:

HAWLEY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LEVITOWN ATHLETIC CLUB GIRLS SOFTBALL
P.O. BOX 142
LEVITTOWN, NY 11756
(516) 351-0963

Name of Project Director:

JOEL BEARMAN

Purpose of Project:

FUNDS WILL BE USED FOR A STORAGE EQUIPMENT SHED.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LEWIS COUNTY ATV ASSOCIATION
90 CHAMPION STREET
CARTHAGE, NY 13619
(315) 493–6620

Name of Project Director:

JOSEPH ONYON, DIRECTOR

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A COMPACT TRAILER FOR TRAIL MAINTENANCE.

Funded Amount:

$7,500

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LEWISTON COUNCIL ON THE ARTS, INC.
P.O. BOX 1
LEWISTON, NY 14092
(716) 754–0166

Name of Project Director:

IRENE RYKASZEWSKI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF PRESENTING A SIX PART COMMUNITY MUSIC SERIES.

Funded Amount:

$7,000

Requested By:

DELMONTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LEWISTON JAZZ FESTIVAL, INC.
LOWER RIVER REGION CHAMBER, 476 CENTER STREET
LEWISTON, NY  14092
(716) 754–9500

Name of Project Director:

RICHARD F. SOLURI

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH PRESENTING THE JAZZ FESTIVAL.

Funded Amount:

$6,000

Requested By:

DELMONTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

LINCOLN CENTER FOR THE PERFORMING ARTS, INC.
70 LINCOLN CENTER PLAZA, 9TH FLOOR
NEW YORK, NY 10023
(212) 875–5000  Ext: 5425

Name of Project Director:

MELISSA F. THORNTON

Purpose of Project:

FUNDS WILL BE USED TO EXPAND LINCOLN CENTER INSTITUTE’S ARTS AND EDUCATION SERVICE IN PRE-K TO GRADE 12 SCHOOLS BY PROVIDING PROFESSIONAL DEVELOPMENT FOR TEACHERS, PRINCIPALS, PROFESSORS, ADMINISTRATORS, AND OTHER FACULTY, AND THE TEACHER EDUCATION COLLABORATIVE.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LINCOLN CENTER FOR THE PERFORMING ARTS, INC.
70 LINCOLN CENTER PLAZA, 9TH FLOOR
NEW YORK, NY 10023
(212) 875-5425

Name of Project Director:

MELISSA THORNTON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ARTS EDUCATION PROGRAMMING FOR ADULTS AND YOUTH.

Funded Amount:

$5,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LITTLE THEATRE FILM SOCIETY, INC.
240 EAST AVENUE
ROCHESTER, NY  14604
(585) 258–0040

Name of Project Director:

BOB RUSSELL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE SERIES, WHICH OFFERS CHILDREN AND THEIR FAMILIES THE OPPORTUNITY TO ATTEND A FAMILY–FRIENDLY FILM AND EDUCATIONAL EVENT EACH MONTH, AND ENCOURAGES FAMILY BONDING AND ACTIVITY TIME.

Funded Amount:

$5,000

Requested By:

GANTT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LITTLE THEATRE FILM SOCIETY, INC.
240 EAST AVENUE
ROCHESTER, NY  14604
(585) 258–0400

Name of Project Director:

BOB RUSSELL

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE LITTLE BUDDIES FILM PROGRAM WHICH SERVES STUDENTS AND THEIR FAMILIES IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

MORELLE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LIVINGSTON COUNTY HISTORICAL SOCIETY
30 CENTER STREET
GENESEO, NY 14454
(585) 243–3457

Name of Project Director:

CHRISTINA D. KLOSNER

Purpose of Project:

FUNDS WILL BE USED FOR SUPPLIES AND MATERIALS.

Funded Amount:

$2,500

Requested By:

BURLING

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LOCUST STREET NEIGHBORHOOD ART CLASSES, INC.
138 LOCUST STREET
BUFFALO, NY  14204
(716) 852–4562

Name of Project Director:

MOLLY BETHEL

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATIONAL SUPPORT FOR FREE VISUAL ARTS CLASSES FOR A VARIETY OF WESTERN NEW YORKERS THROUGH THIS LOCAL ARTS INSTITUTION.

Funded Amount:

$6,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LONG ISLAND ARTS ALLIANCE, INC.
100 CROSSWAYS PARK DRIVE WEST, SUITE 107
WOODBURY, NY  11797
(516) 224–8440

Name of Project Director:

KAREN K. PETRY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE LONG ISLAND ARTS ALLIANCE’S GENERAL OPERATIONS, PROGRAMMING AND COMMUNITY OUTREACH.

Funded Amount:

$3,000

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LONG ISLAND ARTS ALLIANCE, INC.
100 CROSSWAYS PARK WEST, SUITE 107
WOODBURY, NY 11797
(516) 224–8440

Name of Project Director:

KAREN PETRY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ARTS EDUCATION PROGRAMS.

Funded Amount:

$5,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LONG ISLAND ARTS ALLIANCE, INC.
100 CROSSWAYS PARK WEST, SUITE 107
WOODBURY, NY 11797
(516) 224-8440

Name of Project Director:

KAREN K. PETRY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT GENERAL OPERATIONS OF THE ALLIANCE’S ARTS PROGRAMMING/EDUCATION, SUCH AS FORUMS BUILDING DIALOGUE BETWEEN BUSINESS, GOVERNMENT, EDUCATION, PHILANTHROPY AND THE ARTS.

Funded Amount:

$5,000

Requested By:

EDDINGTON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
LONG ISLAND CHILDREN’S MUSEUM
11 DAVIS AVENUE
GARDEN CITY, NY 11530
(516) 224-5800

Name of Project Director:
SUZANNE LEBLANC

Purpose of Project:
FUNDS WILL BE USED FOR GUIDED SCHOOL GROUP VISIT PROGRAMS.

Funded Amount:
$5,000

Requested By:
MCKEVITT

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LONG ISLAND MARITIME MUSEUM
P.O. BOX 184
WEST SAYVILLE, NY 11796
(631) 447–8679

Name of Project Director:

FRANK TURANO

Purpose of Project:


Funded Amount:

$3,000

Requested By:

ENCELBRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LONG ISLAND MARITIME MUSEUM
P.O. BOX 184, 86 WEST AVENUE
WEST SAYVILLE, NY 11796
(631) 854-4974

Name of Project Director:

KAREN GACONNIER

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE AND INTRODUCE MARITIME CULTURE AND HERITAGE TO THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LONG ISLAND MARITIME MUSEUM
P.O. BOX 184
WEST SAYVILLE, NY 11796
(631) 689−9146

Name of Project Director:

FRANK TURANO, PHD

Purpose of Project:

FUNDS WILL BE USED TOWARD PRODUCING A DOCUMENTARY FILM ON THE RICH HISTORY OF FIRE ISLAND, AS WELL AS TO ASSIST VISITORS AND NON−VISITORS IN RECOGNIZING ITS PLACE AS PART OF AMERICAN CULTURE.

Funded Amount:

$5,000

Requested By:

FIELDS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LONG ISLAND MUSEUM OF AMERICAN ART, HISTORY AND CARRIAGES
1200 ROUTE 25A
STONY BROOK, NY   11790
(631) 751−0066  Ext: 242

Name of Project Director:

JACKIE DAY

Purpose of Project:

FUNDS WILL BE USED TO CREATE A HVAC MASTER PLAN BASED ON MUSEUM STANDARDS FOR COLLECTIONS CARE THAT ADDRESS COMPREHENSIVELY AND SYSTEMATICALLY ALL HVAC SYSTEMS THAT PROTECT IRREPLACEABLE ART, CARRIAGE AND HISTORY COLLECTIONS.

Funded Amount:

$6,000

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:
LONG ISLAND PHILHARMONIC
ONE HUNTINGTON QUADRANGLE, SUITE 2C21
MELVILLE, NY 11747
(631) 293–2223

Name of Project Director:
STEPHEN BELTH

Purpose of Project:
FUNDS WILL BE USED FOR OUTREACH AND COMMUNITY ENGAGEMENT.

Funded Amount:
$2,000

Requested By:
MCKEVITT

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LONG ISLAND PHILHARMONIC, INC.
ONE HUNTINGTON QUADRANGLE, SUITE 2C21
MELVILLE, NY 11747
(631) 293–2229

Name of Project Director:

STEPHEN BELTH

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF CONCERTS, MUSIC EDUCATION, AND OUTREACH.

Funded Amount:

$5,000

Requested By:

SWEENEY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LONG ISLAND PHILHARMONIC, INC.
ONE HUNTINGTON QUADRANGLE, SUITE 2C21
MELVILLE, NY  11747
(631) 293–2223

Name of Project Director:

STEPHEN BELTH

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT MUSIC EDUCATION, CONCERTS AND COMMUNITY OUTREACH FOR AREA YOUTH.

Funded Amount:

$2,500

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LONG ISLAND PHILHARMONIC, INC.
1 HUNTINGTON QUADRANGLE, SUITE 2C21
MELVILLE, NY 11474
(631) 923–2223

Name of Project Director:

LINDA M. MORRISEY

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE ORCHESTRA’S EXTENSIVE ARTS AND EDUCATION PROGRAM.

Funded Amount:

$5,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LONG ISLAND SLED HOCKEY
33 HARDING AVENUE
LYNBROOK, NY 11563
(516) 509-2406

Name of Project Director:

BRIAN BLOMQUIST

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT UPGRADES.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LONG ISLAND SYMPHONIC CHORAL ASSOCIATION, INC.
6 BOBS LANE
SETAUKET, NY  11733
(631) 473–6601

Name of Project Director:

AARON GODFREY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF A CONCERT IN RECOGNITION OF THE LONG ISLAND SYMPHONIC CHORAL ASSOCIATION’S 40TH ANNIVERSARY.

Funded Amount:

$1,000

Requested By:

INGLEBRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LOWER MANHATTAN CULTURAL COUNCIL, INC.
125 MAIDEN LANE, 2ND FLOOR
NEW YORK, NY 10038
(212) 219–9401 Ext: 103

Name of Project Director:

MAGGIE BOEPPLE

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP AN "URBAN OASIS" AT A 24,000 SQUARE FOOT SITE BOUNDED BY GRAND, SULLIVAN, CANAL AND VARICK STREETS IN SOHO, WHERE ROTATING EXHIBITIONS OF SCULPTURES WILL TAKE PLACE.

Funded Amount:

$3,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LOWER MANHATTAN CULTURAL COUNCIL, INC.  
145 HUDSON STREET, SUITE 801  
NEW YORK, NY 10013  
(212) 219–9401

Name of Project Director:

LIZ THOMPSON

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET COSTS OF PRINTING AND DISTRIBUTING "DOWNTOWN," A MONTHLY ARTS AND ACTIVITIES CALENDAR. FUNDS WILL ALSO BE USED TO HELP EXPAND SERVICES PROVIDED TO ARTS AND CULTURAL GROUPS (SOUTH OF HOUSTON TO THE BATTERY).

Funded Amount:

$72,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE OF PARKS, REcreation AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

LOWER MANHATTAN CULTURAL COUNCIL, INC.
145 HUDSON STREET, SUITE 801
NEW YORK, NY  10013
(212) 219−9401

Name of Project Director:

LIZ THOMPSON

Purpose of Project:

FUNDS WILL BE USED TO HELP OFFSET COSTS OF PRINTING AND DISTRIBUTING "DOWNTOWN," A MONTHLY ARTS AND ACTIVITIES CALENDAR. FUNDS WILL ALSO BE USED TO HELP EXPAND SERVICES PROVIDED TO ARTS AND CULTURAL GROUPS (SOUTH OF HOUSTON TO THE BATTERY).

Funded Amount:

$78,000

Requested By:

SILVER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MAIN STREET BUSINESS AND PROFESSIONAL ASSOCIATION OF NIAGARA FALLS NEW YORK, INC.
P.O. BOX 442
NIAGARA FALLS, NY 14302
(716) 285–1318

Name of Project Director:

ZACHARY R. CASALE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE 9TH ANNUAL FREEDOM TRAIL FESTIVAL, WHICH SUPPORTS THE ROOTS OF AFRICAN–AMERICANS DURING THEIR JOURNEY TO FREEDOM, AND THE "POSITIVELY MAIN STREET ART AND FOOD FESTIVAL," WHICH IS A DAY LONG EVENT OF ARTISTS AND FOOD. THESE FESTIVALS ARE OPEN TO ALL IN THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

DELMONTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MAMA FOUNDATION FOR THE ARTS, INC.
149 WEST 126TH STREET
NEW YORK, NY  10027
(212) 280–1045

Name of Project Director:

VY HIGGINSON

Purpose of Project:

FUNDS WILL BE USED FOR A YOUTH–FOCUSED MUSIC EDUCATION PROGRAM.

Funded Amount:

$5,000

Requested By:

WRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MANHATTAN BEACH COMMUNITY GROUP, INC.
250 DOVER STREET
BROOKLYN, NY  11235
(718) 615–2055

Name of Project Director:

IRA ZALCMAN

Purpose of Project:

FUNDS WILL BE USED TO ELIMINATE ALL GRAFFITI IN MANHATTAN BEACH, BROOKLYN BY CONTINUALLY REPAINTING SURFACES, REMOVING TRASH AND LITTER ON THE STREET. KITS WILL BE MADE UP FOR BUILDING SUPERINTENDENTS TO ERASE GRAFFITI AND REPAINT.

Funded Amount:

$5,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MARTIN LUTHER KING, JR. CONCERT SERIES, INC.
35 PROSPECT PARK WEST
BROOKLYN, NY 11215
(718) 469-1912

Name of Project Director:

DEBRA GARCIA

Purpose of Project:

FUNDS WILL BE USED TO PRESENT FREE SUMMER CONCERTS.

Funded Amount:

$1,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MARTIN LUTHER KING, JR. CONCERT SERIES, INC.
32 COURT STREET, SUITE 607
BROOKLYN, NY 11205
(212) 297−4888

Name of Project Director:

DEBRA GARCIA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TOP LEVEL ENTERTAINMENT TO BROOKLYN RESIDENTS WITH JAZZ, R&B, GOSPEL, FUNK, CLASSIC, SOUL AND CONTEMPORARY MUSIC. CONCERTS ARE HELD ON SEVEN CONSECUTIVE MONDAYS IN JULY AND AUGUST.

Funded Amount:

$2,500

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MARTIN LUTHER KING, JR. CONCERT SERIES, INC.
31 PROSPECT PARK WEST, SUITE 15C
BROOKLYN, NY 11215
(718) 297−4888

Name of Project Director:

DEBRA GARCIA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE CONCERTS AT WINGATE PARK FOR LOW INCOME COMMUNITY RESIDENTS.

Funded Amount:

$2,500

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MARTIN LUTHER KING, JR. CONCERT SERIES, INC.
35 PROSPECT PARK WEST
BROOKLYN, NY 11215
(718) 923−9730

Name of Project Director:

DEBRA GARCIA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A CONCERT SERIES TOP LEVEL ENTERTAINMENT INCLUDING JAZZ, R&B, GOSPEL, FUNK, CLASSICAL, SOUL AND CONTEMPORARY ENTERTAINERS.

Funded Amount:

$2,500

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MASSAPEQUA COAST LITTLE LEAGUE
P.O. BOX 108
MASSAPEQUA PARK, NY 11762
(516) 795–7809

Name of Project Director:

TOM BURNS

Purpose of Project:

FUNDS WILL BE USED FOR CHILDRENS’ SAFETY EQUIPMENT.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MASSAPEQUA INTERNATIONAL LITTLE LEAGUE  
P.O. BOX 103  
MASSAPEQUA PARK, NY 11762  
(516) 798−5930

Name of Project Director:

TOM JOACHIM

Purpose of Project:

FUNDS WILL BE USED FOR CHILDRENS’ SAFETY EQUIPMENT.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MASSAPEQUA MUSTANGS
31 ATWATER PLACE
MASSAPEQUA, NY 11758
(516) 799–6739

Name of Project Director:

KURT ROOKE

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT UPGRADES.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MASSAPEQUA PAL
510 PARKSIDE BOULEVARD
MASSAPEQUA, NY 11758
(516) 541–3621

Name of Project Director:

MAUREEN ROACH

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A SCOREBOARD.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
MASSAPEQUA PHILHARMONIC
P.O. BOX 52
MASSAPEQUA PARK, NY 11762
(516) 795–4071

ROBERT ACKBERG

FUNDS WILL BE USED FOR THE CONTINUATION OF PROGRAMS.

$1,000

SALADINO

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MASSAPEQUA SOCCER CLUB
73 RIPPLEWATER AVENUE
MASSAPEQUA, NY 11758
(516) 799−3743

Name of Project Director:

ROB SNYDER

Purpose of Project:

FUNDS WILL BE USED FOR CHILDRENS' SAFETY EQUIPMENT.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MERCURY OPERA OF ROCHESTER, INC.
26 GIBBS STREET
ROCHESTER, NY  14604
(585) 473−6567

Name of Project Director:

KRISTEN KESSLER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A THEATRE PRODUCTION.

Funded Amount:

$5,000

Requested By:

MORELLE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MERRY–GO–ROUND–PLAYHOUSE
17 WILLIAM STREET
AUBURN, NY 13021
(315) 255–1785

Name of Project Director:

ED SAYLES

Purpose of Project:

FUNDS WILL BE USED FOR THE CHILDREN'S SUMMER THEATER PROGRAM.

Funded Amount:

$5,000

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE, SUITE 802
NEW YORK, NY 10036
(212) 245-0710

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED TO ENABLE CULTURALLY UNDERSERVED PUBLIC SCHOOL STUDENTS TO EXPERIENCE THE JOY AND INSPIRATION OF LIVE MUSICAL THEATRE, THROUGH ITS TEACHING ARTIST RESIDENCY PROGRAM AND ITS PROFESSIONAL EQUITY PRODUCTIONS OF AMERICAN MUSICALS.

Funded Amount:

$5,000

Requested By:

ABBATE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE, SUITE 802
NEW YORK, NY 10036
(212) 245–0710

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED FOR MUSICAL ADAPTATIONS AND IN−SCHOOL TEACHING ARTISTS RESIDENCY PROGRAMS. INSIDE BROADWAY ENABLES CULTURALLY UNDERSERVED PUBLIC SCHOOL STUDENTS A CHANCE TO ENJOY LIVE THEATRE.

Funded Amount:

$5,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE, SUITE 802
NEW YORK, NY 10036
(212) 245-0710

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED TO CREATE THE MAGIC PROJECT FOR 150 STUDENTS FROM SCHOOLS IN THE UPPER EAST SIDE TO BE TAKEN TO A BROADWAY MUSICAL AND LEARN HOW A SHOW IS PRODUCED.

Funded Amount:

$1,500

Requested By:

KELLNER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE, SUITE 802
NEW YORK, NY 10036
(212) 245–0710

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE OPPORTUNITY TO DEVELOP MUSICAL ADAPTATIONS AND IN–SCHOOL TEACHING ARTISTS RESIDENCY PROGRAMS FOR THE STUDENTS OF THE THREE JUNIOR HIGH / MIDDLE SCHOOLS: IS 172, MS 67 AND IS 74 IN QUEENS. FUNDS WILL ALSO BE USED TO ALLOW STUDENTS TO EXPERIENCE LIVE THEATER.

Funded Amount:

$15,000

Requested By:

WEPRIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE, SUITE 802
NEW YORK, NY  10036
(212) 245–0710

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED TO BRING LIVE THEATRE TO PUBLIC SCHOOLS IN THE FLUSHING COMMUNITY THROUGH ADAPTATIONS OF BROADWAY MUSICALS AND TEACHING ARTS RESIDENCIES.

Funded Amount:

$2,500

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE, SUITE 802
NEW YORK, NY 10036
(212) 245–0710

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A SCHOOL–BASED THEATRE PERFORMANCE AT PUBLIC SCHOOL 33.

Funded Amount:

$5,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE, SUITE 802
NEW YORK, NY  10036
(212) 245–0710

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE PROFESSIONAL PERFORMANCES AT IS 192. ADDITIONALLY, PROFESSIONAL TEACHING ARTISTS WILL WORK WITH THE CHILDREN ON AN ART PROJECT.

Funded Amount:

$5,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE, SUITE #802
NEW YORK, NY 10036
(212) 245−0710

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LIVE MUSICAL THEATRE TO SCHOOL CHILDREN IN YONKERS.

Funded Amount:

$5,000

Requested By:

SPANO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE, SUITE 802
NEW YORK, NY 10036
(212) 245-0710

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED TO ENABLE CULTURALLY UNDERSERVED PUBLIC SCHOOL STUDENTS TO EXPERIENCE THE JOY AND INSPIRATION OF LIVE THEATRE THROUGH MUSICAL ADAPTATIONS AND IN–SCHOOL TEACHING ARTISTS RESIDENCY PROGRAMS.

Funded Amount:

$4,500

Requested By:

JACOBS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE – SUITE 802
NEW YORK, NY   10036
(212) 245–0710

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED TOWARD INSIDE BROADWAY (IB) WHICH ENABLES CULTURALLY UNDERSERVED PUBLIC SCHOOL STUDENTS TO EXPERIENCE THE JOY AND INSPIRATION OF LIVE THEATRE. INSIDE BROADWAY ANNUALLY SERVES 27,000 STUDENTS AND TEACHERS THROUGHOUT THE FIVE BOROUGHS.

Funded Amount:

$5,000

Requested By:

COOK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE, SUITE 802
NEW YORK, NY  10036
(212) 245−3618

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE TEACHING ARTIST IN−SCHOOL RESIDENCY PROGRAM AT THE HUMANITIES AND ARTS HIGH SCHOOL IN CAMBRIA HEIGHTS, QUEENS.

Funded Amount:

$5,000

Requested By:

CLARK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE, SUITE #802
NEW YORK, NY 10036
(212) 245−0710

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED TO PRODUCE AND EXPOSE CHILDREN TO LIVE MUSICAL THEATRE PERFORMANCES.

Funded Amount:

$2,500

Requested By:

BING

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE, SUITE 802
NEW YORK, NY  10036
(212) 245−0710

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED FOR INSIDE BROADWAY, A NEW YORK CITY CHILDREN’S THEATRE COMPANY THAT PRODUCES BROADWAY CLASSIC MUSICALS IN A CONTEMPORARY LIGHT FOR YOUNG ADULTS.

Funded Amount:

$5,000

Requested By:

TITUS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE, SUITE 802
NEW YORK, NY 10036
(212) 245–0710

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE TEACHING ARTISTS IN−SCHOOL RESIDENCY PROGRAM, WHICH INVOLVES WORKSHOPS WITH PUBLIC SCHOOLS PS 24 AND/OR PS 27.

Funded Amount:

$4,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE, SUITE 802
NEW YORK, NY 10036
(212) 245-0710

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED TO PRODUCE BROADWAY’S CLASSIC MUSICALS IN A CONTEMPORARY LIGHT FOR CULTURALLY UNDERSERVED PUBLIC SCHOOL STUDENTS, AND TO HAVE THEM EXPERIENCE THE JOY OF THEATER.

Funded Amount:

$2,500

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC.
630 NINTH AVENUE, SUITE 802
NEW YORK, NY 10036
(212) 245–0710

Name of Project Director:

MICHAEL PRESSER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THEATRICAL PERFORMANCES IN SCHOOLS.

Funded Amount:

$5,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MILLER PLACE – MOUNT SINAI HISTORICAL SOCIETY
P.O. BOX 651
MILLER PLACE, NY 11764
(631) 476–5742

Name of Project Director:

EDNA DAVIS GIFFEN

Purpose of Project:

FUNDS WILL BE USED FOR THE DEVELOPMENT OF PROGRAMS TO EDUCATE THE COMMUNITY ON THE LOCAL HISTORY OF MILLER PLACE.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MIND BUILDERS CREATIVE ARTS COMPANY
3415 OLINVILLE AVENUE
BRONX, NY 10467
(718) 652–6256

Name of Project Director:

MADAHA KINSEY–LAMB

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE MATERIALS AND SUPPLIES FOR THE COMMUNITY FOLK CULTURE PROGRAM. THIS PROGRAM OFFERS AN OPPORTUNITY FOR YOUNG ADULTS TO HAVE HANDS ON EXPERIENCE WITH SHARED CULTURAL ARTS AND ACTIVITIES WHILE DOCUMENTING AND ARCHIVING THIS HERITAGE.

Funded Amount:

$10,000

Requested By:

HEASTIE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MINISINK VALLEY HISTORICAL SOCIETY
125–133 WEST MAIN STREET, P.O. BOX 659
PORT JERVIS, NY 12771
(845) 856–2375

Name of Project Director:

PETER OSBORNE

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATION OF STONE HOUSE MUSEUM/FORT DECKER AND FOR LIBRARY ARCHIVES.

Funded Amount:

$10,000

Requested By:

GUNTHER–A

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MISS SCOTTIES SOFTBALL
23 CENTURY DRIVE
BALLSTON SPA, NY 12020
(518) 885−5841

Name of Project Director:

MICHAEL VENERUS

Purpose of Project:

FUNDS WILL BE USED TO CREATE SAFE FIELDS FOR GIRLS SOFTBALL TO BE PLAYED.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MOHAVK VALLEY PERFORMING ARTS, INC.
270 GENESEE STREET
UTICA, NY 13502
(315) 738-7646

Name of Project Director:

DAVID BAROSCI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF PROFESSIONAL QUALITY BALLET PERFORMANCES FOR SCHOOL STUDENTS AND THE GENERAL PUBLIC IN THE MOHAWK VALLEY REGION.

Funded Amount:

$5,000

Requested By:

DESTITO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MOOSE HALL THEATRE COMPANY
25 INDIAN ROAD, APT. 4G
NEW YORK, NY 10034
(917) 918-0394

Name of Project Director:

TED R. BRUCE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FULL LENGTH PRODUCTIONS IN INWOOD HILL PARK DURING THE SUMMER SESSION.

Funded Amount:

$3,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

MORE ART
1375 BROADWAY, 27TH FLOOR
NEW YORK, NY 10018
(646) 416–6940

Name of Project Director:

MICALLA MARTEGANI

Purpose of Project:

FUNDS WILL BE USED TO INSTALL PUBLIC ART IN CHELSEA, INSPIRED BY ITS DIVERSE SOCIAL AND ECONOMIC REALITIES.

Funded Amount:

$2,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MORRIS PARK COMMUNITY ASSOCIATION
1824 BRONXDALE AVENUE
BRONX, NY 10462
(718) 823–0596

Name of Project Director:

FRANK AGOVINO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE COLUMBUS DAY PARADE, WHICH PROVIDES A MULTI–CULTURAL, HISTORICAL EVENT FOR THE ENTIRE COMMUNITY.

Funded Amount:

$2,000

Requested By:

RIVERA–N

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MORRIS PARK COMMUNITY ASSOCIATION  
1824 BRONXDALE AVENUE  
BRONX, NY  10462  
(718) 823–0596

Name of Project Director:

TONY SIGNORILE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE COLUMBUS DAY PARADE, WHICH PROVIDES A MULTI-CULTURAL, HISTORICAL EVENT FOR THE ENTIRE COMMUNITY.

Funded Amount:

$2,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MOVING IMAGE, INC.
209 WEST HOUSTON STREET
NEW YORK, NY 10014
(212) 627–2035

Name of Project Director:

DOMINICK BALLETTA

Purpose of Project:

FUNDS WILL BE USED TO PRESENT DOCUMENTARY FILMMAKING THAT FOCUSES UPON CONTEMPORARY AND HISTORICAL SOCIAL/POLITICAL/MULTI–CULTURAL REALITIES, WHICH CONTINUES TO BE A CRITICAL PART OF THE ORGANIZATION’S COMMITMENT.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MULLER WORKS FOUNDATION
131 WEST 24TH STREET, 4TH FLOOR
NEW YORK, NY 10011
(212) 691–3803

Name of Project Director:

CHRISTIE ZUMMO

Purpose of Project:

FUNDS WILL BE USED TO ADDRESS THE LACK OF IN–SCHOOL ARTS PROGRAMMING AND PERFORMING ARTS EXPOSURE IN THE PUBLIC SCHOOLS OF NEW YORK CITY. THESE PROGRAMS ARE OFFERED FREE OF CHARGE.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MUSEUM OF CONTEMPORARY AFRICAN DIASPORIAN ARTS
80 HANSON PLACE
BROOKLYN, NY  11217
(718) 230–0492

Name of Project Director:

Laurie Cumbo

Purpose of Project:

FUNDS WILL BE USED FOR THE PROMOTION OF MUSEUM PROGRAMS AND EXHIBITS.

Funded Amount:

$5,000

Requested By:

Weinstein

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
MUSEUM OF CONTEMPORARY AFRICAN DIASPORIAN ARTS
80 HANSON PLACE
BROOKLYN, NY 11217
(718) 230–0492

LAURIE A. CUMBO

FUNDS WILL BE USED TO PROVIDE A FREE OUTDOOR FILM FESTIVAL IN BEDFORD STUYVESANT’S HISTORIC FULTON PARK EVERY FRIDAY IN AUGUST. FILMS WILL DEPICT IMPORTANT STORIES MEANT TO EMPOWER AND INFORM CHILDREN.

$6,000

ROBINSON

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
MUSEUM OF CONTEMPORARY AFRICAN DIASPORIAN ARTS
80 HANSON PLACE
BROOKLYN, NY 11217
(718) 230−0492

LAURIE A. CUMBO

FUNDS WILL BE USED FOR THE MOCADA’S EXHIBITION PROGRAM.

$5,000

PERRY

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MUSEUM OF CONTEMPORARY AFRICAN DIASPORIAN ARTS  
80 HANSON PLACE  
BROOKLYN, NY  11217  
(518) 230−0492

Name of Project Director:

LAURIE A. CUMBO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE NEW EDUCATIONAL OPPORTUNITIES TO BROOKLYN PUBLIC SCHOOLS, EXHIBITION SERIES, PUBLIC PROGRAMS AND A FILM FESTIVAL.

Funded Amount:

$5,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MUSEUM OF CONTEMPORARY AFRICAN DIASPORIAN ARTS
80 HANSON PLACE
BROOKLYN, NY  11217
(718) 230–0492

Name of Project Director:

LAURIE CUMBO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CULTURAL AND ARTS EDUCATION FOR YOUTH.

Funded Amount:

$10,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MUSICA DE CAMARA, INC.
1215 FIFTH AVENUE, SUITE 1B
NEW YORK, NY 10029
(212) 410–5612

Name of Project Director:

EVA DE LAO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A 3–DAY PRESENTATION ABOUT CLASSICAL MUSIC FOR STUDENTS IN LONG ISLAND CITY, SUNNYSIDE, AND RIDGEWOOD.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

MUSICAL CHAIRS CHAMBER EMSEMBLE, INC.
850 HOWARD AVENUE, SUITE 1J
STATEN ISLAND, NY  10301
(718) 815–5786

Name of Project Director:

TAMARA KESHECKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADMISSION FREE CONCERTS FOR CHILDREN (AGES 4–10) IN SELECT LIBRARIES ON STATEN ISLAND.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NARROWS BOTANICAL GARDENS, INC.
POST ANNEX 242, 7304 5TH AVENUE
BROOKLYN, NY 11209
(718) 748-4848

Name of Project Director:

JOAN REGAN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF RESTORING, ENHANCING AND BEAUTIFYING A NEGLECTED OPEN PARKLAND IN THE COMMUNITY.

Funded Amount:

$1,000

Requested By:

HYER-SPENCER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NARROWS COMMUNITY THEATRE, INC.
9728 3RD AVENUE
BROOKLYN, NY 11209
(718) 232–3137

Name of Project Director:

SUSAN HUIZINGA

Purpose of Project:

FUNDS WILL BE USED FOR VARIOUS MUSICAL PRESENTATIONS TO BE PERFORMED AT THE SHORE HILLS SENIOR CENTER.

Funded Amount:

$3,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NASSAU COUNTY FIREFIGHTERS MUSEUM
1 DAVIS AVENUE
GARDEN CITY, NY 11530
(516) 572–4177

Name of Project Director:

FRANK SARACINO

Purpose of Project:

FUNDS WILL BE USED FOR CAPITAL AND OPERATING EXPENSES OF THE MUSEUM.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
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:

ALANA PETROCELLI

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS.

Funded Amount:

$2,000

Requested By:

MCKEVITT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW 42ND STREET, INC.
229 WEST 42ND STREET, 10TH FLOOR
NEW YORK, NY 10036
(646) 223–3000

Name of Project Director:

CHERYL KOHN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CLASSES IN THEATER EDUCATION FOR YOUTH.

Funded Amount:

$4,000

Requested By:

DIAZ–L

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW 42ND STREET, INC.
229 WEST 42ND STREET
NEW YORK, NY  10036
(646) 223–3000

Name of Project Director:

LORA CAHAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE NEW VICTORY THEATER EDUCATION PROGRAM, WHICH SERVES 35,000 STUDENTS.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW NETHERLAND ROUTES, INC.
P.O. BOX 1710
SCHENECTADY, NY 12301
(518) 378–9256

Name of Project Director:

DON RITTNER

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP AN EDUCATIONAL CURRICULUM THAT WILL INCORPORATE THE HISTORY OF THE ONRUST PROJECT IN THE CORE OF 4TH AND 7TH GRADE HISTORY.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW ROCHELLE FUND FOR EDUCATIONAL EXCELLENCE, INC.
NEW ROCHELLE HIGH SCHOOL, 265 CLOVE ROAD
NEW ROCHELLE, NY 10801
(914) 576–6518

Name of Project Director:

THERESA KUMP LEGHORN

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH EXHIBIT DISPLAYS, INCLUDING FABRICATION OF DISPLAYS, PRINTING OF EXHIBIT CATALOGS, PURCHASE OF DISPLAY CABINETS AND DISPLAY MATERIALS.

Funded Amount:

$5,000

Requested By:

PAULIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW ROCHELLE FUND FOR EDUCATIONAL EXCELLENCE, INC.
NEW ROCHELLE HIGH SCHOOL, 265 CLOVE ROAD
NEW ROCHELLE, NY 10801
(914) 576-6518

Name of Project Director:

THERESA KUMP LEGHORN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH EXHIBITS AND DISPLAYS, INCLUDING FABRICATION OF DISPLAYS, PRINTING OF EXHIBIT CATALOGS, PURCHASE OF DISPLAY CABINETS, AND MATERIALS.

Funded Amount:

$5,000

Requested By:

LATIMER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW ROCHELLE OPERA, INC.
P.O. BOX 55
NEW ROCHELLE, NY 10804
(914) 576-0365

Name of Project Director:

BILLIE TUCKER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE PRODUCTION OF AIDA, INCLUDING FUNDING OF ORCHESTRA MEMBERS AND OPERA CHORUS.

Funded Amount:

$2,500

Requested By:

PAULIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW ROCHELLE OPERA, INC.
P.O. BOX 112
NEW ROCHELLE, NY  10802
(914) 576–0365

Name of Project Director:

BILLIE TUCKER

Purpose of Project:

FUNDS WILL BE USED TO BRING LIVE OPERA TO THE COMMUNITY AT A REASONABLE PRICE, AND TO ENGAGE MEMBERS OF THE COMMUNITY (ADULTS AND CHILDREN) IN ALL PHASES OF THE PRODUCTION.

Funded Amount:

$2,500

Requested By:

LATIMER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM
SURF AVENUE AND WEST 18TH STREET
BROOKLYN, NY  11224
(718) 265−3438

Name of Project Director:

CYNTHIA REICH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOR EDUCATIONAL OUTREACH VIA CLASSROOM INSTRUCTION TO SCHOOL CHILDREN, AS WELL AS ADULTS IN WILDLIFE BIOLOGY AND OCEANOGRAPHY.

Funded Amount:

$1,500

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK−KRASNY, CAMARA, COLTON, CYMBROWITZ−S, GORDON−D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ−V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM  
SURF AVENUE AND WEST 18TH STREET  
BROOKLYN, NY  11224  
(718) 265–3438

Name of Project Director:

CYNTHIA REICH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL OUTREACH VIA CLASSROOM INSTRUCTION TO SCHOOL CHILDREN, AS WELL AS ADULTS IN WILDLIFE BIOLOGY AND OCEANOGRAPHY.

Funded Amount:

$1,000

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK−KRASNY, CAMARA, COLTON, CYMBROWITZ−S, GORDON−D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ−V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM
SURF AVENUE AND WEST 8TH STREET
BROOKLYN, NY 11224
(718) 265-3438

Name of Project Director:

CYNTHIA REICH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL OUTREACH VIA CLASSROOM INSTRUCTION TO SCHOOL CHILDREN AS WELL AS ADULTS, IN WILDLIFE BIOLOGY AND OCEANOGRAPHY.

Funded Amount:

$1,458

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM
SURF AVENUE AND WEST 8TH STREET
BROOKLYN, NY  11224
(718) 265–3438

Name of Project Director:

CYNTHIA REICH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL OUTREACH VIA CLASSROOM INSTRUCTION TO SCHOOL CHILDREN AND ADULTS IN WILDLIFE BIOLOGY AND OCEANOGRAPHY.

Funded Amount:

$1,500

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM
SURF AVENUE AND WEST 18TH STREET
BROOKLYN, NY 11224
(718) 265-3438

Name of Project Director:

CYNTHIA REICH

Purpose of Project:

FUNDS WILL BE USED FOR A SUPER SCIENCE DAY TRIP AND EDUCATIONAL OUTREACH VIA CLASSROOM INSTRUCTION FOR SCHOOL CHILDREN AND ADULTS, IN WILDLIFE BIOLOGY AND OCEANOGRAPHY.

Funded Amount:

$13,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM
SURF AVENUE AND WEST 18TH STREET
BROOKLYN, NY 11224
(718) 265–3438

Name of Project Director:

CYNTHIA REICH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL OUTREACH VIA CLASSROOM INSTRUCTION TO SCHOOL CHILDREN AS WELL AS ADULTS, IN WILDLIFE BIOLOGY AND OCEANOGRAPHY.

Funded Amount:

$1,458

Requested By:

ABBATE, BOYLAND, BRENNAN, BROOK−KRASNY, CAMARA, COLTON, CYMBROWITZ−S, GORDON−D, HIKIND, JACOBS, JEFFRIES, LENTOL, LOPEZ−V, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, TOWNS, WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM  
SURF AVENUE AND WEST 18TH STREET  
BROOKLYN, NY 11224  
(718) 265-3438

Name of Project Director:

CYNTHIA REICH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL OUTREACH VIA  
CLASSROOM INSTRUCTION TO SCHOOL CHILDREN AND ADULTS, IN  
WILDLIFE BIOLOGY AND OCEANOGRAPHY.

Funded Amount:

$1,458

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM  
SURF AVENUE AND WEST 18TH STREET  
BROOKLYN, NY 11224  
(718) 265–3438

Name of Project Director:

CYNTHIA REICH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL OUTREACH VIA CLASSROOM INSTRUCTIONS TO SCHOOL CHILDREN AS WELL AS ADULTS, IN WILDLIFE BIOLOGY AND OCEANOGRAPHY.

Funded Amount:

$1,500

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM
SURF AVENUE AND WEST 18TH STREET
BROOKLYN, NY 11224
(718) 265-3438

Name of Project Director:

CYNTHIA REICH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL OUTREACH VIA CLASSROOM INSTRUCTION TO SCHOOL CHILDREN AS WELL AS ADULTS, IN WILDLIFE BIOLOGY AND OCEANOGRAPHY.

Funded Amount:

$1,458

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM
SURF AVENUE AND WEST 8TH STREET
BROOKLYN, NY  11224
(718) 265–3438

Name of Project Director:

CYNTHIA REICH

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL OUTREACH VIA CLASSROOM INSTRUCTION TO SCHOOL CHILDREN AS WELL AS ADULTS, IN WILDLIFE BIOLOGY AND OCEANOGRAPHY.

Funded Amount:

$1,458

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM  
BOARDWALK AT WEST 8TH STREET  
BROOKLYN, NY  11224  
(718) 265−3400

Name of Project Director:

CYNTHIA REICH

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS AT THE AQUARIUM FOR WILDLIFE CONSERVATION SOCIETY FOR SCHOOL−AGED CHILDREN FROM LOCAL ELEMENTARY AND JUNIOR HIGH SCHOOLS. SCHOOLS PS 84, PS 132, IS 126, PS 157 WILL PARTICIPATE IN THIS PROGRAM.

Funded Amount:

$6,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM
SURF AVENUE AND WEST 18TH STREET
BROOKLYN, NY 11224
(718) 264–3438

Name of Project Director:

CYNTHIA REICH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL OUTREACH VIA CLASSROOM INSTRUCTION TO SCHOOL CHILDREN AS WELL AS ADULTS, IN WILDLIFE BIOLOGY AND OCEANOGRAPHY.

Funded Amount:

$1,500

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM
502 SURF AVENUE
BROOKLYN, NY  11224
(718) 265−3438

Name of Project Director:

CYNTHIA REICH

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP EDUCATIONAL OUTREACH PROGRAMS VIA INSTRUCTION TO SCHOOL CHILDREN AS WELL AS ADULTS, IN WILDLIFE BIOLOGY AND OCEANOGRAPHY.

Funded Amount:

$1,458

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM
SURF AVENUE AND WEST 8TH STREET
BROOKLYN, NY 11224
(718) 265–3400

Name of Project Director:

CYNTHIA REICH

Purpose of Project:

FUNDS WILL BE USED FOR CHILDREN’S PROGRAMS, IN–STATE FIELD TRIPS AND THE RENTAL OF ROOMS AT THE AQUARIUM.

Funded Amount:

$8,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM
SURF AVENUE AND WEST 8TH STREET
BROOKLYN, NY 11224
(718) 265–3438

Name of Project Director:

CYNTHIA REICH

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS VIA CLASSROOM INSTRUCTION TO SCHOOL CHILDREN, AS WELL AS ADULTS, IN WILDLIFE BIOLOGY AND OCEANOGRAPHY.

Funded Amount:

$4,500

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK CLASSICAL THEATRE, INC.
741 WEST END AVENUE, SUITE 1E
NEW YORK, NY 10025
(212) 252–4531

Name of Project Director:

STEPHEN BURDMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT FREE FAMILY WORKSHOPS AND THE UPCOMING SEASON OF FREE CLASSICAL THEATRE EVENTS ACROSS MANHATTAN.

Funded Amount:

$5,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK PANTHERS FAST PITCH SOFTBALL
10 MASON BOULEVARD
STATEN ISLAND, NY 10309
(917) 299–5151

Name of Project Director:

THOMAS CONSOLMAGNO

Purpose of Project:

FUNDS WILL BE USED FOR MAINTENANCE OF FIELD AND TO SUPPORT PROGRAMS.

Funded Amount:

$2,500

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK SHAKESPEARE FESTIVAL
425 LAFAYETTE STREET
NEW YORK, NY 10003
(212) 539–8713

Name of Project Director:

ADRIENNE DOBsovits

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EXCEPTIONAL THEATER TO A DIVERSE AUDIENCE AT NO COST TO PATRONS. EDUCATION/OUTREACH EFFORTS WILL BE PROVIDED THROUGH A 13 WEEK INTENSIVE SHAKESPEARE LAB PROGRAM.

Funded Amount:

$2,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK SHAKESPEARE FESTIVAL
425 LAFAYETTE STREET
NEW YORK, NY 10003
(212) 539-8713

Name of Project Director:

ADRIENNE DOBSOVITS

Purpose of Project:

FUNDS WILL BE USED FOR FREE SHAKESPEARE IN THE PARK PRODUCTIONS AND OUTREACH, AS WELL AS FOR EDUCATIONAL OPPORTUNITIES FOR YOUNG ADULTS.

Funded Amount:

$2,500

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

NEW YORK SHAKESPEARE FESTIVAL
425 LAFAYETTE STREET
NEW YORK, NY  10003
(212) 539–8500

Name of Project Director:

ADRIENNE DOBSOVITZ

Purpose of Project:

FUNDS WILL BE USED TO PRODUCE THE FREE SHAKESPEARE IN THE PARK PROGRAM AND SHAKESPEARE EDUCATION, WHICH PROVIDES OUTREACH AND EDUCATION THROUGHOUT NEW YORK CITY.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
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 DIBENDETTO SNYDER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF LODGING, GROUND TRANSPORTATION AND MEALS FOR A THEATER COMPANY FROM ABROAD.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK THEATRE WORKSHOP, INC.
79 EAST 49TH STREET
NEW YORK, NY 10003
(212) 780–9037  Ext: 107

Name of Project Director:

HEATHER COHN

Purpose of Project:

FUNDS WILL BE USED FOR NYTW’S 2008/09 SEASON, INCLUDING THE PRODUCTION OF "THINGS OF DRY HOURS".

Funded Amount:

$3,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK ZOOLOGICAL SOCIETY
2300 SOUTHERN BOULEVARD
BRONX, NY 10460
(718) 220–7139

Name of Project Director:

JOHN CALVELLI

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATION INSTRUCTORS AND TEACHER TRAINERS. FUNDS WILL ALSO BE USED TO DEVELOP TEACHING STRATEGIES AND MODEL ACTIVITIES TO ENHANCE CLASSROOM LIFE SCIENCE INSTRUCTION.

Funded Amount:

$7,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK ZOOLOGICAL SOCIETY  
2300 SOUTHERN BOULEVARD  
BRONX, NY 10460  
(718) 220–7139

Name of Project Director:

JOHN CALVELLI

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATION INSTRUCTORS AND TEACHER TRAINING, TEACHING STRATEGIES, AND MODEL ACTIVITIES TO ENHANCE LIFE SCIENCE INSTRUCTION.

Funded Amount:

$8,900

Requested By:

HEASTIE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK ZOOLOGICAL SOCIETY  
2300 SOUTHERN BOULEVARD  
BRONX, NY 10469  
(718) 220−7139

Name of Project Director:  

JOHN CALVELLI

Purpose of Project:  

FUNDS WILL BE USED FOR EDUCATION INSTRUCTORS AND TEACHER TRainers, TEACHING STRATEGIES AND MODEL ACTIVITIES TO ENHANCE CLASSROOM LIFE SCIENCE INSTRUCTION.

Funded Amount:  

$7,000

Requested By:  

DIAZ−R

Name of Administering State Agency:  

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
NEW YORK ZOOLOGICAL SOCIETY
2300 SOUTHERN BOULEVARD
BRONX, NY 10460
(718) 220−7139

Name of Project Director:
JOHN CAVELLI

Purpose of Project:
FUNDS WILL BE USED FOR EDUCATION INSTRUCTORS AND TEACHER TRainers, TEACHING STRATEGIES AND MODEL ACTIVITIES TO ENHANCE CLASSROOM LIFE SCIENCE INSTRUCTION.

Funded Amount:
$10,000

Requested By:
GREENE

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK ZOOLOGICAL SOCIETY
2300 SOUTHERN BOULEVARD
BRONX, NY 10460
(718) 220−7139

Name of Project Director:

JOHN CAVELLI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE BRONX ZOO EDUCATIONAL PROGRAM.

Funded Amount:

$7,000

Requested By:

RIVERA−P

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK ZOOLOGICAL SOCIETY
2300 SOUTHERN BOULEVARD
BRONX, NY  10460
(718) 220–7139

Name of Project Director:

JOHN CALVELLI

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL INSTRUCTORS AND TEACHER TRAINEES, TEACHING STRATEGIES AND MODEL ACTIVITIES TO ENHANCE CLASSROOM LIFE SCIENCE INSTRUCTION.

Funded Amount:

$7,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK ZOOLOGICAL SOCIETY
2300 SOUTHERN BOULEVARD
BRONX, NY 10460
(718) 220−7139

Name of Project Director:

JOHN CALVELLI

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATION INSTRUCTORS AND TEACHER TRAINERS, TEACHING STRATEGIES AND MODEL ACTIVITIES TO ENHANCE CLASSROOM LIFE SCIENCE INSTRUCTION.

Funded Amount:

$8,159

Requested By:

ARROYO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEW YORK ZOOLOGICAL SOCIETY
2300 SOUTHERN BOULEVARD
BRONX, NY  10460
(718) 220−7139

Name of Project Director:

SARA HOBEL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE OPERATION OF THE BRONX ZOO EDUCATION PROGRAM, INCLUDING SALARIES OF EDUCATIONAL INSTRUCTORS AND TEACHER TRAINERS.

Funded Amount:

$10,000

Requested By:

ARROYO, BENEDETTO, BENJAMIN, DIAZ−L, DIAZ−R, DINOWITZ, GREENE, HEASTIE, RIVERA−J, RIVERA−N, RIVERA−P

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NEXT STOP! TUPPER LAKE
120 DEMARS BOULEVARD
TUPPER LAKE, NY 12986
(518) 359–2166

Name of Project Director:

DAN MCCLELLAND

Purpose of Project:

FUNDS WILL BE USED TOWARD LANDSCAPE AND PARKING LOT COMPLETION.

Funded Amount:

$10,000

Requested By:

DUPREY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NIAGARA COUNTY HISTORICAL SOCIETY, INC.
215 NIAGARA STREET
LOCKPORT, NY 14094
(716) 434–7433

Name of Project Director:

DOUGLAS V. FARLEY

Purpose of Project:

FUNDS WILL BE USED TO REPLACE THE ROOF ON THE HISTORY CENTER’S COL. WILLIAM BOND – JESSE HAWLEY HOUSE.

Funded Amount:

$3,000

Requested By:

DELMONTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NIAGARA FALLS LITTLE THEATRE, INC.
P.O. BOX 160
NORTH TONAWANDA, NY  14120
(716) 284−6358

Name of Project Director:

FRAN NEWTON

Purpose of Project:

FUNDS WILL BE USED FOR STAGE EQUIPMENT, SOFT GOODS, AND LIGHTING AND SOUND EQUIPMENT. FUNDS WILL ALSO BE USED FOR THEATRE IMPROVEMENTS.

Funded Amount:

$25,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NIEUW AMERSFORT COMMUNITY ASSOCIATION, INC.
P.O. BOX 100–039
BROOKLYN, NY 11210
(718) 338–5774

Name of Project Director:

STEVE YAMIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ANNUAL SUMMER NIEUW AMERSFORT FREE CONCERT IN THE PARK, AS WELL AS PERFORMANCES AND CIVIC OUTREACH PROGRAMS IN THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
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 PROVIDE PROGRAMS FOR CHILDREN AND YOUNG ADULTS THAT INCORPORATE ART AND HISTORY.

Funded Amount:

$3,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NORTH BELLMORE/NORTH MERRICK LITTLE LEAGUE
707 VIRGINIA AVENUE
NORTH BELLMORE, NY 11710
(516) 781–7220

Name of Project Director:

JERRY MARINO

Purpose of Project:

FUNDS WILL BE USED FOR HANDICAPPED ACCESSIBLE ATHLETIC FIELDS.

Funded Amount:

$7,500

Requested By:

MCKEVITT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NORTH COUNTRY CULTURAL CENTER FOR THE ARTS
30 BRINKERHOFF STREET
PLATTSBURGH, NY 12901
(518) 563-1604

Name of Project Director:

SYLVIA STACK

Purpose of Project:

FUNDS WILL BE USED TOWARD RESTORATION AND IMPROVEMENT OF FRONT FACADE OF THE BUILDING AND THEATER MARQUEE.

Funded Amount:

$5,000

Requested By:

DUPREY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NORTHPORT ARTS COALITION
P.O. BOX 508
NORTHPORT, NY 11768
(631) 680–0819

Name of Project Director:

LAUREN PAIGE

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NORTHPORT COMMUNITY ORCHESTRA
P.O. BOX 55
NORTHPORT, NY 11768
(631) 754-6483

Name of Project Director:

RICHARD HYMAN

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
NORTHPORT COW HARBOR SOCCER CLUB
P.O. BOX 7
NORTHPORT, NY 11768
(516) 222–2234

Name of Project Director:
WILLIAM TIMLEN

Purpose of Project:
FUNDS WILL BE USED FOR PROGRAM AND EQUIPMENT COSTS.

Funded Amount:
$1,000

Requested By:
RAIA

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NORTHWEST BRONX COMMUNITY AND CLERGY COALITION, INC.
103 EAST 196TH STREET
BRONX, NY 10468
(718) 584–0515

Name of Project Director:

ABBY BELLOWS

Purpose of Project:

FUNDS WILL BE USED TO BRING CONCERTS AND ENTERTAINMENT PROGRAMS FOR SENIORS AND YOUTH TO PARKS IN THE GREATER NORWOOD COMMUNITY.

Funded Amount:

$5,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NYC ARTS CYPHER, INC.
12 BROAD STREET
STATEN ISLAND, NY  10304
(718) 981–8510

Name of Project Director:

CHARLES BALDUCCI

Purpose of Project:

FUNDS WILL BE USED FOR THE CREATION OF A SCRIPT, CASTING, REHEARSAL SPACE, PROMOTION OF A THEATRICAL SCRIPT THAT EXPOSES TEEN ISSUES SUCH AS VIOLENCE, TEEN PREGNANCY, UNDERAGE DRINKING, AND ROBBERY THROUGH ARTS AND ENTERTAINMENT. THESE TOPICS WILL BE PRESENTED IN A "SCARED STRAIGHT" REPRESENTATION.

Funded Amount:

$5,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NYC PARK ADVOCATES, INC.
222 EAST 93RD STREET, SUITE 40H
NEW YORK, NY 10128
(212) 987−0565

Name of Project Director:

GEOFFREY CROFT

Purpose of Project:

FUNDS WILL BE USED FOR OPERATIONAL EXPENSES ASSOCIATED WITH ONGOING COMMUNITY AND VOLUNTEER ORGANIZING AND RESEARCH ON ISSUES OF PARK FUNDING, MAINTENANCE, ACCESS AND SAFETY.

Funded Amount:

$5,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

NYSARC, INC. SARATOGA COUNTY CHAPTER
49 FRONT STREET
BALLSTON SPA, NY 12020
(518) 363−0015

Name of Project Director:

FRANK MARCELLINO

Purpose of Project:

FUNDS WILL BE USED TO MEET SERVICE COST IN HELPING INDIVIDUALS AT THE CREATIVE ENDEAVORS ARTS CENTER.

Funded Amount:

$8,810

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ODA COMMUNITY DEVELOPMENT CORP.
12 HEYWARD STREET
BROOKLYN, NY 11211
(718) 522−5620

Name of Project Director:

RABBI ZVI KESTENBAUM

Purpose of Project:

FUNDS WILL BE USED TO IMPLEMENT NEIGHBORHOOD BEAUTIFICATION AND IMPROVEMENT.

Funded Amount:

$12,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

OFF CENTER DANCE THEATRE, INC.
273 HALSTEAD AVENUE
MAMARONECK, NY 10543
(914) 381-8080

Name of Project Director:

JOE ANTHONY CAVISE

Purpose of Project:

FUNDS WILL BE USED TO HELP DEFER COSTS OF A PERFORMANCE THAT IS FREE TO CHILDREN AND ADULTS FROM FAMILY SERVICES OF WESTCHESTER, HELP USA, GIRL SCOUTS OF WESTCHESTER, AND PUBLIC SCHOOLS, ETC. THE PERFORMANCE WILL FEATURE CHILDREN FROM WESTCHESTER AND NEW YORK CITY.

Funded Amount:

$7,500

Requested By:

LATIMER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

OLD SONGS, INC.
P.O. BOX 399
GUILDERLAND, NY 12084
(518) 765–2815

Name of Project Director:

KAY "ANDY" SPENCE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH "THE VISITOR’S" PERFORMANCE AT THE OLD SONGS FESTIVAL.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

OLD STONE HOUSE OF BROOKLYN
P.O. BOX 150613
BROOKLYN, NY 11215
(718) 768−3195

Name of Project Director:

KIMBERLY MAIER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SUMMER CULTURAL PROGRAMMING IN JJ BYRNE PARK INCLUDING FILMS, CONCERTS, OPERA, FAMILY EDUCATION PROGRAMMING, SHAKESPEARE PERFORMANCES AND A LIVING HISTORY TO HONOR BATTLE WEEK.

Funded Amount:

$3,500

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

OPEN CHANNELS NEW YORK, INC.
258 BOWERY, 2ND FLOOR
NEW YORK, NY 10012
(212) 219–0736  Ext: 109

Name of Project Director:

CATHERINE PORTER

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE CURRENT SENIOR CITIZEN PROGRAM OFFERING FREE CREATIVE WORKSHOPS FOR CULTURALLY UNDER–SERVED SENIOR CITIZENS ON THE LOWER EAST SIDE OF MANHATTAN, AND TO RESUME THE YOUTH COMPONENT OF THE CULTURAL EDUCATION AND COMMUNITY OUTREACH PROGRAM.

Funded Amount:

$3,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

OPEN SPACE ALLIANCE FOR NORTH BROOKLYN, INC.
79 NORTH 11TH STREET
BROOKLYN, NY  11211
(718) 486–7422  Ext: 104

Name of Project Director:

STEVE HINDY

Purpose of Project:

FUNDS WILL BE USED FOR IMPROVEMENTS AT PARKS IN THE NORTH BROOKLYN NEIGHBORHOODS OF GREENPOINT AND THE NORTHSIDE OF WILLIAMSBURG.

Funded Amount:

$25,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ORATORIO SOCIETY OF QUEENS, INC.
25-33 154TH STREET
FLUSHING, NY 11354
(718) 279–4842

Name of Project Director:

PATTY DECICCIO–FRANKE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE ORATORIO SOCIETY OF QUEENS IN ITS EFFORTS TO PROMOTE CONCERTS TO THE COMMUNITY.

Funded Amount:

$2,500

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ORCHESTRA OF THE BRONX, INC.
5 MINERVA PLACE
BRONX, NY 10468
(718) 365–4209

Name of Project Director:

MICHAEL SPIERMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE HIGH−QUALITY PROFESSIONAL ORCHESTRA CONCERTS TO BRONX RESIDENTS, FREE OF CHARGE.

Funded Amount:

$18,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

OYSTER BAY MAIN STREET ASSOCIATION  
P.O. BOX 116  
OYSTER BAY, NY 11771  
(516) 922–6982

Name of Project Director:

JOAN MAHON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A STREET SWEEPER FOR THE DOWNTOWN AREA AND ASSIST IN CONTINUING DOWNTOWN BEAUTIFICATION PROGRAMS.

Funded Amount:

$4,000

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

OYSTER BAY RAILROAD MUSEUM
AUDREY AVENUE, P.O. BOX 335
OYSTER BAY, NY  11771
(516) 922–1693

Name of Project Director:

JOHN SPEECE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE STRUCTURAL SUPPORT TO THE MUSEUM, WHICH PROVIDES HISTORICAL RAILROAD EXHIBITS FOR THE COMMUNITY.

Funded Amount:

$3,000

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

OYSTERPONDS HISTORICAL SOCIETY, INC. LONG ISLAND
P.O. BOX 70
ORIENT, NY 11957
(631) 323–2480

Name of Project Director:

SHERRI DUELL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF THE PRESERVATION OF VILLAGE HOUSE, WHICH HAS HISTORIC SIGNIFICANCE IN THE COMMUNITY.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PAPER BAG PLAYERS, INC.
225 WEST 99TH STREET
NEW YORK, NY 10025
(212) 663–0390

Name of Project Director:

JUDITH LISS

Purpose of Project:

Funds will be used to provide a play in public schools at reduced cost to students.

Funded Amount:

$3,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PARK AND RECREATION ASSOCIATION OF SAG HARBOR
P.O. BOX 1653
SAG HARBOR, NY 11963
(631) 725–8513

Name of Project Director:

ANDREA HARUM SCHIAVONI

Purpose of Project:

FUNDS WILL BE USED FOR PARK IMPROVEMENTS.

Funded Amount:

$5,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PARK PLAYHOUSE, INC.
1 STEUBEN PLACE, P.O. BOX 525
ALBANY, NY 12201
(518) 434–2035

Name of Project Director:

BENUSTIANO BORROMEO

Purpose of Project:

FUNDS WILL BE USED FOR CHILDREN’S PROGRAMS AND PRODUCTIONS.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PARKCHESTER MULTI–CULTURAL ASSOCIATION, INC.
P.O. BOX 239
BRONX, NY 10460
(401) 427–5618

Name of Project Director:

SAM JONES

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH COMMUNITY BASED PROGRAMS AND MULTI–CULTURAL SERVICES PROVIDED TO COMMUNITY RESIDENTS.

Funded Amount:

$3,000

Requested By:

RIVERA–P

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PARKWAY VILLAGE HISTORICAL SOCIETY
147–51 CHARTER ROAD, APT. 23A
KEW GARDENS, NY  11435
(718) 591–0361

Name of Project Director:

JUDITH GUTTMAN

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH PRESENTING THE PARKWAY VILLAGE FAIR FOR COMMUNITY RESIDENTS.

Funded Amount:

$1,500

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PARKWAY VILLAGE HISTORICAL SOCIETY
147−51 CHARTER ROAD, APT. 23A
BRIARWOOD, NY  11435
(718) 591−0361

Name of Project Director:

JUDITH GUTTMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A VILLAGE−WIDE FAIR, WHICH CARRIES ON A TRADITION BEGUN IN 1947. ACTIVITIES INCLUDE ARCHIVAL DISPLAYS, INTERNATIONAL REFRESHMENTS AND ENTERTAINMENT.

Funded Amount:

$2,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PARRISH ART MUSEUM  
23 JOB’S LANE  
SOUTHAMPTON, NY 11968  
(631) 283−7006

Name of Project Director:

anke jackson

Purpose of Project:

FUNDS WILL BE USED FOR A SIDEWALK PROJECT.

Funded Amount:

$5,000

Requested By:

thiele

Name of Administering State Agency:

office of parks, recreation and historic preservation
Legal Name, Address, and Telephone Number:

PATERSON LITTLE LEAGUE
1279 ROUTE 311
PATerson, NY 12563
(645) 523–9089

Name of Project Director:

TOM GIRARD

Purpose of Project:

FUNDS WILL BE USED FOR CONSTRUCTION OF NEW BUILDING FOR EQUIPMENT.

Funded Amount:

$2,000

Requested By:

BALL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PERFORMING ARTS CONSERVATORY OF NEW YORK, INC.
37–63 81ST STREET
JACKSON HEIGHTS, NY 11372
(718) 639–1425

Name of Project Director:

DANIEL RISHIK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT FOR MUSIC AND ART PROGRAMS AND COURSES.

Funded Amount:

$5,000

Requested By:

PERALTA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PETE NOON PS 8 SUMMER BASKETBALL LEAGUE
386 PRESTON AVENUE
STATEN ISLAND, NY 10312
(718) 984–8477

Name of Project Director:

STEVEN FENLEY

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF SAFETY EQUIPMENT, UNIFORMS AND GYM RENTALS.

Funded Amount:

$2,500

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PIONEER OIL MUSEUM OF NEW YORK, INC.
MAIN STREET, (P.O. BOX 332)
BOLIVAR, NY 14715
(585) 928−1752

Name of Project Director:

KELLY LOUNSBERRY

Purpose of Project:

FUNDS WILL BE USED FOR MUSEUM UPGRADES/IMPROVEMENTS.

Funded Amount:

$9,000

Requested By:

GIGLIO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PIPER THEATRE PRODUCTIONS, INC.
P.O. BOX 150613
BROOKLYN, NY  11215
(718) 809–9919

Name of Project Director:

JOHN P. MCENEMY

Purpose of Project:

FUNDS WILL BE USED TO EXPAND PROGRAMS AT JJ BYRNE PARK AND TO EXPAND VIEWING OPPORTUNITIES FOR THE COMMUNITY.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PJS JAZZ SOCIETY, INC.
199 NORTH COLUMBUS AVENUE
MOUNT VERNON, NY 10553
(914) 912–6322

Name of Project Director:

GREG KOSTER

Purpose of Project:

FUNDS WILL BE USED FOR THE ANNUAL JAZZ MUSIC SERIES FOR THE CITY OF MOUNT VERNON.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PLAINEDGE FOOTBALL LEAGUE, INC.
P.O. BOX 161
BETHPAGE, NY 11714
(516) 799–4351

Name of Project Director:

MICHAEL LORDI

Purpose of Project:

FUNDS WILL BE USED FOR THE UPGRADE OF SAFETY EQUIPMENT.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PLAINEDGE PARENT ATHLETIC ASSOCIATION
52A CEDAR DRIVE
FARMINGDALE, NY 11735
(516) 835-8986

Name of Project Director:

JOHN HANRAHAN

Purpose of Project:

FUNDS WILL BE USED FOR THE YOUTH ATHLETIC ASSOCIATION.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PLAINEDGE SOCCER
P.O. BOX 129
NORTH MASSAPEQUA, NY 11758
(516) 650–4019

Name of Project Director:

JOE KORAN

Purpose of Project:

FUNDS WILL BE USED FOR THE CONTINUATION OF PROGRAMS.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PLAINEDGE YOUTH BASEBALL
1079 HICKSVILLE ROAD
MASSAPEQUA, NY 11758
(516) 579-7255

Name of Project Director:

JOHN FIORE

Purpose of Project:

FUNDS WILL BE USED FOR EQUIPMENT UPGRADES.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PR PROJECT, INC.
1355 PARK AVENUE, CORNER STORE
NEW YORK, NY 10029
(212) 828-0401

Name of Project Director:

JUDITH ESCOLANA

Purpose of Project:

FUNDS WILL BE USED TO RECORD ORAL HISTORY IN THE COMMUNITIES AND TO CREATE NEW MEDIA IN THE GALLERY, AS WELL AS TO HOLD SCREENINGS IN THE HAND BALL COURT.

Funded Amount:

$5,000

Requested By:

POWELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PRIMARY STAGES COMPANY, INC.
307 WEST 38TH STREET, SUITE 1510
NEW YORK, NY 10018
(212) 840–9705  Ext: 214

Name of Project Director:

SUE BERGER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE THEATER PERFORMANCES FOR 1,200 NEW YORK CITY PUBLIC HIGH SCHOOL STUDENTS AND FREE IN–SCHOOL THEATER EDUCATION ACTIVITIES FOR AT LEAST 100 STUDENTS DURING THE 2008–09 SCHOOL YEAR.

Funded Amount:

$2,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PROMOTE ART WORKS, INC.
123 SMITH STREET
BROOKLYN, NY 11201
(718) 797–3116

Name of Project Director:

KATHLEEN LAZIZA

Purpose of Project:

FUNDS WILL BE USED TO ALLOW THE MUSEUM TO CONTINUE TO SERVE THE PUBLIC BY EXPANDING ITS HOURS.

Funded Amount:

$3,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PROSPECT PARK ALLIANCE, INC.
95 PROSPECT PARK WEST
BROOKLYN, NY 11215
(718) 965–8951

Name of Project Director:

TUPPER THOMAS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT HIGH QUALITY EDUCATIONAL PROGRAMS AT THE PROSPECT PARK YOUTH AND EDUCATION PROGRAM AUDUBON CENTER, LEFFERTS HISTORIC HOUSE AND THROUGH ALLIANCE PARTNERSHIPS AT BROOKLYN ACADEMY OF SCIENCE AND THE ENVIRONMENT.

Funded Amount:

$5,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PROSPECT PARK ALLIANCE, INC.
95 PROSPECT PARK WEST
BROOKLYN, NY 11215
(718) 284-3763

Name of Project Director:

TUPPER THOMAS

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE RECREATIONAL, ENTERTAINMENT, AND EDUCATIONAL PROGRAMS AT THE PARK.

Funded Amount:

$15,000

Requested By:

BRENNAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PROSPECT PARK ALLIANCE, INC.
95 PROSPECT PARK WEST
BROOKLYN, NY 11215
(718) 965–8953

Name of Project Director:

TUPPER THOMAS

Purpose of Project:

FUNDS WILL BE USED TO EDUCATE AND ENRICH YOUTH, CHILDREN AND YOUNG ADULTS BY PARTICIPATING IN YOUTH LEADERSHIP INITIATIVES, SUCH AS ENVIRONMENTAL AND COMMUNITY DEVELOPMENT.

Funded Amount:

$5,000

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PROSPECT PARK ALLIANCE, INC.
95 PROSPECT PARK WEST
BROOKLYN, NY  11215
(718) 965–8951

Name of Project Director:

ERIC LANDOU

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF IN–STATE TRANSPORTATION EXPENSES FOR SCHOOL GROUPS. THESE FIELD TRIPS WILL ALLOW CHILDREN TO ENGAGE IN HANDS–ON ENVIRONMENTAL LEARNING AT THE PARK.

Funded Amount:

$4,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PROSPECT PARK ALLIANCE, INC.
95 PROSPECT PARK WEST
BROOKLYN, NY 11215
(718) 965–8951

Name of Project Director:

TUPPER THOMAS

Purpose of Project:

FUNDS WILL BE USED FOR CLASSES AT LOCAL SCHOOLS. PARTICIPANTS WILL VISIT THE AUDUBON CENTER AT PROSPECT PARK AS A WAY TO SUPPLEMENT THEIR SCIENCE CLASSES.

Funded Amount:

$5,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PROSPECT PARK ALLIANCE, INC.
95 PROSPECT PARK WEST
BROOKLYN, NY 11215
(718) 965−6392

Name of Project Director:

IBRAHIM ABDUL−MATIN

Purpose of Project:

FUNDS WILL BE USED FOR YOUNG PEOPLE LEADERSHIP TRAINING IN TEAMWORK AND COMMUNITY SERVICE. THESE PROGRAMS OFFER TEENS THE OPPORTUNITY TO BECOME MORE INVOLVED IN COMMUNITY OUTREACH.

Funded Amount:

$2,500

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PROSPECT PARK ALLIANCE, INC.
95 PROSPECT PARK WEST
BROOKLYN, NY  11215
(718) 965–8951

Name of Project Director:

TUPPER THOMAS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOUTH AND EDUCATIONAL PROGRAMMING IN PROSPECT PARK INCLUDING LEADERSHIP, COMMUNITY INVOLVEMENT, AS WELL AS ENVIRONMENTAL STEWARDSHIP FOR THE YOUTH IN THE COMMUNITY.

Funded Amount:

$3,000

Requested By:

CAMARA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PROSPECT PARK ALLIANCE, INC.
95 PROSPECT PARK WEST
BROOKLYN, NY  11215
(718) 965–8951

Name of Project Director:

TUPPER THOMAS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE PARK.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PROSPECT PARK ALLIANCE, INC.
95 PROSPECT PARK WEST
BROOKLYN, NY 11215
(718) 965−8951

Name of Project Director:

ERIC LANDAU

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT YOUTH AND ENVIRONMENTAL EDUCATION PROGRAMMING IN THE PARK.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PUERTO RICAN COALITION FOR A BETTER COMMUNITY, INC.
1010 SUFFOLK AVENUE
BRENTWOOD, NY 11717
(631) 231−1523

Name of Project Director:

ANGEL PABON

Purpose of Project:

FUNDS WILL BE USED TO IMPLEMENT AN ARCHIVE IN
HISTORICAL–GENELOGICAL RESEARCH AT THE LOCAL PUBLIC LIBRARY
FOR COMMUNITY USE.

Funded Amount:

$4,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PUERTO RICAN DAY PARADE OF WESTERN NEW YORK ASSOCIATION, INC.
ELLICOT SQUARE STATION, P.O. BOX 166
BUFFALO, NY  14202
(716) 857–4231

Name of Project Director:

CHARLIE TORRES

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE PUERTO RICAN DAY PARADE.

Funded Amount:

$7,500

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PUERTO RICAN DAY PARADE OF WESTERN NEW YORK ASSOCIATION, INC.
P.O. BOX 166
BUFFALO, NY  14202
(716) 668–4601

Name of Project Director:

CHARLES F. TORRES

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE HISPANIC COMMUNITY PARADE, CONCERT AND CULTURAL ACTIVITIES.

Funded Amount:

$5,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

PURPLE LANCERS DRUM & BUGLE CORPS
1 EAST GENESEE
AUBURN, NY 13021
(315) 255-2550

Name of Project Director:

RICHARD A. GAGLIARDI

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF INSTRUMENTS AND UNIFORMS FOR THE CORPS.

Funded Amount:

$5,000

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

QUEENS BOTANICAL GARDEN SOCIETY, INC.
43–50 MAIN STREET
FLUSHING, NY 11355
(718) 886–3800

Name of Project Director:

SUSAN LACERTE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE MASTER PLAN UPDATE, WHICH WILL ADDRESS INFRASTRUCTURE OPERATION AND PROGRAM NEEDS OF THE GARDENS THROUGH CREATIVE DESIGN SOLUTIONS AND DEVELOP THE GARDENS AS A MODEL OF ECOLOGICAL AND INTERPRETIVE DESIGN.

Funded Amount:

$1,000

Requested By:

WEPRIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:
QUEENS BOTANICAL GARDEN SOCIETY, INC.
43–50 MAIN STREET
FLUSHING, NY 11355
(718) 886–3800 Ext: 205

Name of Project Director:
SCOTT STEFAN

Purpose of Project:
FUNDS WILL BE USED TO EXPAND OUTREACH EFFORTS TO RESIDENTS AND GARDEN VISITORS THROUGH AN AMBASSADOR’S PROGRAM, SPEAKER’S BUREAU AND GARDEN GREETER PROGRAM.

Funded Amount:
$4,000

Requested By:
YOUNG

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

QUEENS BOTANICAL GARDEN SOCIETY, INC.
43–50 MAIN STREET
FLUSHING, NY 11355
(718) 886–3800

Name of Project Director:

SUSAN LACERTE

Purpose of Project:

FUNDS WILL BE USED TO ENHANCE AND EXPAND TEACHING GARDENS PROGRAMS SERVING OVER 12,000 STUDENTS ANNUALLY AND USED IN PUBLIC PROGRAMS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:
QUEENS BOTANICAL GARDEN SOCIETY, INC.
43–50 MAIN STREET
FLUSHING, NY 11355
(718) 886–3800

Name of Project Director:
SUSAN LACERTE

Purpose of Project:
FUNDS WILL BE USED TO SUPPORT THE MASTER PLAN UPDATE, WHICH WILL ADDRESS INFRASTRUCTURE OPERATIONS AND PROGRAM NEEDS OF THE GARDEN THROUGH CREATIVE DESIGN AND DEVELOPMENT. FUNDS MAY ALSO BE USED FOR SUPPLIES AND EQUIPMENT.

Funded Amount:
$1,000

Requested By:
MAYERSOHN

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

QUEENS COUNCIL ON THE ARTS, INC.
79-01 PARK LANE SOUTH
WOODHAVEN, NY  11421
(718) 647-3377

Name of Project Director:

HOONG YEE KRAKAUER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF CULTURAL ACTIVITIES.

Funded Amount:

$2,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

QUEENS COUNCIL ON THE ARTS, INC.
70–01 PARK LANE SOUTH
WOODHAVEN, NY 11421
(718) 647–3377

Name of Project Director:

HOONG YEE LEE KRAKAUER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET GENERAL OPERATING EXPENSES OF THE COUNCIL INCLUDING SUPPORT FOR ARTISTS, CURATOR, GRAPHIC DESIGN, AND OTHER PROFESSIONAL SERVICES NECESSARY FOR THE PRESENTATION OF THE COUNCIL’S ARTS PROGRAMS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
QUEENS MUSEUM OF ART
NEW YORK CITY BUILDING, FLUSHING MEADOWS CORONA PARK
QUEENS, NY 11368
(718) 592–9700

Name of Project Director:
TOM FINKELPEARL

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE THE OLDER MEMBERS OF THE
COMMUNITY AN OPPORTUNITY TO ENGAGE IN THE OFFERINGS OF THE
MUSEUM IN AN OFF–SITE LOCATION, THROUGH PRESENTATIONS AND A
LECTURE SERIES.

Funded Amount:
$5,000

Requested By:
WEPRIN

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

QUEENS MUSEUM OF ART
NEW YORK CITY BUILDING, FLUSHING MEADOWS CORONA PARK
QUEENS, NY 11368
(718) 592-9700

Name of Project Director:

DAVID STRAUSS

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATION PROGRAMMING AND TO OFFSET THE COSTS OF PROGRAMS AND EXHIBITS AT THE MUSEUM.

Funded Amount:

$2,500

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

QUEENS MUSEUM OF ART
NEW YORK CITY BUILDING
FLUSHING MEADOWS/CORONA PARK, NY  11368
(718) 592−9700

Name of Project Director:

TOM FINKELPEARL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF PROGRAMS AND EXHIBITS AT THE MUSEUM.

Funded Amount:

$30,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

QUEENS MUSEUM OF ART
NEW YORK CITY BUILDING, FLUSHING MEADOWS, CORONA PARK
QUEENS, NY 11368
(718) 592–9700

Name of Project Director:

TOM FINKELPEARL

Purpose of Project:

FUNDS WILL BE USED FOR CURATORIAL, EDUCATIONAL, AND PUBLIC
PROGRAMMING, INCLUDING CONTEMPORARY AND HISTORICAL ART
EXHIBITIONS, AND MULTI–DISCIPLINARY PUBLIC EVENTS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

QUEENS SYMPHONY ORCHESTRA, INC.
70–31 84TH STREET, BUILDING 38
GLENDALE, NY 11385
(718) 326–4455 Ext: 18

Name of Project Director:

LYNDA HERNDON

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE QUEENS SYMPHONY ORCHESTRA PERFORMANCES.

Funded Amount:

$2,500

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

QUEENS SYMPHONY ORCHESTRA, INC.
70–31 84TH STREET, BUILDING 38
GLENDALE, NY 11385
(718) 326–4455

Name of Project Director:

LYNDA HERNDON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE ORCHESTRA AND ASSOCIATED PERFORMANCE COSTS.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
QUEENS SYMPHONY ORCHESTRA, INC.
70–31 84TH STREET, BUILDING 38
GLENDALE, NY  11385
(718) 326–4455

Name of Project Director:
LYNDA HERNDON

Purpose of Project:
FUNDS WILL BE USED TO SUPPORT THE QUEENS SYMPHONY ORCHESTRA IN THEIR EFFORTS TO PROVIDE MUSICAL ENRICHING CONCERTS AND PROGRAMS.

Funded Amount:
$2,500

Requested By:
GIANARIS

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

QUEENS SYMPHONY ORCHESTRA, INC.
70–31 84TH STREET, BUILDING 38
GLENDALE, NY  11385
(718) 326–4455  Ext: 18

Name of Project Director:

LYNDA HERNDON

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE LOCAL STUDENTS THE OPPORTUNITY TO ATTEND YOUNG PEOPLE’S CONCERTS.

Funded Amount:

$2,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
QUEENS THEATRE IN THE PARK, INC.
P.O. BOX 520069
FLUSHING, NY  11352
(718) 760–0064

Name of Project Director:
JEFFREY ROSENSTOCK

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE A PROGRAM AND THEATRE EXPERIENCE FOR CHILDREN AND PARENTS.

Funded Amount:
$1,000

Requested By:
SCARBOROUGH

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

QUEENS THEATRE IN THE PARK, INC.
FLUSHING MEADOWS CORONA PARK, P.O. BOX 520069
FLUSHING, NY  11352
(718) 760–0686  Ext: 114

Name of Project Director:

JEFFREY ROSENSTOCK

Purpose of Project:

FUNDS WILL BE USED TO OFFSET PROGRAMMING COSTS FOR PROGRAMS THAT REFLECT DIVERSITY AND GREATER CULTURAL AWARENESS.

Funded Amount:

$2,500

Requested By:

YOUNG

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

QUEENS THEATRE IN THE PARK, INC.
P.O. BOX 520069
FLUSHING, NY 11352
(718) 760-0064

Name of Project Director:

JEFFREY ROSENSTOCK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT A COMMUNITY AFFAIRS REPRESENTATIVE POSITION, AS WELL AS TO HELP OFFSET GENERAL OPERATING EXPENSES OF THE THEATRE.

Funded Amount:

$40,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
QUEENS THEATRE IN THE PARK, INC.
P.O. BOX 520069
FLUSHING, NY 11352
(718) 760–0686

Name of Project Director:
JEFFERY ROSENSTOCK

Purpose of Project:
FUNDS WILL BE USED TO HELP OFFSET COSTS ASSOCIATED WITH PROVIDING THEATRICAL SHOWS AND PROGRAMS.

Funded Amount:
$3,500

Requested By:
CARROZZA

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

QUEENS THEATRE IN THE PARK, INC.
P.O. BOX 520069
FUSHING, NY 11352
(718) 760–0686

Name of Project Director:

MARY MCNAMARA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT DIVERSE PROGRAMMING INITIATIVES
AND TO OFFSET OPERATING EXPENSES OF THE THEATRE.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Queens Theatre in the Park, Inc.
P.O. Box 520069
Flushing, NY 11352
(718) 760–0064

Jeffrey Rosenstock

Funds will be used to support the staff position of a Community Affairs Representative, as well as to help offset general operating expenses of the theatre.

$5,000

Mayersohn

Office of Parks, Recreation and Historic Preservation
Legal Name, Address, and Telephone Number:

QUEENS THEATRE IN THE PARK, INC.
P.O. BOX 520069
FLUSHING, NY  11352
(718) 760–0686

Name of Project Director:

JEFF ROSENSTOCK

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH RUNNING FESTIVALS AND CULTURAL INITIATIVES.

Funded Amount:

$2,000

Requested By:

HEVESI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

QUEENS THEATRE IN THE PARK, INC.  
P.O. BOX 520069  
FLUSHING, NY   11352  
(718) 760–0064

Name of Project Director:

JEFFREY ROSENSTOCK

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE STAFF POSITION OF A COMMUNITY AFFAIRS REPRESENTATIVE, AS WELL AS TO HELP OFFSET THE GENERAL EXPENSES OF THE THEATRE.

Funded Amount:

$4,500

Requested By:

AUBRY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

QUEENS THEATRE IN THE PARK, INC.
P.O. BOX 520069
FLUSHING, NY  11352
(718) 760−0686

Name of Project Director:

JEFF ROSENSTOCK

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE YOUTH, SENIORS, AND OTHER UNDERSERVED POPULATIONS IN THE BOROUGH QUALITY CULTURAL PROGRAMS AT REDUCED TICKET PRICES.

Funded Amount:

$5,000

Requested By:

GIANARIS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
QUEENS THEATRE IN THE PARK, INC.
P.O. BOX 520069
FLUSHING, NY 11352
(718) 760-0064

Name of Project Director:
JEFFREY ROSENSTOCK

Purpose of Project:
FUNDS WILL BE USED TO SUPPORT THE STAFF POSITION OF A COMMUNITY AFFAIRS REPRESENTATIVE, AS WELL AS TO HELP OFFSET GENERAL OPERATING EXPENSES OF THE THEATRE.

Funded Amount:
$5,000

Requested By:
PHEFFER

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

REILLY LEAGUE OF ARTISTS, INC.
230 FERRIS AVENUE
WHITE PLAINS, NY 10603
(914) 761–6124

Name of Project Director:

WILLA SWILLER

Purpose of Project:

FUNDS WILL BE USED FOR ART WORKSHOPS AND INSTRUCTION IN THE VISUAL ARTS FOR HIGH SCHOOL STUDENTS AND SENIOR ADULTS.

Funded Amount:

$2,000

Requested By:

PAULIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

REILLY LEAGUE OF ARTISTS, INC.
230 FERRIS AVENUE
WHITE PLAINS, NY 10603
(914) 761–6124

Name of Project Director:

WILLA SWILLER

Purpose of Project:

FUNDS WILL BE USED FOR ART WORKSHOPS AND INSTRUCTION IN THE VISUAL ARTS FOR HIGH SCHOOL STUDENTS AND SENIOR ADULTS.

Funded Amount:

$2,000

Requested By:

LATIMER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

RENAISSANCE EMS
3251 THIRD AVENUE
BRONX, NY 10474
(718) 450–3466

Name of Project Director:

BERVINE HARRIS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE EMS MUSIC PROGRAM, WHICH USES MUSIC AND SPORTS ACTIVITIES TO CONNECT WITH INNER CITY YOUTH WHILE PROVIDING ACADEMIC ENRICHMENT OPPORTUNITIES THAT CLOSE THE GAP OFTEN LEFT BY THE PUBLIC SCHOOLS. MORE THAN 300 YOUNG PEOPLE PARTICIPATED IN THIS PROGRAM LAST YEAR.

Funded Amount:

$10,000

Requested By:

GREENE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

RENAISSANCE EMS  
P.O. BOX 740433  
BRONX, NY 10474  
(718) 450-3466

Name of Project Director:

BERVINE HARRIS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE MUSIC INSTRUCTION TO OVER 130 STUDENTS.

Funded Amount:

$3,500

Requested By:

BENJAMIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

RIVERDALE CHORAL SOCIETY
P.O. BOX 436
BRONX, NY 10471
(718) 543-9091

Name of Project Director:

MARRY TAITZ

Purpose of Project:

FUNDS WILL BE USED TO ENABLE THE RIVERDALE CHORAL SOCIETY TO CONTINUE TO CONDUCT ITS CONCERTS IN THE RIVERDALE COMMUNITY.

Funded Amount:

$5,000

Requested By:

DINOWITZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
RIVERSPACE IN NYACK, INC.
119 MAIN STREET
NYACK, NY  10960
(845) 358–0741

Name of Project Director:
DARA FALCO

Purpose of Project:
FUNDS WILL BE USED TO OFFSET PRODUCTION COSTS IN ORDER FOR WORKING FAMILIES TO ATTEND VARIOUS AGE–APPROPRIATE PERFORMANCES AT REDUCED PRICES.

Funded Amount:
$6,000

Requested By:
JAFFEE

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

RIVERVIEW PARK ASSOCIATION
P.O. BOX 3
GOVERNEUR, NY 13642
(315) 287–4838

Name of Project Director:

ROBERT PORTER

Purpose of Project:

FUNDS WILL BE USED FOR A SUMMER CONCERT SERIES.

Funded Amount:

$5,000

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

RIVIERA THEATRE AND ORGAN PRESERVATION SOCIETY, INC.
67 WEBSTER STREET
NORTH TONAWANDA, NY  14120
(716) 692−2413

Name of Project Director:

FRANK CANNATA

Purpose of Project:

FUNDS WILL BE USED TO UPDATE AND INSTALL AN ENERGY EFFICIENT ELECTRICAL AND LIGHTING SYSTEM FOR THE MAIN STAGE OF THIS HISTORIC THEATRE.

Funded Amount:

$10,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

RIVIERA THEATRE AND ORGAN PRESERVATION SOCIETY, INC.
67 WEBSTER STREET
NORTH TONAWANDA, NY 14120
(716) 692−2413

Name of Project Director:

FRANK CANNATA

Purpose of Project:

FUNDS WILL BE USED TO UPDATE AND INSTALL AN ENERGY EFFICIENT ELECTRICAL AND LIGHTING SYSTEM FOR THE MAIN STAGE OF THIS HISTORIC THEATRE HELPING TO PROMOTE REGIONAL SUCCESS.

Funded Amount:

$5,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ROAD LESS TRAVELED PRODUCTIONS LTD.
P.O. BOX 542
BUFFALO, NY  14205
(716) 629−3069

Name of Project Director:

SCOTT BEHREAD

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP AND PRODUCE THE WORK OF LOCAL PLAYWRIGHTS, AND TO STRENGTHEN BUFFALO’S CULTURAL AND ARTS STANDING BOTH LOCALLY AND NATIONALLY.

Funded Amount:

$1,700

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ROCKAWAY MUSIC AND ARTS COUNCIL, INC.
450 BEACH 128TH STREET
BELLE HARBOR, NY  11694
(718) 474–8623

Name of Project Director:

HAROLD CORNELL

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE TO BRING DIVERSIFIED MUSICAL PROGRAMS, WRITER’S WORKSHOPS, AND ARTS FESTIVALS TO THE ROCKAWAY PENINSULA. THERE ARE SIX CONCERTS, ALL FREE TO THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ROCKAWAY THEATRE COMPANY, INC.
P.O. BOX 398
FORT TILDEN, NY  11695
(718) 634−6903

Name of Project Director:

JOHN GILLEECE

Purpose of Project:

FUNDS WILL BE USED TO ASSIST IN PRESENTING LIVE COMMUNITY EVENTS AT AREA VENUES. FUNDS WILL ALSO BE USED FOR THE CONSTRUCTION OF PLATFORMS, BACKDROPS, SCENERY, ETC.

Funded Amount:

$5,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ROCKLAND CONSERVATORY OF MUSIC, INC.
7 PERLMAN DRIVE
SPRING VALLEY, NY  10977
(845) 356–1522  Ext: 105

Name of Project Director:

MARIGENE KETTLER

Purpose of Project:

FUNDS WILL BE USED TO FURNISH A MUSIC COMPUTER LAB WITH COMPUTER SOFTWARE, HARDWARE AND PROGRAMS SO CHILDREN CAN LEARN BASIC RECORDING CONCEPTS, MUSIC THEORY, MUSIC COMPOSITION, AND AUDIO EDITING.

Funded Amount:

$2,500

Requested By:

ZEBROWSKI–K

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ROSE GARDEN RESTORATION COMMITTEE
P.O. BOX 3814
SCHENECTADY, NY 12303
(518) 382–5801

Name of Project Director:

PAMELA PEARLMAN

Purpose of Project:

FUNDS WILL BE USED TO CONSTRUCT A GATEHOUSE AND GRAND STAIRCASE FOR STORAGE OF TOOLS AND EQUIPMENT.

Funded Amount:

$3,000

Requested By:

AMEDORE

Name of Administering State Agency:

OFFICE OF PARKS, REcreation AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ROSE GARDEN RESTORATION COMMITTEE  
P.O. BOX 3814  
SCHENECTADY, NY 12303  
(518) 393−4611

Name of Project Director:

LARRY MATURA

Purpose of Project:

FUNDS WILL BE USED TO CONSTRUCT A GATEHOUSE AND GRAND STAIRCASE FOR STORAGE OF TOOLS AND EQUIPMENT.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ROTARY CLUB OF SARANAC LAKE
P.O. BOX 628
SARANAC LAKE, NY 12983
(518) 523–2579

Name of Project Director:

KEVIN LAPLANTE

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF BOOKS FOR THE SARANAC LAKE SCHOOL DISTRICT LITERACY PROGRAM.

Funded Amount:

$4,000

Requested By:

DUPREY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ROTTERDAM POP WARNER
1260 FLORAL AVENUE
SCHENECTADY, NY 12306
(518) 355–1256

Name of Project Director:

YVONNE CLEVELAND

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE NEW CHEERLEADING UNIFORMS AND FOOTBALL JERSEYS.

Funded Amount:

$2,000

Requested By:

AMEDORE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ROUNDABOUT THEATRE COMPANY, INC.
231 WEST 39TH STREET, SUITE 1200
NEW YORK, NY 10018
(212) 719−9393

Name of Project Director:

JULIA LEVY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE GENERAL ACTIVITIES OF THE ROUNDABOUT THEATRE COMPANY’S 2008–09 SEASON, INCLUDING EIGHT PRODUCTIONS IN THREE THEATRES, EDUCATION ACTIVITIES IN THE SCHOOLS AND AUDIENCE DEVELOPMENT.

Funded Amount:

$2,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ROUNDABOUT THEATRE COMPANY, INC.
231 WEST 39TH STREET, SUITE 1200
NEW YORK, NY 10018
(212) 719-9393

Name of Project Director:

JULIA LEVY

Purpose of Project:

FUNDS WILL BE USED FOR ROUNDABOUT’S ARTISTIC AND EDUCATIONAL PROGRAMS FOR NEW YORK CITY STUDENTS.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ROUNDABOUT THEATRE COMPANY, INC.
231 WEST 39TH STREET, SUITE 1200
NEW YORK, NY 10018
(212) 719−9393  Ext: 347

Name of Project Director:

JULIA C. LEVY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE GENERAL ACTIVITIES OF THE
ROUNDABOUT THEATRE COMPANY’S 2008−09 SEASON, INCLUDING EIGHT
PRODUCTIONS IN THEATRES, EDUCATION ACTIVITIES IN SCHOOLS, AND
AUDIENCE DEVELOPMENT PROGRAM THEATRE ACCESS.

Funded Amount:

$2,500

Requested By:

FARRELL, JR

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ROUNDABOUT THEATRE COMPANY, INC.
231 WEST 39TH STREET, SUITE 1200
NEW YORK, NY  10018
(212) 719–9393  Ext: 347

Name of Project Director:

JULIA C. LEVY

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE
ROUNDABOUT THEATRE COMPANY, INCLUDING SEVERAL PRODUCTIONS,
EDUCATIONAL ACTIVITIES IN SCHOOLS AND AUDIENCE DEVELOPMENT
PROGRAM THEATRE ACCESS.

Funded Amount:

$2,500

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ROUNDABOUT THEATRE COMPANY, INC.
231 WEST 39TH STREET, SUITE 1200
NEW YORK, NY  10018
(212) 719−9393

Name of Project Director:

JULIA C. LEVY

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMMING.

Funded Amount:

$4,500

Requested By:

SILVER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

RUSSIAN AMERICAN FOUNDATION, INC.
70 WEST 36TH STREET, #701
NEW YORK, NY 10018
(212) 687−6118 Ext: 205

Name of Project Director:

MARINA KOVALYOV

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF THE ANNUAL RUSSIAN HERITAGE FESTIVAL ($1,500) AND RUSSIAN AMERICAN HEALTH COALITION ($1,000) COMMUNITY PROGRAMS.

Funded Amount:

$2,500

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

RUSSIAN—AMERICAN ARTS FOUNDATION, INC.
70 WEST 36 STREET, SUITE 701
NEW YORK, NY  10018
(212) 687−6118

Name of Project Director:

MARINA KOVALYOV

Purpose of Project:

FUNDS WILL BE USED TOWARD ORGANIZING A SERIES OF EVENTS THROUGHOUT NEW YORK SHOWCASING RUSSIAN CULTURE.

Funded Amount:

$2,500

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

RYAN REPERTORY COMPANY, INC.
HARRY WARREN THEATRE – 2445 BATH AVENUE
BROOKLYN, NY 11214
(718) 996–4800

Name of Project Director:

BARBARA PARISI

Purpose of Project:

FUNDS WILL BE USED TO PRODUCE ORIGINAL ADULT AND CHILDREN’S PERFORMANCES AT LOCAL SCHOOLS, WHICH WILL ENRICH THE CULTURAL AND ARTISTIC APPRECIATION OF LIVE THEATRE.

Funded Amount:

$2,000

Requested By:

ABBATE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

RYAN REPERTORY COMPANY, INC.
2445 BATH AVENUE
BROOKLYN, NY 11214
(718) 996–4800

Name of Project Director:

BARBARA PARISI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE QUALITY CHILDREN’S PROGRAMMING TO AN AREA OF BROOKLYN THAT DOES NOT HAVE PROFESSIONAL THEATRE. ADULTS PERFORM FOR ELEMENTARY CHILDREN, AND CHILDREN PERFORM FOR ADULTS.

Funded Amount:

$3,000

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
SAFE HARBORS OF THE HUDSON
THE CORNERSTONE 111 BROADWAY
NEWBURGH, NY 12550
(845) 562–6940

Name of Project Director:
PATRICIA HAGGERTY WENZ

Purpose of Project:
FUNDS WILL BE USED FOR ARCHITECTURAL FEES FOR THE SCOPE OF WORK FOR THE RESTORATION OF THE HISTORIC RITZ THEATER IN NEWBURGH.

Funded Amount:
$6,000

Requested By:
KIRWAN

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

SAG HARBOR HISTORICAL SOCIETY
P.O. BOX 1709
SAG HARBOR, NY 11963
(631) 725–1921

Name of Project Director:

JOAN TRIPP

Purpose of Project:

FUNDS WILL BE USED FOR HISTORICAL PRESERVATION PURPOSES.

Funded Amount:

$5,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SAG HARBOR WHALING AND HISTORICAL MUSEUM
P.O. BOX 1327
SAG HARBOR, NY 11963
(631) 725–0770

Name of Project Director:

ZACHARY STUDENROTH

Purpose of Project:

FUNDS WILL BE USED FOR AN EXHIBITION PROJECT.

Funded Amount:

$2,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SALT MARSH ALLIANCE, INC.
2966 AVENUE U, #103
BROOKLYN, NY 11229
(347) 701–8674

Name of Project Director:

KRISTY DECARIO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A SUMMER LAWN CHAIR EVENT – OUTDOOR THEATRE ON THE GROUNDS OF SALT MARSH NATURE CENTER.

Funded Amount:

$1,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SANBORN AREA HISTORICAL SOCIETY  
2822 NIAGARA STREET, P.O. BOX 172  
SANBORN, NY 14132  
(716) 731–9510

Name of Project Director:

GERALD E. TREICHLER

Purpose of Project:

FUNDS WILL BE USED TO UPDATE THE ELECTRICAL SERVICE IN THE BARN, WHICH IS USED YEAR ROUND FOR EDUCATIONAL AND CULTURAL PROGRAMMING FOR THE COMMUNITY.

Funded Amount:

$5,000

Requested By:

DELMONTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SARATOGA COUNTY HISTORICAL SOCIETY, BROOKSIDE MUSEUM
6 CHARLTON STREET
BALLSTON SPA, NY 12020
(518) 885–4000

Name of Project Director:

JOY HOULE

Purpose of Project:

FUNDS WILL BE USED FOR ENVIRONMENTAL CONTROL IN COLLECTIONS STORAGE AREA AT THE BROOKSIDE MUSEUM.

Funded Amount:

$5,660

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SAUGERTIES HISTORICAL SOCIETY
119 MAIN STREET
SAUGERTIES, NY 12477
(845) 246−0784

Name of Project Director:

MARJORIE BLOCK

Purpose of Project:

FUNDS WILL BE USED FOR A NEW ARCHIVING SYSTEM.

Funded Amount:

$500

Requested By:

LOPEZ−P

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SCHENECTADY PIPE BAND, LTD.
102 COVENT GARDENS, APT. B
GUILDERLAND, NY 12084
(518) 452–4588

Name of Project Director:

PAUL ARANSON

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE NEW UNIFORMS AND OTHER SUPPLIES TO MAINTAIN THE BAND.

Funded Amount:

$3,500

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SCHENECTADY SYMPHONY ORCHESTRA
330–432 STATE STREET
SCHENECTADY, NY 12305
(518) 372–2500

Name of Project Director:

CHRISTINE MASON

Purpose of Project:

FUNDS WILL BE USED FOR SPACE RENTAL AT PROCTOR'S THEATRE FOR REHEARSAL AND PERFORMANCES.

Funded Amount:

$2,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SCHENECTADY YOUTH BOXING & FITNESS INC.
33 2ND STREET
ALBANY, NY 12210
(518) 434–2740

Name of Project Director:

VINCENT KITTLE

Purpose of Project:

FUNDS WILL BE USED FOR NEW EQUIPMENT AND SALARY FOR PART TIME EMPLOYEE.

Funded Amount:

$2,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SCHOHARIE COUNTY COUNTRY MUSIC FESTIVAL, INC.
114 CHURCH STREET
SHARON SPRINGS, NY 13459
(518) 284−2609

Name of Project Director:

DONNA OLSHEN

Purpose of Project:

FUNDS WILL BE USED FOR COSTS AT FARMER’S MARKET.

Funded Amount:

$600

Requested By:

LOPEZ−P

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SCOTIA DISTRICT MANAGEMENT ASSOCIATION, INC.
131 MOHAWK AVENUE
SCOTIA, NY 12302
(518) 399–0081

Name of Project Director:

ED ROSENBERG

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE IMPROVEMENTS TO THE VILLAGE OF SCOTIA’S DOWNTOWN CORRIDOR INCLUDING LIGHTING, FACADE WORK AND SIDEWALK CONNECTIONS ALONG MOHAWK AVENUE.

Funded Amount:

$5,000

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SCOTIA GLENVILLE JUNIOR TARTANS
26 PRAISE LANE
SCOTIA, NY 12302
(518) 376−5050

Name of Project Director:

STEVEN BORBEE

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF EQUIPMENT FOR CHEERLEADERS AND FOOTBALL PLAYERS.

Funded Amount:

$6,500

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SCOTIA GLENVILLE SOFTBALL LEAGUE ASA INC.
742 NORTH ROAD
AMSTERDAM, NY 12010
(518) 399−5017

Name of Project Director:

DALE PURVIS

Purpose of Project:

FUNDS WILL BE USED TO ERECT A PERMANENT BATTING CAGE AT THE BEUKENDAH FIELDS.

Funded Amount:

$2,500

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

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

Name of Project Director:

DAVID WINKLER

Purpose of Project:

FUNDS WILL BE USED FOR FREE PROGRAMS FOR SENIORS AND DISABLED.

Funded Amount:

$2,000

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SEASIDE SUMMER CONCERT SERIES, INC.
31 PROSPECT PARK WEST
BROOKLYN, NY 11215
(718) 284–4700

Name of Project Director:

DEBRA GARCIA

Purpose of Project:

FUNDS WILL BE USED TO PRESENT FREE SUMMER CONCERTS IN THE PARK.

Funded Amount:

$3,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SEASIDE SUMMER CONCERT SERIES, INC.
35 PROSPECT PARK WEST
BROOKLYN, NY 11215
(718) 469−1912

Name of Project Director:

DEBRA GARCIA

Purpose of Project:

FUNDS WILL BE USED TO PRESENT FREE SUMMER CONCERTS.

Funded Amount:

$1,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SEASIDE SUMMER CONCERT SERIES, INC.
31 PROSPECT PARK WEST, APT. 15C
BROOKLYN, NY  11215
(718) 469−1912

Name of Project Director:

DEBRA GARCIA

Purpose of Project:

FUNDs WILL BE USED TO HELP PROVIDE FOR FREE SUMMER CONCERTS
AT SEASIDE PARK.

Funded Amount:

$4,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SEASIDE SUMMER CONCERT SERIES, INC.
31 PROSPECT PARK WEST, APT. 15C
BROOKLYN, NY 11215
(718) 222–0600

Name of Project Director:

DEBRA GARCIA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE TOP LEVEL ENTERTAINMENT TO HUNDREDS OF THOUSANDS OF BROOKLYN RESIDENTS, AS DONE OVER THE LAST 25 YEARS.

Funded Amount:

$1,500

Requested By:

COLTON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SEASIDE SUMMER CONCERT SERIES, INC.
35 PROSPECT PARK WEST, APT. 15C
BROOKLYN, NY 11215
(718) 469−1912

Name of Project Director:

DEBRA GARCIA

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF PROVIDING THE CONCERT SERIES FOR THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

BROOK−KRASNY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SEAWAY TRAIL, INC.
CORNER OF RAY & MAIN STREET, P.O. BOX 660
SACKETS HARBOR, NY 13685
(315) 646-1000

Name of Project Director:

TERESA MITCHELL

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE TO SUPPORT TOURISM INITIATIVES ALONG THE ST. LAWRENCE SEAWAY AND TO IMPLEMENT PROJECTS ALONG THE GREAT LAKES.

Funded Amount:

$250,000

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SESAME FLYERS INTERNATIONAL, INC.
3510 CHURCH AVENUE
BROOKLYN, NY 11203
(718) 693−0500

Name of Project Director:

CURTIS NELSON

Purpose of Project:

FUNDS WILL BE USED FOR THE MOVIE IN THE PARK PROGRAM.

Funded Amount:

$15,000

Requested By:

PERRY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SHAES OCONNEL PRESERVATION GUILD, LTD.
646 MAIN STREET
BUFFALO, NY 14202
(716) 847−1410

Name of Project Director:

LISA GRISANTI

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS FOR SHEA’S FREE FILM SERIES.

Funded Amount:

$4,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SHELTER ISLAND HISTORICAL SOCIETY
P.O. BOX 847
SHELTER ISLAND, NY 11964
(631) 749–1116

Name of Project Director:

LOUISE GREEN

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP AND ADMINISTER THE SUMMER EDUCATION PROGRAM.

Funded Amount:

$6,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SIGNATURE THEATRE COMPANY
630 9TH AVENUE, SUITE 1106
NEW YORK, NY 10036
(212) 967–1913  Ext: 42

Name of Project Director:

ERIKA MALLIN

Purpose of Project:

FUNDS WILL ALLOW YOUNG AND DIVERSE AUDIENCES UNPRECEDENTED ACCESS TO WORKS BY SOME OF OUR NATION’S MOST CELEBRATED PLAYWRIGHTS.

Funded Amount:

$2,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SOCIETY FOR THE PRESERVATION OF WEEKSVILLE AND BEDFORD STUYVESANT HISTORY
P.O. BOX 130120, ST. JOHN’S STATION
BROOKLYN, NY 11213
(718) 623-0600

Name of Project Director:

PAMELA GREEN

Purpose of Project:

FUNDS WILL BE USED TO PROMOTE AN APPRECIATION OF THE AFRICAN-AMERICAN LEGACY IN BROOKLYN, AS WELL AS TO FOSTER COMMUNITY EMPOWERMENT AND LIFE-LONG LEARNING THROUGH RESEARCH, INTERPRETATION AND PRESENTATION OF WEEKSVILLE HISTORY.

Funded Amount:

$7,500

Requested By:

ROBINSON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SOCIETY FOR THE PRESERVATION OF WEEKSVILLE AND BEDFORD STUYVESANT HISTORY
P.O. BOX 130120 ST JOHN'S STATION
BROOKLYN, NY 11213
(718) 623–0600

Name of Project Director:

DANIELLE OFFICER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CULTURAL PROGRAMS THAT WILL TEACH STUDENTS THE IMPORTANCE OF EXPLORING AND PRESERVING HISTORY AND DRAWING ON THAT HISTORY TO DEVELOP IDENTITY THROUGH CREATIVE SELF–EXPRESSION.

Funded Amount:

$5,000

Requested By:

TOWNS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SOCIETY OF OUR LADY OF MOUNT CARMEL, OF ROSEBANK, STATEN ISLAND
256 SAINT MARY AVENUE
STATEN ISLAND, NY  10305
(718) 727−0809

Name of Project Director:

MICHAEL DECATALDO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF AN ANNUAL ITALIAN FESTIVAL AND CELEBRATION. THE FESTIVAL IS OPEN TO THE ENTIRE COMMUNITY ON A NON−SECTARIAN BASIS.

Funded Amount:

$5,000

Requested By:

HYER−SPENCER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SOCRATES SCULPTURE PARK, INC.
P.O. BOX 6259, 32–01 VERNON BOULEVARD
LONG ISLAND CITY, NY 11101
(718) 956–1819

Name of Project Director:

TARA SANSONE

Purpose of Project:

FUNDS WILL BE USED FOR CULTURAL ENHANCEMENT INCLUDING AN ARTMAKING PROGRAM, PERFORMANCES, AND LIVE MUSIC.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SOL Y SOMBRA SPANISH DANCE CO., INC.
P.O. BOX 252
SMITHTOWN, NY 11787
(631) 862-6429

Name of Project Director:

MARIA LORETTA

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH PROVIDING CULTURAL ARTS PRESENTATIONS AND EVENTS TO THE COMMUNITY.

Funded Amount:

$2,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SOUTH SHORE RESTORATION GROUP, INC.
265 WEST MAIN STREET, (P.O. BOX 699)
BABYLON, NY 11702
(631) 669–3236

Name of Project Director:

SUSAN BARBASH

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATING COSTS OF SECOND AVENUE FIREHOUSE PROGRAMS.

Funded Amount:

$10,000

Requested By:

BOYLE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SOUTH WEDGE PLANNING COMMITTEE, INC.
224 MT. HOPE AVENUE
ROCHESTER, NY 14620
(585) 256−1740

Name of Project Director:

ROBERT BOYD

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES RELATED TO CINEMA AT SUNSET, WHICH WILL DRAW PEOPLE TO THE NEIGHBORHOOD AND FEATURE LOCAL BUSINESSES WHILE HIGHLIGHTING AND UTILIZING HIGHLAND BOWL AND SHOWCASING THE GEORGE EASTMAN HOUSE ARCHIVAL MOVIE COLLECTION.

Funded Amount:

$28,000

Requested By:

JOHN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SOUTHOLD HISTORICAL SOCIETY, INC.
P.O. BOX 1
SOUTHOLD, NY 11971
(631) 765−5500

Name of Project Director:

GEOFFREY FLEMMING

Purpose of Project:

FUNDS WILL BE USED FOR THE DEVELOPMENT OF PROGRAMS TO EDUCATE THE COMMUNITY ON THE LOCAL HISTORY OF SOUTHOLD.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SOUTHTOWNS INVITATIONAL TRACK ASSOCIATION
6706 HILLCORFT DRIVE
BOSTON, NY 14025
(716) 941–9406

Name of Project Director:

JAMES REICHERT

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF AN AED HEART DEFIBRILLATOR.

Funded Amount:

$1,000

Requested By:

QUINN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SPENCERPORT DEPOT & CANAL MUSEUM
258 WHITTIER ROAD
SPENCERPORT, NY 14559
(585) 594–8947

Name of Project Director:

CAROL COBURN

Purpose of Project:

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS AND OPERATIONAL EXPENSES.

Funded Amount:

$2,000

Requested By:

REILICH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SPRINGVILLE CENTER FOR THE ARTS
P.O. BOX 62
SPRINGVILLE, NY 14141
(716) 592−9038

Name of Project Director:

SETH WOCHENSKY

Purpose of Project:

FUNDS WILL BE USED FOR RENOVATIONS OF THE ROOF, HISTORIC BELL TOWER AND BRICKWORK.

Funded Amount:

$5,550

Requested By:

QUINN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ST. JOHN’S UNIVERSITY
OFFICE OF COMMUNITY RELATIONS, 8000 UTOPIA PARKWAY
JAMAICA, NY  11439
(718) 990–1941

Name of Project Director:

JOE SCIAME

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE A FREE ORCHESTRAL CONCERT FOR THE ENTIRE COMMUNITY.

Funded Amount:

$3,000

Requested By:

LANCMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

ST. PAUL’S CHURCH NATIONAL HISTORIC SITE
897 SOUTH COLUMBUS AVENUE
MOUNT VERNON, NY  10550
(914) 667–4116

Name of Project Director:

DAVID OSBORN

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF PRESERVING HISTORIC GRAVESTONES LOCATED AT ST. PAUL’S CHURCH IN WESTCHESTER COUNTY.

Funded Amount:

$5,000

Requested By:

PRETLOW

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

STAGE LEFT CHILDREN’S THEATRE, INC.
111 ROUTE 303, SUITE 113
TAPPAN, NY 10983
(845) 365–9000

Name of Project Director:

FRANCESCA LOPEZ

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF MICROPHONES FOR YOUTH THEATER PROJECTS AIMED AT BUILDING SELF−CONFIDENCE.

Funded Amount:

$4,000

Requested By:

JAFFEE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

STATEN ISLAND CHAMBER MUSIC PLAYERS, INC.
27 STORER AVENUE
STATEN ISLAND, NY 10309
(718) 356–2094

Name of Project Director:

ELIZABETH LACAUSE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ADMISSION FREE, COMMUNITY BASED CONCERTS OF CHAMBER MUSIC.

Funded Amount:

$1,000

Requested By:

HYER–SPENCER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

STATEN ISLAND CHILDREN’S MUSEUM
1000 RICHMOND TERRACE
STATEN ISLAND, NY 10301
(718) 273–9930

Name of Project Director:

DINA ROSENTHAL

Purpose of Project:

FUNDS WILL BE USED TO OFFSET EXPENSES ASSOCIATED WITH THE MUSEUM’S EDUCATIONAL PROGRAMS, PROGRAM DEVELOPMENT, HIRING AND TRAINING EDUCATORS TO IMPLEMENT PROGRAMS, AND FOR THE MATERIALS CHILDREN USE IN THE COURSE OF THE PROGRAMS.

Funded Amount:

$10,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
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

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE MUSEUM’S EDUCATIONAL PROGRAMS; PROGRAM DEVELOPMENT; HIRING AND TRAINING EDUCATORS TO IMPLEMENT THE PROGRAMS; AND FOR THE MATERIALS CHILDREN USE IN THE COURSE OF THE PROGRAM.

Funded Amount:

$2,500

Requested By:

CUSICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
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

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE MUSEUM’S SCHOOL BASED AND AFTER SCHOOL PROGRAMS, PROGRAM DEVELOPMENT, AND THE MATERIALS CHILDREN USE IN THE COURSE OF THE PROGRAMS.

Funded Amount:

$2,500

Requested By:

HYER-SPENCER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

STATEN ISLAND SPORTS HALL OF FAME
314 LIGHTHOUSE AVENUE
STATEN ISLAND, NY 10306
(718) 317–2807

Name of Project Director:

LARRY ANDERSON

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMMING SERVICES.

Funded Amount:

$5,000

Requested By:

TOBACCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
STATEN ISLAND SPORTS HALL OF FAME, INC.
6451 HYLAN BOULEVARD
STATEN ISLAND, NY 10309
(718) 317–2810

Name of Project Director:
GERALYNN MCHUE

Purpose of Project:
FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE 2008 INDUCTIONS CEREMONY AND TOWARD OPERATING EXPENSES OF THE MUSEUM.

Funded Amount:
$3,000

Requested By:
CUSICK

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
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

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND MAINTAIN EQUIPMENT FOR THE EDUCATION DEPARTMENT’S SPECIAL NEEDS PROGRAM. FUNDS WILL ALSO BE USED FOR OTHER EDUCATIONAL PROGRAMMING AND COSTS ASSOCIATED WITH THEM.

Funded Amount:

$5,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

STEAMER 10 THEATRE, INC.
500 WESTERN AVENUE
ALBANY, NY 12203
(518) 378–1599

Name of Project Director:

MARK BOBB–SEMPLE

Purpose of Project:

FUNDS WILL BE USED TO PRODUCE THEATRE PERFORMANCES ABOUT ALBANY’S MINORITY COMMUNITY AND TOUR SCHOOLS AND COMMUNITY GROUPS TO PROVIDE AWARENESS.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF PARKS, REcreation AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

STEAMER 10 THEATRE, INC.
500 WESTERN AVENUE
ALBANY, NY 12203
(518) 438−5503

Name of Project Director:

RICHARD A CHESSER

Purpose of Project:

FUNDS WILL BE USED FOR THE INSTALLATION OF A DUCTLESS AIR CONDITIONING UNIT FOR THE SECOND FLOOR OF THE THEATRE.

Funded Amount:

$5,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

STELLA ADLER STUDIO OF ACTING
31 WEST 27TH STREET, 3RD FLOOR
NEW YORK, NY 10001
(212) 687−0089  Ext: 27

Name of Project Director:

CARLOS CALDART

Purpose of Project:

Funds will be used to provide free actor training to low−income and inner−city youth. Classes are consistent with professional actor training and culminate in a performance. Outreach is committed to the long−term, high quality education of its student artists.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

STREET MACHINES
409 BENNINGTON DRIVE
ROCHESTER, NY 14616
(585) 663-0393

Name of Project Director:

RICHARD WINDHAUSER

Purpose of Project:

FUNDS WILL BE USED FOR A FAMILY CAR SHOW.

Funded Amount:

$4,000

Requested By:

REILICH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

STUYVESANT COVE PARK ASSOCIATION, INC.
P.O. BOX 178
NEW YORK, NY 10009
(212) 673−7506

Name of Project Director:

MARTIN BARRETT

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT COMMUNITY CULTURAL EVENTS AND ACTIVITIES.

Funded Amount:

$1,000

Requested By:

KAVANAGH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SU THEATRE CORPORATION  
820 EAST GENESEE STREET  
SYRACUSE, NY 13210  
(315) 443–4008

Name of Project Director:

LAUREN UNBEKANT

Purpose of Project:

FUNDS WILL BE USED FOR ARTS EMERGING, A LONG−TERM, IN−DEPTH THEATRE ARTS−IN−EDUCATION PROGRAM INVOLVING STUDENTS, TEACHERS AND TEACHING ARTISTS AS PARTNERS. FUNDING WILL ALSO BE USED TO EXPLORE ELEMENTS OF THEATRE, OTHER FORMS OF ART, AND SCHOOL CURRICULUM. ACTIVITIES TAKE PLACE AT SYRACUSE STAGE, AND WITHIN SCHOOLS.

Funded Amount:

$10,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SUBURBAN SYMPHONY ASSOCIATION, INC.
P.O. BOX 462
POMONA, NY  10970
(845) 348–3413

Name of Project Director:

MARCUS SCRIMGEOUR

Purpose of Project:

FUNDS WILL BE USED TO EXPOSE ORCHESTRAL MUSIC TO THE RESIDENTS OF ROCKLAND COUNTY.

Funded Amount:

$2,500

Requested By:

ZEBROWSKI–K

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SUFFOLK CENTER ON THE HOLOCAUST, DIVERSITY & HUMAN UNDERSTANDING, INC.
533 COLLEGE ROAD
SELDEN, NY 11784
(631) 451−4700

Name of Project Director:

STEVEN SCHRIER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE TRAVELING OUTDOOR EXHIBITION "EMBRACING OUR DIFFERENCES". THIS PUBLIC ART EXHIBITION AND ITS ASSOCIATED EDUCATIONAL PROGRAMS AND MATERIALS ARE TOOLS FOR DEVELOPING VALUES THAT REJECT PREJUDICE AND SUPPORT CULTURAL UNDERSTANDING.

Funded Amount:

$3,500

Requested By:

ENGLEBRIGHT

Name of Administering State Agency:

OFFICE OF PARKS, REcreation AND HISTORIC PREServation
Legal Name, Address, and Telephone Number:

SUNDOG THEATRE, INC.
157 BENZINGER AVENUE
STATEN ISLAND, NY 10301
(718) 816–5453

Name of Project Director:

SUSAN FENLEY

Purpose of Project:

FUNDS WILL BE USED TO CREATE AND PRODUCE "THE ALICE AUSTEN STORY" PLAY.

Funded Amount:

$5,000

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SUNNYSIDE UNITED NEIGHBORHOOD NETWORK, INC.
39–31 47TH STREET
SUNNYSIDE, NY 11104
(718) 482–0443

Name of Project Director:

TONY ROLLING

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND STORE SUPPLIES AND EQUIPMENT TO COMBAT GRAFFITI, INCLUDING PAINT, CLEANER, MACHINERY AND OTHER SUPPLIES.

Funded Amount:

$1,000

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SUNRISE DET. MARINE CORPS. LEAGUE
99 NEW YORK AVENUE
MASSAPEQUA, NY 11758
(516) 799–7259

Name of Project Director:

JAMES MACMILLAN

Purpose of Project:

FUNDS WILL BE USED FOR THE REPAIRS OF FACILITIES.

Funded Amount:

$2,000

Requested By:

SALADINO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SWEDEN CEMETERY MUSEUM
18 STATE STREET
BROCKPORT, NY 14420
(585) 637–7588

Name of Project Director:

DANIELLE WINDUS–COOK

Purpose of Project:

FUNDS WILL BE USED FOR MUSEUM RENOVATIONS AND OPERATIONAL EXPENSES.

Funded Amount:

$5,000

Requested By:

REILICH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SYMPHONY SPACE, INC.
2537 BROADWAY
NEW YORK, NY 10025
(212) 864–1414

Name of Project Director:

WADDY THOMPSON

Purpose of Project:

FUNDS WILL BE USED FOR THE "UPPER WEST FEST", A THREE–WEEK ARTS FESTIVAL THAT SHOWCASES THE UPPER WEST SIDE OF MANHATTAN AS A CULTURAL DESTINATION.

Funded Amount:

$2,500

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SYRACUSE SYMPHONY ORCHESTRA
411 MONTGOMERY STREET
SYRACUSE, NY 13202
(315) 424–8222

Name of Project Director:

KAREN GAHL–MILLS

Purpose of Project:

FUNDS WILL BE USED FOR A SUMMER CONCERT AT FORT ONTARIO.

Funded Amount:

$15,000

Requested By:

BARCLAY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SYRACUSE SYMPHONY ORCHESTRA, INC.
411 MONTGOMERY STREET, SUITE 40
SYRACUSE, NY 13202
(315) 424−8222

Name of Project Director:

KAREN GAHL−MILLS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE BUS SERVICE FOR THE DISABLED/SENIORS TO ATTEND THE SYMPHONY.

Funded Amount:

$5,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

SYRACUSE SYMPHONY ORCHESTRA, INC.
411 MONTGOMERY STREET, SUITE 40
SYRACUSE, NY 13202
(315) 424-8222

Name of Project Director:

KAREN GAHL– MILLS

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE RESIDENTS OF NORTH SYRACUSE, CICERO, AND CLAY SHUTTLE BUS SERVICE SO THAT THEY CAN ATTEND SSO CONCERTS IN THE CITY OF SYRACUSE.

Funded Amount:

$3,000

Requested By:

STIRPE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

TEATRO CIRCULO, LTD
134 EAST 22ND STREET, SUITE 314
BRONX, NY  10010
(212) 242–4460

Name of Project Director:

JOSE OLIVERAS

Purpose of Project:

FUNDS WILL BE USED TO PRODUCE CULTURAL PLAYS FOR PRESENTATIONS TO STUDENTS, BOTH DURING THE DAY AND AFTER SCHOOL, AND FOR THE ELDERLY AT SENIOR CITIZEN CENTERS.

Funded Amount:

$5,000

Requested By:

ARROYO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

TEATRO EXPERIMENTAL YERBABRUJA, INC.
23 ANNE LANE
CENTRAL ISLIP, NY 11722
(631) 232–6491

Name of Project Director:

MARGARITA ESPADA–SANTOS

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE MOBILE ARTS AND PLAYS THAT ARE FREE TO THE COMMUNITY.

Funded Amount:

$13,000

Requested By:

RAMOS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

TH3
501 WEST FAYETTE STREET
SYRACUSE, NY  13204
(315) 425–7500

Name of Project Director:

WILLIAM H. DELEVAN

Purpose of Project:

FUNDS WILL BE USED FOR VISUAL ARTS PROMOTION, PRODUCTION OF BROCHURES AND LISTINGS, AND EVERSON EVENTS.

Funded Amount:

$5,000

Requested By:

CHRISTENSEN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THALIA SPANISH THEATRE, INC.
41–17 GREENPOINT AVENUE
SUNNYSIDE, NY 11104
(718) 729–3880

Name of Project Director:

AKTHRYN GIAIMO

Purpose of Project:

FUNDS WILL BE USED FOR OUTREACH TO YOUTH AND CHILDREN FOR WORKSHOPS AND PERFORMANCES.

Funded Amount:

$2,250

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THE AMERICAN MAPLE MUSEUM
P.O. BOX 81
CROGHAN, NY 13327
(315) 346–6628

Name of Project Director:

DALE MOSER

Purpose of Project:

FUNDS WILL BE USED FOR CONTINUATION OF ACCESSIBILITY TO THE MAPLE MUSEUM.

Funded Amount:

$10,000

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THE ARTS GUILD OF OLD FORGE
3260 STATE ROUTE 28, (P.O. BOX 1144)
OLD FORGE, NY 13420
(315) 369−6411

Name of Project Director:

DEBORAH JONES

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE COMPLETION OF THE NEW ARTS CENTER.

Funded Amount:

$10,000

Requested By:

BUTLER−M

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THE FRANCES X. PENDL NASSAU COUNTY FIREFIGHTERS MUSEUM AND EDUCATION CENTER
1 DAVIS AVENUE
GARDEN CITY, NY 11530
(516) 572-4177

Name of Project Director:

ALANA PETROCELLI

Purpose of Project:

FUNDS WILL BE USED TO ASSIST THE MUSEUM IN PROVIDING EDUCATIONAL OPPORTUNITIES TO STUDENTS AND EXPAND THE SIZE AND PROGRAMS OFFERED.

Funded Amount:

$2,000

Requested By:

WALKER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THE FRIENDS OF THE MILTON–ON–HUDSON TRAIN STATION
25 WATSON AVENUE
MILTON, NY 12547
(845) 795–5498

Name of Project Director:

GLENN S. CLARKE

Purpose of Project:

FUNDS WILL BE USED FOR THE REHABILITATION AND USE OF THE HISTORIC TRAIN STATION.

Funded Amount:

$20,000

Requested By:

KIRWAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THE HECKSCHER MUSEUM OF ART
2 PRIME AVENUE
HUNTINGTON, NY 11743
(631) 351−3213

Name of Project Director:

ELIZABETH WAYLAND

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THE HISTORICAL SOCIETY OF NEWBURGH BAY AND THE HIGHLANDS
189 MONTGOMERY STREET
NEWBURGH, NY 12550
(845) 561−2585

Name of Project Director:

CARLA DECKER

Purpose of Project:

FUNDS WILL BE USED FOR THE COSTS OF ELECTRICAL REWIRING OF THE
1830 CAPTAIN DAVID CRAWFORD HOUSE.

Funded Amount:

$7,500

Requested By:

KIRWAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THE HOWLAND STONE STORE MUSEUM
P.O. BOX 124
AURORA, NY 13026
(315) 364−5587

Name of Project Director:

PATRICIA WHITE

Purpose of Project:

FUNDS WILL BE USED FOR RESTORATION/PRESERVATION AND EDUCATIONAL PROGRAMMING.

Funded Amount:

$5,000

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THE MEDINA RAILROAD MUSEUM
P.O. BOX 136
MEDINA, NY 14103
(585) 798–2821

Name of Project Director:

HUGH F. JAMES

Purpose of Project:

FUNDS WILL BE USED TO REPAIR/REPLACE THE FREIGHT LOADING DOCK.

Funded Amount:

$2,500

Requested By:

HAWLEY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THE SKANEATELES HISTORICAL SOCIETY
28 HUNNUM STREET
SKANEATELES, NY 13152
(315) 685–3007

Name of Project Director:

PAT BLACKLER

Purpose of Project:

FUNDS WILL BE USED FOR THE RENOVATION OF THE CREAMERY.

Funded Amount:

$5,000

Requested By:

BARCLAY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THEATER ET AL, INC.
5-49 49TH AVENUE
LONG ISLAND CITY, NY 11101
(718) 482-7069

Name of Project Director:

SHEILA LEWANDOWSKI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THEATER ARTS, INCLUDING FAMILY PROGRAMMING, TO THE COMMUNITY.

Funded Amount:

$1,500

Requested By:

NOLAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THEATER FOR THE NEW CITY FOUNDATION, INC.
155 FIRST AVENUE
NEW YORK, NY 10003
(212) 475–0108

Name of Project Director:

BRIAN PICKETT

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF THEATER FOR THE FREE
ADMISSIONS PROGRAM WHICH PROVIDES FREE TICKETS TO OVER 100
PARTICIPATING COMMUNITY ORGANIZATIONS, YOUTH GROUPS AND
SENIOR CENTERS.

Funded Amount:

$3,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THEATRE INTERNATIONAL, INC.
1225 BOSTON ROAD, APT 19
BRONX, NY 10456
(718) 328–1726

Name of Project Director:

REY ALLEN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE AN AFTER SCHOOL THEATRE ARTS PROGRAM, INCLUDING THE PURCHASE OF MATERIALS TO RUN THIS PROGRAM FROM THE RICHARD R. GREEN MIDDLE SCHOOL.

Funded Amount:

$2,000

Requested By:

HEASTIE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THEATRE MUSEUM
723 SEVENTH AVENUE, 7TH FLOOR
NEW YORK, NY 10019
(212) 764–4112 Ext: 204

Name of Project Director:

HELEN GUDITIS

Purpose of Project:

FUNDS WILL BE USED TO CONDUCT A FEASIBILITY STUDY TO ASSESS REQUIREMENTS FOR REINVENTING THE CURRENT TIMES SQUARE VISITOR CENTER AS A MUSEUM IN THE LANDMARKED EMBASSY THEATRE.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THOMAS SPORTS GROUP, INC.
35 FURMAN STREET, (P.O. BOX 4028)
SCHENECTADY, NY 12304
(518) 209–8999

Name of Project Director:

JAMES THOMAS

Purpose of Project:

FUNDS WILL BE USED TO PROCURE UNIFORMS, EQUIPMENT, ELECTRONIC SCOREBOARDS, TROPHIES AND SPORTS INSURANCE.

Funded Amount:

$2,500

Requested By:

TEDISCO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

THROGGS NECK BENEVOLENT ASSOCIATION, INC.
P.O. BOX 342, THROGGS NECK STATION
BRONX, NY  10465
(718) 931−7749

Name of Project Director:

MATT O'BRIEN

Purpose of Project:

FUNDS WILL BE USED TO CELEBRATE CULTURAL PRIDE BY HELPING TO DEFRAY THE COST OF THE ANNUAL PARADE.

Funded Amount:

$5,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

TIOGA COUNCIL ON THE ARTS
179 FRONT STREET
OWEGO, NY 13827
(607) 687−0785

Name of Project Director:

ANNETTE J. SCHWEIGER

Purpose of Project:

FUNDS WILL BE USED FOR TECHNICAL SERVICES (NEWSLETTER WEBSITE) AT THE TIOGA COUNCIL ON THE ARTS.

Funded Amount:

$5,000

Requested By:

FINCH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

    TODD MOUNTAIN THEATER PROJECT
    P.O. BOX 482
    ARKVILLE, NY 12406
    (845) 586–3057

Name of Project Director:

    SUZANNE PRED BASS

Purpose of Project:

    FUNDS WILL BE USED FOR PRODUCTION COSTS.

Funded Amount:

    $2,000

Requested By:

    CROUCH

Name of Administering State Agency:

    OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

TOWN OF BROOKFIELD
10535 MAIN STREET
BROOKFIELD, NY 13314
(315) 899-3364

Name of Project Director:

DEWITT HEAD

Purpose of Project:

FUNDS WILL BE USED TO INSTALL A WALKING TRACK AROUND THE PARK IN NORTH BROOKFIELD, INCLUDING OFFSETTING THE COSTS OF STONE, MACHINERY RENTAL, BLACKTOP AND LABOR.

Funded Amount:

$10,000

Requested By:

MAGEE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

TOWN OF CHATHAM
488 ROUTE 295
CHATHAM, NY 12037
(518) 392−0337

Name of Project Director:

SHARI FRANKS

Purpose of Project:

FUNDS WILL BE USED TO MAKE IMPROVEMENTS TO CRELLIN PARK, INCLUDING THE REPLACEMENT OF OLD AND DANGEROUS EQUIPMENT.

Funded Amount:

$10,000

Requested By:

GORDON−T

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
TOWN OF CICERO
P.O. BOX 1517
CICERO, NY 13039
(315) 699–1414

Name of Project Director:

CHET DUDZINSKI

Purpose of Project:

FUNDS WILL BE USED TO DEVELOP LAND DONATED TO THE TOWN INTO A PARK FOR THE BENEFIT OF THE COMMUNITY.

Funded Amount:

$10,000

Requested By:

STIRPE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

TOWN OF CICERO HISTORICAL SOCIETY
6453 COUNTY ROUTE 31
CICERO, NY 13039
(315) 699−0308

Name of Project Director:

DAVID J. BRZOSTEK

Purpose of Project:

FUNDS WILL BE USED TO REPAIR THE ORIGINAL STONE FOUNDATION OF A SCHOOL HOUSE WHICH HAS BEEN ADDED TO BOTH THE NEW YORK STATE AND FEDERAL HISTORIC REGISTERS.

Funded Amount:

$5,000

Requested By:

STIRPE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

TOWN OF PELHAM
34 FIFTH AVENUE
PELHAM, NY  10803
(914) 738–1021

Name of Project Director:

FREDERICK FIORITO

Purpose of Project:

FUNDS WILL BE USED FOR A PUBLIC SUMMER CONCERT SERIES.

Funded Amount:

$2,500

Requested By:

PAULIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

TOWN OF PENFIELD
3100 ATLANTIC AVENUE
PENFIELD, NY 14526
(585) 340–8621

Name of Project Director:

ROBERT BEEDON

Purpose of Project:

FUNDS WILL BE USED TO INSTALL A STATE OF THE ART, INTERACTIVE ELECTRONIC SYSTEM THAT, THROUGH A FUN AND PHYSICALLY CHALLENGING ELECTRONIC SYSTEM, HELPS PROMOTE EXERCISE AND FIGHTS OBESITY.

Funded Amount:

$35,000

Requested By:

KOON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

TOWN OF TONAWANDA
2911 DELAWARE AVENUE
KENMORE, NY 14217
(716) 877–8804

Name of Project Director:

DANIEL J. WILES

Purpose of Project:

FUNDS WILL BE USED TOWARD DEVELOPING A MASTER PLAN FOR THE CONTINUATION OF PROJECTS IN THE YOUTH, PARKS AND RECREATION DEPARTMENT.

Funded Amount:

$17,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

TOWN SQUARE, INC.
102 OAK STREET
BROOKLYN, NY  11222
(718) 609–1090

Name of Project Director:

SUSAN ANDERSON

Purpose of Project:

FUNDS WILL BE USED FOR THE ANNUAL SUMMERSTARZ FESTIVAL, A FREE SUMMER FAMILY MUSIC AND FILM FESTIVAL HELD IN MCCARREN PARK, BROOKLYN.

Funded Amount:

$5,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

TRADITIONAL ARTS IN UPSTATE NEW YORK
2 WEST MAIN STREET
CANTON, NY 13617
(315) 386–4289

Name of Project Director:

CAROL SMITH PYNCHON

Purpose of Project:

FUNDS WILL BE USED TO FURTHER NORTH COUNTRY OUTREACH.

Funded Amount:

$10,000

Requested By:

SCOZZAFAVA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

TRI COUNTY ARTS COUNCIL
107 UNION STREET
COBLESKILL, NY 12043
(518) 234–0611

Name of Project Director:

MARK EAMER

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM COSTS.

Funded Amount:

$1,500

Requested By:

LOPEZ–P

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

UNITED VETERANS PARADE COMMITTEE OF GREATER NEW YORK, INC.
728 WILCOX AVENUE
BRONX, NY 10465
(718) 823−1981

Name of Project Director:

PATRICK DEVINE

Purpose of Project:

FUNDS WILL BE USED TO HELP DEFRAY THE COSTS OF THE ANNUAL VETERANS DAY PARADE.

Funded Amount:

$2,500

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

UNITED WAR VETERANS OF KINGS COUNTY, INC.
538 CLINTON STREET
BROOKLYN, NY  11209
(718) 855−8060

Name of Project Director:

PETER DEANGELIS

Purpose of Project:

FUNDS WILL BE USED FOR THE 2008 MEMORIAL DAY PARADE, INCLUDING BANDS, INSURANCE AND PRINTING AND FEES FOR THE EVENT, ETC.

Funded Amount:

$1,500

Requested By:

HYER−SPENCER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

UNITY TOWERS
2007 SURF AVENUE, APT. 6E
BROOKLYN, NY 11224
(917) 204–1129

Name of Project Director:

WANDA FELICIANO

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS OF PROVIDING A CARNIVAL FOR THE COMMUNITY, WHICH PROMOTES THE DEVELOPMENT OF SOCIALIZATION SKILLS IN CHILDREN AND FOSTERS A HEALTHY ENVIRONMENT FOR COMMUNITY INVOLVEMENT.

Funded Amount:

$1,000

Requested By:

BROOK–KRASNY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

UNIVERSAL TEMPLE OF THE ARTS, INC.
425 JERSEY STREET
STATEN ISLAND, NY 10301
(718) 273–5610

Name of Project Director:

SAJDA MUSAWWIR–LADNER

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE PLANNING, PRODUCTION AND PROMOTION OF UTA’S JAZZ FESTIVAL.

Funded Amount:

$2,500

Requested By:

TITONE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

UNTERMYER PERFORMING ARTS COUNCIL, INC.
P.O. BOX 49
YONKERS, NY 10702
(914) 375−3435

Name of Project Director:

STEVE SANSONE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOR FREE SUMMER CONCERT SERIES AT YONKERS' UNTERMYER PARK.

Funded Amount:

$15,000

Requested By:

SPANO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

URBAN ART PROJECTS, INC.
136 WYTHER AVENUE
BROOKLYN, NY 11211
(917) 224-1949

Name of Project Director:

KIM VAADIA

Purpose of Project:

FUNDS WILL BE USED TO CREATE A SCULPTURE EXHIBITION AT THE EAST RIVER STATE PARK.

Funded Amount:

$10,000

Requested By:

LENTOL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

VALLEY COMMUNITY ASSOCIATION, INC.
93 LEDDY STREET
BUFFALO, NY 14210
(716) 823−4707

Name of Project Director:

PEG OVERDORF

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE BEAUTIFICATION OF BUFFALO RIVERFRONT PARK, LOCATED ON OHIO STREET.

Funded Amount:

$25,000

Requested By:

SCHROEDER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

VALLEY STREAM GREEN HORNETS FOOTBALL
P.O. BOX 274
VALLEY STREAM, NY 11582
(516) 902–6391

Name of Project Director:

BOB HAWKEY

Purpose of Project:

FUNDS WILL BE USED FOR SUPPLIES.

Funded Amount:

$9,000

Requested By:

BARRA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

VERONA BEACH LIGHTHOUSE ASSOCIATION
P.O. BOX 202
VERONA BEACH, NY 13162
(315) 761−0309

Name of Project Director:

SANDIE MATTNER

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF A PORTABLE PA SYSTEM, LAPTOP COMPUTER, PROJECTOR AND SCREEN.

Funded Amount:

$5,000

Requested By:

TOWNSEND

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

VILLAGE OF ARDSLEY
507 ASHFORD AVENUE
ARDSLEY, NY 10502
(914) 693–1550

Name of Project Director:

GEORGE CALVI

Purpose of Project:

FUNDS WILL BE USED FOR THE COMPLETION OF ARDSLEY VILLAGE SKATEPARK, INCLUDING THE PURCHASE OF A HALFPIPE FOR SKATE BOARDING AND ROLLERBLADING.

Funded Amount:

$12,000

Requested By:

BRODSKY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

VILLAGE OF BRONXVILLE
200 PONDFIELD ROAD
BRONXVILLE, NY 10708
(914) 337-6500

Name of Project Director:

HAROLD PORR

Purpose of Project:

FUNDS WILL BE USED FOR THE REHABILITATION AND ENHANCEMENT OF SEVERAL PUBLIC VILLAGE PARKS, INCLUDING TREE REPLACEMENT, PLANTINGS, WALKWAYS, AND CURBING.

Funded Amount:

$25,000

Requested By:

PAULIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

VILLAGE OF CAZENOVIA
90 ALBANY STREET
CAZENOVIA, NY 13035
(315) 655−3041

Name of Project Director:

WILLIAM CARR

Purpose of Project:

FUNDS WILL BE USED TOWARD THE INSTALLATION OF WIND SCREEN SHADES ON THE LAKESIDE PARK PAVILLION, VILLAGE OF CAZENOVIA.

Funded Amount:

$10,000

Requested By:

MAGEE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

VILLAGE OF LEWISTON
476 CENTER STREET
LEWISTON, NY 14092
(716) 754–9500

Name of Project Director:

RICHARD SOLURI

Purpose of Project:

FUNDS WILL BE USED TO OPERATE THE HISTORIC LEWISTON JAZZ FESTIVAL, AN ESTABLISHED ANNUAL EVENT WITH GREAT ECONOMIC IMPACT AND LOCAL SUPPORT.

Funded Amount:

$12,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

VILLAGE OF LEWISTON
145 NORTH FOURTH STREET, P.O. BOX 325
LEWISTON, NY 14092
(716) 754–8271

Name of Project Director:

HON. RICHARD SOLURI

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE THE VILLAGE’S SUMMER JAZZ CONCERTS.

Funded Amount:

$2,500

Requested By:

DELMONTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
VILLAGE OF PLEASANTVILLE
80 WHEELER AVENUE
PLEASANTVILLE, NY 10570
(914) 769-1900

PATRICIA DWYER

FUNDS WILL BE USED TO PURCHASE PLAYGROUND EQUIPMENT FOR 2-5 YEAR OLDS, AT SOLDIERS AND SAILORS MEMORIAL PARK.

$10,000

BRODSKY

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

VILLAGE OF SUFFERN
61 WASHINGTON AVENUE
SUFFERN, NY 10901
(845) 357−7943

Name of Project Director:

GAIL CURTAIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EQUIPMENT FOR THIS WIDE−REACHING YOUTH THEATER PROGRAM.

Funded Amount:

$2,500

Requested By:

JAFFEE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

VILLAGE OF TUCKAHOE
65 MAIN STREET
TUCKAHOE, NY  10707
(914) 231−0224

Name of Project Director:

CAMILLE DISALVO

Purpose of Project:

FUNDS WILL BE USED FOR ENTERTAINMENT AND MUSIC EXPENSES DURING THE VILLAGE SUMMER FESTIVAL.

Funded Amount:

$3,000

Requested By:

PAULIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

VISUAL ARTS RESEARCH AND RESOURCE CENTER RELATING TO THE CARIBBEAN, INC.
408 WEST 58TH STREET
NEW YORK, NY 10019
(917) 697–8773

Name of Project Director:

MELODY CAPOTE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE CULTURAL ARTS PROGRAMS TO THE STUDENTS IN THE SCHOOL DISTRICT AND TO PROVIDE A CONCERT IN THE PARK FOR THE ENTIRE COMMUNITY.

Funded Amount:

$15,000

Requested By:

TITUS

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

VIVIAN BEAUMONT THEATER, INC. (D/B/A LINCOLN CENTER THEATER)
150 WEST 65TH STREET
NEW YORK, NY 10023
(212) 501−3254

Name of Project Director:

NEAL BRILLIANT

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE LINCOLN CENTER THEATER’S OPEN STAGES EDUCATION PROGRAM, PROVIDING THOUSANDS OF ECONOMICALLY DISADVANTAGED NEW YORK CITY PUBLIC SCHOOL STUDENTS WITH A MEANINGFUL INTRODUCTION TO THEATER.

Funded Amount:

$2,000

Requested By:

BOYLAND

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

VIVIAN BEAUMONT THEATER, INC. (D/B/A LINCOLN CENTER THEATER)
150 WEST 65TH STREET
NEW YORK, NY 10023
(212) 362−7600

Name of Project Director:

KATI KOEMER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FREE OF CHARGE, AN INTRODUCTION TO THEATRES FOR NEW YORK CITY PUBLIC HIGH SCHOOL STUDENTS.

Funded Amount:

$2,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

VIVIAN BEAUMONT THEATER, INC. (D/B/A LINCOLN CENTER THEATER)
150 WEST 65TH STREET
NEW YORK, NY 10023
(212) 362-7600

Name of Project Director:

HATTIE K. JUTAGIR

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE THEATER PROGRAM FOR HIGH SCHOOL STUDENTS.

Funded Amount:

$2,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

VOCAL EASE, INC.
240 WEST 73RD STREET, SUITE 1403
NEW YORK, NY 10023
(212) 579-5986

Name of Project Director:

EVA SWAN

Purpose of Project:

FUNDS WILL BE USED FOR THE PRODUCTION OF CONCERTS FOR SENIORS IN NEW YORK CITY.

Funded Amount:

$2,500

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WADING RIVER HISTORICAL SOCIETY, INC.
P.O. BOX 263
WADING RIVER, NY 11792
(631) 929-4082

Name of Project Director:

STEPHANIE BAIL

Purpose of Project:

FUNDS WILL BE USED FOR TECHNOLOGY UPGRADES FOR THE PURPOSE OF DISSEMINATING INFORMATION TO EDUCATE THE COMMUNITY ON THE HISTORY OF WADING RIVER.

Funded Amount:

$1,000

Requested By:

ALESSI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WARREN COUNTY HISTORICAL SOCIETY
195 SUNNYSIDE ROAD
QUEENSbury, NY 12804
(518) 743–0734

Name of Project Director:

MARILYN VANDYKE

Purpose of Project:

FUNDS WILL BE USED FOR THE PUBLICATION OF HISTORY OF WARREN COUNTY.

Funded Amount:

$5,000

Requested By:

SAYWARD

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WASHINGTON COUNTY FAIRGROUNDS BOARD OF DIRECTORS
392 OLD SCHUYLERVILLE ROAD
GREENWICH, NY 12834
(518) 692–2464

Name of Project Director:

MARK ST. JACQUES

Purpose of Project:

FUNDS WILL BE USED FOR THE WASHINGTON COUNTY FARM MUSEUM.

Funded Amount:

$10,000

Requested By:

MCDONALD

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WASHINGTON SQUARE ASSOCIATION MUSIC FUND
P.O. BOX 1066, VILLAGE STATION
NEW YORK, NY 10014
(845) 292–8967

Name of Project Director:

PEGGY FRIEDMAN

Purpose of Project:

FUNDS WILL BE USED FOR THE PRESENTATION OF FREE PUBLIC MUSIC CONCERTS IN WASHINGTON SQUARE PARK.

Funded Amount:

$4,000

Requested By:

GLICK

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WATERFORD MARITIME HISTORICAL SOCIETY
1 TUG BOAT ALLEY
WATERFORD, NY 12188
(518) 233–9123

Name of Project Director:

RICHARD HURST

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT MARKETING ACTIVITIES FOR THE WATERFORD MARITIME HISTORICAL SOCIETY.

Funded Amount:

$5,000

Requested By:

CANESTRARI

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WATERFRONT MUSEUM
290 CONOVER STREET, PIER #44
BROOKLYN, NY 11231
(718) 624-4719

Name of Project Director:

DAVID SHARPS

Purpose of Project:

FUNDS WILL BE USED TO BUILD BROOKLYN TOURISM THROUGH A NEW PROGRAM CALLED "DESTINATION RED HOOK," INCLUDING BROCHURES, TOURIST ACTIVITIES, AND NEW EXHIBITS.

Funded Amount:

$4,000

Requested By:

MILLMAN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WEBSTER ARBORETUM ASSOCIATION, INC.
1700 SCHLEGEL ROAD, P.O. BOX 782
WEBSTER, NY  14580
(585) 872−6665

Name of Project Director:

CARROLL M. MANNING

Purpose of Project:

FUNDS WILL BE USED FOR THE EXPANSION OF A BRICK WALKWAY THROUGH THE GROUNDS OF THE ARBORETUM TO ALLOW FOR HANDICAPPED ACCESS.

Funded Amount:

$2,500

Requested By:

KOON

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WEEKSVILLE HERITAGE CENTER
P.O. BOX 130120, ST. JOHN’S STATION
BROOKLYN, NY 11213
(718) 623–0600

Name of Project Director:

ELISSA BLOUNT–MOORHEAD

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR DISADVANTAGED STUDENTS IN CENTRAL BROOKLYN, WITH A FOCUS ON AFRICAN–AMERICAN HISTORY.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WEST BRANCH CONSERVATION ASSOCIATION, INC.
100 SOUTH MOUNTAIN ROAD
NEW CITY, NY 10956
(845) 634–3231

Name of Project Director:

MARTUS GRANIRER

Purpose of Project:

FUNDS WILL BE USED TO ESTABLISH IN "CROW HOUSE," HENRY VARNUM POOR’S STUDIO RESIDENCE, AND IN OTHER NEARBY HISTORIC ARTISTS’ HOMES, AN ARTISTS’ RESIDENCE PROGRAM THAT WILL INTRODUCE EMERGING TALENT TO A SEMI–RURAL NEIGHBORHOOD THAT HAS FOR ALMOST EIGHT DECADES, PRODUCED A LARGE SHARE OF THE CRAFTS, DRAMAS, MUSIC, PAINTINGS, PLAYS, AND WRITINGS THAT SHAPED MAINSTREAM AMERICAN CULTURE.

Funded Amount:

$10,000

Requested By:

ZEBROWSKI–K

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WEST END ARTS VISUAL ARTISTS GUILD, INC.
P.O. BOX 247
ATLANTIC BEACH, NY  11509
(516) 608−4030

Name of Project Director:

KATHLEEN REGAN

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE COLORS OF LONG BEACH ART EXPO FOR CULTURAL ENRICHMENT OF THE COMMUNITY.

Funded Amount:

$2,500

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WEST INDIAN AMERICAN DAY CARNIVAL ASSOCIATION
325 ROGERS AVENUE
BROOKLYN, NY  11213
(718) 467−1797

Name of Project Director:

YOLONDA LAZAMA−CLARKE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE ACTIVITIES OF THE WEST INDIAN AMERICAN CARNIVAL ASSOCIATION IN SPONSORING THE ANNUAL PARADE.

Funded Amount:

$3,000

Requested By:

MAISEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WEST ISLIP ROBOTICS BOOSTER CLUB
649 CADMAN ROAD
WEST ISLIP, NY 11795
(631) 792-9000

Name of Project Director:

JIM STEPHENSON

Purpose of Project:

FUNDS WILL BE USED FOR MATERIALS, ENTRY FEES AND OPERATING EXPENSES OF THE ROBOTICS CLUB.

Funded Amount:

$2,000

Requested By:

BOYLE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WEST ISLIP ROBOTICS BOOSTER CLUB
649 CADMAN ROAD
WEST ISLIP, NY 11795
(516) 545−4906

Name of Project Director:

JIM STEPHENSON

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAM DEVELOPMENT.

Funded Amount:

$1,000

Requested By:

RAIA

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WEST SENECA HISTORICAL SOCIETY AND MUSEUM
P.O. BOX 2
WEST SENECA, NY 14224
(716) 674–4283

Name of Project Director:

FRAN DEPPLER

Purpose of Project:

FUNDS WILL BE USED FOR RENOVATIONS AND REPAIRS TO THE MUSEUM FACILITY.

Funded Amount:

$5,000

Requested By:

SCHROEDER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WEST SIDE COMMUNITY GARDEN  
P.O. BOX 20301  
NEW YORK, NY 10025  
(212) 873-9661

Name of Project Director:

EDITH MARKS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE PRODUCTION OF COMMUNITY CONCERTS IN THE GARDEN.

Funded Amount:

$3,000

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WEST SIDE COMMUNITY GARDEN
P.O. BOX 20301, PARK WEST FINANCE STATION
NEW YORK, NY 10025
(212) 873-9661

Name of Project Director:

EDITH MARKS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AND PUBLICIZE FREE MUSICAL CONCERTS, AS WELL AS SHAKESPEARE PERFORMANCES.

Funded Amount:

$2,000

Requested By:

O’DONNELL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WEST SIDE CULTURAL CENTER, INC.
136 WEST 70TH STREET, SUITE ONE
NEW YORK, NY 10023
(212) 496−2030

Name of Project Director:

NANCI CALLAHAN

Purpose of Project:

FUNDS WILL BE USED FOR THE ECOFEST ART EXHIBIT, IN CONJUNCTION WITH UFT AND NYCATA, A YEAR ROUND PROGRAM THAT ENGAGES STUDENTS OF THE NEW YORK CITY PUBLIC SCHOOLS IN LEARNING ABOUT ENVIRONMENTAL ISSUES, AND EXPRESSING THEM THROUGH ART.

Funded Amount:

$2,500

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WESTCHESTER ARTS COUNCIL, INC.
31 MAMARONECK AVENUE
WHITE PLAINS, NY 10601
(914) 428-4220

Name of Project Director:

JANET LANGSAM

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE DEVELOPMENT AND PROMOTION OF "ALL FIRED UP: A CELEBRATION OF CLAY."

Funded Amount:

$10,000

Requested By:

BRADLEY, BRODSKY, LATIMER, PAULIN, PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WESTCHESTER CHAMBER ORCHESTRA, INC.
P.O. BOX 207
NEW ROCHELLE, NY  10804
(914) 654–4926

Name of Project Director:

BARRY CHARLES HOFFMAN

Purpose of Project:

FUNDS WILL BE USED FOR A FREE CONCERT CELEBRATING THE JULY 4TH HOLIDAY ON THE PUBLIC GREEN AT THE NEW ROCHELLE LIBRARY.

Funded Amount:

$3,000

Requested By:

LATIMER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WESTCHESTER LAND TRUST, INC.
11 BABBITT ROAD
BEDFORD HILLS, NY  10507
(914) 241–6346  Ext: 20

Name of Project Director:

PAUL GALLAY

Purpose of Project:

FUNDS WILL BE USED TO COMPLETE PLANS FOR ENVIRONMENTALLY–SENSITIVE PARKING AND LANDSCAPING AT SUGAR HILL FARM, WHICH WILL SERVE AS THE NEW HEADQUARTERS FOR THE WESTCHESTER LAND TRUST.

Funded Amount:

$8,000

Requested By:

BRADLEY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WESTCO PRODUCTIONS, INC.
9 ROMAR AVENUE
WHITE PLAINS, NY  10605
(914) 761−7463

Name of Project Director:

SUSAN KATZ

Purpose of Project:

Funds will be used to purchase tickets to the theater for underprivileged children within the community.

Funded Amount:

$5,000

Requested By:

BRADLEY, PAULIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WESTCO PRODUCTIONS, INC.
9 ROMAR AVENUE
WHITE PLAINS, NY 10605
(914) 761–7463

Name of Project Director:

SUSAN KATZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH PROVIDING ACCESS TO THE THEATER.

Funded Amount:

$5,000

Requested By:

BRADLEY, PAULIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WESTERN NEW YORK ARTISTS GROUP
ONE LINWOOD AVENUE
BUFFALO, NY  14209
(716) 885–2251

Name of Project Director:

DONALD J. SIUTA

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROGRAMS, INCLUDING EXHIBITIONS FOR ARTISTIC WORKS.

Funded Amount:

$5,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WESTHAMPTON BEACH PERFORMING ARTS CENTER
76 MAIN STREET
WESTHAMPTON BEACH, NY 11978
(631) 288–2350

Name of Project Director:

CLARE BISCEGLIA

Purpose of Project:

FUNDS WILL BE USED FOR THEATRICAL PROJECTS.

Funded Amount:

$2,000

Requested By:

THIELE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WILDERSTEIN PRESERVATION
P.O. BOX 383
RHINEBECK, NY 12572
(845) 876–4818

Name of Project Director:

GREGORY J. SOKARIS

Purpose of Project:

FUNDS WILL BE USED TO COMPLETE THE RESTORATION OF THE GLASS-ENCLOSED VERANDAH.

Funded Amount:

$5,000

Requested By:

CAHILL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WILLSBORO HERITAGE SOCIETY, INC.
P.O. BOX 212
WILLSBORO, NY 12996
(518) 963–4897

Name of Project Director:

DARCY HALE

Purpose of Project:

FUNDS WILL BE USED FOR COMPUTER EQUIPMENT.

Funded Amount:

$1,500

Requested By:

SAYWARD

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WOODBURY DOG PARK ASSOCIATION
14 VAN BUREN COURT
HIGHLAND MILLS, NY 10930
(845) 928−7469

Name of Project Director:

DR. CARL GOLD

Purpose of Project:

FUNDS WILL BE USED FOR BENCHES, TUNNELS AND SUPPLIES FOR DOG PARK.

Funded Amount:

$2,000

Requested By:

CALHOUN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WOODSIDE ON THE MOVE, INC.
39–42 59TH STREET, 2ND FLOOR
WOODSIDE, NY 11377
(718) 476–8449

Name of Project Director:

MICHAEL MCSweeney

Purpose of Project:

FUNDS WILL BE USED TO OFFER CONCERTS AND OTHER CULTURAL ACTIVITIES IN THE WOODSIDE AREA. FUNDS WILL ALSO BE USED TO OFFSET GENERAL OPERATING EXPENSES ASSOCIATED WITH THE EVENTS.

Funded Amount:

$10,000

Requested By:

LAFAYETTE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:
WOODSTOCK POETRY FESTIVAL
P.O. BOX 450
WOODSTOCK, NY 12498
(845) 679−0216

Name of Project Director:
ELLEN SHAPIRO

Purpose of Project:
FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH PRESENTING THE 2008 WOODSTOCK POETRY FESTIVAL.

Funded Amount:
$5,000

Requested By:
CAHILL

Name of Administering State Agency:
OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WORKMEN'S CIRCLE
45 EAST 33 STREET
NEW YORK, NY 10016
(718) 889-6800

Name of Project Director:

MARTIN SCHWARTZ

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE QUEENS FESTIVAL OF YIDDISH MUSIC, WHICH IS OPEN TO THE ENTIRE QUEENS COMMUNITY.

Funded Amount:

$1,000

Requested By:

PHEFFER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WORKMEN’S CIRCLE/ARBETER RING, INC.
45 EAST 33RD STREET
NEW YORK, NY  10016
(212) 889–6800  Ext: 206

Name of Project Director:

DANA  J. SCHNEIDER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE QUALITY YIDDISH AND KLEZMER MUSIC CONCERTS TO DIVERSE AUDIENCES, FREE OF CHARGE, IN PUBLIC SPACES THROUGHOUT NEW YORK CITY.

Funded Amount:

$3,000

Requested By:

CYMBROWITZ−S

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WORKMEN’S CIRCLE/ARBETER RING, INC.
45 EAST 33RD STREET
NEW YORK, NY  10016
(212) 889−6800  Ext: 271

Name of Project Director:

DANA SCHNEIDER

Purpose of Project:

FUNDS WILL BE USED TO FUND THE WESTCHESTER FESTIVAL OF YIDDISH MUSIC AND THEATRE AT KENSICO DAM PARK.

Funded Amount:

$10,000

Requested By:

BRODSKY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WORKMEN’S CIRCLE/ARBETER RING, INC.
45 EAST 33RD STREET
NEW YORK, NY 10016
(212) 889−6800  Ext: 206

Name of Project Director:

DANA J. SCHNEIDER

Purpose of Project:

FUNDS WILL BE USED TO BRING THE BEST OF JEWISH, YIDDISH AND KLEZMER MUSIC TO DIVERSE AUDIENCES IN PUBLIC PARKS IN NEW YORK CITY.

Funded Amount:

$3,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WORKMEN’S CIRCLE/ARBETER RING, INC.
45 EAST 33RD STREET
NEW YORK, NY  10016
(212) 889–6800  Ext: 271

Name of Project Director:

DANA SCHNEIDER

Purpose of Project:

FUNDS WILL BE USED FOR YIDDISHFEST, A SERIES OF SUMMER CONCERTS PROMOTING YIDDISH CULTURE.

Funded Amount:

$1,000

Requested By:

SCHIMEL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WORKMEN’S CIRCLE/ARBETER RING, INC.
45 EAST 33RD STREET
NEW YORK, NY 10016
(212) 889–6800

Name of Project Director:

ADRIENNE COOPER

Purpose of Project:

FUNDS WILL BE USED FOR MUSIC FESTIVAL CONCERTS IN PUBLIC PARKS.

Funded Amount:

$2,500

Requested By:

ROSENTHAL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WORKMEN’S CIRCLE/ARBETER RING, INC.
45 EAST 33RD STREET
NEW YORK, NY  10016
(212) 889–6800  Ext: 271

Name of Project Director:

DANA SCHNEIDER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE YIDDISH MUSIC FESTIVAL,
WHICH PROVIDES ENTERTAINMENT TO SENIOR CITIZENS AND FAMILIES IN
THE GREATER LONG ISLAND REGION.

Funded Amount:

$1,000

Requested By:

LAVINE

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

WYCKOFF HOUSE AND ASSOCIATION, INC.
5816 CLARENDON ROAD
BROOKLYN, NY 11203
(718) 629−5400

Name of Project Director:

MARYANN M. FEENEY

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PUBLIC EDUCATION EVENTS AND WORKSHOPS AT THE MUSEUM.

Funded Amount:

$6,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

YONKERS PUERTO RICAN HISPANIC PARADE, INC.
40 SOUTH BROADWAY
YONKERS, NY  10701
(914) 377−6160

Name of Project Director:

LORRAINE LOPEZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE
YONKERS PUERTO RICAN HISPANIC PARADE AND FESTIVAL TO ENRICH
THE CULTURE OF THE LATINO POPULATION IN YONKERS.

Funded Amount:

$3,500

Requested By:

PRETLOW, SPANO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

YORKTOWN HISTORICAL SOCIETY
2701 CROMPOND ROAD
YORKTOWN, NY 10797
(518) 457-6962

Name of Project Director:

CHRISTOPHER DIPASQUALE

Purpose of Project:

FUNDS WILL BE USED FOR INTERPRETIVE SIGNS.

Funded Amount:

$1,000

Requested By:

BALL

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

YOUNG AUDIENCES OF WESTERN NEW YORK, INC.
16 LINWOOD AVENUE
BUFFALO, NY  14209
(716) 881–0917

Name of Project Director:

HELGA MACKINNON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT VISUAL PERFORMING AND LITERARY ARTS PROGRAMMING FOR CHILDREN AND THEIR FAMILIES THROUGHOUT WESTERN NEW YORK.

Funded Amount:

$3,000

Requested By:

HOYT

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

YOUNG AUDIENCES OF WESTERN NEW YORK, INC.
16 LINWOOD AVENUE
BUFFALO, NY 14209
(716) 881-0917

Name of Project Director:

HELGA MACKINNON

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT VISUAL, PERFORMING AND LITERARY ARTS PROGRAMMING FOR CHILDREN THROUGHOUT WESTERN NEW YORK.

Funded Amount:

$2,000

Requested By:

DELMONTE, GABRYSZAK, HOYT, PEOPLES, SCHIMMINGER, SCHROEDER

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

YOUNG DANCERS IN REPERTORY, INC.
P.O. BOX 205037, SUNSET STATION
BROOKLYN, NY  11220
(718) 567−9620

Name of Project Director:

CRAIG GABRIAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL AND ARTISTIC PROGRAMS, AS WELL AS DANCE PERFORMANCES THROUGHOUT THE YEAR.

Funded Amount:

$8,000

Requested By:

ORTIZ

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

YOUNG URBAN CHRISTIANS AND ARTISTS
2626 EAST TREMONT AVENUE
BRONX, NY 10461
(781) 823−8950

Name of Project Director:

WILLIAM ACEVEDO

Purpose of Project:

FUNDS WILL BE USED TO OPEN UP OPPORTUNITIES IN THE ARTS FOR YOUNG PEOPLE.

Funded Amount:

$1,000

Requested By:

BENEDETTO

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
Legal Name, Address, and Telephone Number:

CHURCH AVENUE MERCHANTS BLOCK ASSOCIATION, INC.
1720 CHURCH AVENUE
BROOKLYN, NY 11226
(718) 287–2600

Name of Project Director:

JOANNE M. OPLUSTIL

Purpose of Project:

FUNDS WILL BE USED TO SECURE GREATER QUANTITIES OF FOOD CONTRIBUTIONS, AND TO INCREASE BOTH THE NUMBER OF DAYS AND HOURS CAMBA IS OPEN TO FEED MORE PEOPLE.

Funded Amount:

$125,000

Requested By:

JACOBS

Name of Administering State Agency:

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
Legal Name, Address, and Telephone Number:

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET, 9TH FLOOR
ALBANY, NY 12243
(518) 474-7420

Name of Project Director:

LISA IRVING

Purpose of Project:

FUNDS WILL BE USED TO ESTABLISH A STATEWIDE DEMONSTRATION PROGRAM (TO BE CALLED THE VETERANS' REINTEGRATION PROGRAM), WHICH WOULD PROVIDE HOUSING AND EMPLOYMENT ASSISTANCE FOR HOMELESS VETERANS.

Funded Amount:

$250,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
Legal Name, Address, and Telephone Number:

ADAPTIVE DESIGN ASSOCIATION, INC.
313 WEST 36TH STREET
NEW YORK, NY  10018
(212) 904−1200

Name of Project Director:

ALEX TRUESDELL

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT FOR JOB DEVELOPMENT SERVICES FOR WOMEN OFFENDERS IN TRANSITION FROM A CORRECTIONAL INSTITUTION TO COMMUNITY LIVING.

Funded Amount:

$49,000

Requested By:

WEINSTEIN

Name of Administering State Agency:

PROBATION AND CORRECTIONAL ALTERNATIVES, DIVISION OF
Legal Name, Address, and Telephone Number:

CENTER FOR ALTERNATIVE SENTENCING AND EMPLOYMENT SERVICES, INC.
346 BROADWAY, 3RD FLOOR WEST
NEW YORK, NY 10013
(212) 732-0076

Name of Project Director:

JOEL COPPERMAN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE ENHANCEMENT AND/OR EXPANSION OF ALTERNATIVES TO INCARCERATION PROGRAMMING.

Funded Amount:

$136,000

Requested By:

AUBRY, DESTITO, LENTOL, WEINSTEIN

Name of Administering State Agency:

PROBATION AND CORRECTIONAL ALTERNATIVES, DIVISION OF
SFY 2008–2009 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:
CENTER FOR COMMUNITY ALTERNATIVES
115 E. JEFFERSON STREET, SUITE 300
SYRACUSE, NY 13202
(315) 422–5638 Ext: 218

Name of Project Director:
MARSHA WEISSMAN

Purpose of Project:
FUNDS WILL BE USED TO PROVIDE SUPPORT FOR THE DEVELOPMENT OF ALTERNATIVES TO INCARCERATION SERVICE PLANS.

Funded Amount:
$66,000

Requested By:
AUBRY, DESTITO, LENTOL, WEINSTEIN

Name of Administering State Agency:
PROBATION AND CORRECTIONAL ALTERNATIVES, DIVISION OF
Legal Name, Address, and Telephone Number:

CENTER FOR COMMUNITY ALTERNATIVES
115 EAST JEFFERSON STREET, SUITE 300
SYRACUSE, NY  13202
(315) 422–5638  Ext: 218

Name of Project Director:

MARSHA WEISSMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT COMPREHENSIVE DAY TREATMENT FOR WOMEN WITH SUBSTANCE ABUSE PROBLEMS IN NEW YORK CITY AND RELATED ALTERNATIVES TO DETENTION OR INCARCERATION.

Funded Amount:

$174,000

Requested By:

AUBRY, DESTITO, LENTOL, WEINSTEIN

Name of Administering State Agency:

PROBATION AND CORRECTIONAL ALTERNATIVES, DIVISION OF
Legal Name, Address, and Telephone Number:

EDUCATION & ASSISTANCE CORPORATION, INC.
50 CLINTON STREET, SUITE 107
HEMPSTEAD, NY 11550
(516) 539–0150

Name of Project Director:

SUSAN TIMLER

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FOR ENHANCED SERVICES AT THE QUEENS TASC PROGRAM.

Funded Amount:

$66,000

Requested By:

AUBRY, DESTITO, LENTOL, WEINSTEIN

Name of Administering State Agency:

PROBATION AND CORRECTIONAL ALTERNATIVES, DIVISION OF
Legal Name, Address, and Telephone Number:

FORTUNE SOCIETY, INC.
29−76 NORTHERN BOULEVARD
LONG ISLAND CITY, NY 11101
(212) 691−7554

Name of Project Director:

JOANNE PAGE

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROGRAMS AND SERVICES USED AS ALTERNATIVES TO INCARCERATION.

Funded Amount:

$180,000

Requested By:

AUBRY, DESTITO, LENTOL, WEINSTEIN

Name of Administering State Agency:

PROBATION AND CORRECTIONAL ALTERNATIVES, DIVISION OF
Legal Name, Address, and Telephone Number:

FUND FOR THE CITY OF NEW YORK, INC.
121 AVENUE OF THE AMERICAS
NEW YORK, NY 10013
(212) 925-6675

Name of Project Director:

BENAY RUBENSTEIN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE COLLEGE INITIATIVE AT CUNY LEHMAN COLLEGE THROUGH THE FCNY INCUBATOR PROGRAM.

Funded Amount:

$50,000

Requested By:

AUBRY, LENTOL

Name of Administering State Agency:

PROBATION AND CORRECTIONAL ALTERNATIVES, DIVISION OF
Legal Name, Address, and Telephone Number:

GREENHOPE SERVICES FOR WOMEN, INC.
23 WEST 123RD STREET
NEW YORK, NY 10027
(212) 996−8633

Name of Project Director:

ANNE ELLIOTT

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE FUNDING SUPPORT FOR RESIDENTIAL AND TREATMENT SERVICES FOR WOMEN OFFENDERS.

Funded Amount:

$147,000

Requested By:

AUBRY

Name of Administering State Agency:

PROBATION AND CORRECTIONAL ALTERNATIVES, DIVISION OF
Legal Name, Address, and Telephone Number:

OSBORNE ASSOCIATION, INC.
809 WESTCHESTER AVENUE
BRONX, NY 10455
(718) 707–2600

Name of Project Director:

ELIZABETH GAYNES

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE EL RIO SUBSTANCE ABUSE TREATMENT PROGRAM, WHICH PROVIDES AN ALTERNATIVE TO INCARCERATION.

Funded Amount:

$131,000

Requested By:

AUBRY, DESTITO, LENTOL, WEINSTEIN

Name of Administering State Agency:

PROBATION AND CORRECTIONAL ALTERNATIVES, DIVISION OF
Legal Name, Address, and Telephone Number:

TASC OF THE CAPITAL DISTRICT, INC.
87 COLUMBIA STREET
ALBANY, NY 12210
(518) 465−1455

Name of Project Director:

JOANNE SCHLANG

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT ENHANCEMENTS OF ALTERNATIVES TO INCARCERATION SERVICES PROVIDED BY CAPITAL DISTRICT TASC.

Funded Amount:

$285,631

Requested By:

AUBRY, DESTITO, LENTOL, WEINSTEIN

Name of Administering State Agency:

PROBATION AND CORRECTIONAL ALTERNATIVES, DIVISION OF
Legal Name, Address, and Telephone Number:

ULSTER COUNTY COMMUNITY CORRECTIONS
63 GOLDEN HILL DRIVE
KINGSTON, NY  12401
(845) 340−3330

Name of Project Director:

MARY TRISH CINA

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SUPPORT FOR THE PROVISION OF ALTERNATIVES TO INCARCERATION SERVICES FOR MEN AND WOMEN WHO HAVE COMMITTED CRIMES AND HAVE SUBSTANCE ABUSE PROBLEMS.

Funded Amount:

$131,000

Requested By:

AUBRY, DESTITO, LENTOL, WEINSTEIN

Name of Administering State Agency:

PROBATION AND CORRECTIONAL ALTERNATIVES, DIVISION OF
Legal Name, Address, and Telephone Number:

WOMEN’S PRISON ASSOCIATION
110 SECOND AVENUE
NEW YORK, NY  10003
(646) 336–6100

Name of Project Director:

GEORGIA LERNER

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT AND ENHANCE SERVICES PROVIDED BY THE WOMEN’S PRISON ASSOCIATION.

Funded Amount:

$179,000

Requested By:

AUBRY, DESTITO, LENTOL, WEINSTEIN

Name of Administering State Agency:

PROBATION AND CORRECTIONAL ALTERNATIVES, DIVISION OF
Legal Name, Address, and Telephone Number:

CENTER FOR ENGINEERING DESIGN AND INDUSTRIAL INNOVATION–UB
5 NORTON HALL, UNIVERSITY AT BUFFALO
BUFFALO, NY 14260
(716) 645–2685

Name of Project Director:

KEMPER LEWIS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE CONTINUED OPERATION OF THE
NEW YORK STATE CENTER FOR ENGINEERING DESIGN AND INDUSTRIAL
INNOVATION AT THE STATE UNIVERSITY OF NEW YORK AT BUFFALO

Funded Amount:

$250,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

SCIENCE, TECHNOLOGY AND INNOVATION, NYS FOUNDATION FOR
Legal Name, Address, and Telephone Number:

RIT – INTEGRATED MANUFACTURING STUDIES
111 LOMB MEMORIAL DRIVE
ROCHESTER, NY  14623
(585) 475−5101

Name of Project Director:

DR. NABIL NASR

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE SUPPORT FOR THE OPERATION OF THE CENTER FOR INTEGRATED MANUFACTURING STUDIES (CIMS) AT THE ROCHESTER INSTITUTE OF TECHNOLOGY, IN ORDER TO PROVIDE ASSISTANCE IN IMPROVING THE COMPETIVENESS OF SMALL AND MEDIUM SIZE MANUFACTURING FIRMS IN NEW YORK STATE.

Funded Amount:

$50,000

Requested By:

MORELLE

Name of Administering State Agency:

SCIENCE, TECHNOLOGY AND INNOVATION, NYS FOUNDATION FOR
Legal Name, Address, and Telephone Number:

CORTLAND COLLEGE CHILDREN CENTER
TWIN TOWERS, ROOM 131
CORTLAND, NY 13045
(607) 753–5955

Name of Project Director:

JOHANNA HARTNETT

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH MOVING THE CHILD CARE CENTER, ENABLING MULTIPURPOSE ROOM ACCESSIBILITY FOR PARENTS, TEACHERS, SUNY STUDENTS INTERESTED IN PROVIDING CHILD CARE LEARNING TOOLS, LENDING LIBRARY, STAFF DEVELOPMENT, ETC.

Funded Amount:

$20,000

Requested By:

LIFTON

Name of Administering State Agency:

STATE UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

LONG ISLAND HISTORICAL JOURNAL
CENTER FOR REGIONAL POLICY STUDIES, STONY BROOK UNIVERSITY
STONY BROOK, NY 11794
(631) 632–9021

Name of Project Director:

SETH FORMAN

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT THE PUBLICATION OF THE LONG ISLAND HISTORICAL JOURNAL, A PERIODICAL WHICH DOCUMENTS LONG ISLAND’S HERITAGE AND IS A RESOURCE FOR PROFESSIONAL HISTORIANS, STUDENTS AND THE GENERAL PUBLIC.

Funded Amount:

$5,000

Requested By:

INGLEBRIGHT

Name of Administering State Agency:

STATE UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

NY LATINO RESEARCH NETWORK (NYLARNET)
UNIVERSITY AT ALBANY, SOCIAL SCIENCES 250
ALBANY, NY 12222
(518) 442−3172

Name of Project Director:

DR. JOSE CRUZ

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE THE WORK OF MULTI−CAMPUS SPONSORED RESEARCH ON LATINO HEALTH, IMMIGRATION, EDUCATION AND OTHER POLICY ISSUES.

Funded Amount:

$75,000

Requested By:

ARROYO, RIVERA−P

Name of Administering State Agency:

STATE UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

STATE UNIVERSITY OF NEW YORK AT GENEOSE
1 COLLEGE CIRCLE
ROCHESTER, NY  14454
(585) 245–5501

Name of Project Director:

SUSAN NORMAN

Purpose of Project:

FUNDS WILL BE USED TO RAISE GRADUATION AND COLLEGE ENROLLMENT RATES AMONG UNDER–REPRESENTED ROCHESTER CITY SCHOOL DISTRICT STUDENTS BY PROVIDING ACADEMIC ENRICHMENT, PERSONAL DEVELOPMENT AND RECREATIONAL OPPORTUNITIES.

Funded Amount:

$5,000

Requested By:

GANTT

Name of Administering State Agency:

STATE UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

STATE UNIVERSITY OF NEW YORK AT GENESEO
ONE COLLEGE CIRCLE
GENESEO, NY 14454
(585) 245–5561

Name of Project Director:

SUSAN NORMAN

Purpose of Project:

FUNDS WILL BE USED TO ESTABLISH THE ROCHESTER YOUNG SCHOLARS ACADEMY, A PROGRAM RUN THROUGH SUNY GENESEO.

Funded Amount:

$17,500

Requested By:

MORELLE

Name of Administering State Agency:

STATE UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

SUNY BINGHAMTON LAW SCHOOL
PROVOST OFFICE, BINGHAMTON UNIVERSITY, P.O. BOX 6000
BINGHAMTON, NY 13902
(607) 777–2141

Name of Project Director:

DR. MARY ANN SWAIN

Purpose of Project:

FUNDS WILL BE USED FOR THE DESIGN AND PLANNING PHASE OF
ESTABLISHING A LAW SCHOOL AT BINGHAMTON UNIVERSITY.

Funded Amount:

$500,000

Requested By:

LUPARDO

Name of Administering State Agency:

STATE UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

SUNY GENESEO  
1 COLLEGE CIRCLE  
GENESEO, NY 14454  
(585) 245–5501

Name of Project Director:

CHRISTOPHER C. DAHL

Purpose of Project:

FUNDS WILL BE USED FOR AN ASTRODOME FOR THE ASTRONOMY OBSERVATION DECK.

Funded Amount:

$5,000

Requested By:

BURLING

Name of Administering State Agency:

STATE UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

SUNY GENESEO
ONE COLLEGE CIRCLE
GENESEO, NY 14454
(585) 245–5211

Name of Project Director:

CHRISTOPHER DAHL

Purpose of Project:

FUNDS WILL BE USED TO ASSIST THE BIOLOGY DEPARTMENT.

Funded Amount:

$5,000

Requested By:

ERRIGO

Name of Administering State Agency:

STATE UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

SUNY MORRISVILLE
P.O. BOX 901
MORRISVILLE, NY 13408
(315) 684−6044

Name of Project Director:

DR. RAY CROSS

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF FURNITURE AND EQUIPMENT.

Funded Amount:

$10,000

Requested By:

CROUCH

Name of Administering State Agency:

STATE UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

SUNY−BROOKLYN EDUCATIONAL OPPORTUNITY CENTER
111 LIVINGSTON STREET
BROOKLYN, NY  11201
(718) 802−3300

Name of Project Director:

LOIS BLADES−ROSADO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE OUTREACH TO BROOKLYN RESIDENTS, THROUGH ACADEMIC AND CAREER PROGRAMS.

Funded Amount:

$5,000

Requested By:

JEFFRIES

Name of Administering State Agency:

STATE UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

SYRACUSE UNIVERSITY − SCHOOL OF EDUCATION
330 HUNTINGTON HALL
SYRACUSE, NY 13244
(315) 443−4752

Name of Project Director:

DR. TIFFANY A. KOSZALKA

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE TECHNOLOGY KITS.

Funded Amount:

$23,800

Requested By:

CHRISTENSEN

Name of Administering State Agency:

STATE UNIVERSITY OF NEW YORK
Legal Name, Address, and Telephone Number:

CAPITAL REGION LOCAL ORGANIZING COMMITTE (LOC), INC.
C/O TIMES UNION CENTER, 51 SOUTH PEARL STREET
ALBANY, NY  12207
(518) 487−2008

Name of Project Director:

ED SELIG

Purpose of Project:

FUNDS WILL BE USED FOR EXPENSES RELATED TO THE CAPITAL REGION LOC’S PROMOTIONAL ACTIVITIES AND SPONSORSHIP OF THREE FAN FESTIVALS.

Funded Amount:

$50,000

Requested By:

CANESTRARI, GORDON−T, MCENENY, REILLY

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

BROOKLYN ALLIANCE–BROOKLYN CHAMBER OF COMMERCE
25 ELM PLACE
BROOKLYN, NY   11201
(718) 875–1000

Name of Project Director:

CARL HUM

Purpose of Project:

FUNDS WILL BE USED TO HELP ADDRESS BROOKLYN'S CRITICAL BUSINESS AND JOB CREATION NEEDS THROUGH A BUSINESS EMPLOYMENT SERVICE AND THE DEVELOPMENT OF A STRATEGIC MARKETING PLAN.

Funded Amount:

$650,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

BUFFALO NIAGARA INTERNATIONAL TRADE FOUNDATION
661 DELAWARE AVENUE
BUFFALO, NY 14202
(716) 852–7160

Name of Project Director:

LAURE KOLB

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT INTERNATIONAL BUSINESS SERVICES (SUPPORT OUTREACH AND MATCHING GRANTS PROGRAM), TRADE EDUCATION (WORKSHOPS AND SEMINARS), AND GLOBAL NEW YORK WEBSITE (WEB–BASED INFORMATION RESOURCE) INITIATIVES.

Funded Amount:

$150,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

BUFFALO NIAGARA PARTNERSHIP
665 MAIN STREET
BUFFALO, NY 14203
(716) 852−7100

Name of Project Director:

SUSAN ERVOLINA

Purpose of Project:

FUNDS WILL BE USED FOR THE WNY WORK SKILLS NEEDS SURVEY OF EMPLOYERS IN THREE TARGETED INDUSTRY SECTORS COVERING ERIE AND NIAGARA COUNTIES AND FOR TECHNICAL UPGRADES TO THE "BUFFALONIAGARAJOBS.ORG" WEBSITE.

Funded Amount:

$45,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

CHINATOWN MANPOWER PROJECT INC.
70 MULBERRY STREET
NEW YORK, NY 10013
(212) 571-1690

Name of Project Director:

PEARL CHIN

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE BUSINESS COUNSELING, TECHNICAL ASSISTANCE, JOB TRAINING AND RETRAINING, AND OTHER SERVICES TO ENHANCE SMALL BUSINESS DEVELOPMENT.

Funded Amount:

$166,000

Requested By:

SILVER, YOUNG

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
DOWNTOWN BROOKLYN PARTNERSHIP, INC.
15 METROTECH CENTER, 19TH FLOOR
BROOKLYN, NY 11201
(718) 403−1600

JOE CHAN

FUNDS WILL BE USED TO SUPPORT A PROPOSED MARKETING CAMPAIGN, WHICH WILL PROMOTE HIGHER EDUCATION OPPORTUNITIES IN BROOKLYN.

$50,000

JEFFRIES

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

GARMENT INDUSTRY DEVELOPMENT CORPORATION (GIDC)
275 SEVENTH AVENUE, 15TH FLOOR
NEW YORK, NY  10001
(212) 366−6160

Name of Project Director:

SARAH CREAN

Purpose of Project:

FUNDS WILL BE USED TO ALLOW GIDC TO CONTINUE ACTIVITIES INCLUDING FASHION INDUSTRY MODERNIZATION, THE REVITALIZATION OF APPAREL PRODUCTION, AND OTHER ACTIVITIES.

Funded Amount:

$750,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

JAMAICA CHAMBER OF COMMERCE, INC.
90−25 161ST STREET, SUITE 505
JAMAICA, NY 11432
(718) 657−4800

Name of Project Director:

ROBERT M. RICHARDS

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT SOFT COSTS ASSOCIATED WITH THE $950,000 CAPITAL JAMAICA EXPORT CENTER PROJECT.

Funded Amount:

$65,000

Requested By:

COOK

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

LONG ISLAND CITY BUSINESS DEVELOPMENT CORPORATION
29–10 THOMSON AVENUE, 9TH FLOOR
LONG ISLAND CITY, NY 11101
(718) 786–5300

Name of Project Director:

GAYLE BARON

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATING EXPENSES FOR ECONOMIC DEVELOPMENT PROGRAMS IN THE LONG ISLAND CITY AREA.

Funded Amount:

$25,000

Requested By:

NOLAN

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

LOWER EAST SIDE BUSINESS IMPROVEMENT DISTRICT
261 BROOME STREET
NEW YORK, NY 10002
(212) 226–9010

Name of Project Director:

ROBERTO RAGONE

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE SERVICES AND ASSISTANCE TO BUSINESSES IN THE COMMUNITY FOR VARIOUS ACTIVITIES INCLUDING OUTREACH.

Funded Amount:

$80,000

Requested By:

SILVER

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

METROPOLITAN DEVELOPMENT ASSOCIATION OF SYRACUSE & CNY
109 S. WARREN STREET, SUITE 1900
SYRACUSE, NY  13202
(315) 422–8284

Name of Project Director:

IRWIN L. DAVIS

Purpose of Project:

FUNDS WILL BE USED TO INCREASE ECONOMIC DEVELOPMENT ACTIVITY
AND CREATE NEW JOBS IN THE TWELVE COUNTY CENTRAL UPSTATE
REGION.

Funded Amount:

$600,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

METROPOLITAN DEVELOPMENT ASSOCIATION OF SYRACUSE & CNY, INC.
109 S. WARREN STREET, SUITE 1900
SYRACUSE, NY 13202
(315) 422−8284

Name of Project Director:

IRWIN DAVIS

Purpose of Project:

FUNDS WILL BE USED TO CONTINUE ESSENTIAL PROGRAMS GEARED TOWARD RESEARCH AND DEVELOPMENT OF INDOOR ENVIRONMENTAL TECHNOLOGIES AND SOLUTIONS, AS WELL AS COVERING OPERATING COSTS.

Funded Amount:

$125,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

NORTHERN MANHATTAN COALITION FOR ECONOMIC DEVELOPMENT, INC.
600 WEST 185TH STREET – 2ND FLOOR
NEW YORK, NY 10033
(212) 543-0010

Name of Project Director:

NURYS DEOLEO

Purpose of Project:

FUNDS WILL BE USED FOR THE MAINTENANCE AND SUPPORT OF THE BUSINESS OUTREACH CENTER. THE CENTER WILL PROVIDE TECHNICAL AND PROFESSIONAL ASSISTANCE TO LOCAL BUSINESSES TO MAINTAIN AND GROW THE COMMUNITY’S ECONOMIC BASE.

Funded Amount:

$70,000

Requested By:

ESPAILLAT

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

QUEENS CHAMBER OF COMMERCE
75–20 ASTORIA BOULEVARD, SUITE 140
JACKSON HEIGHTS, NY 11370
(718) 898–8500

Name of Project Director:

ALBERT PENNISI

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE OUTREACH TO MINORITY AND WOMEN OWNED BUSINESSES, INCLUDING SUPPORT FOR FINANCIAL LITERACY PROGRAMS AND THE DEVELOPMENT OF RESOURCE MATERIAL IN A MULTI–LINGUAL FORMAT.

Funded Amount:

$25,000

Requested By:

NOLAN

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

RIDGEWOOD LOCAL DEVELOPMENT CORP.
59–09 MYRTLE AVENUE
RIDGEWOOD, NY 11385
(718) 366–3806

Name of Project Director:

THEODORE M. RENZ

Purpose of Project:

FUNDS WILL BE USED TO OFFSET GENERAL OPERATING EXPENSES OF ECONOMIC DEVELOPMENT PROGRAMS IN THE RIDGEWOOD AREA.

Funded Amount:

$5,000

Requested By:

NOLAN

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

ROCHESTER PROCUREMENT TECHNICAL ASSISTANCE CENTER (PTAC)
50 WEST MAIN STREET, SUITE 8100
ROCHESTER, NY  14614
(585) 263–3667

Name of Project Director:

JEAN KASE

Purpose of Project:

FUNDS WILL BE USED TOWARD OPERATING EXPENSES OF THE PROCUREMENT TECHNICAL ASSISTANCE PROGRAM, ASSISTING SMALL BUSINESSES IN ACCESSING PROCUREMENT OPPORTUNITIES.

Funded Amount:

$100,000

Requested By:

JOHN

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

SUNNYSIDE CHAMBER OF COMMERCE
P.O. BOX 4399
SUNNYSIDE, NY 11104
(718) 482–6053

Name of Project Director:

LUKE ADAMS

Purpose of Project:

FUNDS WILL BE USED FOR GENERAL OPERATING EXPENSES FOR OUTREACH AND ECONOMIC DEVELOPMENT IN THE SUNNYSIDE AREA.

Funded Amount:

$15,000

Requested By:

NOLAN

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION
Legal Name, Address, and Telephone Number:

SYRACUSE UNIVERSITY
SCHOOL OF LAW, 407 MACNAUGHTON HALL
SYRACUSE, NY 13244
(315) 443-2534

Name of Project Director:

TED HEGLIN

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE COMMERICALIZATION LAW PROJECT.

Funded Amount:

$125,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

URBAN DEVELOPMENT CORPORATION