

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

ALTAMONT FREE LIBRARY
105 PARK STREET
ALTAMONT, NY 12009
(518) 861-7239

Name of Project Director:

ELIZABETH KETCHAM

Purpose of Project:

FUNDS WILL BE USED FOR THE RESTORATION OF THE SLATE ROOF
ON THE OLD ALTAMONT TRAIN STATION.

Funded Amount:

\$50,000

Requested By:

MCENENY

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

BAY SHORE BEAUTIFICATION SOCIETY, INC., THE
28 WEST LANE
BAY SHORE, NY 11706
(631) 666-9517

Name of Project Director:

SUSAN BOUDREAU

Purpose of Project:

FUNDS WILL BE USED FOR THE CONSTRUCTION OF THE BAY SHORE
COMMUNITY REFLECTION GARDEN.

Funded Amount:

\$50,000

Requested By:

RAMOS

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

BROOME LIBRARY FOUNDATION, INC., THE
185 COURT STREET
BINGHAMTON, NY 13901
(607) 778-3580

Name of Project Director:

LAURA KNOCHEN-DAVIS

Purpose of Project:

FUNDS WILL BE USED FOR THE CONSTRUCTION OF AN OUTDOOR
URBAN GREEN SPACE.

Funded Amount:

\$50,000

Requested By:

LUPARDO

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

COALITION OF BEHAVIORAL HEALTH AGENCIES, INC., THE (D/B/A
COALITION OF VOLUNTARY MENTAL HEALTH AGENCIES, INC., THE)
90 BROAD STREET
NEW YORK, NY 10004
(212) 742-1600

Name of Project Director:

PHILLIP A. SAPERIA

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE THE OFFICE SPACE, WHICH
WILL ALLOW THE ORGANIZATION TO EXPAND THEIR SERVICES
WITHIN THE COMMUNITY.

Funded Amount:

\$50,000

Requested By:

MILLMAN

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

COLLEGE OF SAINT ROSE, THE
432 WESTERN AVENUE
ALBANY, NY 12203
(518) 454-5115

Name of Project Director:

MIKE D'ATTILIO

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND INSTALL SEATS FOR THE
RECITAL HALL IN THE MASSRY CENTER FOR THE ARTS.

Funded Amount:

\$125,000

Requested By:

CANESTRARI, MCENENY

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

COLONIE YOUTH CENTER, INC.
272 MAXWELL ROAD
LATHAM, NY 12110
(518) 438-9695

Name of Project Director:

BRIAN HOGAN

Purpose of Project:

FUNDS WILL BE USED FOR THE PURCHASE OF BASKETBALL
BACKSTOPS FOR THE ORGANIZATION'S YOUTH PROGRAM.

Funded Amount:

\$50,000

Requested By:

REILLY

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

COMMUNITY HEALTH ACTION OF STATEN ISLAND, INC.
56 BAY STREET
STATEN ISLAND, NY 10301
(718) 808-1422

Name of Project Director:

RYAN CHAVEZ

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE AND RENOVATE A BUILDING FOR THE EXPANSION OF THE COMMUNITY FOOD PANTRY OUTREACH CENTER.

Funded Amount:

\$100,000

Requested By:

LAVELLE

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

CONRAD POPPENHUSEN ASSOCIATION, THE
114-04 14TH ROAD
COLLEGE POINT, NY 11356
(718) 358-0067

Name of Project Director:

SUSAN K. BRUSTMANN

Purpose of Project:

FUNDS WILL BE USED FOR THE CONSTRUCTION OF A RECORDS
STORAGE AREA FOR THE MUSEUM.

Funded Amount:

\$50,000

Requested By:

MAYERSOHN

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

HUGUENOT & NEW ROCHELLE HISTORICAL ASSOCIATION
20 SECOND AVENUE
NEW ROCHELLE, NY 10804
(914) 633-1776

Name of Project Director:

SYDELLE HERZBERG

Purpose of Project:

FUNDS WILL BE USED FOR THE RESTORATION AND RENOVATION OF
THE THOMAS PAINE COTTAGE.

Funded Amount:

\$50,000

Requested By:

PAULIN

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

JAMAICA CENTER FOR ARTS AND LEARNING, INC.
161-04 JAMAICA AVENUE
JAMAICA, NY 11432
(718) 658-7400

Name of Project Director:

S. ZURI MCKIE

Purpose of Project:

FUNDS WILL BE USED FOR INTERIOR RENOVATION AND UPGRADES
TO THE MEDIA CENTER, INCLUDING THE PURCHASE OF EQUIPMENT.

Funded Amount:

\$50,000

Requested By:

SCARBOROUGH

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

JEWISH CHILD CARE ASSOCIATION OF NEW YORK
120 WALL STREET
NEW YORK, NY 10005
(212) 425-3333

Name of Project Director:

RICHARD PORTER

Purpose of Project:

FUNDS WILL BE USED TO EXPAND THE CHILD CARE CENTER
LOCATED IN FOREST HILLS, NY.

Funded Amount:

\$100,000

Requested By:

COHEN-M

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

JOSEPH P. ADDABBO FAMILY HEALTH CENTER, INC., THE
62-00 BEACH CHANNEL DRIVE
ARVERNE, NY 11692
(718) 945-7150

Name of Project Director:

J.R. PETER NELSON

Purpose of Project:

FUNDS WILL BE USED FOR BUILDING RENOVATIONS AND FOR THE PURCHASE OF EQUIPMENT FOR TWO (2) FAMILY HEALTH CENTER LOCATIONS.

Funded Amount:

\$250,000

Requested By:

PHEFFER, TITUS

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

KINGS BAY YM-YWHA, INC.
3495 NOSTRAND AVENUE
BROOKLYN, NY 11229
(718) 648-7703

Name of Project Director:

LEONARD PETLAKH

Purpose of Project:

FUNDS WILL BE USED TO RENOVATE THE LOCKER ROOMS AND BATHROOMS AT THE FACILITY.

Funded Amount:

\$287,000

Requested By:

WEINSTEIN

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 RENOVATE THE FACILITY, AS WELL AS,
PURCHASE EQUIPMENT AND FURNITURE FOR A TRANQUILITY AND
WELLNESS PROGRAM AT THE CANCER CENTER.

Funded Amount:

\$75,000

Requested By:

ABBATE

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

MANHASSET-GREAT NECK ECONOMIC OPPORTUNITY COUNCIL, INC.
65 HIGH STREET
MANHASSET, NY 11030
(516) 627-6385

Name of Project Director:

STEPHANIE CHENAULT

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE THE HEATING AND ELECTRICAL
SYSTEM AT THE COMMUNITY CENTER.

Funded Amount:

\$50,000

Requested By:

DINAPOLI

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

MIDDLE COUNTRY PUBLIC LIBRARY
101 EASTWOOD BOULEVARD
CENTEREACH, NY 11720
(631) 585-9393

Name of Project Director:

SANDRA FEINBERG

Purpose of Project:

FUNDS WILL BE USED FOR STRUCTURAL IMPROVEMENTS TO THE FACILITY.

Funded Amount:

\$50,000

Requested By:

FIELDS

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

RONALD MCDONALD HOUSE OF LONG ISLAND, INC.
267-07 76TH AVENUE
NEW HYDE PARK, NY 11040
(718) 343-5683

Name of Project Director:

SILVANA LAFERLITA GULLO

Purpose of Project:

FUNDS WILL BE USED FOR THE REPLACEMENT OF THE ATRIUM IN
THE BUILDING.

Funded Amount:

\$50,000

Requested By:

PHEFFER

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

ROSLYN HIGHLANDS HOOK AND LADDER, ENGINE AND HOSE
COMPANY, THE
WARNER AVENUE
ROSLYN HEIGHTS, NY 11577
(516) 621-7655

Name of Project Director:

CHIEF MATTHEW MCGEOWN

Purpose of Project:

FUNDS WILL BE USED TO PURCHASE FIRE FIGHTING AND
COMMUNICATION EQUIPMENT.

Funded Amount:

\$50,000

Requested By:

DINAPOLI

Name of Administering State Agency:

NYS DORMITORY AUTHORITY

PROJECT INFORMATION

Legal Name, Address, and Telephone Number:

VILLAGE OF MORRISVILLE
23 CEDAR STREET
MORRISVILLE, NY 13408
(315) 684-7007

Name of Project Director:

MICHELLE A. FORWARD

Purpose of Project:

FUNDS WILL BE USED TO IMPROVE THE WATER DISTRIBUTION
SYSTEM IN THE VILLAGE OF MORRISVILLE.

Funded Amount:

\$250,000

Requested By:

MAGEE

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
32-23 QUEENS BOULEVARD
LONG ISLAND CITY, NY 11101
(718) 392-7932

Name of Project Director:

MICHAEL KELLER

Purpose of Project:

FUNDS WILL BE USED TO UPGRADE AND REPLACE THE HVAC
SYSTEM AND FOR THE INSTALLATION OF A NEW ROOFTOP EXHAUST
AND AIR QUALITY IMPROVEMENT SYSTEM.

Funded Amount:

\$50,000

Requested By:

NOLAN

Name of Administering State Agency:

NYS DORMITORY AUTHORITY