## Legal Name, Address, and Telephone Number:

LOCAL DEVELOPMENT CORPORATION OF LAURELTON, ROSEDALE, AND SPRINGFIELD GARDENS 232-18 MERRICK BOULEVARD LAURELTON, NY 11413 (718) 928-5310

### Name of Project Director:

JACQUELINE BOYCE

### **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE ECONOMIC DEVELOPMENT OF LAURELTON, ROSEDALE, AND SPRINGFIELD GARDENS, NEW YORK. FUNDS WILL ALSO BE USED FOR OPERATING EXPENSES INCLUDING RENT AND OFFICE SUPPLIES, AS WELL AS FOR ADMINISTRATIVE AND PERSONNEL COSTS.

#### **Funded Amount:**

\$5,000

### Requested By:

SCARBOROUGH

### Name of Administering State Agency:

DEPARTMENT OF ECONOMIC DEVELOPMENT

## Legal Name, Address, and Telephone Number:

HIAS, INC. 333 7TH AVENUE, 16TH FLOOR NEW YORK, NY 10001 (212) 613-1351

## Name of Project Director:

**GENE BORSH** 

## **Purpose of Project:**

FUNDS WILL BE USED TO EDUCATE NEW YORK'S RUSSIAN SPEAKING COMMUNITY ABOUT ACTIVE PARTICIPATION IN CIVIC LIFE AND HOW TO DEVELOP THEIR LEADERSHIP SKILLS. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$3,500

## Requested By:

**CYMBROWITZ-S** 

# Name of Administering State Agency:

**DEPARTMENT OF STATE** 

## Legal Name, Address, and Telephone Number:

UNITED JEWISH COUNCIL OF THE EAST SIDE, INC. 500-A GRAND STREET NEW YORK, NY 10002 (212) 460-5730

## Name of Project Director:

JOEL KAPLAN

## **Purpose of Project:**

FUNDS WILL BE USED FOR GENERAL OPERATING EXPENSES, INCLUDING THE SUPPORT OF RECREATION AND EDUCATIONAL PROGRAMS TARGETING DISADVANTAGED SENIORS, ADOLESCENTS AND FAMILIES. FUNDS WILL ALSO BE USED FOR A PROMOTION AND MARKETING PROGRAM. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$18,500

### Requested By:

**SILVER** 

### Name of Administering State Agency:

**DEPARTMENT OF STATE** 

## Legal Name, Address, and Telephone Number:

FLATBUSH SHOMRIM SAFETY PATROL, INC. 2294 NOSTRAND AVENUE, SUITE 1000 BROOKLYN, NY 11210 (718) 338-9453

## Name of Project Director:

**CHAIM DEUTSCH** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATION OF THE FLATBUSH SHOMRIM SAFETY PATROL, AND OTHER ADMINISTRATIVE EXPENSES.

#### **Funded Amount:**

\$3,000

#### Requested By:

**WEINSTEIN** 

# Name of Administering State Agency:

**DIVISION OF CRIMINAL JUSTICE SERVICES** 

## Legal Name, Address, and Telephone Number:

IS 285 MEYER LEVIN SCHOOL 5909 BEVERLY ROAD BROOKLYN, NY 11203 (718) 481-2200

## Name of Project Director:

FREDERICK UNDERWOOD

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH OPERATING AFTER SCHOOL PROGRAMS FOR YOUTH.

## **Funded Amount:**

\$2,000

## Requested By:

**PERRY** 

## Name of Administering State Agency:

**EDUCATION DEPARTMENT** 

## Legal Name, Address, and Telephone Number:

NYC LAB MIDDLE SCHOOL FOR COLLABORATIVE STUDIES PARENTS ASSOCIATION, INC. 333 WEST 17TH STREET NEW YORK, NY 10011 (212) 691-6119

## Name of Project Director:

NANETTE ROSS

# **Purpose of Project:**

FUNDS WILL BE USED TO IMPROVE TECHNOLOGICAL CAPABILITIES FOR CURRICULUM ENHANCEMENT, AS WELL AS FOR MUSIC AND ARTS PROGRAMS AND BANNERS.

#### **Funded Amount:**

\$14,500

## Requested By:

GOTTFRIED

# Name of Administering State Agency:

**EDUCATION DEPARTMENT** 

## Legal Name, Address, and Telephone Number:

BERGEN BASIN COMMUNITY DEVELOPMENT CORPORATION, INC. 2303 BERGEN AVENUE BROOKLYN, NY 11234 (718) 444-0101 Ext: 11

## Name of Project Director:

PAUL CURALIE

## **Purpose of Project:**

FUNDS WILL BE USED FOR SENIOR RECREATIONAL PROGRAMS AT THE MIDWOOD, SHELLBANK LEISURE LEAGUE, GOOD SHEPHERD SENIOR, MARINE PARK ACTIVE ADULTS, AND PHILLIP HOWARD SENIOR PROGRAMS.

#### **Funded Amount:**

\$2,000

#### Requested By:

**WEINSTEIN** 

# Name of Administering State Agency:

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

CARING COMMUNITY, INC. 20 WASHINGTON SQUARE NORTH NEW YORK, NY 10011 (212) 777-3555

## Name of Project Director:

DAVID MCGILLAN

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EDUCATION, ARTS AND WELLNESS CLASSES FOR SENIOR CITIZENS.

#### **Funded Amount:**

\$1,000

## Requested By:

**GLICK** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES NEIGHBOORHOOD SERVICES, INC. 191 JORALEMON STREET BROOKLYN, NY 11201 (718) 722-6123

## Name of Project Director:

JUDITH KLEVE

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS OF RECREATIONAL AND IN-STATE TRANSPORTATION SERVICES FOR SENIORS AT THE GLENWOOD AND BAY SENIOR CENTERS. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL SENIORS.

#### **Funded Amount:**

\$2,500

### Requested By:

**WEINSTEIN** 

### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

KENMORE TOWN OF TONAWANDA MEALS ON WHEELS, INC. 169 SHERIDAN PARKSIDE DRIVE TONAWANDA, NY 14150 (716) 874-3595

## Name of Project Director:

AMANDA MATYJAS CROTTY

## **Purpose of Project:**

FUNDS WILL BE USED TO ACQUIRE KITCHEN AND OFFICE EQUIPMENT FOR THE MEALS ON WHEELS PROGRAMS.

#### **Funded Amount:**

\$2,000

## Requested By:

**SCHIMMINGER** 

# Name of Administering State Agency:

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

RAIN PARKCHESTER SENIOR CENTER 1380 METROPOLITAN AVENUE BRONX, NY 10462 (718) 597-9220

## Name of Project Director:

JOSE MARTINEZ

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE EQUIPMENT FOR THE FOOD PROGRAM AT THE SENIOR CENTER.

### **Funded Amount:**

\$3,000

## Requested By:

**RIVERA-P** 

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

SAINT THOMAS AQUINAS SENIOR CENTER 975 EAST TREMONT AVENUE BRONX, NY 10467 (718) 220-8744

## Name of Project Director:

YOLANDA NEGRON

## **Purpose of Project:**

FUNDS WILL BE USED FOR RECREATIONAL AND EDUCATIONAL SENIOR SERVICES. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL SENIORS.

#### **Funded Amount:**

\$3,000

### Requested By:

**RIVERA-P** 

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

SEPHARDIC COMMUNITY YOUTH CENTER, INC. 1901 OCEAN PARKWAY BROOKLYN, NY 11223 (718) 627-4300

## Name of Project Director:

**ILENE STAVRACH** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH PROVIDING EDUCATIONAL AND RECREATIONAL SENIOR ADULT PROGRAMS. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL SENIORS.

#### **Funded Amount:**

\$2,000

#### Requested By:

**CYMBROWITZ-S** 

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

ST. ROSALIA REGINA PACIS NEIGHBORHOOD IMPROVEMENT ASSOCIATION, INC. 66-14 11TH AVENUE BROOKLYN, NY 11219 (718) 236-5266

### Name of Project Director:

**ROSA CASELLA** 

## **Purpose of Project:**

FUNDS WILL BE USED TO WORK WITH AREA SENIOR CENTERS IN BROOKLYN TO ASSESS THE NEEDS OF AREA SENIORS. FUNDS WILL ALSO BE USED TO PROVIDE RECREATIONAL PROGRAMS, NECESSARY EQUIPMENT AND REFRESHMENTS FOR SENIOR PROGRAMS AND MEETINGS. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

## **Funded Amount:**

\$7,000

### Requested By:

**ABBATE** 

### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

DEPARTMENT OF EDUCATION-DIOCESE OF BROOKLYN 85-18 61ST ROAD REGO PARK, NY 11374 (718) 565-2200

# Name of Project Director:

**EILEEN DWYER** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE ALCOHOL, TOBACCO AND DRUG PREVENTION SERVICES TO 157 ELEMENTARY AND 20 HIGH SCHOOLS IN BROOKLYN AND QUEENS THROUGH AFTER SCHOOL PROGRAMS. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL YOUTH IN THE COMMUNITY.

### **Funded Amount:**

\$6,000

### Requested By:

**PHEFFER** 

### Name of Administering State Agency:

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

## Legal Name, Address, and Telephone Number:

DOCTOR THEODORE A. ATLAS FOUNDATION, INC. 543 CARY AVENUE STATEN ISLAND, NY 10310 (718) 980-7037

## Name of Project Director:

PASQUALE RUSSO

## **Purpose of Project:**

FUNDS WILL BE USED TO RUN A BOXING GYM WITHIN THE BERRY HOMES, WHICH PROVIDES YOUNG PERSONS (BETWEEN AGES OF 12-21) WITH TRAINING, EQUIPMENT, STAFF AND SPACE FOR THE BOXING PROGRAM.

#### **Funded Amount:**

\$4,000

#### Requested By:

**CUSICK** 

### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

JEWISH COMMUNITY SERVICES COALITION 1525 CENTRAL AVENUE FAR ROCKAWAY, NY 11691 (718) 327-6060

## Name of Project Director:

**ESTHER SCHENKER** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH OPERATING A FOOD PANTRY. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$2,500

## Requested By:

**PHEFFER** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

NEW HOPE OUTREACH MINISTRY, INC. 1920 CROTONA AVENUE BRONX, NY 10457 (347) 340-2090

## Name of Project Director:

**BETZABE GARCIA-CIFUENTES** 

## **Purpose of Project:**

FUNDS WILL BE USED TO SPONSOR A SUMMER FESTIVAL THAT WILL BE OPEN TO THE PUBLIC AND WILL ENCOURAGE COMMUNITY INVOLVEMENT. THE FESTIVAL IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$3,000

#### Requested By:

**RIVERA-P** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

SAFE FOUNDATION, INC. 355 QUENTIN ROAD, P.O. BOX 230060 BROOKLYN, NY 11223 (718) 336-4010

# Name of Project Director:

**CAROL RHINE** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR PROJECT SAFE. THIS PROGRAM WILL ADDRESS THE PROBLEMS OF YOUTH ALCOHOL, DRUG USE, AND GAMBLING. PROJECT SAFE GIVES EACH STUDENT THE OPPORTUNITY TO GROW AND DEVELOP PERSONAL AND SOCIAL SKILLS.

#### **Funded Amount:**

\$4,000

### Requested By:

**CYMBROWITZ-S** 

### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

WOMEN EMPOWERMENT SELF DEFENSE ACADEMY P.O. BOX 1020 BRONX, NY 10473 (914) 500-9772

## Name of Project Director:

MARCIA CAMERON

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A DAY CARE WORKSHOP, WHICH TEACHES COMMUNITY RESIDENTS HOW TO START UP A DAY CARE CENTER.

#### **Funded Amount:**

\$6,000

### Requested By:

**RIVERA-P** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

CITY OF MOUNT VERNON DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT ONE ROOSEVELT SQUARE MOUNT VERNON, NY 10550 (914) 669-7230

## Name of Project Director:

**DANIELLE JACKSON** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR ARTS AND CULTURAL PROGRAMMING, INCLUDING THE ARTS AND CULTURAL FESTIVAL.

#### **Funded Amount:**

\$5,000

#### Requested By:

**PRETLOW** 

# Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION

## Legal Name, Address, and Telephone Number:

TRAVIS FOURTH OF JULY CELEBRATION COMMITTEE, INC. 17 CANON AVENUE STATEN ISLAND, NY 10314 (718) 983-9077

## Name of Project Director:

JANICE BLANCHARD

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET EXPENSES FOR THE INDEPENDENCE DAY PARADE WHICH ORIGINATED IN 1911.

#### **Funded Amount:**

\$4,717

### Requested By:

**CUSICK** 

## Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION