

# PROJECT INFORMATION

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

ACADEMY OF THE HOLY NAMES  
1073 NEW SCOTLAND ROAD  
ALBANY, NY 12208  
(518) 438-7895

**Name of Project Director:**

COLLEEN WARD

**Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF THE SOUND AND LIGHTING SYSTEMS IN THE COMMUNITY ARTS CENTER, WHICH PROVIDES THEATRICAL PRODUCTIONS THAT ARE ENJOYED BY THE ENTIRE COMMUNITY.

**Funded Amount:**

\$50,000

**Requested By:**

MCENENY

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

BOYS AND GIRLS CLUB OF WESTERN BROOME, INC., THE  
ONE CLUBHOUSE ROAD  
ENDICOTT, NY 13760  
(607) 754-0225

**Name of Project Director:**

MARIO A. SALATI

**Purpose of Project:**

FUNDS WILL BE USED FOR THE REPLACEMENT OF VENTILATION  
SYSTEMS IN THE GYMNASIUM TO ENSURE A RECREATIONAL  
ENVIRONMENT THAT IS SAFE AND HEALTHY.

**Funded Amount:**

\$50,000

**Requested By:**

LUPARDO

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

CEC STUYVESANT COVE, INC.  
43-10 11TH STREET  
LONG ISLAND CITY, NY 11101  
(212) 505-6050

**Name of Project Director:**

CHRISTOPHER COLLINS

**Purpose of Project:**

FUNDS WILL BE USED TO PAY FOR THE ARCHITECTURAL AND ENGINEERING COSTS ASSOCIATED WITH THE CONSTRUCTION OF THE SOLAR 2 CENTER. THE SOLAR 2 CENTER WILL BE NEW YORK CITY'S FIRST CARBON NEUTRAL, NET-ZERO BUILDING AND WILL OFFER EDUCATIONAL ACTIVITIES TO THE COMMUNITY RELATING TO INCREASING AWARENESS OF THE URBAN ENVIRONMENT, ESPECIALLY AROUND ISSUES RELATING TO ENERGY AND THE EAST RIVER ESTUARY.

**Funded Amount:**

\$300,000

**Requested By:**

FRIEDMAN-S

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**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 P. ISOLA

**Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE THE COMMUNITY HOUSE,  
WHICH SERVES AS A THEATER; AND THE DOCTOR'S HOUSE WHICH  
HOUSES FIRST AID MEDICAL SERVICES TO THE COMMUNITY.

**Funded Amount:**

\$50,000

**Requested By:**

FIELDS

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

ECUMENICAL COMMUNITY DEVELOPMENT ORGANIZATION, INC.  
443 WEST 125TH STREET  
NEW YORK, NY 10027  
(212) 678-0037

**Name of Project Director:**

JANICE C. BERTHOUD

**Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE THE HEAD START/EARLY CHILDHOOD DEVELOPMENT CENTER. THE RENOVATION WILL ALLOW THE CENTER TO CONTINUE TO PROVIDE SAFE AND AFFORDABLE YEAR ROUND CHILD CARE TO THE COMMUNITY.

**Funded Amount:**

\$100,000

**Requested By:**

ESPAILLAT, WRIGHT

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

EDWARD M. MCKEE, POST NO. 131, DEPARTMENT OF NEW YORK  
AMERICAN LEGION, INC.  
10-20 CLINTONVILLE STREET  
WHITESTONE, NY 11357  
(718) 767-4323

**Name of Project Director:**

JAMES PRUDENTE

**Purpose of Project:**

FUNDS WILL BE USED TO REFURBISH THE STRUCTURE, INCLUDING  
WATERPROOFING AND MASONRY RESTORATION OF THE BUILDING  
WHICH HOUSES SERVICES TO THE COMMUNITY AND VETERANS.

**Funded Amount:**

\$50,000

**Requested By:**

CARROZZA

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

FIFTH AVENUE CENTER FOR COUNSELING AND PSYCHOTHERAPY,  
INC., THE  
915 BROADWAY, 7TH FLOOR  
NEW YORK, NY 10010  
(212) 899-2990

**Name of Project Director:**

JERRY WEBER

**Purpose of Project:**

FUNDS WILL BE USED TO UPGRADE THE COMPUTER NETWORK AND PURCHASE FURNITURE FOR THE CENTER'S NEW LOCATION. THE CENTER PROVIDES VITAL MENTAL HEALTH SERVICES TO THE COMMUNITY.

**Funded Amount:**

\$50,000

**Requested By:**

JACOBS

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

HEALTH ASSOCIATION OF NIAGARA COUNTY, INCORPORATED  
1302 MAIN STREET  
NIAGARA FALLS, NY 14301  
(716) 285-8224

**Name of Project Director:**

JEFF PATERSON

**Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION AND RENOVATION OF PACE FACILITIES, WHICH PROVIDE HEALTH SERVICES TO THE SENIOR CITIZENS IN THE COMMUNITY.

**Funded Amount:**

\$100,000

**Requested By:**

DELMONTE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**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 FOR BUILDING RENOVATIONS IN ORDER TO  
ENSURE PUBLIC SAFETY WITHIN A HISTORIC SITE.

**Funded Amount:**

\$100,000

**Requested By:**

CANESTRARI, MCENENY

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

HUDSON RIVER PARK TRUST  
PIER 40, 2ND FLOOR – WEST STREET AT WEST HOUSTON  
NEW YORK, NY 10014  
(212) 627-2020

**Name of Project Director:**

CONNIE FISHMAN

**Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION AND INSTALLATION OF AN ART PIECE AT PIER 66. THE ART PIECE, A 26 FOOT WATER WHEEL, WILL DRAW PEOPLE TO, AND EDUCATE THE PUBLIC ABOUT, THE HUDSON RIVER.

**Funded Amount:**

\$50,000

**Requested By:**

GOTTFRIED

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

ISAMU NOGUCHI FOUNDATION AND GARDEN MUSEUM, THE  
32-37 VERNON BOULEVARD  
LONG ISLAND CITY, NY 11106  
(718) 204-7088

**Name of Project Director:**

JENNY DIXON

**Purpose of Project:**

FUNDS WILL BE USED FOR VARIOUS RENOVATIONS TO THE MUSEUM.  
THE COMPLETION OF THIS PROJECT WILL BETTER SERVE THE  
INCREASING NEEDS OF THE MUSEUM'S GROWING AUDIENCE.

**Funded Amount:**

\$75,000

**Requested By:**

MARKEY, NOLAN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

MAIMONIDES MEDICAL CENTER  
4802 TENTH AVENUE  
BROOKLYN, NY 11219  
(718) 283-8376

**Name of Project Director:**

ROBERT WACHEWSKI

**Purpose of Project:**

FUNDS WILL BE USED TO CREATE A HEALING GARDEN FOR THE PATIENTS OF THE CANCER CENTER. THE HEALING GARDEN WILL COMBINE PLANTS AND LIGHTING FOR THE THERAPEUTIC BENEFIT OF THE PATIENTS AND THEIR FAMILIES.

**Funded Amount:**

\$150,000

**Requested By:**

CYMBROWITZ-S

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

MEDFORD FIRE DISTRICT  
171 OREGON AVENUE  
MEDFORD, NY 11763  
(631) 475-0431

**Name of Project Director:**

JEFF FLAM

**Purpose of Project:**

FUNDS WILL BE USED FOR THE RENOVATION AND REPAIRS OF THE ROUTE 112 SUBSTATION, IN AN EFFORT TO BETTER SERVE THE FIRE DISTRICT NEEDS.

**Funded Amount:**

\$50,000

**Requested By:**

EDDINGTON

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

NEW YORK PUBLIC LIBRARY, ASTOR, LENOX & TILDEN FOUNDATIONS,  
THE  
FIFTH AVENUE AND 42ND STREET  
NEW YORK, NY 10018  
(212) 930-0031

**Name of Project Director:**

AMY GONG

**Purpose of Project:**

FUNDS WILL BE USED FOR THE RESTORATION OF THE LIBRARY'S  
FACADE, WHICH WILL ENSURE PEDESTRIAN SAFETY AND TO  
SAFEGUARD THE COLLECTIONS INSIDE THE FACILITY.

**Funded Amount:**

\$200,000

**Requested By:**

GALEF, GOTTFRIED, STRINGER

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

PAT-MED YOUTH FOOTBALL & CHEERLEADING CLUB, INC.  
189 JAMAICA AVENUE  
MEDFORD, NY 11763  
(631) 730-6841

**Name of Project Director:**

BOB CONROY

**Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION OF ATHLETIC FIELDS,  
AS WELL AS FOR THE EXPANSION OF PARKING LOTS IN ORDER TO  
BETTER SERVE THE RECREATIONAL NEEDS OF YOUTH WITHIN THE  
COMMUNITY.

**Funded Amount:**

\$50,000

**Requested By:**

EDDINGTON

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

PLANNED PARENTHOOD OF THE SOUTHERN FINGER LAKES, INC.  
314 WEST STATE STREET  
ITHACA, NY 14850  
(607) 796-0220

**Name of Project Director:**

SCOTT HEYMAN

**Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A BUILDING IN ORDER TO CONTINUE SERVING THE EDUCATIONAL AND MEDICAL NEEDS OF THE COMMUNITY.

**Funded Amount:**

\$250,000

**Requested By:**

LIFTON

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

PROVIDENCE REST  
3304 WATERBURY AVENUE  
BRONX, NY 10465  
(718) 828-1845

**Name of Project Director:**

LOUISE GRECO

**Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A NEW  
OUTPATIENT REHABILITATION CENTER WHICH WILL PROVIDE A  
COMPREHENSIVE RANGE OF THERAPEUTIC SERVICES TO  
COMMUNITY MEMBERS.

**Funded Amount:**

\$50,000

**Requested By:**

BENEDETTO

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

QUEENS LESBIAN & GAY COMMUNITY CENTER, INC.  
76-11 37TH AVENUE, SUITE 206  
JACKSON HEIGHTS, NY 11372  
(718) 429-5309

**Name of Project Director:**

CHARLES J. OBER

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE MULTI-MEDIA EQUIPMENT AND FURNITURE FOR THE CLASSROOM AND WORKSHOP AREAS TO ALLOW THE GROWING NUMBER OF COMMUNITY MEMBERS TO CONTINUE PARTICIPATING IN PROGRAMS PROVIDED BY THE ORGANIZATION.

**Funded Amount:**

\$50,000

**Requested By:**

NOLAN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

RIVERSIDE PARK FUND, INC.  
475 RIVERSIDE DRIVE, SUITE 455  
NEW YORK, NY 10115  
(212) 870-3070

**Name of Project Director:**

JAMES T. DOWELL

**Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE THE 101ST STREET PLAYING FIELD IN RIVERSIDE PARK. THE FIELD IS A HEAVILY USED FREE FACILITY THAT SERVES A DIVERSE COMMUNITY.

**Funded Amount:**

\$200,000

**Requested By:**

STRINGER

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

ROCKAWAY ARTISTS ALLIANCE, INC.  
260 BEACH 116TH STREET  
ROCKAWAY PARK, NY 11694  
(718) 474-0861

**Name of Project Director:**

GEOFF RAWLING

**Purpose of Project:**

FUNDS WILL BE USED FOR THE REHABILITATION OF A NATIONAL PARK SERVICE BUILDING FOR EXHIBIT, CLASSROOM, AND WORKSHOP SPACE IN ORDER TO BETTER SERVE THE ARTISTIC, CULTURAL DIVERSITY OF QUEENS.

**Funded Amount:**

\$50,000

**Requested By:**

PHEFFER

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

SEVENTH ART CORPORATION OF ITHACA, THE  
171 EAST STATE STREET, CENTER ITHACA BOX 113  
ITHACA, NY 14850  
(607) 659-5159

**Name of Project Director:**

LYNNE M. COHEN

**Purpose of Project:**

FUNDS WILL BE USED FOR THE RENOVATION OF THE THEATER,  
INCLUDING UPGRADES TO THE THEATER'S EQUIPMENT IN ORDER TO  
PROVIDE BETTER SERVICES TO THE PUBLIC.

**Funded Amount:**

\$50,000

**Requested By:**

LIFTON

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

ST. BARNABAS HOSPITAL  
4422 THIRD AVENUE  
NEW YORK, NY 10457  
(718) 960-3832

**Name of Project Director:**

RICHARD J. RANK, SR.

**Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE OF A PET/CT DIAGNOSTIC IMAGING SYSTEM FOR THE CARDIAC CATHETERIZATION PROGRAM AT THE HOSPITAL WHICH SERVES THE CENTRAL BRONX COMMUNITY.

**Funded Amount:**

\$250,000

**Requested By:**

BENJAMIN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

ST. LAWRENCE POWER & EQUIPMENT MUSEUM  
1755 STATE HIGHWAY 345  
MADRID, NY 13660  
(315) 388-7738

**Name of Project Director:**

DAVID L. BAKER

**Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE AND CONSTRUCTION OF  
A FACILITY TO SERVE THE MUSEUM'S NEED FOR ADDITIONAL  
STORAGE.

**Funded Amount:**

\$100,000

**Requested By:**

AUBERTINE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

STATEN ISLAND HISTORICAL SOCIETY  
441 CLARKE AVENUE  
STATEN ISLAND, NY 10306  
(718) 351-1611

**Name of Project Director:**

JOHN W. GUILD

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE A BARN FOR THE DECKER FARM HISTORIC SITE. THE SITE HOUSES A UNIQUE COLLECTION OF FAMILY OBJECTS AND EQUIPMENT WHICH ALLOWS THE HISTORICAL SOCIETY TO INTRODUCE CHILDREN AND ADULTS TO THE AGRICULTURAL ECONOMY OF 19TH CENTURY STATEN ISLAND.

**Funded Amount:**

\$50,000

**Requested By:**

CUSICK

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

STUDIO MUSEUM IN HARLEM, INC., THE  
144 WEST 125TH STREET, FLOOR 2  
NEW YORK, NY 10027  
(212) 864-4500

**Name of Project Director:**

SHEILA MCDANIEL

**Purpose of Project:**

FUNDS WILL BE USED TO DESIGN AND INSTALL A PUBLIC INFORMATION AND DISPLAY SYSTEM THAT WILL PROVIDE STAFF, VISITORS AND THE LOCAL COMMUNITY WITH A COMMUNICATIONS AND INFORMATION PLATFORM. THE DISPLAY WILL CONSIST OF FREE STANDING KIOSKS, DISPLAY SCREENS AND A WIRELESS NETWORK.

**Funded Amount:**

\$250,000

**Requested By:**

WRIGHT

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

SULLIVAN COUNTY COMMUNITY COLLEGE  
112 COLLEGE ROAD  
LOCH SHELDRAKE, NY 12759  
(845) 434-5750

**Name of Project Director:**

ELIZABETH KUBENIK

**Purpose of Project:**

FUNDS WILL BE USED FOR RENOVATIONS AND IMPROVEMENTS TO THE GERRY FIELD HOUSE TO ENSURE A SAFE RECREATIONAL ENVIRONMENT.

**Funded Amount:**

\$300,000

**Requested By:**

GUNTHER-A

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

SUMMIT EDUCATIONAL RESOURCES, INC.  
150 STAHL ROAD  
GETZVILLE, NY 14068  
(716) 629-3400

**Name of Project Director:**

STEPHEN R. ANDERSON

**Purpose of Project:**

FUNDS WILL BE USED FOR THE ACQUISITION OF A BUILDING IN ORDER TO ADDRESS THE GROWING DEMANDS OF SUMMIT EDUCATIONAL RESOURCES, INC.

**Funded Amount:**

\$125,000

**Requested By:**

TOKASZ

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

SYRACUSE CITY SCHOOL DISTRICT  
725 HARRISON STREET  
SYRACUSE, NY 13210  
(315) 435-4292

**Name of Project Director:**

NICHOLAS DIBELLO

**Purpose of Project:**

FUNDS WILL BE USED FOR THE RENOVATION OF THE ATHLETIC STORAGE BUILDING AT THE HENNINGER HIGH SCHOOL.

**Funded Amount:**

\$100,000

**Requested By:**

MAGNARELLI

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

**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:**

NICKI INMAN

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE NEW MUSICAL INSTRUMENTS  
AND EQUIPMENT TO ENSURE THE MUSICAL INTEGRITY OF THE  
ORCHESTRA.

**Funded Amount:**

\$50,000

**Requested By:**

MAGNARELLI

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

THEATRE OF YOUTH COMPANY, INC.  
203 ALLEN STREET  
BUFFALO, NY 14201  
(716) 884-4400

**Name of Project Director:**

ROBERT H. BRANSCHMID

**Purpose of Project:**

FUNDS WILL BE USED FOR BUILDING RENOVATIONS, INCLUDING  
SOUND AND LIGHTING IMPROVEMENTS IN ORDER TO MAINTAIN  
INDUSTRY STANDARDS.

**Funded Amount:**

\$50,000

**Requested By:**

TOKASZ

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

TOWN OF BABYLON  
200 EAST SUNRISE HIGHWAY  
LINDENHURST, NY 11757  
(631) 957-4251

**Name of Project Director:**

SHAZEEDA COLLIE

**Purpose of Project:**

FUNDS WILL BE USED FOR IMPROVEMENTS TO A PLAYGROUND AND THE COMMUNITY PLAZA AT WHEATLEY HEIGHTS, AS WELL AS FOR THE PURCHASE OF EMERGENCY SERVICE EQUIPMENT. FUNDS WILL ALSO BE USED FOR THE INSTALLATION OF A DRINKING WATER TREATMENT SYSTEM TO PROVIDE QUALITY SERVICES TO THE PEOPLE OF THE TOWN OF BABYLON.

**Funded Amount:**

\$250,000

**Requested By:**

SWEENEY

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

TOWN OF SMITHFIELD  
5255 PLEASANT VALLEY ROAD  
PETERBORO, NY 13134  
(315) 684-9293

**Name of Project Director:**

MARY BENEDICT

**Purpose of Project:**

FUNDS WILL BE USED FOR FACILITY IMPROVEMENTS, WHICH WILL ENSURE A SAFE AND HEALTHY ENVIRONMENT AT THE COMMUNITY CENTER.

**Funded Amount:**

\$50,000

**Requested By:**

MAGEE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC.  
380 WASHINGTON AVENUE  
ROOSEVELT, NY 11757  
(516) 377-2056

**Name of Project Director:**

JACK MEISNER

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE A BACK-UP GENERATOR, AS WELL AS THE REPLACEMENT OF DOORS AND THE ROOF IN ORDER TO BETTER SERVE THOSE AFFECTED BY CEREBRAL PALSY.

**Funded Amount:**

\$50,000

**Requested By:**

WEISENBERG

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

UNITED HELPERS CANTON NURSING HOME, INC.  
40 WEST MAIN STREET  
CANTON, NY 13617  
(315) 386-4541

**Name of Project Director:**

TODD AMO

**Purpose of Project:**

FUNDS WILL BE USED FOR THE INITIAL SITE WORK REQUIRED TO REPLACE AN EXISTING LIVING CENTER. THE COMPLETION OF THIS PROJECT WILL PROVIDE BETTER SERVICE TO THOSE IN NEED OF HUMAN SERVICES ASSISTANCE.

**Funded Amount:**

\$250,000

**Requested By:**

AUBERTINE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK  
333 SEVENTH AVENUE, 15TH FLOOR  
NEW YORK, NY 10001  
(212) 630-9633

**Name of Project Director:**

DENISE ZIMMER

**Purpose of Project:**

FUNDS WILL BE USED TO UPGRADE THE ELECTRICAL CAPACITY OF THE GREENPOINT YMCA. THE UPGRADES WILL ALLOW THE YMCA TO BETTER SERVE THE LOCAL COMMUNITY.

**Funded Amount:**

\$50,000

**Requested By:**

LENTOL

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY