

SFY 2004–2005 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK
230 WEST 41ST STREET, 7TH FLOOR
NEW YORK, NY 10036
(212) 417–8414

Name of Project Director:

LILING YUAN

Purpose of Project:

FUNDS WILL BE USED FOR THE LIGHTHOUSE, AN ALCOHOL AND
SUBSTANCE ABUSE PREVENTION PROGRAM FOR STUDENTS, FACULTY
AND STAFF OF KINGSBOROUGH COMMUNITY COLLEGE.

Funded Amount:

\$2,000

Requested By:

CYMBROWITZ–S

Name of Administering State Agency:

CITY UNIVERSITY OF NEW YORK

SFY 2004–2005 LEGISLATIVE INITIATIVE FORM

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:

ADRIENNE ESPOSITO

Purpose of Project:

FUNDS WILL BE USED FOR OPERATIONAL EXPENSES, INCLUDING
TELEPHONE, POSTAGE, UTILITIES AND RENT.

Funded Amount:

\$3,000

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF ENVIRONMENTAL CONSERVATION

SFY 2004–2005 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

AIDS CENTER OF QUEENS COUNTY, INC.
97–45 QUEENS BOULEVARD, 12TH FLOOR
REGO PARK, NY 11374
(718) 896–2500

Name of Project Director:

PHILIP GLOTZER

Purpose of Project:

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES IN LONG ISLAND CITY WHICH PROMOTE HEALTH AND WELLNESS FOR PERSONS AFFECTED BY HIV AND AIDS.

Funded Amount:

\$3,000

Requested By:

AUBRY, CARROZZA, CLARK, COOK, GIANARIS, MARKEY, MAYERSOHN,
NOLAN, PERALTA, PHEFFER, SCARBOROUGH, TITUS, WEPRIN

Name of Administering State Agency:

DEPARTMENT OF HEALTH

SFY 2004–2005 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

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

Name of Project Director:

MARY ANN 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 ALZHEIMER'S.

Funded Amount:

\$3,500

Requested By:

EDDINGTON

Name of Administering State Agency:

DEPARTMENT OF HEALTH

SFY 2004–2005 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ELMSFORD FIRE DEPARTMENT
15 SOUTH STONE AVENUE
ELMSFORD, NY 10523
(914) 592–6555

Name of Project Director:

SYDNEY HENRY, JR.

Purpose of Project:

FUNDS WILL BE USED TO OFFSET THE COST OF PURCHASING PERSONAL
ESCAPE SYSTEMS FOR MEMBERS OF THE FIRE DEPARTMENT.

Funded Amount:

\$5,000

Requested By:

BRODSKY

Name of Administering State Agency:

DEPARTMENT OF STATE

SFY 2004–2005 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

GUILDERLAND POLICE DEPARTMENT
TOWN HALL, ROUTE 20
GUILDERLAND, NY 12084
(518) 356–1980

Name of Project Director:

CAROL J. LAWLOR

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE NEUROMUSCULAR INCAPACITATION
DEVICES FOR THE DEPARTMENT.

Funded Amount:

\$3,000

Requested By:

MCENENY

Name of Administering State Agency:

DIVISION OF CRIMINAL JUSTICE SERVICES

(Revised)

SFY 2004–2005 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

LONG BEACH ISLAND INTERCULTURAL COMMUNITY COALITION
429 EAST BEECH ST.
LONG BEACH, NY 11561
(516) 432–8288

Name of Project Director:

JEROME OBERMAN

Purpose of Project:

FUNDS WILL BE USED FOR AN ANTI-BIAS PROGRAM DESIGNED TO COMBAT BIGOTRY, PREJUDICE AND RACISM AND TO PROMOTE IMPROVED INTERCULTURAL RELATIONS IN THE COMMUNITY.

Funded Amount:

\$1,250

Requested By:

WEISENBERG

Name of Administering State Agency:

EDUCATION DEPARTMENT

SFY 2004–2005 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. FUNDS WILL ALSO BE USED TO OFFSET THE COSTS OF A DRIVER OF A VAN, INSURANCE FOR THE VEHICLE AND VAN MAINTENANCE.

Funded Amount:

\$75,000

Requested By:

ARROYO, AUBRY, BENJAMIN, BOYLAND, CLARK, COOK, ESPAILLAT, FARRELL, JR, GANTT, HEASTIE, HOOPER, ORTIZ, PEOPLES, PERALTA, PERRY, POWELL, PRETLOW, RAMOS, RIVERA–J, RIVERA–N, ROBINSON, SCARBOROUGH, TITUS, TOWNS, WRIGHT

Name of Administering State Agency:

EDUCATION DEPARTMENT

SFY 2004–2005 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

HOMECREST COMMUNITY SERVICES, INC.
1413 AVENUE T, P.O. BOX 290–728
BROOKLYN, NY 11229
(718) 376–4036

Name of Project Director:

RICHARD P. KUO

Purpose of Project:

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL PROGRAMS FOR SENIORS AT THE HOMECREST COMMUNITY SERVICES 7907–NEW UTRECHT AVENUE LOCATION.

Funded Amount:

\$3,000

Requested By:

ABBATE

Name of Administering State Agency:

OFFICE FOR THE AGING

SFY 2004–2005 LEGISLATIVE INITIATIVE FORM

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 PROVIDE SENIORS WITH AN IN–STATE OUTING, AS WELL AS A PICNIC, WHICH INCLUDES TWO FREE MEALS AND RECREATIONAL ACTIVITIES.

Funded Amount:

\$2,000

Requested By:

TITUS

Name of Administering State Agency:

OFFICE FOR THE AGING

SFY 2004–2005 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

ST. NICHOLAS GOLDEN YEARS SENIORS
196–10 NORTHERN BOULEVARD
FLUSHING, NY 11358
(718) 357–4200

Name of Project Director:

FATHER PAUL PALESTY

Purpose of Project:

FUNDS WILL BE USED FOR OUTREACH PROGRAMS FOR SENIOR CITIZENS.
PROGRAMS ARE OPEN TO ALL SENIORS ON A NON–SECTARIAN BASIS.

Funded Amount:

\$2,500

Requested By:

CARROZZA

Name of Administering State Agency:

OFFICE FOR THE AGING

SFY 2004–2005 LEGISLATIVE INITIATIVE FORM

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 MAKE IMPROVEMENTS TO THE CHILD CARE CENTER, INCLUDING REPLACING AND REPAIRING THE CINDER BLOCK WALL.

Funded Amount:

\$1,250

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES

SFY 2004–2005 LEGISLATIVE INITIATIVE FORM

Legal Name, Address, and Telephone Number:

HISTORICAL SOCIETY OF EAST ROCKAWAY AND LYNBROOK
P.O. BOX 351
EAST ROCKAWAY, NY 11518
(516) 593–5791

Name of Project Director:

MADELINE PEARSON

Purpose of Project:

FUNDS WILL BE USED FOR COMMUNITY PRESENTATIONS, INCLUDING A COLLECTION OF OLD PHOTOGRAPHS, CONSTRUCTION OF A REPLICA OF SAM RHAME'S STORE PORCH WHEREIN PEOPLE WILL RECORD SOME PERSONAL MEMORIES OF THE COMMUNITIES FOR A PERMANENT ORAL HISTORY, AND FOR RETROSPECTIVE PRESENTATIONS AND PHOTOGRAPHS OF ALL HOUSES OF WORSHIP IN THE COMMUNITIES.

Funded Amount:

\$2,500

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION