Legal	Name	, Address	, and T	elephone	Number:

116TH STREET BLOCK ASSOCIATION, INC. 23 EAST 115TH STREET NEW YORK, NY 10029 (212) 860-4100

# Name of Project Director:

HILDA C. VIVES-VASQUEZ

### **Purpose of Project:**

FUNDS WILL BE USED TO DEVELOP COLON PLAZA, A MULTI-USE PROJECT THAT INCLUDES 55 UNITS OF HOUSING, RETAIL AND NOT-FOR-PROFIT COMMUNITY SPACE. THE DEVELOPMENT WILL PROVIDE THE COMMUNITY WITH ACCESS TO AFFORDABLE HOUSING, JOBS AND SERVICES.

### **Funded Amount:**

\$50,000

### Requested By:

**POWELL** 

# Name of Administering State Agency:

Legal Name, Address, and Telephone Number:						
AGING IN AMERICA, IN 1500 PELHAM PARKWA BRONX, NY 10461 (718) 409–8213						
Name of Project Director:						
HENRIETTE KOLE						
Purpose of Project:						
THE SOCIAL ADULT DA	FOR THE EXPANSION AND RENOVATION OF Y CARE PROGRAM, WHICH SERVES THE NEEDS OF THE ELDERLY POPULATION IN THE					
Funded Amount:						
\$50,000						
Requested By:						
RIVERA-N						
Name of Administering State Agency:	Name of Administering State Agency:					

Legal Name,	Address.	, and Tele	phone I	Number:

ALBANY SOCCER CLUB, INC. 262 HACKETT BOULEVARD ALBANY, NY 12208 (518) 458–2076

# Name of Project Director:

LAWRENCE SMITH

# **Purpose of Project:**

FUNDS WILL BE USED TO CREATE TWO YOUTH SOCCER FIELDS IN THE CITY OF ALBANY, WHICH ARE NEEDED TO ACCOMMODATE THE GROWING ENROLLMENT OF YOUTH IN SOCCER PROGRAMS THROUGHOUT THE CAPITAL DISTRICT.

### **Funded Amount:**

\$50,000

# Requested By:

**MCENENY** 

# Name of Administering State Agency:

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

AMERICAN MUSEUM OF THE MOVING IMAGE, (D/B/A MUSEUM OF THE MOVING IMAGE) 3601 35TH AVENUE ASTORIA, NY 11106 (718) 784–4520

### Name of Project Director:

JILL ENGEL

### **Purpose of Project:**

FUNDS WILL BE USED TO INSTALL A NEW HYDRAULIC ELEVATOR DURING THE EXPANSION AND RENOVATION OF THE MUSEUM OF THE MOVING IMAGE. THIS PROJECT WILL ALLOW MEMBERS OF THE COMMUNITY AND MUSEUM VISITORS CAN ADEQUATELY ACCESS THE FACILITY.

### **Funded Amount:**

\$250,000

### Requested By:

**GIANARIS** 

### Name of Administering State Agency:

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

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 FOR THE CONSTRUCTION AND RENOVATION OF THE VIENNA STREET GYMNASIUM, AS WELL AS FOR PURCHASING EQUIPMENT. THIS PROJECT WILL ALLOW THE GRANTEE TO PROVIDE NEW PROGRAMS WHICH WILL EDUCATE YOUTH AND EXPOSE STUDENTS TO HIGHER EDUCATION AND CAREER OPPORTUNITIES.

**Funded Amount:** 

\$250,000

Requested By:

**GANTT** 

Name of Administering State Agency:

Legal Name,	Address,	and	Telephone	Number:

BETHCO CORPORATION 612 ALLERTON AVENUE BRONX, NY 10466 (718) 519–4029

Name of Project Director:

MARGARET RIVERS

**Purpose of Project:** 

FUNDS WILL BE USED TO PURCHASE EQUIPMENT, FURNITURE AND A PHONE SYSTEM, WHICH WILL PROVIDE AN IMPROVED QUALITY OF LIFE FOR RESIDENTS, AS WELL AS MEMBERS TO PROVIDE THE BEST QUALITY CARE POSSIBLE.

**Funded Amount:** 

\$250,000

Requested By:

RIVERA-N

Name of Administering State Agency:

Legal	Name	, Address	, and T	elephone	Number:

BODEGA ASSOCIATION OF THE UNITED STATES, THE 707 WEST 180 STREET, SUITE 2D NEW YORK, NY 10033 (917) 312–6133

# Name of Project Director:

JOSE FERNANDEZ

### **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE AND INSTALL SECURITY SYSTEMS FOR 130 RETAIL STORES IN THE QUEENS COMMUNITY, WHICH WILL PROVIDE A SAFE ENVIRONMENT FOR THE BODEGAS, THEIR OWNERS AND THEIR CUSTOMERS.

### **Funded Amount:**

\$250,000

# Requested By:

**PERALTA** 

### Name of Administering State Agency:

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

BRONX COUNCIL FOR ECONOMIC DEVELOPMENT LOCAL DEVELOPMENT CORPORATION, THE 807 LYDIG AVENUE BRONX, NY 10462 (718) 829–2020

#### Name of Project Director:

VINCENT PINELA

### **Purpose of Project:**

FUNDS WILL BE USED FOR THE RENOVATION OF THE ADMINISTRATIVE OFFICES, INCLUDING THE PURCHASE OF COMPUTERS, FURNITURE AND EQUIPMENT. THE BRONX COUNCIL SUPPORTS RESIDENTS, BUSINESS OWNERS, PROPERTY OWNERS AND LOCAL INSTITUTIONS BY PROVIDING RESOURCES FOR THE GROWTH OF THE LOCAL ECONOMY.

#### **Funded Amount:**

\$50,000

### Requested By:

RIVERA-N

# Name of Administering State Agency:

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

BRONX COUNCIL FOR ECONOMIC DEVELOPMENT LOCAL DEVELOPMENT CORPORATION, THE 807 LYDIG AVENUE BRONX, NY 10462 (718) 829–2020

#### Name of Project Director:

VINCENT PINELA

### **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE OF A GRAFFITI REMOVAL TRUCK AND RELATED EQUIPMENT, WHICH WILL BE USED FOR THE RESTORATION OF STOREFRONTS AND BUSINESSES IN THE BRONX. THE BRONX COUNCIL SUPPORTS RESIDENTS, BUSINESS OWNERS, PROPERTY OWNERS AND LOCAL INSTITUTIONS BY PROVIDING RESOURCES FOR THE GROWTH THE VIBRANT LOCAL ECONOMY.

#### **Funded Amount:**

\$100,000

### Requested By:

RIVERA-J

### Name of Administering State Agency:

Edgai Haillo, Addicoo, alla Tolopilollo Haillooi	gal Name, Address, a	nd Telephone	Number
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BROOKLYN ARTS EXCHANGE, INC. 421 FIFTH AVENUE BROOKLYN, NY 11215 (718) 832–0018

Name of Project Director:

MARYA WARSHAW

**Purpose of Project:** 

FUNDS WILL BE USED TO SUPPORT THE RENOVATION AND EXPANSION OF THE FACILITY. THE BUILDING PROJECT WILL DRAMATICALLY INCREASE EDUCATIONAL, DEVELOPMENTAL AND ARTS PROGRAMMING FOR STUDENTS, ARTISTS AND AUDIENCES.

**Funded Amount:** 

\$75,000

Requested By:

MILLMAN

Name of Administering State Agency:

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

BROOKLYN HISTORICAL SOCIETY, THE 128 PIERREPONT STREET BROOKLYN, NY 11201 (718) 222–4111

#### Name of Project Director:

STEPHANIE KORNFELD

### **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT, FURNITURE AND A TEMPERATURE/HUMIDITY DATALOGGER FOR THE NEWLY RENOVATED OTHMER LIBRARY. THE OTHMER LIBRARY IS ONE OF BROOKLYN'S PREMIERE COLLECTIONS OF HISTORICAL BOOKS, PHOTOGRAPHS AND ARCHIVAL DOCUMENTS. THE COLLECTION IS A VITAL RESOURCE FOR STUDENTS, TEACHERS, GENEALOGISTS, RESEARCHERS AND SCHOLARS.

### **Funded Amount:**

\$100,000

### Requested By:

BRENNAN, MILLMAN

### Name of Administering State Agency:

Legal	Name.	, Address	, and '	Telep	hone	Numb	er:

BUFFALO OLMSTED PARKS CONSERVANCY, INC. PARKSIDE LODGE, 84 PARKSIDE AVENUE BUFFALO, NY 14214 (716) 838–1249

### Name of Project Director:

**CINDY VASTOLA** 

### **Purpose of Project:**

FUNDS WILL BE USED TO RESTORE HISTORIC PATHWAYS AND INTERPRETIVE GARDENS IN RIVERSIDE PARK. SUCH A RESTORATION IS IMPORTANT TO PRESERVE THE ORIGINAL OLMSTED PORTION OF THE PARK THAT HAS BEEN STEADILY DECLINING IN RECENT YEARS.

### **Funded Amount:**

\$100,000

### Requested By:

**HOYT** 

# Name of Administering State Agency:

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

CATHEDRAL OF ALL SAINTS IN THE CITY AND DIOCESE OF ALBANY, THE 62 SOUTH SWAN STREET ALBANY, NY 12210 (581) 465–1342

### Name of Project Director:

MARSHALL J. VANG

# **Purpose of Project:**

FUNDS WILL BE USED TO RESTORE THE SOUTH AISLE ROOF OF THE CATHEDRAL. THE PRESERVATION OF THIS HISTORIC LANDMARK ENSURES THE COMMUNITY ACCESS TO THE ARCHITECTURAL HISTORY OF THE REGION.

### **Funded Amount:**

\$50,000

### Requested By:

CANESTRARI, MCENENY

# Name of Administering State Agency:

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

CATHEDRAL RESTORATION CORPORATION, THE 125 EAGLE STREET ALBANY, NY 12202 (518) 463–4447

### Name of Project Director:

VERY REVEREND WILLIAM H. PAPE

### **Purpose of Project:**

FUNDS WILL BE USED FOR THE RESTORATION OF THE HISTORIC CATHEDRAL OF THE IMMACULATE CONCEPTION, WHICH WILL ENSURE THE SAFETY OF THE PUBLIC, AS WELL AS PRESERVE THIS HISTORICAL BUILDING.

### **Funded Amount:**

\$50,000

### Requested By:

CANESTRARI, MCENENY

### Name of Administering State Agency:

Legal Name, Address, and Telephone Number:					
CENTRAL ISLIP PUBLIC LIBRARY 33 HAWTHORNE AVENUE CENTRAL ISLIP, NY 11722 (631) 234–9333					
Name of Project Director:					
PAUL FACCHIANO					
Purpose of Project:					
FUNDS WILL BE USED FOR THE CONSTRUCTION OF A ACTIVITY CENTER, STUDY ROOM, AND COMPUTER C MAIN BUILDING. COMPLETION OF THIS PROJECT WILL THE GROWING PUBLIC DEMAND FOR LIBRARY SERVI	ENTER IN THE LL ACCOMODATE				
Funded Amount:					
\$50,000					
Requested By:					
RAMOS					
Name of Administering State Agency:					

CITY OF BUFFALO 65 NIAGARA SQUARE BUFFALO, NY 14202 (716) 851–5014

Name of Project Director:

**EDWARD PORTER** 

### **Purpose of Project:**

FUNDS WILL BE USED TO MAKE RENOVATIONS AND IMPROVEMENTS TO THE MARTIN LUTHER KING JR. PARK SHELTER HOUSE, WHICH IS PART OF THE HISTORIC OLMSTEAD PARK SYSTEM. ONCE COMPLETED, THIS PROJECT WILL PROVIDE PUBLIC RESTROOMS, AND A PUBLIC RECEPTION AREA, WHICH WILL BE USED BY MEMBERS OF THE COMMUNITY.

**Funded Amount:** 

\$500,000

Requested By:

**PEOPLES** 

Name of Administering State Agency:

Legal	Name.	, Address	, and '	Telep	hone	Numb	er:

CITY OF BUFFALO 65 NIAGARA SQUARE, CITY HALL, ROOM 203 BUFFALO, NY 14202 (716) 851–5713

# Name of Project Director:

KAREN STANLEY FLEMING

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE RENOVATION OF THE ASARESE-MATTERS COMMUNITY CENTER, AS WELL AS TO PURCHASE EQUIPMENT. THIS CENTER PROVIDES SPACE FOR RECREATIONAL AND EDUCATIONAL PROGRAMS WITHIN THE COMMUNITY.

### **Funded Amount:**

\$50,000

### Requested By:

**HOYT** 

# Name of Administering State Agency:

Legal Name, Address, and Telephone Number:					
CITY OF ONEONTA 258 MAIN STREET ONEONTA, NY 13820 (607) 432–6450					
Name of Project Director:					
JOHN S. NADER					
Purpose of Project:					
FUNDS WILL BE USED TO RENOVATE DAMASCHKE FIELD, AS WEL THE MAINTENANCE BUILDING IN NEAHWA PARK. DAMASCHKE FIE IS ONE OF THE OLDEST PROFESSIONAL BALLPARKS IN AMERICA, AND IS ENJOYED BY ALL IN THE COMMUNITY.	ELD				
Funded Amount:					
\$50,000					
Requested By:					
MAGEE					
Name of Administering State Agency:					

Legal	Name,	Address,	and	Telephone	Number:
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CITY OF ROME 198 N. WASHINGTON STREET ROME, NY 13440 (315) 339-7655

Name of Project Director:

RICHARD MILLER

**Purpose of Project:** 

FUNDS WILL BE USED TO RENOVATE AND ENLARGE THE ICE RINK AT THE JOHN F. KENNEDY CIVIC ARENA TO ACCOMMODATE THE GROWING NEEDS OF THE COMMUNITY.

**Funded Amount:** 

\$100,000

Requested By:

**DESTITO** 

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:					
	CITY OF SHERRILL 377 SHERRILL ROAD SHERRILL, NY 13461 (315) 363–2440				
Name of Project	Director:				
ı	ROBERT COMIS				
Purpose of Proje	ect:				
; \	FUNDS WILL BE USED TO CONSTRUCT A FEEDER CIRCUIT, WHICH WILL BE USED TO ACCOMODATE THE POWER DEMAND AND PROVIDE OVERALL SYSTEM IMPROVEMENTS FOR CITY RESIDENTS.				
Funded Amount	:: ::				
Ş	\$250,000				
Requested By:					
1	MAGEE				
Name of Admini	lame of Administering State Agency:				

Legal Name,	Address,	and Tele	ephone Number	r:
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CITY OF SYRACUSE 233 EAST WASHINGTON STREET SYRACUSE, NY 13202 (315) 473-4330

Name of Project Director:

**GLEN LEWIS** 

**Purpose of Project:** 

FUNDS WILL BE USED FOR VARIOUS IMPROVEMENTS AT SHERIDAN PARK. PROJECT WILL INCLUDE EXCAVATION, LANDSCAPING AND THE PURCHASE OF TABLES AND BENCHES FOR THE PUBLIC PARK.

**Funded Amount:** 

\$50,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

Legal	Name.	, Address	, and '	Telep	hone	Numb	er:

COBBLE HILL HEALTH CENTER, INC. 380 HENRY STREET BROOKLYN, NY 11201 (718) 855–6789

Name of Project Director:

**TONY YANG-LEWIS** 

**Purpose of Project:** 

FUNDS WILL BE USED TO PURCHASE AN EMERGENCY GENERATOR, WHICH WILL PROVIDE RESIDENTS WITH A SAFE, AND OPERATIONAL FACILITY IN THE EVENT OF A POWER OUTAGE.

**Funded Amount:** 

\$75,000

Requested By:

**MILLMAN** 

Name of Administering State Agency:

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

COMMUNITY SCHOOL OF MUSIC AND ARTS IN TOMPKINS COUNTY, THE 330 EAST STATE STREET ITHACA, NY 14850 (607) 272–1474

### Name of Project Director:

ROBIN TROPPER-HERBEL

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF A HEATING AND COOLING SYSTEM, WHICH WILL PROVIDE A REDUCTION IN ENERGY COSTS AS WELL AS PROVIDE HEALTH, SAFETY AND COMFORT WITHIN THE BUILDING.

### **Funded Amount:**

\$100,000

### Requested By:

**LIFTON** 

# Name of Administering State Agency:

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

COUNTY OF SUFFOLK DEPARTMENT OF PARKS, RECREATION AND CONSERVATION P.O. BOX 144, MONTAUK HIGHWAY WEST SAYVILLE, NY 11796 (631) 854–4970

### Name of Project Director:

TOM HRONCICH

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE INSTALLATION OF A CONCEALED FIRE SPRINKLER SYSTEM AT THE DEEPWELLS MANSION IN THE DEEPWELLS FARM HISTORIC PARK. THIS SYSTEM WILL ENSURE THAT THE HISTORICAL SIGNIFICANCE OF THIS PROPERTY CAN BE PROPERLY MAINTAINED.

### **Funded Amount:**

\$165,000

### Requested By:

**ENGLEBRIGHT** 

### Name of Administering State Agency:

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

DUNKIRK HISTORICAL LIGHTHOUSE AND VETERAN PARK MUSEUM 1 LIGHTHOUSE POINT DRIVE DUNKIRK, NY 14048 (716) 366-5050

# Name of Project Director:

HAROLD LAWSON

### **Purpose of Project:**

FUNDS WILL BE USED FOR THE RENOVATION OF A RETAINING WALL, WHICH PROVIDES A STABLE EDGE FOR THE LAWN SURROUNDING THE LIGHTHOUSE. THE LIGHTHOUSE MUSEUM EDUCATES VISITORS ON ITS HISTORY, AS WELL AS PROVIDES A VENUE FOR VETERANS TO BE HONORED.

### **Funded Amount:**

\$105,000

### Requested By:

HIGGINS, PARMENT

# Name of Administering State Agency:

EAST HARLEM COUNCIL FOR HUMAN SERVICES, INC. 2253 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10035 (212) 289–6650

# Name of Project Director:

**ERIKA ESTADES** 

### **Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE A STATE OF THE ART PRIMARY CARE FACILITY. THE NEW FACILITY WILL ALLOW THE ORGANIZATION TO BETTER SERVE THE COMMUNITY THROUGH INCREASED SERVICES.

### **Funded Amount:**

\$500,000

# Requested By:

**POWELL** 

# Name of Administering State Agency:

Edgai Haillo, Addicoo, alla Tolopilollo Haillooi	gal Name, Address, a	nd Telephone	Number
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FOUNDATION OF FULTON-MONTGOMERY COMMUNITY COLLEGE, INC. 2805 STATE HIGHWAY 67 JOHNSTOWN, NY 12095 (518) 736-5310

Name of Project Director:

WILLIAM EASTERLY

**Purpose of Project:** 

FUNDS WILL BE USED TO CONSTRUCT A WOMEN'S SOFTBALL FIELD AND RELOCATE THE SOCCER FIELD IN ORDER TO ALLOW THE COLLEGE TO HOST INTERCOLLEGIATE GAMES.

**Funded Amount:** 

\$50,000

Requested By:

TONKO

Name of Administering State Agency:

Legal Na	me, Addres	ss, and Tele	ephone N	lumber:

GEORGE EASTMAN HOUSE 900 EAST AVENUE ROCHESTER, NY 14607 (585) 271–3361

Name of Project Director:

MARCIA SUGUMELE

### **Purpose of Project:**

FUNDS WILL BE USED FOR THE RENOVATION OF THE FACILITY, AS WELL AS THE PURCHASE OF EQUIPMENT, WHICH WILL CREATE TEMPERATURE AND HUMIDITY CONTROL WITHIN EACH OF THE GALLERIES. THIS WILL IMPROVE THE CONSERVATION OF THE OBJECTS AND IMAGES FROM THE COLLECTION.

**Funded Amount:** 

\$100,000

Requested By:

JOHN, MORELLE

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:				
,	GOODWILL THEATRE, INC. 67 BROAD STREET, SUITE 210 JOHNSON CITY, NY 13790 (607) 772–2404			
Name of Project	t Director:			
	NAIMA KRADJIAN			
Purpose of Project:				
	FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF FIRE AND SECURITY EQUIPMENT, WHICH WILL ENSURE THE SAFETY OF THE PUBLIC, AS WELL AS THE FACILITY.			
Funded Amount:				
;	\$50,000			

Requested By:

LUPARDO

NYS DORMITORY AUTHORITY

Name of Administering State Agency:

Legal	Name.	, Address	, and '	Telep	hone	Numb	er:

GREATER NEW YORK COUNCILS, BOY SCOUTS OF AMERICA 350 FIFTH AVENUE NEW YORK, NY 10118 (212) 651–3097

Name of Project Dire	ect	or:
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**KEVIN BROSNICK** 

### **Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION OF AN ACTIVITY BUILDING AT WILLIAM H. POUCH SCOUT CAMP. THE BUILDING WILL BE A MULTI-PURPOSE YEAR-ROUND FACILITY USED AS AN ENVIRONMENTAL EDUCATION CENTER DURING CAMP SEASON AND AS A TROOP SHELTER FOR SCHOOL GROUPS PARTICIPATING IN LEARNING FOR LIFE PROGRAMS OFF SEASON.

### **Funded Amount:**

\$50,000

Requested By:

**CUSICK** 

Name of Administering State Agency:

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

GUILDERLAND CENTRAL SCHOOL DISTRICT 6076 STATE FARM ROAD GUILDERLAND, NY 12084 (518) 456-6200

# Name of Project Director:

**NEIL SANDERS** 

### **Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE THE GUILDERLAND ELEMENTARY SCHOOL PLAYGROUND, WHICH IS USED BY THE STUDENTS OF THE SCHOOL, AS WELL AS THE CHILDREN OF THE SURROUNDING COMMUNITY.

### **Funded Amount:**

\$50,000

# Requested By:

**MCENENY** 

# Name of Administering State Agency:

Legal	Name.	, Address	, and '	Telep	hone	Numb	er:

HEBREW EDUCATIONAL SOCIETY OF BROOKLYN 9502 SEAVIEW AVENUE BROOKLYN, NY 11236 (718) 241–3000

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MARC ARJE

### **Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE THE GYM/FITNESS CENTER IN ORDER TO BETTER ACCOMODATE THE NEEDS OF THE COMMUNITY. THE RENOVATION INCLUDES THE REPLACEMENT OF LIGHTING, PURCHASE OF AIR CONDITIONING, FLOOR REHABILITATION, AS WELL AS THE PURCHASE OF A ROOM DIVIDER AND AUDITORIUM STAGE CURTAINS.

### **Funded Amount:**

\$50,000

Requested By:

MAISEL

Name of Administering State Agency:

Legal Name, Addı	ress, and Telephone Number:
	IDOON OLIU D. TUE

HUDSON GUILD, THE 441 WEST 26TH STREET NEW YORK, NY 10001 (212) 760–9800

Name of Project Director:

KENNETH SANCHEZ

**Purpose of Project:** 

FUNDS WILL BE USED TO RENOVATE THE ELLIOTT CENTER, WHICH WILL ALLOW SENIORS AND WHEELCHAIR BOUND MEMBERS OF THE COMMUNITY BETTER ACCESS TO SERVICES.

**Funded Amount:** 

\$50,000

Requested By:

**GOTTFRIED** 

Name of Administering State Agency:

Legal Name,	Address.	and Te	lephone	Number:

HUNTS POINT ECONOMIC DEVELOPMENT CORPORATION 355 FOOD CENTER DRIVE, STE. 104 BRONX, NY 10474 (718) 842–1717

# Name of Project Director:

JOSEPHINE INFANTE

### **Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE THE COMPUTER LAB AND TRANSFORM IT INTO A STATE-OF-THE-ART CENTER, WHICH WILL SERVICE THE COMMUNITY, AS WELL AS THE CLIENTS OF THE WOMENS BUSINESS RESOURCE CENTER.

### **Funded Amount:**

\$50,000

Requested By:

DIAZ-R

### Name of Administering State Agency:

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

IMAGINE FOUNDATION, INC., D/B/A IMAGINE ACADEMY 1465 EAST 7TH STREET BROOKLYN, NY 11230 (718) 376–8882

### Name of Project Director:

DAVID J. JEMAL

### **Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE THE ACADEMY TO BETTER MEET THE INCREASING NEEDS OF THE AUTISTIC CHILDREN AND THEIR FAMILIES WHO UTILIZE THE FACILITY. THE RENOVATIONS WILL CONVERT THE PROPERTY INTO CLASSROOMS, THERAPY ROOMS AND ADMINISTRATIVE OFFICES.

### **Funded Amount:**

\$575,000

### Requested By:

HIKIND, JACOBS

# Name of Administering State Agency:

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

INCORPORATED VILLAGE OF PATCHOGUE 14 BAKER STREET PATCHOGUE, NY 11772 (631) 475–4300

# Name of Project Director:

PAUL V. PONTIERI

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE GEO-TUBES, WHICH WILL BE USED TO ENVIRONMENTALLY AND EFFICIENTLY DREDGE THE PATCHOGUE RIVER.

#### **Funded Amount:**

\$300,000

### Requested By:

**EDDINGTON** 

# Name of Administering State Agency:

Legal	Name.	, Address	, and '	Telep	hone	Numb	er:

IRISH CLASSICAL THEATRE COMPANY, INC., THE 625 MAIN STREET BUFFALO, NY 14203 (716) 853-1380

#### Name of Project Director:

CARRIE ELISABETH WICKS

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

FUNDS WILL BE USED FOR RENOVATION OF THE BUILDING AND THE PURCHASE OF SIGNAGE. THESE IMPROVEMENTS WILL INCREASE THE PROFILE OF THE THEATRE DISTRICT, AS WELL AS CONTINUE TO ATTRACT NEW PATRONS AND SPONSORS.

#### **Funded Amount:**

\$50,000

Requested By:

**HOYT** 

#### Name of Administering State Agency:

Legal Name, Address, and Telephone Number:				
5	JAMESTOWN COMMUNITY COLLEGE 525 FALCONER STREET JAMESTOWN, NY 14701 716) 338–1058			
Name of Project	Director:			
C	CAROL BREMMER			
Purpose of Proje	ect:			
F S T	FUNDS WILL BE USED TO PURCHASE AND UPGRADE TRAINING SYSTEMS, MACHINE TOOLS AND ROBOTIC AUTOMATION, IN ORDER TO PROVIDE HANDS-ON TECHNICAL TRAINING TO JCC STUDENTS.			
Funded Amount	:			
\$	\$200,000			
Requested By:				
F	PARMENT			
Name of Administering State Agency:				

Legal Name, Address, and Telephone Number:					
	JEWISH BOARD OF FAMILY AND CHILDREN'S SERVICES, INC. 120 WEST 57 STREET NEW YORK, NY 10019 (212) 632–4706				
Name of Project	t Director:				
	SUSAN BEAR				
Purpose of Pro	ject:				
	FUNDS WILL BE USED TO RENOVATE THE FACILITY. THE COMPLETED PROJECT WILL PROVIDE A SAFE AND COMFORTABLE ENVIRONMENT FOR THE POPULATION THAT IS SERVED.				
Funded Amoun	t:				
	\$50,000				
Requested By:	Requested By:				
	HIKIND				
Name of Administering State Agency:					

Legal Name, Address, and Telephone Number:					
LATHAM CIRCLE SOCCER CLUB, INC. 7 WILDWOOD DRIVE LOUDONVILLE, NY 12211 (518) 281–8742					
Name of Project Director:					
MARGARET MALICKI					
Purpose of Project:					
FUNDS WILL BE USED FOR THE CONSTRUCTION AND DEVELOPMENT OF A SOCCER COMPLEX, WHICH WILL PROVIDE THE YOUTH WITHIN THE COMMUNITY WITH INCREASED RECREATIONAL OPPORTUNITIES					
Funded Amount:					
\$50,000					
Requested By:					
REILLY					
Name of Administering State Agency:					

Legal Name,	Address.	, and Tele	phone I	Number:

LEWISTON PUBLIC LIBRARY 305 SOUTH EIGHTH STREET LEWISTON, NY 14092 (716) 754–4720

Name of Project Director:

**RONALD W. SHAW** 

**Purpose of Project:** 

FUNDS WILL BE USED TO INCREASE THE FACILITY'S ENERGY EFFICIENCY, PROVIDE VARIOUS CAPITAL IMPROVEMENTS, AS WELL AS PURCHASE FURNITURE AND EQUIPMENT FOR THE LEWISTON PUBLIC LIBRARY.

**Funded Amount:** 

\$150,000

Requested By:

DELMONTE

Name of Administering State Agency:

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

LEXINGTON SCHOOL FOR THE DEAF 30TH AVENUE AND 75TH STREET JACKSON HEIGHTS, NY 11370 (718) 350–3090

#### Name of Project Director:

REGINA M. CARROLL

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

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF STATE-OF-THE-ART AUDIOLOGICAL EQUIPMENT. THIS EQUIPMENT WILL BE USED TO ACCOMODATE THE INCREASED NUMBER OF PEDIATRIC AND GERIATRIC CLIENTS IN NEED OF SERVICES.

#### **Funded Amount:**

\$275,000

#### Requested By:

AUBRY, GIANARIS, LAFAYETTE, NOLAN, PERALTA

#### Name of Administering State Agency:

Legal Name, Address, and Telephone Number:					
2 G	MANITOGA, INC. 22 OLD MANITOU ROAD GARRISON, NY 10524 845) 424–3812				
Name of Project	Director:				
K	KITTY MCCULLOUGH				
Purpose of Proje	ect:				
	FUNDS WILL BE USED TO RENOVATE THE ROOF AND IMPROVE SITE DRAINAGE AT THE MANITOGA ESTATE, WHICH IS A HISTORIC SITE ENJOYED BY MEMBERS OF THE COMMUNITY.				
Funded Amount:	<b>:</b>				
\$	\$50,000				
Requested By:					
G	GALEF				
Name of Administering State Agency:					

Legal Name, Address, and Telephone Number:				
8 IS	MERCY HAVEN, INC. 159 CONNETQUOTE AVENUE SLIP TERRACE, NY 11752 631) 277–8300			
Name of Project	Director:			
J	OSEPH MERCURIO			
Purpose of Proje	ect:			
F F	FUNDS WILL BE USED TO RENOVATE THE PLEASANT GARDEN FACILITY, WHICH PROVIDES A SAFE AND SUPPORTIVE ENVIRONMENT FOR ITS RESIDENTS AND MEMBERS OF THE COMMUNITY WHO ARE NOT ABLE TO LIVE INDEPENDENTLY.			
Funded Amount:				
\$	550,000			
Requested By:				
F	FIELDS			
Name of Administering State Agency:				

Legal Name, Address, and Telephone Number:					
	NEW WORLD SOCIETY, INC. 1166 BEDFORD AVENUE BROOKLYN, NY 11216 (718) 783–0834				
Name of Project	Director:				
1	DARLENE BASHIR				
Purpose of Proje	ect:				
	FUNDS WILL BE USED TO INSTALL AN ELEVATOR SYSTEM, WHICH WILL PROVIDE HANDICAP ACCESSIBILITY TO STUDENTS, SENIORS AND COMMUNITY RESIDENTS WHO PARTICIPATE IN PROGRAMS AND ACTIVITIES THAT ARE OFFERED AT THIS FACILITY.				
Funded Amount	::				
\$	\$100,000				
Requested By:					
(	GREEN				
Name of Administering State Agency:					

Legal Name,	Address.	, and Tele	phone I	Number:

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

## Name of Project Director:

**EDWARD J. LEWIS** 

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

FUNDS WILL BE USED TO CONSTRUCT A DOG RUN IN CUNNINGHAM PARK, BY INSTALLING A CHAIN LINK FENCE WITH GATES FOR USE BY ALL MEMBERS OF THE COMMUNITY.

#### **Funded Amount:**

\$50,000

#### Requested By:

**WEPRIN** 

## Name of Administering State Agency:

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

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

#### Name of Project Director:

**EDWARD J. LEWIS** 

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

FUNDS WILL BE USED TO SUPPORT THE RECONSTRUCTION OF THE BALLFIELD, WADING POOL AREA, BASKETBALL AND HANDBALL COURTS AT MCLAUGHLIN PARK. THE PROJECT WILL PROVIDE A SAFER AND MORE USABLE PLAY AND RECREATION SURFACE TO THE MEMBERS OF THE COMMUNITY.

#### **Funded Amount:**

\$50,000

#### Requested By:

**MILLMAN** 

#### Name of Administering State Agency:

NEW YORK CITY DEPARTMENT OF PARKS AND RECREATION 830 FIFTH AVENUE, THE ARSENAL, ROOM 310 NEW YORK, NY 10065 (212) 360–1360

Name of Project Director:

**EDWARD J. LEWIS** 

**Purpose of Project:** 

FUNDS WILL BE USED TO RECONSTRUCT SIDEWALKS DAMAGED BY TREE ROOTS BETWEEN 66TH AND 74TH AVENUES. THIS PROJECT WILL CONTINUE TO PROVIDE SAFE WALKWAYS TO PEDESTRIANS.

**Funded Amount:** 

\$50,000

Requested By:

DIAZ-R

Name of Administering State Agency:

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

NEW YORK CITY HOUSING AUTHORITY 250 BROADWAY NEW YORK, NY 10007 (212) 306–4372

Name of Project Director:

SHIRLEY BROWN

**Purpose of Project:** 

FUNDS WILL BE USED TO UPGRADE THE SECURITY SYSTEM, AS WELL AS TO RENOVATE THE COMMUNITY CENTER AND OUTSIDE PLAYGROUND AREA OF LATIMER GARDENS, WHICH PROVIDES AFFORDABLE HOUSING TO THE MEMBERS OF THE COMMUNITY.

**Funded Amount:** 

\$250,000

Requested By:

MENG-J

Name of Administering State Agency:

Legal	Name.	, Address	, and '	Telep	hone	Numb	er:

NEW YORK CITY HOUSING AUTHORITY 90 CHURCH STREET, 6TH FLOOR NEW YORK, NY 10007 (212) 306–6550

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TRACY SMITH

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

FUNDS WILL BE USED TO ESTABLISH A NEW ATTAIN LAB ON VERNON AVENUE IN BROOKLYN, NEW YORK. SPECIFICALLY, THIS PROJECT WILL UPGRADE SYSTEMS, AS WELL AS PURCHASE AND INSTALL SECURITY EQUIPMENT TO SECURE THE FACILITY. ATTAIN IS A NETWORK OF TECHNOLOGY LABORATORIES THAT PROVIDES ECONOMICALLY CHALLENGED COMMUNITIES ACCESS TO NEW TECHNOLOGIES, THROUGH EDUCATION AND TECHNOLOGY TRAINING.

#### **Funded Amount:**

\$100,000

Requested By:

**TOWNS** 

Name of Administering State Agency:

Legal	Name.	, Address	, and '	Telep	hone	Numb	er:

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 FOR EMERGENCY INFRASTRUCTURE IMPROVEMENTS AT THE LONG ISLAND CITY HEADQUARTERS. RENOVATIONS INCLUDE MASONRY REPAIR AND POINTING OF BRICKWORK. THE HEADQUARTERS IS A CRITICAL COMPONENT TO OFFERING EDUCATIONAL PROGRAMMING, PROFESSIONAL DEVELOPMENT INSTITUTES FOR TEACHERS, AND SCHOOL LEADERSHIP PROGRAMS.

#### **Funded Amount:**

\$50,000

Requested By:

**BOYLAND** 

Name of Administering State Agency:

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

NEW YORK PUBLIC LIBRARY, ASTOR, LENOX & TILDEN FOUNDATIONS 5TH AVENUE AND 42ND STREET NEW YORK, NY 10018 (212) 930–0688

## Name of Project Director:

DEBORAH S. FITZGERALD

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

FUNDS WILL BE USED TO PURCHASE FURNITURE AND EQUIPMENT FOR THE ADULT AND YOUNG ADULT READING ROOM AT THE BLOOMINGDALE BRANCH LIBRARY. THE IMPROVED FACILITY WILL BETTER ACCOMMODATE THE READING NEEDS OF THE CHILDREN, TEENS AND SENIOR CITIZENS WHO VISIT THE BRANCH.

#### **Funded Amount:**

\$50,000

#### Requested By:

O'DONNELL

#### Name of Administering State Agency:

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

NEW YORK UNIVERSITY HOSPITALS CENTER 560 FIRST AVENUE NEW YORK, NY 10016 (212) 404–4077

# Name of Project Director:

GILDA VENTRESCA-ECROYD

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE INFUSION PUMPS FOR THE CLINICAL CANCER CENTER. THESE "SMART PUMPS" WILL ALLOW FOR THE ENHANCED ADMINISTRATION OF MEDICINE AND FLUIDS TO PATIENTS.

#### **Funded Amount:**

\$250,000

## Requested By:

**BING** 

# Name of Administering State Agency:

Legal Name, Address, a	nd Telephone	Number:
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NORTHERN WESTCHESTER HOSPITAL ASSOCIATION 400 EAST MAIN STREET MOUNT KISCO, NY 10549 (914) 666–1947

## Name of Project Director:

WARREN GELLER

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

FUNDS WILL BE USED TO RELOCATE AND UPGRADE THE OXYGEN TANK FARM. THIS PROJECT WILL ALLOW THE FACILITY TO ENHANCE CLINICAL PROGRAMS AND IMPROVE PATIENT CARE WHILE PROMOTING HEALTH AND WELLNESS.

#### **Funded Amount:**

\$250,000

## Requested By:

**BRADLEY** 

#### Name of Administering State Agency:

Legal Name,	Address.	, and Tele	phone I	Number:

OAK HILL AVENUE IMPROVEMENT CORP. 109 ODELL AVENUE ENDICOTT, NY 13760 (607) 231–6788

#### Name of Project Director:

JON J. SARRA

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

FUNDS WILL BE USED TO RENOVATE THE LITTLE ITALY ENDICOTT IMMIGRANT MUSEUM AND HERITAGE CENTER. THE MUSEUM IS A VITAL COMPONENT TO THE REVITALIZATION OF THE OAK HILL NEIGHBORHOOD AND WILL HAVE AN IMPACT ON LOCAL INVESTMENT INTEREST AS WELL AS ECONOMIC DEVELOPMENT.

#### **Funded Amount:**

\$50,000

#### Requested By:

**LUPARDO** 

# Name of Administering State Agency:

Legal Na	me, Addres	ss, and Tele	ephone N	lumber:

OGDENSBURG VETERANS ASSOCIATION, INC. 616 RENSSELAER AVENUE, ROOM 101 OGDENSBURG, NY 13669 (315) 393–0580

Name of Project Director:

JEREMIAH HAVENS

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

FUNDS WILL BE USED TO PURCHASE LAND, AS WELL AS TO UPGRADE AND IMPROVE THE EXISTING GRAVE MARKERS IN THE OGDENSBURG VETERANS CEMETERY. FUNDS WILL ALSO BE USED TO PURCHASE A FLAGPOLE AND SOLAR LIGHTS SO THAT THE AMERICAN FLAG CAN BE FLOWN AND ILLUMINATED CONTINUOUSLY.

**Funded Amount:** 

\$50,000

Requested By:

**AUBERTINE** 

Name of Administering State Agency:

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

ONONDAGA CENTRAL SCHOOL DISTRICT 4466 SOUTH ONONDAGA ROAD NEDROW, NY 13120 (315) 552–5000

## Name of Project Director:

JOSEPH A. ROTELLA

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE DESKTOP COMPUTERS, SMARTBOARDS AND TECHNOLOGY UPGRADES AT VARIOUS SCHOOLS IN THE DISTRICT.

#### **Funded Amount:**

\$125,000

#### Requested By:

**CHRISTENSEN** 

## Name of Administering State Agency:

Legal	Name	, Address	, and T	elephone	Number:

QUEENS BOROUGH PUBLIC LIBRARY, THE 89-11 MERRICK BOULEVARD JAMAICA, NY 11432 (718) 480-4250

## Name of Project Director:

PETER MAGNANI

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

FUNDS WILL BE USED TO RENOVATE AND EXPAND THE KEW GARDENS HILLS COMMUNITY LIBRARY, AS WELL AS TO PURCHASE FURNITURE AND EQUIPMENT. THESE RENOVATIONS WILL RESULT IN PROVIDING INCREASED PUBLIC SERVICES FOR THE COMMUNITY, WHILE IMPROVING ENERGY EFFICIENCY.

#### **Funded Amount:**

\$250,000

#### Requested By:

**MAYERSOHN** 

# Name of Administering State Agency:

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

QUEENS BOROUGH PUBLIC LIBRARY, THE 89–11 MERRICK BOULEVARD JAMAICA, NY 11432 (718) 480–4250

Name of Project Director:

PETER MAGNANI

**Purpose of Project:** 

FUNDS WILL BE USED TO RENOVATE THE DOUGLASTON LIBRARY, WHICH WILL RESULT IN PROVIDING INCREASED ACCESS TO PUBLIC SERVICES FOR THE COMMUNITY.

**Funded Amount:** 

\$75,000

Requested By:

**CARROZZA** 

Name of Administering State Agency:

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

REGIONAL AID FOR INTERIM NEEDS, INC. (R.A.I.N.) 811 MORRIS PARK AVENUE BRONX, NY 10462 (718) 892–5520

#### Name of Project Director:

LOUIS M. VAZQUEZ

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

FUNDS WILL BE USED TO RENOVATE THE FACILITY IN ORDER TO ACCOMMODATE THE ADMINISTRATIVE OFFICES, FISCAL DEPARTMENT AND HOME ATTENDANT PROGRAM, WHICH PROVIDES IN-HOME SERVICES TO THE BRONX COMMUNITY.

#### **Funded Amount:**

\$50,000

#### Requested By:

RIVERA-P

#### Name of Administering State Agency:

Edgai Haillo, Addicoo, alla Tolopilollo Haillooi	gal Name, Address, a	nd Telephone	Number
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RESOURCE CENTER FOR INDEPENDENT LIVING 409 COLUMBIA STREET UTICA, NY 13502 (315) 797–4642

Name of Project Director:

JANET CONSTABILE

**Purpose of Project:** 

FUNDS WILL BE USED TO RENOVATE THE FACILITY IN ORDER TO PROVIDE A SPACE TO BE USED BY THE COMMUNITY FOR MEETINGS, TRAININGS OR OTHER ORGANIZATIONAL EVENTS.

**Funded Amount:** 

\$50,000

Requested By:

**DESTITO** 

Name of Administering State Agency:

Legal	Name.	, Address	, and '	Telep	hone	Numb	er:

RIVIERA THEATRE & ORGAN PRESERVATION SOCIETY, INC. 68 MAIN STREET NORTH TONAWANDA, NY 14120 (716) 692–2413

Name of Project Director:

FRANK CANNATA

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

FUNDS WILL BE USED TO RESTORE AND EXPAND THE HISTORIC RIVIERA THEATRE. THE COMPLETED PROJECT WILL MAKE THE THEATRE MORE ACCESSIBLE TO THE DISABLED AND THE PUBLIC. IT WILL EXPAND THE THEATRICAL PRODUCTION CAPACITY AND ENHANCE THE THEATRE'S CONTRIBUTION TO DOWNTOWN REVITALIZATION.

**Funded Amount:** 

\$75,000

Requested By:

SCHIMMINGER

Name of Administering State Agency:

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:						
RICK LEWIS						
Purpose of Project:						
FUNDS WILL BE USED TO REPLACE THE GY SAMUEL FIELD YM & YWHA. THIS FACILITY PROGRAMS TO A DIVERSE POPULATION IN	PROVIDES SERVICES AND					
Funded Amount:						
\$100,000						
Requested By:						
CARROZZA						
Name of Administering State Agency:						

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

SHIELD OF DAVID, INC. (D/B/A THE SHIELD INSTITUTE) 144–61 ROOSEVELT AVENUE FLUSHING, NY 11354 (718) 886–1682

## Name of Project Director:

DR. SUSAN PROVENZANO

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

FUNDS WILL BE USED TO RENOVATE THE BRONX EARLY LEARNING CENTER. THIS CENTER PROVIDES SERVICES TO THE DEVELOPMENTALLY CHALLENGED MEMBERS OF THE COMMUNITY.

#### **Funded Amount:**

\$100,000

#### Requested By:

DIAZ-L

## Name of Administering State Agency:

Legal Name,	Address,	and Tele	ephone I	Number:
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SIENA COLLEGE 515 LOUDON ROAD LOUDONVILLE, NY 12211 (518) 782–6558

Name of Project Director:

ALFREDO MEDINA, JR.

**Purpose of Project:** 

FUNDS WILL BE USED TO PURCHASE AND INSTALL EQUIPMENT TO PROVIDE A HIGH-TECH INTERACTIVE CLASSROOM, WHICH WILL PROVIDE A STATE-OF-THE-ART FACILITY.

**Funded Amount:** 

\$50,000

Requested By:

**REILLY** 

Name of Administering State Agency:

Legal Name,	Address.	and Tele	phone N	Number:

SOLVAY PUBLIC LIBRARY 615 WOODS ROAD SOLVAY, NY 13209 (315) 468-2441

Name of Project Director:

**CARA BURTON** 

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

FUNDS WILL BE USED TO RENOVATE THE LIBRARY. THE LIBRARY IS THE ONLY PUBLIC LIBRARY IN THE COUNTY AND THE RENOVATION WILL PRESERVE THE BUILDING FOR FUTURE GENERATIONS. IT WILL MEET THE CHANGING DEMANDS OF THE COMMUNITY WHO UTILIZE THE LIBRARY AND MAINTAIN THE BUILDING AS A PUBLIC USE FACILITY.

**Funded Amount:** 

\$50,000

Requested By:

MAGNARELLI

Name of Administering State Agency:

Legal Name,	Address.	and Tele	phone N	Number:

SOLVAY UNION FREE SCHOOL DISTRICT 103 THIRD STREET SOLVAY, NY 13209 (315) 468–4942

## Name of Project Director:

WILLIAM STEINBERG

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF SECURITY AND SURVEILLANCE EQUIPMENT TO INCREASE SAFETY AT THE SCHOOL.

#### **Funded Amount:**

\$50,000

#### Requested By:

MAGNARELLI

## Name of Administering State Agency:

Legal Name,	Address.	and Tele	phone N	Number:

ST. CHARLES HOSPITAL 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 (631) 474–6465

Name of Project Director:

**DEBRA LANE** 

**Purpose of Project:** 

FUNDS WILL BE USED TO PURCHASE A SENOGRAPHE MAMMOGRAPHY SYSTEM FOR THE WOMEN'S HEALTH CENTER, WHICH WILL PROVIDE STATE-OF-THE-ART DIAGNOSTIC CARE FOR WOMEN OF ALL AGES.

**Funded Amount:** 

\$50,000

Requested By:

**ENGLEBRIGHT** 

Name of Administering State Agency:

Legal Name	. Address.	, and Tele	phone	Number:

STREETSQUASH, INC. 420 LEXINGTON AVENUE, SUITE 246 NEW YORK, NY 10170 (212) 949–4030

Name of Project Director:

GEORGE POLSKY

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

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A CANOPY, AS WELL AS UPGRADES TO THE ENTRANCE OF THE FACILITY. FUNDS WILL ALSO BE USED TO PURCHASE EQUIPMENT, INCLUDING LOCKERS AND COMPUTER TECHNOLOGY. THIS ORGANIZATION OFFERS INTENSIVE YOUTH ENRICHMENT PROGRAMS DESIGNED TO HELP PARTICIPANTS ACHIEVE THEIR ACADEMIC AND PERSONAL POTENTIAL.

**Funded Amount:** 

\$125,000

Requested By:

FARRELL, JR

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:					
1 J	TOWN HALL CIVIC ASSOCIATION OF SPRINGFIELD GARDENS, INC. 172–15 140TH AVENUE JAMAICA, NY 11434 718) 528–8116				
Name of Project	Director:				
F	PAMELA LEWIS				
Purpose of Project:					
	FUNDS WILL BE USED TO RENOVATE TWO BUILDINGS IN AN EFFORT TO ENSURE THE CONTINUATION OF PROGRAMS TO THE COMMUNITY				
Funded Amount	<b>:</b>				
\$	\$50,000				
Requested By:					
Т	TITUS				
Name of Administering State Agency:					

Legal Name, Address, and Telephone Number:				
	TOWN OF GREENBURGH 177 HILLSIDE AVENUE GREENBURGH, NY 10607 (914) 993–1515			
Name of Project	t Director:			
,	WINSOME GORDON			
Purpose of Proj	ect:			
	FUNDS WILL BE USED FOR THE RECONSTRUCTION OF HARTS BROOM BARN, A HISTORIC BUILDING LOCATED ON A PARK PRESERVE WITH A NATURAL OASIS, WHICH IS OPEN AND ACCESSIBLE TO ALL IN THE COMMUNITY.			
Funded Amount:				
;	\$250,000			
Requested By:				
1	BRODSKY			
Name of Administering State Agency:				

Legal Name,	Address.	and Tele	phone N	Number:

TURTLE BAY ASSOCIATION, INC., THE 224 EAST 47TH STREET NEW YORK, NY 10017 (212) 751–5465

Name of Project Director:

MILLIE MARGIOTTA

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

FUNDS WILL BE USED TO INSTALL SIGNS ALONG DAG HAMMARSKJOLD PLAZA AND TO IMPROVE STREETSCAPE BY REPLANTING TREE BEDS ON SECOND AVENUE FROM 43RD STREET TO 53RD STREET. THESE IMPROVEMENTS WILL INCREASE PUBLIC AWARENESS OF THE PLAZA AND ENSURE PEDESTRIAN SAFETY.

**Funded Amount:** 

\$50,000

Requested By:

**BING** 

Name of Administering State Agency:

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

UNITED CEREBRAL PALSY AND HANDICAPPED CHILDREN'S ASSOCIATION OF SYRACUSE, INC., D/B/A ENABLE 1603 COURT STREET SYRACUSE, NY 13208 (315) 410-3341

#### Name of Project Director:

SARA WALL-BOLLINGER

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE AND INSTALL A ROOF TOP DEHUMIDIFIER, WHICH WILL PROVIDE A QUALITY ENVIRONMENT FOR STAFF AND PROGRAM PARTICIPANTS.

#### **Funded Amount:**

\$50,000

## Requested By:

MAGNARELLI

#### Name of Administering State Agency:

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

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

#### Name of Project Director:

LUDGER K. BALAN

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

FUNDS WILL BE USED FOR THE ACQUISITION OF AN ENVIRO MEDIA MOBILE, WHICH WILL SERVE AS A TRAVELING ENVIRONMENTAL CENTER AND MICRO-MARITIME MUSEUM. THE MOBILE UNIT WILL TRAVEL TO SCHOOLS, COMMUNITY CENTERS, DAY CAMPS, COMMUNITY FAIRS AND PARTICIPATE IN LOCAL AND REGIONAL WATERFRONT FESTIVALS.

#### **Funded Amount:**

\$100,000

#### Requested By:

COLTON

#### Name of Administering State Agency:

Legal Name, Address, and Telephone Number:
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VAUGHN COLLEGE OF AERONAUTICS AND TECHNOLOGY 86-01 23RD AVENUE EAST ELMHURST, NY 11369 (718) 429-6600

Name of Project Director:

SHARON DEVIVO

**Purpose of Project:** 

FUNDS WILL BE USED TO IMPROVE THE LIBRARY, INCLUDING THE PURCHASE OF FURNITURE TO ACCOMODATE AND MEET THE GROWING NEEDS OF THE STUDENTS, AS WELL AS THE COMMUNITY.

**Funded Amount:** 

\$50,000

Requested By:

**AUBRY** 

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:				
	VILLAGE OF CAZENOVIA 90 ALBANY STREET CAZENOVIA, NY 13035 (315) 655–3041			
Name of Project	ct Director:			
	STEVE MCLOUGHLIN			
Purpose of Project:				
	FUNDS WILL BE USED TO INSTALL WATER TRANSMISSION LINES AND NEW FIRE HYDRANTS WITHIN THE VILLAGE OF CAZENOVIA. THESE IMPROVEMENTS WILL INCREASE FIRE PROTECTION FOR RESIDENTS OF THE VILLAGE.			
Funded Amount:				
	\$50,000			
Requested By:				
	MAGEE			
Name of Administering State Agency:				

Legal Name, Address, and Telephone Number:
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VILLAGE OF ENDICOTT 1009 E. MAIN STREET ENDICOTT, NY 13760 (607) 757–2420

Name of Project Director:

JOHN R. BERTONI

**Purpose of Project:** 

FUNDS WILL BE USED TO CONSTRUCT A BANDSHELL/PAVILION, AN ANNOUNCEMENT BOARD WITH A HISTORIC CLOCK, AS WELL AS A PARKING LOT THAT WILL ACCOMODATE THE VISITORS AND RESIDENTS WHO COME TO THE PARK FOR ENTERTAINMENT.

**Funded Amount:** 

\$250,000

Requested By:

**LUPARDO** 

Name of Administering State Agency:

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

VILLAGE OF GREEN ISLAND 20 CLINTON STREET GREEN ISLAND, NY 12183 (518) 273–2201

Name of Project Director:

SEAN E. WARD

**Purpose of Project:** 

FUNDS WILL BE USED TO PURCHASE, RENOVATE AND REDEVELOP A BUILDING, WHICH WILL PROVIDE SERVICES TO THE SENIOR CITIZENS, AS WELL AS YOUTH OF THE COMMUNITY.

**Funded Amount:** 

\$50,000

Requested By:

CANESTRARI

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:				
1 L	VILLAGE OF LARCHMONT 120 LARCHMONT AVENUE LARCHMONT, NY 10538 (914) 834–6230			
Name of Project	Director:			
E	ELIZABETH N. FELD			
Purpose of Project:				
T (	FUNDS WILL BE USED FOR THE REFURBISHMENT OF A RAILROAD TUNNEL, WHICH IS USED BY RESIDENTS AND THE NEIGHBORING COMMUNITIES TO EASILY ACCESS THE METRO-NORTH RAILROAD TRACKS.			
Funded Amount:				
\$	\$50,000			
Requested By:				
L	LATIMER			
Name of Administering State Agency:				

Legal Name, Address, and Telephone Number:				
6	VILLAGE OF TUCKAHOE 65 MAIN STREET TUCKAHOE, NY 10707 (914) 961–8148			
Name of Project	Director:			
E	BILL WILLIAMS			
Purpose of Project:				
E	FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF AN EMERGENCY GENERATOR FOR THE TUCKAHOE COMMUNITY CENTER, WHICH IS OPEN TO ALL IN THE COMMUNITY.			
Funded Amount	:			
\$	\$100,000			
Requested By:				
F	PAULIN			
Name of Administering State Agency:				

Legal Name, Address, and Telephone Number:				
	WAGNER COLLEGE ONE CAMPUS ROAD STATEN ISLAND, NY 10301 (718) 420–4341			
Name of Project	t Director:			
	DAVID MARTIN			
Purpose of Project:				
	FUNDS WILL BE USED TO INSTALL A FIRE SAFETY SUPPRESSION SYSTEM IN ONE OF THE RESIDENCE HALLS. THE SYSTEM WILL ENSURE THE SAFETY OF THE STUDENTS, GUESTS AND MEMBERS OF THE WAGNER COLLEGE COMMUNITY.			
Funded Amount:				
	\$100,000			
Requested By:				
	CUSICK			
Name of Admin	nistering State Agency:			

Legal	Name	, Address	and	Teleph	none l	Number:

WAMC NORTHEAST PUBLIC RADIO 318 CENTRAL AVENUE ALBANY, NY 12206 (518) 465–5233

Name of Project Director:

**DAVID GALLETLY** 

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

FUNDS WILL BE USED FOR THE RENOVATION OF A BUILDING, AS WELL AS FOR PARKING LOT ENHANCEMENTS TO PREVENT PROBLEMS ASSOCIATED WITH FLOODING AND WATER IN THE BASEMENT OF THE WAMC FACILITY. THIS PUBLIC RADIO STATION SERVES ITS AUDIENCES BY PRESENTING NEWS AND OTHER PROGRAMMING DURING THEIR BROADCASTS.

**Funded Amount:** 

\$50,000

Requested By:

**MCENENY** 

Name of Administering State Agency:

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

WILDWOOD PROGRAMS (D/B/A LEARNING DISABILITIES ASSOCIATION OF THE CAPITAL REGION) 2995 CURRY ROAD EXT. SCHENECTADY, NY 12303 (518) 836–2311

#### Name of Project Director:

TOM SCHRECK

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE AND INSTALL WATER PUMPS TO ENABLE CAMP WILDWOOD TO HAVE RUNNING WATER. CAMP WILDWOOD PROVIDES SERVICES TO PEOPLE OF ALL AGES WITH DEVELOPMENTAL DISABILITIES.

#### **Funded Amount:**

\$50,000

#### Requested By:

MCENENY, TONKO

## Name of Administering State Agency:

#### 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:

**DIANE RUBIN** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE AND INSTALL HARDWARE AND SOFTWARE FOR A LOCAL AREA NETWORK THAT WILL ENHANCE THE CURRENT ORGANIZATION'S DATA MANAGEMENT.

#### **Funded Amount:**

\$50,000

## Requested By:

**DINOWITZ** 

#### Name of Administering State Agency:

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

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK 5 WEST 63RD STREET, 6TH FLOOR NEW YORK, NY 10023 (212) 630–9633

## Name of Project Director:

**DENISE ZIMMER** 

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

FUNDS WILL BE USED FOR THE RENOVATION AND EXPANSION OF THE BEFORD-STUVESANT YMCA. THE ENHANCED FACILITY WILL ALLOW THE YMCA TO EXPAND PROGRAMS AND SERVICES TO THE COMMUNITY.

#### **Funded Amount:**

\$175,000

#### Requested By:

CAMARA, ROBINSON

#### Name of Administering State Agency:

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

YOUNG MEN'S CHRISTIAN ASSOCIATION OF LONG ISLAND, INCORPORATED
121 DOSORIS LANE
GLEN COVE, NY 11542
(516) 671–8270

#### Name of Project Director:

EDWARD J. BOGAN

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE AND INSTALL TWO ROOF TOP HVAC UNITS AS PART OF AN OVERALL BUILDING RENOVATION. THIS FACILITY PROVIDES MANY PROGRAMS AND SERVICES TO THE COMMUNITY.

#### **Funded Amount:**

\$50,000

#### Requested By:

LAVINE

## Name of Administering State Agency: