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

575 HANCOCK STREET HOUSING DEVELOPMENT FUND CORPORATION BRIDGE STREET DEV. CORP., 460 NOSTRAND AVENUE BROOKLYN, NY 11218 (718) 399–0146

# Name of Project Director:

SONDRA C. FORD

# **Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE A BUILDING TO INCREASE THE AVAILABILITY OF LOW-INCOME HOUSING FACILITIES IN THE COMMUNITY.

#### **Funded Amount:**

\$100,000

#### Requested By:

**ROBINSON** 

# Name of Administering State Agency:

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

ANGELDOCS, INC. 87-11 CLOVERHILL ROAD HOLLISWOOD, NY 11423 (718) 776-9699

Name of Project Director:

**DOROTHY OGUNDU** 

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

FUNDS WILL BE USED TO RENOVATE THE FACILITY, AS WELL AS TO CONSTRUCT A KITCHEN AND PURCHASE EQUIPMENT. THIS SPACE WILL BE USED BY THE LIFE HEALTH CENTER'S NUTRITION WORKSHOP AND DEMONSTRATION FACILITY, WHICH PROVIDES HEALTH WORKSHOPS AND TRAINING PROGRAMS TO ADDRESS THE COMMUNITY'S HEALTH CARE NEEDS.

**Funded Amount:** 

\$100,000

Requested By:

COOK

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:						
	BARDAVON 1869 OPERA HOUSE, INC. 35 MARKET STREET POUGHKEEPSIE, NY 12601 (845) 473–5288					
Name of Project	ct Director:					
	CHRIS SILVA					
Purpose of Pro	oject:					
	FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND UPGRADE THE PROJECTION BOOTH TO ALLOW THE OPERA HOUSE TO CONTINUE SERVING THE COMMUNITY, AS WELL AS TO MAINTAIN ITS STATUS AS A NATIONALLY REGISTERED HISTORIC PLACE.					
Funded Amour	nt:					
	\$50,000					
Requested By:						
	CAHILL					
Name of Admir	nistering State Agency:					

BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY CENTER 15 NEIL COURT OCEANSIDE, NY 11572 (516) 766-4341

# Name of Project Director:

ARNIE PREMINGER

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE DESIGN AND CONSTRUCTION OF THE SUNRISE DAY CAMP, WHICH SERVES CHILDREN WITH CANCER BY PROVIDING RECREATIONAL AND THERAPEUTIC ACTIVITIES.

### **Funded Amount:**

\$250,000

# Requested By:

WEISENBERG

# Name of Administering State Agency:

Legal Name, Address, and Telephone Number:						
	BETHCO CORPORATION 612 ALLERTON AVENUE BRONX, NY 10467 (718) 519–5925					
Name of Project	t Director:					
	SUSAN ALDRICH					
Purpose of Proj	ject:					
	FUNDS WILL BE USED FOR THE PURCHASE OF TELEMEDICINE DEVICES, WHICH ALLOW FOR THE HOME MONITORING OF INDIVIDUALS IN LONG TERM CARE.					
Funded Amoun	t:					
	\$100,000					
Requested By:						
	RIVERA-N					
Name of Administering State Agency:						

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

BORICUA COLLEGE 3755 BROADWAY NEW YORK, NY 10032 (212) 694–1000

# Name of Project Director:

VICTOR G. ALICEA

# **Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE AND REPAIR LANDMARK WALKWAYS, CONSTRUCTION OF A FENCE, RESTORATION OF LAMP POSTS, OUTDOOR LIGHTING AND REPLACEMENT OF THE DOOR TO THE ENTRANCE. THESE REPAIRS WILL ENSURE THE SAFETY OF THE STUDENTS AND THE COMMUNITY.

### **Funded Amount:**

\$215,000

#### Requested By:

FARRELL, JR

#### Name of Administering State Agency:

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

BORICUA COLLEGE 3755 BROADWAY NEW YORK, NY 10032 (212) 694–1000

#### Name of Project Director:

VICTOR G. ALICEA

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION A HVAC SYSTEM, AS PART OF AN OVERALL RENOVATION OF THE BRONX CAMPUS BUILDING.

### **Funded Amount:**

\$1,560,000

# Requested By:

BENEDETTO, DIAZ-L, DIAZ-R, DINOWITZ, GREENE, HEASTIE, RIVERA-J, RIVERA-P

# Name of Administering State Agency:

Legal Name, Address, and Telephone Number:						
BROOKLYN COLLEGE 2900 BEDFORD AVENUE BROOKLYN, NY 11210 (718) 951–5600						
Name of Project Director:						
RICHARD MAGLIOZZO						
Purpose of Project:						
FUNDS WILL BE USED TO PURCHAS WHICH WILL ENABLE THE COLLEGE BIOCHEMISTRY RESEARCH LABOR/WILL PREPARE STUDENTS FOR CAI BIOTECHNOLOGY AND NANOTECHN	ETO CREATE A STATE OF THE ART ATORY. THE NEW LABORATORY REERS IN BIOMEDICINE,					
Funded Amount:						
\$50,000						
Requested By:						
LENTOL						
Name of Administering State Agency:						

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

DANCE THEATRE OF HARLEM, INC. 466 WEST 152ND STREET NEW YORK, NY 10031 (212) 690–2800

# Name of Project Director:

SHARON WILLIAMS

# **Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE THE BASEMENT COMMON AREAS AND LOCKER ROOMS. THESE AREAS ARE USED BY 500 STUDENTS AND THEIR FAMILIES ANNUALLY.

### **Funded Amount:**

\$50,000

# Requested By:

FARRELL, JR

# Name of Administering State Agency:

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

GRACE FAMILY SERVICES, INC. 8914 AVENUE A BROOKLYN, NY 11236 (718) 251–5340

# Name of Project Director:

MERVIN HARDING

# **Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE THE FACILITY. THE BUILDING WILL HOUSE A SENIOR CENTER AND OFFER ADULT EDUCATION CLASSES TO THE COMMUNITY.

### **Funded Amount:**

\$200,000

# Requested By:

PERRY, WEINSTEIN

# Name of Administering State Agency:

Legal Nam	e, Address	, and Tele	phone	Number:

HERITAGE CHRISTIAN SERVICES, INC. 349 W. COMMERCIAL STREET, SUITE 2795 EAST ROCHESTER, NY 14445 (585) 340–2010

#### Name of Project Director:

**ROD CHRISTIAN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO CONSTRUCT A NEW LIFE CENTER. THIS FACILITY WILL ENHANCE THE LEVEL OF CLINICAL AND THERAPEUTIC SERVICES CURRENTLY PROVIDED TO THE COMMUNITY ON A NON–SECTARIAN BASIS.

### **Funded Amount:**

\$50,000

#### Requested By:

**MORELLE** 

# Name of Administering State Agency:

Legal Name, Address, and Telephone Number:							
	LESBIAN & GAY COMMUNITY SERVICES CENTER, INC. 208 WEST 13TH STREET NEW YORK, NY 10011 (212) 620-7310						

Name of Project Director:

ROBERT WOODWORTH

**Purpose of Project:** 

FUNDS WILL BE USED TO RENOVATE AND EXPAND THE COMMUNITY CENTER. THIS FACILITY IS USED BY THE COMMUNITY FOR MEETINGS, TRAININGS AND SELF-HELP PROGRAMS.

**Funded Amount:** 

\$250,000

Requested By:

**GLICK** 

Name of Administering State Agency:

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

LESBIAN & GAY COMMUNITY SERVICES CENTER, INC. 208 WEST 13TH STREET NEW YORK, NY 10011 (212) 620-7310

# Name of Project Director:

ROBERT WOODWORTH

# **Purpose of Project:**

FUNDS WILL BE USED TO UPGRADE THE MEDIA AND INTERNET TECHNOLOGY CAPABILITIES, WHICH WILL ENHANCE THE EFFECTIVENESS OF COMMUNITY ACTIVITIES.

### **Funded Amount:**

\$50,000

# Requested By:

**GOTTFRIED** 

#### Name of Administering State Agency:

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

LONG ISLAND MARITIME MUSEUM 86 WEST AVENUE WEST SAYVILLE, NY 11796 (631) 854-4974

# Name of Project Director:

KAREN GACONNIER

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE UPGRADE OF EXHIBITION AREAS INCLUDING THE PURCHASE OF NEW DISPLAY CASES. THIS WILL ASSIST THE MUSEUM IN THEIR EFFORT TO CONTINUE PROVIDING EDUCATIONAL EXHIBITS TO THE PUBLIC.

### **Funded Amount:**

\$50,000

#### Requested By:

**FIELDS** 

# Name of Administering State Agency:

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

LONG ISLAND SEAPORT & ECO CENTER, INC. 101 EAST BROADWAY PORT JEFFERSON, NY 11777 (631) 474–4725

#### Name of Project Director:

KATHLEEN O'SULLIVAN

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION OF THE BAYLES BOAT SHED, WHICH WILL ALLOW FOR THE EXPANSION OF THE MARITIME HERITAGE AND ENVIRONMENTAL EDUCATIONAL PROGRAMS AVAILABLE TO THE PUBLIC.

### **Funded Amount:**

\$50,000

#### Requested By:

**ENGLEBRIGHT** 

# Name of Administering State Agency:

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

MID ISLAND BABE RUTH LEAGUE, INC. 1322 TRAVIS AVENUE STATEN ISLAND, NY 10314 (718) 761–1285

# Name of Project Director:

**GEORGE REYNOLDS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE AND INSTALL LIGHTING EQUIPMENT FOR THE BASEBALL FIELD.

#### **Funded Amount:**

\$100,000

# Requested By:

CUSICK, LAVELLE

# Name of Administering State Agency:

Legal Name, Address, and Telephone Number	er:
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MOUNT SINAI HOSPITAL, THE 25–10 30TH AVENUE LONG ISLAND CITY, NY 11102 (718) 267–4323

Name of Project Director:

KATHY J. RUBENSTEIN

**Purpose of Project:** 

FUNDS WILL BE USED TO RENOVATE THE CT ROOM, INCLUDING THE PURCHASE A CT SCANNER, WHICH WILL PROVIDE STATE-OF-THE-ART TECHNOLOGY SERVICES TO THE COMMUNITY.

**Funded Amount:** 

\$275,000

Requested By:

**GIANARIS** 

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:
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NEW SPRINGVILLE LITTLE LEAGUE, INC. 1152 FOREST HILL ROAD STATEN ISLAND, NY 10314 (718) 761–1749

# Name of Project Director:

**LUIS MOJICA** 

# **Purpose of Project:**

FUNDS WILL BE USED TO CONSTRUCT A MULTI-PURPOSE COMMUNITY FACILITY, WHICH WILL PROVIDE A SUPERVISED PROGRAM OF COMPETITIVE BASEBALL AND/OR SOFTBALL GAMES FOR ALL OF THE CHILDREN IN THE COMMUNITY.

#### **Funded Amount:**

\$50,000

# Requested By:

CUSICK

# Name of Administering State Agency:

ı	Legal	Name,	Address,	and	Telep	hone	Number:	:

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

Name of Project Director:

EDWARD J. LEWIS

**Purpose of Project:** 

FUNDS WILL BE USED FOR THE INSTALLATION OF PLAY EQUIPMENT AND A SPRAY SHOWER AT THE BEACH 17TH STREET PLAYGROUND.

**Funded Amount:** 

\$150,000

Requested By:

TITUS

Name of Administering State Agency:

Legal	Name	, Address	, and T	elephone	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 PURCHASE A VAN AND EQUIPMENT TO TRANSPORT SENIORS AND THE DISABLED. THIS WILL ENHANCE THE QUALITY OF LIFE AND PROMOTE INDEPENDENCE FOR THESE MEMBERS OF THE COMMUNITY.

### **Funded Amount:**

\$50,000

#### Requested By:

**TITUS** 

# Name of Administering State Agency:

Legal Name,	Address,	and Tele	ephone Number	r:
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OPEN CHANNELS NY, INC. (D/B/A DIXON PLACE) 258 BOWERY, 2ND FLOOR NEW YORK, NY 10012 (212) 219–0736

Name of Project Director:

**CATHERINE PORTER** 

**Purpose of Project:** 

FUNDS WILL BE USED TO CONSTRUCT A REHEARSAL STUDIO LOCATED AT 161 CHRYSTIE STREET. THE STUDIO WILL PROVIDE LOW-COST REHEARSAL SPACE FOR ARTISTS IN THE COMMUNITY.

**Funded Amount:** 

\$50,000

Requested By:

**GLICK** 

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:					
OPPORTUNITIES FOR A BETTER TOMORROV 783 FOURTH AVENUE BROOKLYN, NY 11232 (718) 369–0303	V, INC.				
Name of Project Director:					
EMILY MAY					
Purpose of Project:					
FUNDS WILL BE USED TO UPGRADE THE HVAPURCHASE SIGNS TO INCREASE VISIBILITY. WILL MAKE THE SITE MORE ACCESSIBLE TO	THE IMPROVEMENTS				
Funded Amount:					
\$50,000					
Requested By:					
ORTIZ					
Name of Administering State Agency:					

Legal Name, Address, and Telephone Number:					
	OSSINING VOLUNTEER AMBULANCE CORPS, INCORPORATED 8 CLINTON AVENUE OSSINING, NY 10562 (914) 941–3941				
Name of Project	et Director:				
	ERIK PEFFERS				
Purpose of Pro	ject:				
	FUNDS WILL BE USED TO PURCHASE AN AMBULANCE, WHICH WILL BE USED TO PROVIDE EMERGENCY SERVICES TO THE COMMUNITY.				
Funded Amount:					
	\$50,000				
Requested By:					
	GALEF				
Name of Administering State Agency:					

Legal Name, Address, and Telephone Number:
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POLICE ATHLETIC LEAGUE OF YONKERS FOUNDATION, INC., THE 127 NORTH BROADWAY YONKERS, NY 10701 (914) 377–7297

# Name of Project Director:

**CHRIS PALANDRA** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE RENOVATION OF THE P.A.L. CENTER. THIS CENTER PROVIDES PROGRAMS AND SERVICES TO THE YOUTH OF THE COMMUNITY YEAR ROUND.

### **Funded Amount:**

\$50,000

# Requested By:

**BRODSKY** 

# Name of Administering State Agency:

Legal Name, Address, and Telephone Number:
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PURCHASE COLLEGE, STATE UNIVERSITY OF NEW YORK 735 ANDERSON HILL ROAD PURCHASE, NY 10577 (914) 251–6061

# Name of Project Director:

JOSEPH OLENIK

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE AND INSTALL BLUE LIGHT EMERGENCY PHONES THROUGHOUT THE CAMPUS. THESE PHONES WILL GREATLY ENHANCE THE SAFETY AND SECURITY OF THE COMMUNITY.

### **Funded Amount:**

\$50,000

# Requested By:

**BRODSKY** 

# Name of Administering State Agency:

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

RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK, THE 35 STATE STREET ALBANY, NY 12207 (518) 434–7109

١	Name	of	Pro	iect	Dir	ector:
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**ROBERT MASON** 

### **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE OF AN ELECTROSHOCKING BOAT, TRAILER, AND EQUIPMENT TO BE USED BY THE SUNY COLLEGE OF ENVIRONMENTAL SCIENCE AND FORESTRY. THE IMPLEMENTATION OF AN ELECTROFISHING PROGRAM WILL INCREASE THE KNOWLEDGE OF FISHERY ON ONONDAGA LAKE.

#### **Funded Amount:**

\$50,000

#### Requested By:

CHRISTENSEN

#### Name of Administering State Agency:

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

RIDGEWOOD BUSHWICK SENIOR CITIZENS COUNCIL, INC. 555 BUSHWICK AVENUE BROOKLYN, NY 11206 (718) 366–3800

# Name of Project Director:

SCOTT SHORT

# **Purpose of Project:**

FUNDS WILL BE USED TO BUILD A STATE OF THE ART SENIOR CENTER THAT WILL PROVIDE A HOST OF INNOVATIVE PROGRAMMING AND SOCIAL SERVICES TO SENIORS LIVING IN THE COMMUNITY.

### **Funded Amount:**

\$1,450,000

# Requested By:

LOPEZ-V

# Name of Administering State Agency:

ROCHESTER GENESEE REGIONAL TRANSPORTATION AUTHORITY 1372 EAST MAIN STREET
ROCHESTER, NY 14609

Name of Project Director:

**GERALD SICONOLFI** 

Legal Name, Address, and Telephone Number:

(585) 654-0200

**Purpose of Project:** 

FUNDS WILL BE USED FOR THE RESTORATION OF A HISTORICALLY SIGNIFICANT BUS IN ORDER TO FACILITATE EDUCATIONAL AND HISTORICAL PURPOSES WITHIN THE COMMUNITY.

**Funded Amount:** 

\$50,000

Requested By:

**GANTT** 

Name of Administering State Agency:

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

ROCKAWAY THEATRE COMPANY, INC. 433 BEACH 123RD STREET FAR ROCKAWAY, NY 11694 (718) 318–8065

#### Name of Project Director:

SUSAN JASPER

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

FUNDS WILL BE USED FOR THE RENOVATION OF THE FACILITY, WHICH WILL INCLUDE ELECTRICAL SYSTEM UPGRADES, STAGE LIGHTING, AND EXPANSION OF THE RESTROOMS. THESE RENOVATIONS WILL ENABLE THE THEATRE TO CONTINUE TO PROVDE QUALITY ENTERTAINMENT TO THE COMMUNITY.

### **Funded Amount:**

\$100,000

#### Requested By:

**PHEFFER** 

#### Name of Administering State Agency:

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

ROCKLAND JEWISH COMMUNITY CENTER CORPORATION 900 ROUTE 45 NEW CITY, NY 10956 (845) 762-4430

#### Name of Project Director:

GERALD R. KOLOSKY

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE AND INSTALL A HVAC SYSTEM IN THE WEST NYACK FACILITY. THIS CENTER HOUSES SEVERAL AGENCIES THAT PROVIDE SERVICES TO THE COMMUNITY.

### **Funded Amount:**

\$150,000

# Requested By:

KARBEN, ZEBROWSKI-K

#### Name of Administering State Agency:

Legal Name, Address, and Telephone Number:					
13 Bl	UNY COLLEGE AT BUFFALO 300 ELMWOOD AVENUE UFFALO, NY 14222 116) 878–4521				
Name of Project D	Director:				
ST	TAN MEDINAC				
Purpose of Project:					
C( TH	UNDS WILL BE USED FOR THE RENOVATION OF DINING AND OMMUTER FACILITIES, AS WELL AS SOCIAL HALL IMPROVEMENTS. HESE IMPROVEMENTS WILL ENHANCE STUDENT MEETING, ORKING AND DINING ACCOMMODATIONS.				
Funded Amount:					
\$2	250,000				
Requested By:					
Н	OYT				
Name of Administering State Agency:					

Legal Name,	Address.	and Tele	phone N	Number:

TOWN OF CLARKSTOWN 10 MAPLE AVENUE NEW CITY, NY 10956 (845) 639–2050

Name of Project Director:

**ALEXANDER GROMACK** 

**Purpose of Project:** 

FUNDS WILL BE USED TO RESURFACE ROADS IN NEW CITY AND VALLEY COTTAGE TO ALLOW A SAFE AND MORE EFFICIENT FLOW OF TRAFFIC FOR THE GENERAL PUBLIC.

**Funded Amount:** 

\$300,000

Requested By:

ZEBROWSKI-K

Name of Administering State Agency:

Legal Name	. Address.	, and Tele	phone	Number:

TOWN OF CLARKSTOWN 10 MAPLE AVENUE NEW CITY, NY 10956 (845) 639–2050

# Name of Project Director:

**ALEXANDER GROMACK** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PAVE ABERDEEN DRIVE, PERTH COURT AND LARCH COURT IN THE TOWN OF CLARKSTOWN TO ALLOW A SAFE AND MORE EFFICIENT FLOW OF TRAFFIC FOR THE GENERAL PUBLIC.

#### **Funded Amount:**

\$100,000

#### Requested By:

ZEBROWSKI-K

# Name of Administering State Agency:

Legal	Name	, Address	, and T	elephone	Number:

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

# Name of Project Director:

GENNARO J. FAIELLA

# **Purpose of Project:**

FUNDS WILL BE USED TO INCREASE THE RECREATIONAL CAPACITY AT AMSTERDAM PARK IN ORDER TO BETTER SERVE THE SURROUNDING COMMUNITY.

### **Funded Amount:**

\$50,000

# Requested By:

**MATUSOW** 

# Name of Administering State Agency:

Legal Name, Address, and Telephone Number:		
:	TOWN OF NORTH HEMPSTEAD 220 PLANDOME ROAD MANHASSET, NY 11030 (516) 869–7841	
Name of Project	t Director:	
I	DAN NACHBAR	
Purpose of Proj	ect:	
!	FUNDS WILL BE USED TO PURCHASE A PATROL BOAT, WHICH WILL ASSIST THE TOWN IN ITS EFFORTS TO PATROL 37 MILES OF SHORELINE IN AN EFFORT TO ENSURE PUBLIC SAFETY.	
Funded Amount	t:	
;	\$250,000	
Requested By:		
I	DINAPOLI	
Name of Administering State Agency:		

Legal Name, Address, and Telephone Number:		
3 P	TOWN OF PENFIELD B100 ATLANTIC AVENUE PENFIELD, NY 14526 585) 340–8630	
Name of Project	Director:	
G	GEORGE WIEDEMER	
Purpose of Proje	ect:	
N	FUNDS WILL BE USED FOR THE CONSTRUCTION OF A NEIGHBORHOOD PARK AND PLAYGROUND IN ORDER TO BETTER ACCOMMODATE THE GENERAL PUBLIC.	
Funded Amount:	:	
\$	550,000	
Requested By:		
К	COON	
Name of Administering State Agency:		

Legal	Name,	Address,	and <sup>-</sup>	Telepl	hone I	Number:
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TOWN OF RAMAPO 237 ROUTE 59 SUFFERN, NY 10901 (845) 357-5100

Name of Project Director:

**HELENE LEIBOWITZ** 

**Purpose of Project:** 

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A RECREATION COMPLEX TO INCLUDE A BALL FIELD IN ORDER TO BETTER SERVE THE RECREATIONAL NEEDS OF THE COMMUNITY.

**Funded Amount:** 

\$100,000

Requested By:

ZEBROWSKI-K

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:		
) 1	TRUST FOR PUBLIC LAND, THE 666 BROADWAY, 9TH FLOOR NEW YORK, NY 10012 (212) 677–7171	
Name of Project	Director:	
	JOANNE MORSE	
Purpose of Project:		
 	FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF FENCING AND GATES FOR THE CAMBRIA HEIGHTS COMMUNITY GARDEN. THIS FENCE WILL PROVIDE SECURITY, AS WELL AS ENHANCE THE APPEARANCE OF THE GARDEN.	
Funded Amount:		
9	\$60,000	
Requested By:		
(	CLARK	
Name of Admini	stering State Agency:	

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

TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK, THE 630 WEST 168TH STREET, ROOM PH 132 NEW YORK, NY (212) 305–4967

# Name of Project Director:

**ROSS A. FROMMER** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE OF LABORATORY EQUIPMENT AND REWIRING OF THE FACILITY TO BETTER SERVE THE SCIENTIFIC COMMUNITY.

### **Funded Amount:**

\$50,000

# Requested By:

**BRODSKY** 

# Name of Administering State Agency:

Legal Name, A	ddress, and Telephone Number:
	VILLAGE OF FAIRPORT 31 SOUTH MAIN STREET FAIRPORT, NY 14450 (585) 223–0313
Name of Proje	ct Director:
	KEN MOORE
Purpose of Pro	oject:
	FUNDS WILL BE USED FOR THE RENOVATION OF THE FAIRPORT HISTORICAL MUSEUM, INCLUDING THE PURCHASE OF COMPUTERS AND EQUIPMENT ALLOWING THE HISTORICAL MUSEUM TO FURTHER THEIR MISSION IN SERVING THE GENERAL PUBLIC.
Funded Amou	nt:
	\$50,000
Requested By	:
	KOON
Name of Admi	nistering State Agency:
	NYS DORMITORY AUTHORITY