Legal	Name	, Address	, and '	Telepl	hone I	Numbe	r:

52ND STREET PROJECT INC., THE 500 WEST 52ND STREET, 2ND FLOOR NEW YORK, NY 10019 (212) 333–5252

Name of Project Director:

CAROL OCHS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FURNITURE FOR THE NEW HOME OF THE PROJECT WHERE THE YOUTH OF THE COMMUNITY WILL HAVE A NURTURING ENVIRONMNET TO GAIN NEW SKILLS.

Funded Amount:

\$50,000

Requested By:

GOTTFRIED, ROSENTHAL

Name of Administering State Agency:

Legal Name,	Address.	, and Tele	phone N	lumber:

ACTION FOR A BETTER COMMUNITY, INCORPORATED 550 EAST MAIN STREET ROCHESTER, NY 14604 (585) 325–5716

Name of Project Director:

WILLIAM C. PORTER

Purpose of Project:

FUNDS WILL BE USED FOR FACILITY ENHANCMENTS. THREE ABC PROGRAM SITES WILL BE RENOVATED AND SECURITY WILL BE UPGRADED. THE UPGRADES WILL ENHANCE FACILITY SAFETY FOR VISITORS, CUSTOMERS AND STAFF.

Funded Amount:

\$50,000

Requested By:

GANTT

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

APROPOS HOUSING OPPORTUNITIES AND MANAGEMENT ENTERPRISES, INC. 185 KISCO AVENUE, SUITE 4 MT. KISCO, NY 10549 (914) 666-0740

Name of Project Director:

JOAN P. ARNOLD

Purpose of Project:

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A KITCHEN IN A SENIOR HOUSING FACILITY IN ORDER TO IMPROVE THE LIVES OF THE RESIDENTS.

Funded Amount:

\$50,000

Requested By:

BRADLEY

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:					
	CITY OF LACKAWANNA 714 RIDGE ROAD LACKAWANNA, NY 14218 (716) 827–6464				
Name of Project Director:					
	NORMAN L. POLANSKI, JR.				
Purpose of Project:					
	FUNDS WILL BE USED FOR THE IMPROVEMENTS TO THE RIDGE ROAD /SOUTH PARK INTERSECTION AND BAKER ALLEY TO ENSURE PUBLIC SAFETY.				
Funded Amount:					
	\$100,000				
Requested By:					
	HIGGINS				

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:					
20 TC	TY OF TONAWANDA 00 NIAGARA STREET DNAWANDA, NY 14150 16) 695–8658				
Name of Project D	Director:				
LII	NDA FOELS				
Purpose of Project:					
G/	JRCHASE AND INSTALLATION OF A CAMERA SECURITY SYSTEM IN ATEWAY HARBOR PARK AS A WAY TO ENSURE THE SAFETY OF THE ENERAL PUBLIC.				
Funded Amount:					
\$6	65,000				
Requested By:					
SC	CHIMMINGER				
Name of Administering State Agency:					

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

CLARKSTOWN CENTRAL SCHOOL DISTRICT 62 OLD MIDDLETOWN ROAD NEW CITY, NY 10956 (845) 639–6492

Name of Project Director:

FRANK STEFANELLI

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE FACILITIES AT SEVERAL SCHOOLS IN THE DISTRICT. NORTH HIGH SCHOOL WILL PURCHASE BLEACHERS FOR THEIR EXPANDING BASEBALL PROGRAM, SOUTH HIGH WILL MAKE IMPROVEMENTS TO THEIR SOFTBALL FIELD, THE BLACK-BOX THEATRE WILL INSTALL DANCE FLOORING, AND STRAWTOWN ELEMENTARY WILL MAKE DIAMOND IMPROVEMENTS.

Funded Amount:

\$50,000

Requested By:

ZEBROWSKI-K

Name of Administering State Agency:

Legal Name, Address, and Telephone Number: COUNTY OF CHAUTAUQUA 454 NORTH WORK STREET FALCONER, NY 14733 (716) 661–8451 Name of Project Director: CHERYL A. RUTH **Purpose of Project:** FUNDS WILL BE USED FOR THE DEMOLITION OF AN EXISTING BUILDING TO ENSURE ENVIRONMENTAL SAFETY. **Funded Amount:** \$50,000 Requested By: **PARMENT** Name of Administering State Agency:

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

DOMINICAN COLLEGE OF BLAUVELT 470 WESTERN HIGHWAY ORANGEBURG, NY 10962 (845) 848–7801

Name of Project Director:

SR. MARY EILEEN O'BRIEN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND INSTALL PERIMETER FENCING FOR THE CENTER FOR SCIENCE AND HEALTH EDUCATION. THE CENTER PROVIDES SPECIALIZED FACILITIES REQUIRED TO PREPARE HEALTH PROFESSIONALS TO SERVE THE NEEDS OF HEALTH CARE CONSUMERS.

Funded Amount:

\$50,000

Requested By:

KARBEN

Name of Administering State Agency:

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

EDUCATIONAL CENTER FOR NEW AMERICANS, INC. 98–12 66TH AVENUE, SUITE # 1–REGO PARK NEW YORK, NY 11374 (718) 275–3318

Name of Project Director:

NAHUM KAZIEV

Purpose of Project:

FUNDS WILL BE USED FOR THE RENOVATION AND EXPANSION OF THE FACILITY IN ORDER TO MEET THE GROWING COMMUNITY NEED.

Funded Amount:

\$100,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

Legal	Name	, Address	, and '	Telepl	hone I	Numbe	r:

FRIENDS OF ABANDONED CEMETERIES, INC. 315 SHARON AVENUE STATEN ISLAND, NY 10301 (917) 545–3309

Name of Project Director:

LYNN A. ROGERS

Purpose of Project:

FUNDS WILL BE USED FOR THE RESTORATION OF HISTORIC CEMETERIES AND THE PURCHASE OF EQUIPMENT. THE RESTORATION OF THESE HISTORIC SITES IS VITAL TO THE SAFETY OF THE COMMUNITY AND IS A SOURCE OF HANDS ON LEARNING FOR LOCAL SCHOOL CHILDREN AND THEIR FAMILIES.

Funded Amount:

\$50,000

Requested By:

LAVELLE

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

HEART SHARE HUMAN SERVICES OF NEW YORK, ROMAN CATHOLIC DIOCESE OF BROOKLYN
191 JORALEMON STREET
BROOKLYN, NY 11201
(718) 323–2877

Name of Project Director:

CAROL VERDI

Purpose of Project:

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A PLAYGROUND AND RENOVATIONS TO THE BUILDING IN PREPARATION OF THE HEARTSHARE SCHOOL PROGRAM, WHICH WILL SERVE CHILDREN DIAGNOSED WITH AUTISM.

Funded Amount:

\$75,000

Requested By:

ABBATE

Name of Administering State Agency:

IRISH REPERTORY THEATER COMPANY, INC., T 132 WEST 22ND STREET NEW YORK, NY 10011 (212) 255–0270
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Name of Project Director:

PATRICK KELSEY

Legal Name, Address, and Telephone Number:

Purpose of Project:

FUNDS WILL BE USED FOR THE ACQUISITION OF A BUILDING WHICH WILL HOUSE THE THEATER.

Funded Amount:

\$50,000

Requested By:

GOTTFRIED

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:						
	JEWISH MUSEUM, THE 1109 FIFTH AVENUE NEW YORK, NY 10128 (212) 423–3334					
Name of Project Director:						
	ELYSE BUXBAUM					
Purpose of Project:						
	FUNDS WILL BE USED TO UPGRADE AUDIO/VISUAL EQUIPMENT. THE UPGRADE WILL ENHANCE THE QUALITY OF THE MUSEUM'S PROGRAMS INCLUDING FILM SCREENINGS, LECTURES, AND OTHER PERFORMANCES.					
Funded Amount:						
	\$50,000					
Requested By:						
	BING					
Name of Administering State Agency:						

Legal Name, Address, and Telephone Number:

LAGUARDIA COMMUNITY COLLEGE 31–10 THOMSON AVENUE LONG ISLAND CITY, NY 11101 (718) 482–5501

Name of Project Director:

RICHARD ELLIOTT

Purpose of Project:

FUNDS WILL BE USED TO CONSTRUCT A PERMANTENT SOUND AND VIDEO PRESENTATION SYSTEM IN THE 750-SEAT THEATER LOCATED IN THE THE E-BUILDING. THIS TECHNOLOGY WILL ENHANCE EDUCATIONAL INSTRUCTION BY THE COLLEGE.

Funded Amount:

\$100,000

Requested By:

LAFAYETTE, MARKEY, NOLAN

Name of Administering State Agency:

		_egal	Name	, Address	, and	Tele	phone	Num	ber:
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LIFES WORC, INC. 1501 FRANKLIN AVENUE GARDEN CITY, NY 11530 (516) 741–9000

Name of Project Director:

NEAL SCHWEIFEL

Purpose of Project:

FUNDS WILL BE USED FOR THE INSTALLATION OF EMERGENCY GENERATORS FOR THREE RESIDENCES. THE GENERATORS WILL CREATE A SAFE HAVEN FOR THE INDIVIDUALS IN THESE HOMES WHO RELY ON EQUIPMENT, SUCH AS FEEDING TUBES, ADAPTIVE EQUIPMENT AND THE OPERATION OF HEAT OR COOLING SYSTEMS, TO MAINTAIN QUALITY OF LIFE.

Funded Amount:

\$75,000

Requested By:

CARROZZA, PHEFFER, WEPRIN

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:

MOSHOLU MONTEFIORE COMMUNITY CENTER, INC. 3450 DEKALB AVENUE BRONX, NY 10467 (718) 882–4000

Name of Project Director:

DONALD BLUESTONE

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE THE EXISTING ROOF AND CHILDREN'S PLAYGROUND IN ORDER TO CONTINUE PROVIDING A SAFE ENVIRONMENT FOR THE COMMUNITY.

Funded Amount:

\$100,000

Requested By:

DINOWITZ

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:				
	MUSEUM OF THE CITY OF NEW YORK, INC. 1220 FIFTH AVENUE NEW YORK, NY 10029 (212) 534–1672			
Name of Project	et Director:			
	KATHLEEN BENSON			
Purpose of Pro	ject:			
	FUNDS WILL BE USED TO RESTORE THE EXTERIOR MASONRY ON THE SOUTH WING OF MUSEUM BUILDING. THIS RESTORATION IS PART OF A RENOVATION AND EXPANSION PROJECT THAT WILL ALLOW THE MUSEUM TO BETTER SERVE THE COMMUNITY.			
Funded Amour	nt:			
	\$50,000			
Requested By:				
	BING			

Name of Administering State Agency:

NEW YORK CITY DEPARTMENT OF PARKS AND RECREATION 830 FIFTH AVENUE, THE ARSENAL, ROOM 301 NEW YORK, NY 10021 (212) 360–1360

Name of Project Director:

EDWARD LEWIS

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE A VARIETY OF EQUIPMENT THAT WILL BE USED TO MAINTAIN THE CROSS COUNTRY TRAILS IN CLOVE LAKE PARK.

Funded Amount:

\$50,000

Requested By:

CUSICK

Name of Administering State Agency:

Legal	Name	, Address	, and '	Telepl	hone I	Numbe	r:

NORTHERN WESTCHESTER SHELTER, INC. 39 WASHINGTON AVENUE PLEASANTVILLE, NY 10570 (914) 747–0828

Name of Project Director:

CARLLA HORGON

Purpose of Project:

FUNDS WILL BE USED TO MAKE RENOVATIONS TO THE SHELTER AND TO PURCHASE FURNITURE AND EQUIPMENT. THESE ENHANCEMENTS WILL PROVIDE A SAFE AND HEALING ENVIRONMENT FOR THE WOMEN AND CHILDREN WHO USE THE SHELTER AND THE COMMUNITY WHO SUPPORTS ITS EFFORTS.

Funded Amount:

\$50,000

Requested By:

BRADLEY

Name of Administering State Agency:

Legal	Name	, Address	, and '	Telepl	hone I	Numbe	r:

ROME UP AND RUNNING, INC. 503 N. GEORGE STREET ROME, NY 13440 (315) 339–1500

Name of Project Director:

KIM M. COOK

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE A BUILDING THAT WILL BE USED AS A MICROENTERPRISE CENTER. THE FACILITY WILL HOUSE SEVERAL SMALL BUSINESSES THAT WILL HELP STRENGHTEN THE ROME ENTERTAINMENT, ARTS, CULTURAL AND HISTORIC DISTRICT.

Funded Amount:

\$100,000

Requested By:

DESTITO

Name of Administering State Agency:

Legal Name, Address, and Telephone Number:					
SHEMA KOLAINU-HEAR OUR VOICES 4302 NEW UTRECHT AVENUE BROOKLYN, NY 11219 (718) 686–9600					
Name of Project Director:					
JOSHUA WEINSTEIN					
Purpose of Project:					
FUNDS WILL BE USED TO CREATE A MULTI-SENSORY THERAPY ROOM AND A CENTER FOR DAILY LIVING SKILLS FOR CHILDREN WITH AUTISM.					
Funded Amount:					
\$100,000					
Requested By:					
HIKIND					
Name of Administering State Agency:					

Legal Name,	Address.	and Tele	phone	Number:

SOCIETY OF THE THIRD STREET MUSIC SETTLEMENT, INC. 235 EAST 11TH STREET NEW YORK, NY 10003 (212) 777–3240

Name of Project Director:

NANCY MORGAN

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE THE BASEMENT AND CREATE AN AREA WHERE TEACHING, REHEARSAL AND PERFORMANCE BY THE SCHOOL WILL BE CONDUCTED.

Funded Amount:

\$50,000

Requested By:

GLICK

Name of Administering State Agency:

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

SYOSSET CENTRAL SCHOOL DISTRICT P.O. BOX 9029 SYOSSET, NY 11791 (516) 364–5651

Name of Project Director:

ANGELA EISERT

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF AN EMERGENCY MANAGEMENT SYSTEM AND UPGRADING SECURITY IN SEVERAL SCHOOLS IN THE DISTRICT. THESE ENHANCEMENTS WILL BENEFIT CHILDREN AND FAMILIES IN THE COMMUNITY.

Funded Amount:

\$50,000

Requested By:

LAVINE

Name of Administering State Agency:

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

VILLAGE OF AMITYVILLE 21 GREENS AVENUE AMITYVILLE, NY 11701 (631) 264–6000

Name of Project Director:

DIANE C. SHERIDAN

Purpose of Project:

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A GAZEBO AT NAUTICAL PARK TO BE USED AND ENJOYED BY THE COMMUNITY. FUNDS WILL ALSO BE USED TO PURCHASE TANKS AND MASKS FOR THE AMITYVILLE FIRE DEPARTMENT.

Funded Amount:

\$50,000

Requested By:

SWEENEY

Name of Administering State Agency:

Legal Name, Address, and Telephone Number: YMCA 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 ACQUIRE A BUILDING FOR THE DODGE BRANCH WHICH WILL SERVE THE COMMUNITY. **Funded Amount:** \$50,000 Requested By: **MILLMAN** Name of Administering State Agency:

Legal Name, Address, and Telephone Number: YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF YONKERS 87 SOUTH BROADWAY YONKERS, NY 10701 (914) 963-0640 Name of Project Director: YEJIDE OKUNRIBIDO **Purpose of Project:** FUNDS WILL BE USED FOR BUILDING REPAIRS AND RENOVATIONS IN AN EFFORT TO MEET THE GROWING NEED IN THE COMMUNITY. **Funded Amount:** \$50,000 Requested By: **PRETLOW** Name of Administering State Agency: