

# PROJECT INFORMATION

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

TOWN OF CLAYTON  
405 RIVERSIDE DRIVE  
CLAYTON, NY 13624  
(315) 686-3512

**Name of Project Director:**

ROBERT CANTWELL

**Purpose of Project:**

FUNDS WILL BE USED FOR THE INSTALLATION OF A FIRE  
PROTECTION SYSTEM FOR THE CLAYTON OPERA HOUSE.

**Funded Amount:**

\$50,000

**Requested By:**

AUBERTINE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

WHITE PLAINS LIBRARY FOUNDATION, INC.  
100 MARTINE AVENUE  
WHITE PLAINS, NY 10601  
(914) 422-1406

**Name of Project Director:**

SANDRA MIRANDE

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND FURNITURE  
FOR THE CHILDREN'S LIBRARY.

**Funded Amount:**

\$50,000

**Requested By:**

BRADLEY, PAULIN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

NEW YORK METHODIST HOSPITAL, THE  
506 SIXTH STREET  
BROOKLYN, NY 11215  
(718) 780-3301

**Name of Project Director:**

LYNN HILL

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE AND INSTALL A FRAMELESS  
NEUROSURGERY NAVIGATION SYSTEM FOR THE NEUROLOGY UNIT.

**Funded Amount:**

\$250,000

**Requested By:**

BRENNAN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

PARK SLOPE GERIATRIC DAY CENTER, INC.  
199 14TH STREET  
BROOKLYN, NY 11215  
(718) 499-7701

**Name of Project Director:**

MARIANNE NICOLosi

**Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A VIDEO-  
TELECONFERENCE CENTER, KITCHEN UPGRADES AND PURCHASE  
OF EQUIPMENT.

**Funded Amount:**

\$50,000

**Requested By:**

BRENNAN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

CITY OF RENSSELAER  
505 BROADWAY  
RENSSELAER, NY 12144  
(518) 462-9511

**Name of Project Director:**

MAYOR DANIEL DWYER

**Purpose of Project:**

FUNDS WILL BE USED FOR RENOVATING THE FORMER FORT CRAILO SCHOOL INTO MUNICIPAL OFFICES. THE NEW FACILITY WILL HOUSE CITY HALL, THE MAYOR'S OFFICE AND THE COMMON COUNCIL.

**Funded Amount:**

\$100,000

**Requested By:**

CANESTRARI

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY  
40 NORTH MAIN AVENUE  
ALBANY, NY 12203  
(518) 453-6650

**Name of Project Director:**

ANGELA KELLER

**Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A NEW FACILITY  
AND INFRASTRUCTURE ENHANCEMENTS TO CAMP SCULLY.

**Funded Amount:**

\$100,000

**Requested By:**

CANESTRARI, MCENENY

**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 TO RENOVATE THE NOTTINGHAM HIGH SCHOOL AUDITORIUM.

**Funded Amount:**

\$250,000

**Requested By:**

CHRISTENSEN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

SHOREFRONT YM-YWHA OF BRIGHTON-MANHATTAN BEACH, INC.  
3300 CONEY ISLAND AVENUE  
BROOKLYN, NY 11235  
(718) 646-1444

**Name of Project Director:**

SUSAN FOX

**Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE THE STAGE AND PURCHASE SOUND EQUIPMENT. THESE IMPROVEMENTS WILL ALLOW THE ORGANIZATION TO EXPAND PROGRAMMING FOR THE BENEFIT OF THE COMMUNITY.

**Funded Amount:**

\$50,000

**Requested By:**

COHEN-A

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY



# PROJECT INFORMATION

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

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

**Name of Project Director:**

PETER MAGNANI

**Purpose of Project:**

FUNDS WILL BE USED FOR THE RENOVATION OF THE ADULT  
LEARNING CENTER WITHIN THE ROCHDALE VILLAGE COMMUNITY  
LIBRARY.

**Funded Amount:**

\$50,000

**Requested By:**

COOK

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION  
125 WORTH STREET  
NEW YORK, NY 10013  
(718) 317-3000

**Name of Project Director:**

JEANNE POLICASTRO

**Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A MEDICAL  
MUSEUM.

**Funded Amount:**

\$50,000

**Requested By:**

CUSICK

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

TOWN OF NIAGARA  
7105 LOCKPORT ROAD  
NIAGARA FALLS, NY 14305  
(716) 297-2150

**Name of Project Director:**

STEVEN C. RICHARDS

**Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION OF TWO PICNIC  
SHELTERS AT THE COMMUNITY CENTER AND PARK.

**Funded Amount:**

\$50,000

**Requested By:**

DELMONTE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

BROOKHAVEN FIRE DISTRICT  
2486 MONTAUK HIGHWAY  
BROOKHAVEN, NY 11719  
(631) 286-0282

**Name of Project Director:**

JIM VOCZI

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE TWO FIRE POLICE VEHICLES TO  
BE USED BY THE FIRE DISTRICT.

**Funded Amount:**

\$90,000

**Requested By:**

EDDINGTON

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

PROJECT RENEWAL, INC.  
200 VARICK STREET  
NEW YORK, NY 10014  
(212) 620-0340

**Name of Project Director:**

EDWARD GEFFNER

**Purpose of Project:**

FUNDS WILL BE USED TOWARD THE PURCHASE OF A MOBILE  
RADIOLOGY/MAMMOGRAPHY CLINIC.

**Funded Amount:**

\$50,000

**Requested By:**

FARRELL

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

ROCHESTER BROADWAY THEATRE LEAGUE, INC.  
885 EAST MAIN STREET  
ROCHESTER, NY 14605  
(585) 325-7760

**Name of Project Director:**

JOHN PARKHURST

**Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE THE THEATRE.

**Funded Amount:**

\$50,000

**Requested By:**

GANTT

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

CHILDREN'S MUSEUM OF THE ARTS  
182 LAFAYETTE STREET  
NEW YORK, NY 10013  
(212) 274-0986

**Name of Project Director:**

KEATS MYER

**Purpose of Project:**

FUNDS WILL BE USED FOR RENOVATIONS OF TWO EXHIBIT FLOORS INCLUDING CARPENTRY, ELECTRICAL WORK, AND PURCHASE OF EQUIPMENT FOR AN ANIMATION/MEDIA LABORATORY.

**Funded Amount:**

\$50,000

**Requested By:**

GLICK

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

HETRICK-MARTIN INSTITUTE, INC., THE  
2 ASTOR PLACE, 3RD FLOOR  
NEW YORK, NY 10003  
(212) 674-2400

**Name of Project Director:**

DAVID K. MENSAH

**Purpose of Project:**

FUNDS WILL BE USED FOR THE IMPROVEMENT OF THE INFORMATION TECHNOLOGY INFRASTRUCTURE, INCLUDING THE INSTALLATION OF A NEW SERVER AND PURCHASE OF COMPUTERS.

**Funded Amount:**

\$50,000

**Requested By:**

GLICK

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY



# PROJECT INFORMATION

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

MOUNT HOPE HOUSING COMPANY, INC.  
2003-05 WALTON AVENUE  
BRONX, NY 10453  
(718) 583-7017

**Name of Project Director:**

SHAUN M. BELLE

**Purpose of Project:**

FUNDS WILL BE USED FOR THE INSTALLATION OF BROADBAND  
INTERNET ACCESS IN AFFORDABLE HOUSING MANAGED BY THE  
ORGANIZATION.

**Funded Amount:**

\$100,000

**Requested By:**

GREENE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

HOSPICE OF ORANGE & SULLIVAN COUNTIES, INC.  
800 STONY BROOK CENTER  
NEWBURGH, NY 12550  
(845) 561-5362

**Name of Project Director:**

KATHLEEN R. WEBBER

**Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF A  
NURSE CALL SYSTEM AND SPRINKLER SYSTEM IN THE NEWLY  
CONSTRUCTED KAPLAN FAMILY HOSPICE RESIDENCE.

**Funded Amount:**

\$50,000

**Requested By:**

GUNTHER-A

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

TOWN OF GREENVILLE FIRE DISTRICT  
1 FIREHOUSE ROAD  
PORT JERVIS, NY 12744  
(845) 721-6913

**Name of Project Director:**

WILLIAM BUTLER

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE A FIRE POLICE VEHICLE AND  
REHABILITATION EQUIPMENT.

**Funded Amount:**

\$50,000

**Requested By:**

GUNTHER-A

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

TOWN OF WAWAYANDA  
80 RIDGEBURY HILL ROAD  
SLATE HILL, NY 10973  
(845) 355-8614

**Name of Project Director:**

WAYNE C. SKINNER

**Purpose of Project:**

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A COMMUNITY  
RESOURCE CENTER IN SHANNEN PARK.

**Funded Amount:**

\$50,000

**Requested By:**

GUNTHER-A

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

GREATER FAITH COMMUNITY CENTER, INC.  
4212 WHITE PLAINS ROAD  
BRONX, NY 10466  
(718) 547-8966

**Name of Project Director:**

MICHELE WHITE HAYNES

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE TWO VANS WHICH WILL BE USED TO TRANSPORT COMMUNITY MEMBERS TO THE CENTER'S SERVICES/PROGRAMS.

**Funded Amount:**

\$50,000

**Requested By:**

HEASTIE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

MT. SINAI CENTER FOR COMMUNITY ENRICHMENT, INC.  
199 VICTORY BOULEVARD  
STATEN ISLAND, NY 10301  
(718) 408-2027

**Name of Project Director:**

REVERAND DR. VICTOR A. BROWN

**Purpose of Project:**

FUNDS WILL BE USED FOR THE ACQUISITION OF A BUILDING  
LOCATED AT 10 BROWNELL STREET, STATEN ISLAND WHICH WILL  
FACILITATE THE CENTER'S EXPANSION AND BE USED AS A  
COMMUNITY CENTER.

**Funded Amount:**

\$104,000

**Requested By:**

LABELLE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

COMMUNITY MEMORIAL HOSPITAL, INC.  
150 BROAD STREET  
HAMILTON, NY 13346  
(315) 824-3182

**Name of Project Director:**

MICHAEL OGDEN

**Purpose of Project:**

FUNDS WILL BE USED FOR THE DESIGN AND CONSTRUCTION OF A NEW PRIMARY CARE CENTER TO BENEFIT THE RESIDENTS OF CAZENOVIA, HAMILTON, MORRISVILLE, MUNNSVILLE AND WATERVILLE.

**Funded Amount:**

\$50,000

**Requested By:**

MAGEE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

SMITHFIELD EATON VOLUNTEER AMBULANCE CORP.  
26 CEDAR STREET  
MORRISVILLE, NY 13408  
(315) 684-9595

**Name of Project Director:**

WILLIAM CONOLE

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE A NEW AMBULANCE.

**Funded Amount:**

\$50,000

**Requested By:**

MAGEE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY



# PROJECT INFORMATION

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

ALBANY, SCHENECTADY, GREENE COUNTY AGRICULTURAL AND  
HISTORICAL SOCIETIES, INC.  
129 GRAND STREET  
ALTAMONT, NY 13009  
(518) 861-6671

**Name of Project Director:**

ROBERT SANTORELLI

**Purpose of Project:**

FUNDS WILL BE USED TO UPGRADE THE ELECTRICAL SYSTEM AT  
THE ALTAMONT FAIRGROUND FACILITIES.

**Funded Amount:**

\$50,000

**Requested By:**

MCENENY

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

BARGEMUSIC LTD  
FULTON FERRY LANDING  
BROOKLYN, NY 11201  
(718) 624-2083

**Name of Project Director:**

OLGA BLOOM

**Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF A  
TENTED STRUCTURE ON THE FACILITY'S ROOFTOP.

**Funded Amount:**

\$50,000

**Requested By:**

MILLMAN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

IRONDEQUOIT COMMUNITY CUPBOARD, INC.  
156 AVONDALE ROAD  
ROCHESTER, NY 14622  
(585) 336-9107

**Name of Project Director:**

DEBBIE EVANS

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE A NEW BUILDING WHICH WILL ALLOW ICC TO EXPAND THE FOOD PANTRY TO MEET THE INCREASED NEEDS OF THE COMMUNITY.

**Funded Amount:**

\$50,000

**Requested By:**

MORELLE

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF JAMESTOWN, N.Y.  
401 NORTH MAIN STREET  
JAMESTOWN, NY 14701  
(716) 488-2237

**Name of Project Director:**

BETH OAKES

**Purpose of Project:**

FUNDS WILL BE USED FOR INTERIOR RENOVATIONS OF THE  
BUILDING.

**Funded Amount:**

\$500,000

**Requested By:**

PARMENT

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

MOUNT VERNON NEIGHBORHOOD HEALTH CENTER, INC.  
107 WEST FOURTH STREET  
MOUNT VERNON, NY 10550  
(914) 699-7200

**Name of Project Director:**

CAROLE MORRIS

**Purpose of Project:**

FUNDS WILL BE USED FOR IMPROVEMENTS TO THE CENTER'S  
PARKING LOT.

**Funded Amount:**

\$75,000

**Requested By:**

PRETLOW

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

KINGSBRIDGE HEIGHTS COMMUNITY CENTER, INC.  
3101 KINGSBRIDGE TERRACE  
BRONX, NY 10463  
(718) 884-0700

**Name of Project Director:**

GISELLE SUSCA

**Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE OF TWO VANS THAT WILL BE USED FOR TRANSPORTATION OF COMMUNITY MEMBERS TO VARIOUS ACTIVITIES AND PROGRAMS.

**Funded Amount:**

\$50,000

**Requested By:**

RIVERA-J

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

JAMAICA BUSINESS RESOURCE CENTER  
90-33 160TH STREET  
JAMAICA, NY 11432  
(718) 206-2255

**Name of Project Director:**

TIMOTHY H. MARSHALL

**Purpose of Project:**

FUNDS WILL BE USED FOR THE UPGRADE OF THE INFORMATION TECHNOLOGY INFRASTRUCTURE INCLUDING THE PURCHASE OF COMPUTERS AND EQUIPMENT.

**Funded Amount:**

\$50,000

**Requested By:**

SCARBOROUGH

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

SOCIAL CONCERN COMMITTEE OF SPRINGFIELD GARDENS, INC.  
226-18 MERRICK BOULEVARD  
LAURELTON, NY 11413  
(718) 978-7775

**Name of Project Director:**

ROBERT HOWELL

**Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE NEW AIR CONDITIONING UNITS  
AND TO MAKE IMPROVEMENTS TO THE RESTROOMS.

**Funded Amount:**

\$50,000

**Requested By:**

SCARBOROUGH

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY



# PROJECT INFORMATION

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

LANDMARK SOCIETY OF THE NIAGARA FRONTIER, THE  
617 MAIN STREET, SUITE M108  
BUFFALO, NY 14203  
(716) 852-3300

**Name of Project Director:**

GARY N. COSTELLO

**Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF  
WINDOWS AT THE HISTORIC HULL HOUSE.

**Funded Amount:**

\$50,000

**Requested By:**

TOKASZ

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

BROOKLYN PSYCHIATRIC CENTERS, INC.  
189 MONTAGUE STREET, SUITE 418  
BROOKLYN, NY 11201  
(718) 875-5625

**Name of Project Director:**

LAWRENCE MITCHELL

**Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE AND INSTALLATION OF COMPUTER EQUIPMENT, FURNITURE, ELECTRICAL UPGRADES AND NETWORKING, WHICH WILL ALLOW THE FACILITY TO BETTER SERVE THE COMMUNITY.

**Funded Amount:**

\$50,000

**Requested By:**

WEINSTEIN

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY

# PROJECT INFORMATION

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

INWOOD FIRE DISTRICT  
188 DOUGHTY BOULEVARD  
INWOOD, NY 11096  
(516) 239-4324

**Name of Project Director:**

JOE RAVOLO

**Purpose of Project:**

FUNDS WILL BE USED FOR RENOVATIONS OF THE FIREHOUSE,  
INCLUDING THE KITCHEN AND RECREATION LOUNGE.

**Funded Amount:**

\$50,000

**Requested By:**

WEISENBERG

**Name of Administering State Agency:**

NYS DORMITORY AUTHORITY