# Legal Name, Address, and Telephone Number:

BROOKLYN COLLEGE - CUNY 2900 BEDFORD AVENUE BROOKLYN, NY 11210 (718) 951-5610

#### Name of Project Director:

PATRICIA ANTONIELLO

# **Purpose of Project:**

FUNDS WILL BE USED FOR OPERATIONAL AND ADMINISTRATIVE COSTS ASSOCIATED WITH THE SHIRLEY CHISHOLM SCHOLARS PROGRAM IN THE BROOKLYN COLLEGE WOMEN'S CENTER.

### **Funded Amount:**

\$12,000

## Requested By:

PERRY

#### Name of Administering State Agency:

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

CUNY CITIZENSHIP AND IMMIGRATION PROJECT 101 WEST 31ST STREET, SUITE 900 NEW YORK, NY 10001 (646) 344-7245

## Name of Project Director:

**ALLAN WERNICK** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE FREE, ONE-ON-ONE CITIZENSHIP AND IMMIGRATION LAW SERVICES IN THE SOUTHERN BROOKLYN COMMUNITY.

#### **Funded Amount:**

\$2,500

### Requested By:

WEINSTEIN

# Name of Administering State Agency:

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

CUNY CITIZENSHIP NOW! 101 WEST 31ST STREET, 12TH FLOOR NEW YORK, NY 10001 (212) 652-2034

# Name of Project Director:

JAMES MCGOVERN

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT CITIZENSHIP AND IMMIGRATION PROGRAMS IN BROOKLYN.

### **Funded Amount:**

\$5,000

### Requested By:

**JACOBS** 

# Name of Administering State Agency:

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

JOHN D. CALANDRA ITALIAN AMERICAN INSTITUTE 25 WEST 43RD STREET NEW YORK, NY 10036 (212) 642-2094

### Name of Project Director:

**ANTHONY JULIAN TAMBURRI** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE OPERATION OF THE ORAL HISTORY ARCHIVE OF ITALIAN-AMERICAN ELECTED OFFICIALS.

#### **Funded Amount:**

\$2,500

#### Requested By:

**BENEDETTO** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LOUIS ARMSTRONG HOUSE 34-56 107TH STREET CORONA, NY 11368 (718) 478-8299

### Name of Project Director:

MICHAEL COGSWELL

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE OPERATIONS OF THE LOUIS ARMSTRONG HOUSE/ARCHIVE RESEARCH FOUNDATION, A NATIONAL AND NEW YORK CITY LANDMARK.

#### **Funded Amount:**

\$2,000

## Requested By:

**AUBRY** 

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

SOPHIE DAVIS MEDICAL SCHOOL/QUEENS BRIDGE TO MEDICINE PROGRAM 94-50 159TH STREET, ROOM 8 JAMAICA, NY 11451 (718) 523-6300

### Name of Project Director:

ELISABETH ILER

#### **Purpose of Project:**

FUNDS WILL BE USED TO INCREASE AWARENESS OF HEALTH CARE CAREERS AMONG HIGH SCHOOL STUDENTS THROUGH INFORMATION SESSIONS AND WORKSHOPS FOR ALL GRADES WITH AN EMPHASIS ON OPPORTUNITIES AND PREPARATION NEEDED FOR ADMISSION TO MEDICAL SCHOOL AND OTHER HEALTH-RELATED CAREERS.

### **Funded Amount:**

\$5,000

## Requested By:

CLARK

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

CREATIVE ARTS TEAM, INC. 101 WEST 31ST STREET, 6TH FLOOR NEW YORK, NY 10001 (212) 652-2800

### Name of Project Director:

LYNDA ZIMMERMAN

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE CREATIVE ARTS TEAM'S EDUCATION PROGRAM, WHICH USES DRAMA TO HELP AT-RISK CHILDREN.

### **Funded Amount:**

\$2,250

## Requested By:

NOLAN

# Name of Administering State Agency:

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

BOBBI AND THE STRAYS, INC. 107-57 100TH STREET OZONE PARK, NY 11417 (718) 845-0779

## Name of Project Director:

**ROBERTA GIORDANO** 

# **Purpose of Project:**

FUNDS WILL BE USED TO EDUCATE CHILDREN ABOUT THE IMPORTANCE OF TREATING ANIMALS HUMANELY.

### **Funded Amount:**

\$2,000

### Requested By:

MILLER-M

# Name of Administering State Agency:

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

CENTRAL NEW YORK BOUNTY, INC. 2100 PARK STREET SYRACUSE, NY 13208 (215) 817-2566

# Name of Project Director:

**BECCA JABLONSKI** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE REFRIGERATION/FREEZER EQUIPMENT.

### **Funded Amount:**

\$35,000

### Requested By:

MAGEE

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

GRASSROOTS GARDEN OF BUFFALO, INC. 2495 MAIN STREET, SUITE 408 BUFFALO, NY 14214 (716) 783-9653

## Name of Project Director:

SUSANNAH S. BARTON

#### **Purpose of Project:**

FUNDS WILL BE USED TO EXPAND THE SEED STARTING AND SEED DISTRIBUTION PROGRAM, PROVIDING ADDITIONAL HORTICULTURE AND GARDENING-BASED TRAINING AND WORKSHOPS TO GARDENERS AND INCREASING ACCESS TO SUSTAINABLE WATER HARVESTING SOLUTIONS FOR COMMUNITY GARDENS.

### **Funded Amount:**

\$5,000

# Requested By:

**RYAN** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MASSACHUSETTS AVENUE PROJECT 271 GRANT STREET BUFFALO, NY 14213 (716) 882-5327 Ext: 2

## Name of Project Director:

DIANE PICARD

# **Purpose of Project:**

FUNDS WILL BE USED TO CREATE NEW TRAINING OPPORTUNITIES FOR YOUTH AT URBAN FARMS, AS WELL AS TO EXPAND OUR FARM ENTERPRISE AND TRAINING CAPACITY.

#### **Funded Amount:**

\$10,000

## Requested By:

RYAN

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NEW YORK WINE AND CULINARY CENTER 800 SOUTH MAIN STREET CANANDAIGUA, NY 14424 (585) 704-3026

## Name of Project Director:

**GINNY CLARK** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR FACILITY RENOVATIONS, INFORMATION TECHNOLOGY UPGRADES, KITCHEN IMPROVEMENTS AND EQUIPMENT AND THEATER IMPROVEMENTS AND EQUIPMENT.

#### **Funded Amount:**

\$250,000

## Requested By:

**KOLB** 

#### Name of Administering State Agency:

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

CHAMBER OF COMMERCE OF THE BOROUGH OF QUEENS 75-20 ASTORIA BOULEVARD, SUITE 140 JACKSON HEIGHTS, NY 11370 (718) 898-8500

## Name of Project Director:

**JACK FRIEDMAN** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR OUTREACH EFFORTS TO SMALL BUSINESSES IN QUEENS COUNTY PROMOTING TECHNICAL ASSISTANCE AND SUPPORT PROGRAMS. FUNDS WILL ALSO BE USED FOR BILINGUAL WORKSHOPS ON BUSINESS TOPICS, INCLUDING FINANCIAL LITERACY, MWBE CERTIFICATION AND GOVERNMENT CONTRACTING LISTS.

### **Funded Amount:**

\$3,625

## Requested By:

NOLAN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

QUEENS ECONOMIC DEVELOPMENT CORPORATION 120-55 QUEENS BOULEVARD KEW GARDENS, NY 11424 (718) 263-0546

## Name of Project Director:

**SETH BORNSTEIN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT PROGRAMS AND SERVICES PROVIDED BY THE ENTREPRENEUR CENTER, WHICH ASSIST START UP SMALL BUSINESSES.

### **Funded Amount:**

\$2,500

## Requested By:

NOLAN

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

EMMANUEL COMMUNITY ECONOMIC DEVELOPMENT CORPORATION 187 WAVERLY AVENUE BROOKLYN, NY 11205 (718) 757-1084

## Name of Project Director:

MARCUS LITTLES

# **Purpose of Project:**

FUNDS WILL BE USED TO FACILITATE YOUTH ENTREPRENEURSHIP PROGRAMS IN THE COMMUNITY.

#### **Funded Amount:**

\$10,000

### Requested By:

ABBATE, BARRON, BRENNAN, BROOK-KRASNY, CAMARA, COLTON, CYMBROWITZ-S, ESPINAL, HIKIND, JACOBS, JEFFRIES, LENTOL, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, WEINSTEIN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ASSOCIATION OF INFORMED VOICES, INC. P.O. BOX 360485 BROOKLYN, NY 11236 (718) 251-1670

## Name of Project Director:

**WANDA IHRIG** 

# **Purpose of Project:**

FUNDS WILL BE USED TO IMPLEMENT A COMMUNITY EFFORT TO ORGANIZE MERCHANTS AND RESIDENTS ON THE ROCKAWAY PARKWAY MERCHANTS STRIP, INCLUDING ACTIVITIES TO START A MERCHANT ASSOCIATION.

#### **Funded Amount:**

\$10,000

## Requested By:

PERRY

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ASTELLA DEVELOPMENT CORPORATION 1618 MERMAID AVENUE BROOKLYN, NY 11224 (718) 266-4653

### Name of Project Director:

JUDITH ORLANDO

# **Purpose of Project:**

FUNDS WILL BE USED TO PROMOTE AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT THROUGH JOB REFERRALS, WORKSHOPS, BUSINESS WOMEN'S FORUMS AND WORKING WITH MERCHANTS.

#### **Funded Amount:**

\$1,000

## Requested By:

**BROOK-KRASNY** 

#### Name of Administering State Agency:

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

CARIBBEAN AMERICAN CHAMBER OF COMMERCE & INDUSTRY EDUCATIONAL FOUNDATION, INC. 63 FLUSHING AVENUE BROOKLYN, NY 11205 (718) 834-4544

#### Name of Project Director:

DR. ROY HASTICK

### **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE FREE SMALL BUSINESS COUNSELING. FUNDS WILL ALSO SUPPORT AVENUE D SMALL BUSINESS MEN AND WOMEN ECONOMIC DEVELOPMENT PROGRAMS AND THE ANNUAL HOLIDAY LIGHTING PROJECT.

### **Funded Amount:**

\$5,000

# Requested By:

WEINSTEIN

#### Name of Administering State Agency:

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

CHAMBER OF COMMERCE OF THE BOROUGH OF QUEENS 75-20 ASTORIA BOULEVARD, SUITE 140 JACKSON HEIGHTS, NY 11370 (718) 898-8500

### Name of Project Director:

**JACK FRIEDMAN** 

#### **Purpose of Project:**

FUNDS WILL BE USED FOR OUTREACH EFFORTS TO SMALL BUSINESSES IN QUEENS COUNTY PROMOTING TECHNICAL ASSISTANCE AND SUPPORT PROGRAMS. FUNDS WILL ALSO BE USED FOR BILINGUAL WORKSHOPS ON BUSINESS TOPICS, INCLUDING FINANCIAL LITERACY, MWBE CERTIFICATION AND GOVERNMENT CONTRACTING LISTS.

### **Funded Amount:**

\$1,375

## Requested By:

NOLAN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

CITY OF ONEIDA DEPARTMENT OF PLANNING AND DEVELOPMENT 109 NORTH MAIN STREET ONEIDA, NY 13421 (315) 363-7467

## Name of Project Director:

**CASSIE ROSE** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR CITY-WIDE SIGNAGE AND STREETSCAPE IMPROVEMENTS TO INCREASE THE ECONOMIC BENEFITS OF PRESERVING THE CITY'S HISTORIC AND CULTURAL RESOURCES AND CREATE STOREFRONTS FOR LOCAL FARMERS AND ENTREPRENEURS.

#### **Funded Amount:**

\$20,000

## Requested By:

MAGEE

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

COALITION FOR ECONOMIC JUSTICE, INC. 237 MAIN STREET, SUITE 1200 BUFFALO, NY 14203 (716) 892-5877

### Name of Project Director:

**ALLISON DUWE** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE "GOOD JOBS, STRONG COMMUNITIES INITIATIVE." THIS INITIATIVE IS FOCUSED ON SUPPORTING SUSTAINABLE ECONOMIC DEVELOPMENT PRACTICES THROUGH EDUCATION, ADVOCACY AND COMMUNITY ORGANIZING.

#### **Funded Amount:**

\$10,000

# Requested By:

RYAN

#### Name of Administering State Agency:

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

### **Funded Amount:**

\$65,000

#### Requested By:

SCARBOROUGH

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MOTT HAVEN PORT MORRIS LOCAL DEVELOPMENT CORP. 384 EAST 149TH STREET, SUITE 524 BRONX, NY 10454 (718) 974-2990

## Name of Project Director:

**MEDINA SADIQ** 

# **Purpose of Project:**

FUNDS WILL BE USED TO ORGANIZE PORT MORRIS MERCHANTS, THEREFORE IMPROVING ECONOMIC DEVELOPMENT IN THE COMMUNITY.

#### **Funded Amount:**

\$30,000

### Requested By:

**ARROYO** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NAACP - ISLIP TOWN BRANCH 80 LEAF AVENUE CENTRAL ISLIP, NY 11722 (631) 348-4781

## Name of Project Director:

RODERICK PEARSON

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES ASSOCIATED WITH THE BUSINESS AND COMMUNITY DEVELOPMENT PROGRAM.

### **Funded Amount:**

\$2,000

### Requested By:

RAMOS

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

RIDGEWOOD LOCAL DEVELOPMENT CORPORATION 60-82 MYRTLE AVENUE RIDGEWOOD, NY 11385 (718) 366-3806

## Name of Project Director:

THEODORE M. RENZ

#### **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATION OF ECONOMIC AND COMMUNITY IMPROVEMENT PROGRAMS, INCLUDING BUT NOT LIMITED TO RENT, TELEPHONE, ELECTRIC, OFFICE COPIER SUPPLIES AND AUDIT EXPENSES. FUNDS WILL FURTHER THE ATTRACTION, RETENTION, AND DEVELOPMENT OF COOPERATIVE ECONOMIC REVITALIZATION PROGRAMS AND STRENGTHEN, UPGRADE, AND EXPAND BUSINESS OPERATIONS IN THE RIDGEWOOD/GLENDALE AREA.

### **Funded Amount:**

\$8,000

#### Requested By:

MILLER-M

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ROCKAWAY DEVELOPMENT AND REVITALIZATION CORPORATION 1920 MOTT AVENUE FAR ROCKAWAY, NY 11691 (718) 327-5300

## Name of Project Director:

**KEVIN ALEXANDER** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR REVITALIZATION, WHICH INCLUDES FACADE IMPROVEMENTS, LIGHTING UPGRADES, KIOSKS, BANNERS, UNIFORM SIGNAGE, ROLL-DOWN GATES, TRASH RECEPTACLES AND IMPROVED MAINTENANCE SERVICES.

#### **Funded Amount:**

\$2,500

## Requested By:

GOLDFEDER

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

QUEENS ECONOMIC DEVELOPMENT CORPORATION 120-55 QUEENS BOULEVARD KEW GARDENS, NY 11424 (718) 263-0546

### Name of Project Director:

**SETH BORNSTEIN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT PROGRAMS AND SERVICES PROVIDED BY THE ENTREPRENEUR CENTER, WHICH ASSIST START UP SMALL BUSINESSES.

#### **Funded Amount:**

\$2,500

## Requested By:

NOLAN

# Name of Administering State Agency:

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

BROOKLYN BOTANIC GARDEN CORPORATION 1000 WASHINGTON AVENUE BROOKLYN, NY 11225 (718) 623-7269

## Name of Project Director:

SCOTT MEDBURY

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS IN HORTICULTURE AND ECOLOGY.

#### **Funded Amount:**

\$1,500

### Requested By:

**PERRY** 

# Name of Administering State Agency:

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

BROOKLYN BOTANIC GARDEN CORPORATION 1000 WASHINGTON AVENUE BROOKLYN, NY 11225 (718) 623-7373

## Name of Project Director:

**SCOTT MEDBURY** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS IN HORTICULTURE AND ECOLOGY.

### **Funded Amount:**

\$2,000

### Requested By:

WEINSTEIN

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

DIVINE NATURE AT BMR ACRES, INC. 2542 PINE RIDGE ROAD CANASTOTA, NY 13032 (315) 697-5476

### Name of Project Director:

MARY ELLEN ROSE

# **Purpose of Project:**

FUNDS WILL BE USED FOR INTERIOR CONSTRUCTION COSTS FOR THE WILDLIFE REHABILITATION CENTER (INSULATION, SHEET ROCK, DROP CEILING, ELECTRICAL, LIGHTING, SIGNS, TOILET, SINK, CUPBOARDS COUNTERTOPS, FAUCETS, STOVE, REFRIGERATOR).

#### **Funded Amount:**

\$5,000

# Requested By:

MAGEE

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

GOING COASTAL, INC. 230 SACKETT STREET #2L BROOKLYN, NY 11231 (347) 946-4318

## Name of Project Director:

BARBARA LA ROCCO

# **Purpose of Project:**

FUNDS WILL BE USED FOR OPERATION OF THE PUMPOUT BOAT TO REMOVE SEWAGE FROM VESSELS IN THE BRONX WATERS OF WESTERN LONG ISLAND SOUND, AN EPA DESIGNATED NO DISCHARGE ZONE.

#### **Funded Amount:**

\$2,500

## Requested By:

BENEDETTO

#### Name of Administering State Agency:

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

JAMAICA BAY ECOWATCHERS 56 WEST 14TH ROAD BROAD CHANNEL, NY 11693 (718) 634-5032

#### Name of Project Director:

DAN MUNDY SR.

# **Purpose of Project:**

FUNDS WILL BE USED FOR MAINTENANCE AND RESTORATION OF JAMAICA BAY

### **Funded Amount:**

\$5,000

# Requested By:

GOLDFEDER

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NORTH RIVER COMMUNITY ENVIRONMENTAL REVIEW BOARD, INC. P.O. BOX 605 NEW YORK, NY 10031 (212) 491-3590

## Name of Project Director:

L. ANNE ROCKER

# **Purpose of Project:**

FUNDS WILL BE USED TO MONITOR ENVIRONMENTAL ISSUES, AS WELL AS EDUCATE THE HARLEM COMMUNITY ON EFFECTS AND SOLUTIONS.

### **Funded Amount:**

\$5,000

## Requested By:

**WRIGHT** 

# Name of Administering State Agency:

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

OTSEGO COUNTY SOIL AND WATER CONSERVATION DISTRICT 967 COUNTY HIGHWAY 33 COOPERSTOWN, NY 13326 (607) 547-8337 Ext: 4

## Name of Project Director:

SCOTT FICKBOHM

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE A VEHICLE TO SUPPORT HYDRO SEEDING PROJECTS, AGRICULTURAL BEST MANAGEMENT PROJECTS, STREAM REHABILITATION PROJECTS AND URBAN STORM WATER PROJECTS.

#### **Funded Amount:**

\$15,000

# Requested By:

MAGEE

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

SUSTAINABLE FLATBUSH C/O BROOKLYN COLLEGE STUDENT CENTER CAMPUS ROAD AND EAST 27TH STREET, BROOKLYN, NY 11210 (718) 208-0575

### Name of Project Director:

ANNE POPE

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE PROGRAMMING FOR THE COMMUNITY, WITH SPECIAL EMPHASIS ON YOUTH, INCLUDING ENERGY SOLUTIONS, LIVABLE STREETS, URBAN GARDENING/FARMING AND ZERO WASTE THROUGH LOCAL PARTNERSHIPS WHICH PROVIDE SUSTAINABILITY, INFORMATION AND EDUCATION TO IMPROVE ENERGY EFFICIENCY IN THE HOME. THE PROGRAM WILL ALSO ENCOURAGE URBAN GARDENING AND AGRICULTURE, PROMOTE HEALTH BY PROVIDING OPPORTUNITIES TO PURCHASE ORGANIC PRODUCE AT REDUCED COST, AND FOCUS ON SELF-SUFFICIENCY.

### **Funded Amount:**

\$5.000

#### Requested By:

**JACOBS** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

AC CENTER, INC. 259 MONROE AVENUE ROCHESTER, NY 14607 (585) 545-7200

## Name of Project Director:

**TYLER HARDING** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET GENERAL OPERATIONS, INCLUDING PERSONNEL, EQUIPMENT AND PROGRAMMING COSTS ASSOCIATED WITH THE ADULT DAY HEALTH CARE PROGRAM.

#### **Funded Amount:**

\$15,000

## Requested By:

BRONSON

# Name of Administering State Agency:

DEPARTMENT OF HEALTH

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

ALZHEIMER'S AND AGING RESOURCE CENTER OF BROOKLYN, INC. 2351 BRIGHAM STREET BROOKLYN, NY 11229 (718) 646-7001

### Name of Project Director:

**HENNI FISHER** 

# **Purpose of Project:**

FUNDS WILL BE USED TO TRAIN AND SUPERVISE HOME ATTENDANTS IN CARING FOR ALZHEIMER'S PATIENTS.

#### **Funded Amount:**

\$2,000

#### Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

AMERICAN RED CROSS IN GREATER NEW YORK 2082 WHITE PLAINS ROAD BRONX, NY 10462 (718) 823-1418

### Name of Project Director:

**ALEXANDER LUTS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE FIRST AID KITS TO BE USED AT THE EMERGENCY PREPAREDNESS PRESENTATIONS.

#### **Funded Amount:**

\$5,000

#### Requested By:

BENEDETTO

## Name of Administering State Agency:

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

AMERICAN RED CROSS IN GREATER NEW YORK 2082 WHITE PLAINS ROAD BRONX, NY 10462 (718) 823-1418

### Name of Project Director:

**ENRIQUE VEGA** 

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT EMERGENCY DISASTER PREPAREDNESS OUTREACH ACTIVITIES IN THE BRONX.

#### **Funded Amount:**

\$10,000

#### Requested By:

**GIBSON** 

# Name of Administering State Agency:

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

AMERICAN-ITALIAN CANCER FOUNDATION 112 EAST 71ST STREET, 2B NEW YORK, NY 10021 (212) 628-9090

## Name of Project Director:

AANCHAL DHAR

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE FREE MOBILE MAMMOGRAPHY PROGRAM.

#### **Funded Amount:**

\$5,000

## Requested By:

**JACOBS** 

## Name of Administering State Agency:

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

AMETHYST WOMENS PROJECT, INC. 1907 MERMAID AVENUE BROOKLYN, NY 11224 (718) 333-2067

## Name of Project Director:

AIDA LEON

# **Purpose of Project:**

FUNDS WILL BE USED TO EXPAND THE PEER EDUCATIONAL PROGRAM.

#### **Funded Amount:**

\$5,000

# Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

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

AURELIA OSBORN FOX MEMORIAL HOSPITAL SOCIETY, INC. ONE NORTON AVENUE ONEONTA, NY 13820 (607) 431-5900

### Name of Project Director:

JOHN REMILLARD

## **Purpose of Project:**

FUNDS WILL BE USED FOR AN EMERGENCY DEPARTMENT CARDIAC MONITORING SYSTEM.

#### **Funded Amount:**

\$40,000

#### Requested By:

MAGEE

# Name of Administering State Agency:

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

BABYLON BREAST CANCER COALITION, INC. 100 MONTAUK HIGHWAY COPIAGUE, NY 11726 (631) 893-4110

#### Name of Project Director:

**TESS HELFMAN** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PROMOTE THE LEND A HELPING HAND PROGRAM, WHICH PROVIDES FREE IN-STATE TRANSPORTATION, FINANCIAL ASSISTANCE, CHILDCARE, HOUSECLEANING, MEALS AND MORE TO BABYLON TOWNSHIP BREAST AND GYNECOLOGICAL CANCER PATIENTS AND THEIR FAMILIES.

#### **Funded Amount:**

\$5,000

#### Requested By:

**SWEENEY** 

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

BATEY RELIEF ALLIANCE, INC. P.O. BOX 300565 BROOKLYN, NY 11230 (917) 627-5026

### Name of Project Director:

**ULRICK GAILLARD** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT AIDS AWARENESS AND FOR EDUCATIONAL PROGRAMS IN THE HAITIAN COMMUNITY IN BROOKLYN.

#### **Funded Amount:**

\$5,000

#### Requested By:

**JACOBS** 

## Name of Administering State Agency:

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

BREAST CANCER COALITION OF ROCHESTER, INC. 840 UNIVERSITY AVENUE ROCHESTER, NY 14607 (585) 473-8177

### Name of Project Director:

**HOLLY ANDERSON** 

# **Purpose of Project:**

FUNDS WILL BE USED TO CONDUCT AN ANNUAL SEMINAR FOR WOMEN WHO HAVE BEEN DIAGNOSED WITH BREAST CANCER.

#### **Funded Amount:**

\$3,000

#### Requested By:

**BRONSON** 

## Name of Administering State Agency:

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

CANCER ACTION, INC. 255 ALEXANDER STREET ROCHESTER, NY 14607 (585) 423-9700

## Name of Project Director:

**BEVERLY BROOKS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO CONTINUE THE SUPPORT NETWORK FOR WOMEN OF COLOR WHO ARE SUFFERING FROM CANCER.

#### **Funded Amount:**

\$5,000

#### Requested By:

**GANTT** 

# Name of Administering State Agency:

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

DYSAUTONOMIA FOUNDATION 315 WEST 39TH, SUITE 701 NEW YORK, NY 10018 (212) 279-1066

## Name of Project Director:

**DAVID BRENNER** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR RESEARCH AND TO RAISE AWARENESS OF FAMILIAL DYSAUTONOMIA.

#### **Funded Amount:**

\$5,000

## Requested By:

GOLDFEDER

## Name of Administering State Agency:

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

FEEL BETTER KIDS, INC. 626 RXR PLAZA UNIONDALE, NY 11556 (866) 257-5437

## Name of Project Director:

MICHAEL DE GROTTOLE

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A MUSIC THERAPY AND CREATIVE ARTS PROGRAM TO CHILDREN WITH DEBILITATING ILLNESSES.

#### **Funded Amount:**

\$10,000

#### Requested By:

**SWEENEY** 

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

FLATLANDS VOLUNTEER AMBULANCE & FIRST AID CORPS, INC. 4623 AVENUE N BROOKLYN, NY 11234 (718) 338-0434

#### Name of Project Director:

**SCOTT GOODMAN** 

## **Purpose of Project:**

FUNDS WILL BE USED TO UPGRADE OUTDATED COMMUNICATIONS EQUIPMENT, REPLACE DAMAGED AND WORN OUT RADIO COMPONENTS AND PURCHASE MEDICAL EQUIPMENT AND SUPPLIES.

#### **Funded Amount:**

\$5,000

#### Requested By:

WEINSTEIN

#### Name of Administering State Agency:

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

FRIENDS OF KAREN, INC. 21 PERRY STREET PORT JEFFERSON, NY 11777 (631) 473-1768

### Name of Project Director:

NANCY MARIANO

# **Purpose of Project:**

FUNDS WILL BE USED FOR GENERAL OPERATING EXPENSES OF THE TERMINALLY ILL CHILDREN'S PROGRAM.

#### **Funded Amount:**

\$2,500

## Requested By:

RAMOS

## Name of Administering State Agency:

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

GLENDALE VOLUNTEER AMBULANCE CORPS, INC. 65-11 MYRTLE AVENUE GLENDALE, NY 11385 (718) 386-9651

## Name of Project Director:

**RYAN GUNNING** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT EMERGENCY MEDICAL SERVICES TO THE COMMUNITY.

#### **Funded Amount:**

\$4,500

## Requested By:

MILLER-M

# Name of Administering State Agency:

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

GOOD NEIGHBOR HEALTH CLINIC 175 JEFFERSON AVENUE BUFFALO, NY 14210 (716) 856-2400

## Name of Project Director:

LINDA TATU

# **Purpose of Project:**

FUNDS WILL BE USED FOR OPERATIONAL SUPPORT OF HEALTH CLINICS.

#### **Funded Amount:**

\$10,000

# Requested By:

PEOPLES-STOKES

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

HELEN KELLER SERVICES FOR THE BLIND 57 WILLOUGHBY STREET BROOKLYN, NY 11201 (718) 522-2122 Ext: 201

### Name of Project Director:

BILL DALE

## **Purpose of Project:**

FUNDS WILL BE USED TO SCREEN PRE-SCHOOL AGED CHILDREN, FROM 3 TO 5 YEARS OF AGE, IN PRE-SCHOOLS, HEAD START PROGRAMS AND KINDERGARTENS ACROSS SUFFOLK COUNTY FOR VISION DISORDERS SUCH AS AMBLYOPIA AND STRABISMUS. SCREENINGS ARE PROVIDED FREE OF CHARGE.

#### **Funded Amount:**

\$5,000

## Requested By:

**SWEENEY** 

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

KINGS BAY YM-YWHA, INC. 3495 NOSTRAND AVENUE BROOKLYN, NY 11229 (718) 648-7703 Ext: 238

### Name of Project Director:

LEONARD PETLAKH

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF YOGA CLASSES, TRAINER FEES AS WELL AS EDUCATIONAL AND WELLNESS PROGRAMS FOR BREAST AND OVARIAN CANCER SURVIVORS.

#### **Funded Amount:**

\$4,000

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

MAIMONIDES MEDICAL CENTER 4802 TENTH AVENUE BROOKLYN, NY 11219 (718) 283-7046

### Name of Project Director:

**DOUGLAS JABLON** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE CANCER CENTER TO PROVIDE FREE CANCER SCREENINGS TO RESIDENTS.

#### **Funded Amount:**

\$2,000

## Requested By:

CYMBROWITZ-S

# Name of Administering State Agency:

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

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION 2601 OCEAN PARKWAY BROOKLYN, NY 11235 (718) 616-4100

#### Name of Project Director:

PETER WOLF

# **Purpose of Project:**

FUNDS WILL BE USED TO UPDATE THE HOSPITAL WAITING ROOM AT THE CONEY ISLAND HOSPITAL.

#### **Funded Amount:**

\$5,000

## Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM, INC. 269-01 76TH AVENUE NEW HYDE PARK, NY 11040 (516) 465-3270

### Name of Project Director:

DR. MARTIN FISHER

#### **Purpose of Project:**

FUNDS WILL BE USED TO SERVE ADOLESCENTS AND YOUTH IN THE FIVE TOWNS AND SURROUNDING COMMUNITIES ON LONG ISLAND. THIS ALLOWS NURSE COORDINATORS TO VISIT SCHOOLS, AND PATIENTS TO RECEIVE COMPREHENSIVE MEDICAL AND PSYCHOLOGICAL EVALUATIONS, AS WELL AS APPROPRIATE TREATMENT. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$5,000

#### Requested By:

WEISENBERG

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

PRESERVE OUR LEGACY, INC. P.O. BOX 655 SHOREHAM , NY 11786 (877) 778-3623

### Name of Project Director:

SHANA MELIUS

# **Purpose of Project:**

FUNDS WILL BE USED EDUCATE MINORITIES ABOUT THE BENEFITS OF STEM CELLS, TREATMENT OPTIONS, AND THE NEED TO INCREASE MINORITY REGISTRATION ON THE NATIONAL REGISTRY.

#### **Funded Amount:**

\$7,500

### Requested By:

WRIGHT

## Name of Administering State Agency:

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

PROJECT RENEWAL, INC. 200 VARICK STREET NEW YORK, NY 10014 (631) 581-4171

# **Name of Project Director:**

MARY SOLOMON

## **Purpose of Project:**

FUNDS WILL BE USED TOWARD THE COST AND UPKEEP OF THE MAMMOGRAPHY VAN.

#### **Funded Amount:**

\$5,000

## Requested By:

BENEDETTO

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

PROJECT RENEWAL, INC. 200 VARICK STREET, 9TH FLOOR NEW YORK, NY 10014 (631) 581-4171

### Name of Project Director:

MARY SOLOMON

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE FREE MAMMOGRAPHY, CLINICAL BREAST EXAMS AND BREAST HEALTH EDUCATION TO UNINSURED AND POORLY INSURED WOMEN IN BROOKLYN.

#### **Funded Amount:**

\$1,000

#### Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

QUEENS HEALTH CENTER 97-04 SUTPHIN BOULEVARD JAMAICA, NY 11436 (718) 657-7088

#### Name of Project Director:

MONIQUE HYMAN

## **Purpose of Project:**

FUNDS WILL BE USED TO ASSIST THE QUEENS HEALTH CENTER IN PROVIDING HEALTH SERVICES FOR THE GROWING NUMBER OF UNINSURED QUEENS RESIDENTS.

#### **Funded Amount:**

\$5,000

#### Requested By:

COOK

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

QUEENS SICKLE CELL ADVOCACY NETWORK, INC. 205-14 LINDEN BOULEVARD, SUITE 206 ST. ALBANS, NY 11412 (718) 712-0873

#### Name of Project Director:

GLORIA ROCHESTER

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE ADVOCACY AND SUPPORT SERVICES TO SICKLE CELL PATIENTS AND THEIR FAMILIES.

#### **Funded Amount:**

\$24,000

#### Requested By:

CLARK

## Name of Administering State Agency:

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

RIDGEWOOD VOLUNTEER AMBULANCE CORPS, INC. 503 ONDERDONK AVENUE RIDGEWOOD, NY 11385 (347) 865-1062

#### Name of Project Director:

**KEVIN MAHONEY** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE EQUIPMENT NECESSARY FOR THE OPERATION OF AN AMBULANCE.

#### **Funded Amount:**

\$2,500

#### Requested By:

MILLER-M

## Name of Administering State Agency:

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

ROCKAWAY POINT VOLUNTEER EMERGENCY SERVICES, INC. P.O. BOX 333 FORT TILDEN, NY 11695 (718) 474-2593

#### Name of Project Director:

MATTHEW PICCONE

# **Purpose of Project:**

FUNDS WILL BE USED TO IMPROVE THE QUALITY OF EMERGENCY SERVICES PROVIDED. FUNDS WILL SUPPORT THE LIFELINE EMERGENCY RESPONSE DIGITAL ALARM SYSTEM PROGRAM, WHICH ALLOWS RESIDENTS WITH MEDICAL PROBLEMS TO SUMMON MEDICAL HELP.

#### **Funded Amount:**

\$2,500

### Requested By:

GOLDFEDER

#### 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:

LINDA EBER

# **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH AN ALZHEIMER SUPPORT GROUP FOR FAMILIES. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$10,126

#### Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

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

SESAME FLYERS INTERNATIONAL, INC. 3510 CHURCH AVENUE BROOKLYN, NY 11203 (718) 693-0500

### Name of Project Director:

**CURTIS NELSON** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COST ASSOCIATED WITH THE HEALTH AND FITNESS PROGRAM.

#### **Funded Amount:**

\$25,000

## Requested By:

PERRY

# Name of Administering State Agency:

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

SESAME FLYERS INTERNATIONAL, INC. 3510 CHURCH AVENUE BROOKLYN, NY 11203 (718) 693-0500

#### Name of Project Director:

**CURTIS NELSON** 

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE COMMUNITY HEALTH AND FITNESS PROGRAM, A FREE 90-MINUTE WORKOUT PROGRAM FOR MEMBERS OF THE COMMUNITY.

#### **Funded Amount:**

\$45,000

#### Requested By:

PERRY

## Name of Administering State Agency:

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

THROGGS NECK VOLUNTEER AMBULANCE CORPS, INC. 3955 EAST TREMONT AVENUE, P.O. BOX 302 BRONX, NY 10465 (718) 430-9501

### Name of Project Director:

JACK MCARDLE

## **Purpose of Project:**

FUNDS WILL BE USED TO HELP OFFSET THE COST OF INSURANCE.

#### **Funded Amount:**

\$5,000

#### Requested By:

**BENEDETTO** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

WATERVILLE AREA VOLUNTEER AMBULANCE CORPS, INC. P.O. BOX 314 WATERVILLE, NY 13480 (315) 841-4400

# **Name of Project Director:**

JEREMY M. WILLIAMS

# **Purpose of Project:**

FUNDS WILL BE USED TO REPLACE AN EXISTING AMBULANCE.

#### **Funded Amount:**

\$20,000

## Requested By:

MAGEE

## Name of Administering State Agency:

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

WOODHAVEN-RICHMOND HILL VOLUNTEER AMBULANCE CORPS, INC. 78-15 JAMAICA AVENUE WOODHAVEN, NY 11421 (718) 296-7918

### Name of Project Director:

KATHY SEXTON-DALBEY

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS OF INSURANCE PREMIUMS FOR THE AMBULANCE. FUNDS WILL ALSO BE USED FOR ARCHITECTURAL EXPENSES RELATED TO UPGRADING THE FACILITY'S HANDICAPPED ACCESSIBILITY.

#### **Funded Amount:**

\$4,500

### Requested By:

MILLER-M

#### Name of Administering State Agency:

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

YES THE BRONX, INC. 4720 GROSVENOR AVENUE BRONX, NY 10471 (914) 406-5531

### Name of Project Director:

**ALEC DIACOU** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET EXPENSES ASSOCIATED WITH THE ANNUAL 5K WALK TO PROMOTE HEALTH AND ANTI-OBESITY INITIATIVES.

#### **Funded Amount:**

\$2,500

#### Requested By:

BENEDETTO

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

COMMUNITY CENTER OF THE ROCKAWAY PENINSULA 257 BEACH 17TH STREET FAR ROCKAWAY, NY 11691 (718) 868-2300 Ext: 205

### Name of Project Director:

JOEL KAPLAN

# **Purpose of Project:**

FUNDS WILL BE USED TO ASSIST IN PLANNING AND IMPLEMENTATION OF AFTER SCHOOL VOCATIONAL TRAINING FOR HIGH SCHOOL STUDENTS.

#### **Funded Amount:**

\$10,000

#### Requested By:

GOLDFEDER

## Name of Administering State Agency:

**DEPARTMENT OF LABOR** 

## Legal Name, Address, and Telephone Number:

DAVIS MEMORIAL FUND, INC. 25 LAWRENCE AVENUE LAWRENCE, NY 11559-1446 (516) 295-0296

### Name of Project Director:

ZACH NOVOSELLER

## **Purpose of Project:**

FUNDS WILL BE USED FOR JOB PLACEMENT AND TRAINING TO ASSIST PEOPLE IN RE-ENTERING THE JOB MARKET THROUGH PROVIDING HELP IN WRITING RESUMES AND PROVIDING TRAINING FOR INTERVIEWING, LEADERSHIP, PRESENTATIONS AND UPGRADING THEIR SKILL SET TO MAKE THEM MORE MARKETABLE.

#### **Funded Amount:**

\$40,000

### Requested By:

HIKIND

#### Name of Administering State Agency:

DEPARTMENT OF LABOR

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

GRAND STREET SETTLEMENT, INC. 80 PITT STREET NEW YORK, NY 10002 (212) 674-1740

## Name of Project Director:

MARGARITA ROSA

## **Purpose of Project:**

FUNDS WILL BE USED TO OPERATE THE YOUTH OPPORTUNITIES PROGRAM AND TO UPDATE THE COMPUTER CENTER.

#### **Funded Amount:**

\$50,000

#### Requested By:

SILVER

# Name of Administering State Agency:

**DEPARTMENT OF LABOR** 

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

ALBANY CEMETERY ASSOCATION CEMETARY AVENUE ALBANY, NY 12204 (518) 436-7017

## Name of Project Director:

JOSEPH GERMAIN

# **Purpose of Project:**

FUNDS WILL BE USED FOR RESTORATION OF THE GROUNDS AND HISTORIC MONUMENTS THROUGHOUT THE RURAL CEMETERY.

#### **Funded Amount:**

\$6,000

#### Requested By:

MCENENY

## Name of Administering State Agency:

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

LAVA VOLUNTEER FIRE DEPARTMENT, INC. 7898 STATE ROUTE 52 NARROWSBURG, NY 12764 (845) 252-3375

## Name of Project Director:

**AMY LOHMANN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE TURN-OUT GEAR.

#### **Funded Amount:**

\$5,000

## Requested By:

**GUNTHER-A** 

## Name of Administering State Agency:

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

2ND BATTALION FIRE DISTRICT 666 THEMAR COURT BALDWIN, NY 11510 (516) 353-6202

#### Name of Project Director:

**EDWARD MADDEN** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR COMMUNICATIONS AND OPERATING EQUIPMENT FOR THE EMERGENCY OPERATIONS CENTER.

#### **Funded Amount:**

\$6,500

### Requested By:

WEISENBERG

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

ASIAN AMERICANS FOR EQUALITY, INC. 108 NORFOLK STREET NEW YORK, NY 10002 (212) 979-8381

#### Name of Project Director:

CHRISTOPHER KUI

## **Purpose of Project:**

FUNDS WILL BE USED TO CREATE A STOREFRONT TECHNOLOGY CENTER TO GIVE LOCAL RESIDENTS IN CHINATOWN/LOWER EAST SIDE ACCESS TO INFORMATION AND OPPORTUNITIES AVAILABLE THROUGH COMPUTER TECHNOLOGY.

#### **Funded Amount:**

\$100,000

### Requested By:

SILVER

### Name of Administering State Agency:

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

ATLANTIC BEACH FIRE DISTRICT ONE RESCUE ROAD, P.O. BOX 95 ATLANTIC BEACH, NY 11509 (516) 371-2348

## Name of Project Director:

JULIAN GOLDSTEIN

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE FIREFIGHTING EQUIPMENT.

#### **Funded Amount:**

\$5,500

## Requested By:

WEISENBERG

## Name of Administering State Agency:

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

BRIGHTON NEIGHBORHOOD ASSOCIATION, INC. 1002 BRIGHTON BEACH AVENUE BROOKLYN, NY 11235 (718) 891-0800

#### Name of Project Director:

PAT SINGER

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE BNA'S IMMIGRATION PROGRAM AND OPERATIONAL COSTS.

#### **Funded Amount:**

\$6,000

## Requested By:

CYMBROWITZ-S

# Name of Administering State Agency:

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

BRISTOL VOLUNTEER FIRE DEPARTMENT 4350 STATE ROUTE 64 BRISTOL, NY 14424 (585) 261-9718

## Name of Project Director:

**ERIC DAY** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR BUILDING IMPROVEMENTS.

#### **Funded Amount:**

\$25,000

# Requested By:

**KOLB** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

BROAD CHANNEL VOLUNTEERS, INC. 15 NOEL ROAD BROAD CHANNEL, NY 11693 (718) 474-6888

### Name of Project Director:

DAN MCINTYRE

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF GENERAL OPERATING EXPENSES OF THE VOLUNTEER FIRE DEPARTMENT AND AMBULANCE CORPS. FUNDS WILL ALSO BE USED TO PURCHASE VITAL EQUIPMENT FOR THE LIFE-SAVING EFFORTS OF THE VOLUNTEER ORGANIZATIONS.

#### **Funded Amount:**

\$2,500

### Requested By:

GOLDFEDER

## Name of Administering State Agency:

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

BROOKLYN LEGAL SERVICES CORPORATION A 256-260 BROADWAY BROOKLYN, NY 11211 (718) 487-2300

### Name of Project Director:

MARTIN S. NEEDLEMAN

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE LEGAL SERVICES TO INDIGENT MEMBERS OF THE COMMUNITY.

#### **Funded Amount:**

\$2,500

#### Requested By:

PERRY

# Name of Administering State Agency:

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

CAMBRIA HEIGHTS CIVIC ASSOCIATION P.O. BOX 10007 CAMBRIA HEIGHTS, NY 11411 (718) 527-0740

# **Name of Project Director:**

**KELLI SINGLETON** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR COMMUNITY IMPROVEMENTS AND BEAUTIFICATION.

#### **Funded Amount:**

\$10,000

## Requested By:

**CLARK** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

CANASTOTA VOLUNTEER FIRE DEPARTMENT, INC. P.O. BOX 81 CANASTOTA, NY 13032 (315) 697-7559

#### Name of Project Director:

BRUCE CHANDLER, I

## **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE OF A DROP-IN UNIT (225 GALLON WATER TANK) FOR A 4 WHEEL DRIVE PICK-UP TRUCK TO FIGHT BRUSH/GRASS FIRES.

#### **Funded Amount:**

\$15,000

### Requested By:

MAGEE

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

CARIBBEAN WOMEN'S HEALTH ASSOCIATION, INC. 21 SNYDER AVENUE, 2ND FLOOR BROOKLYN, NY 11226 (718) 826-2942

#### Name of Project Director:

CHERYL HALL

# **Purpose of Project:**

FUNDS WILL BE USED TO CONDUCT A CITIZENSHIP INITIATIVE TO ASSIST IMMIGRANTS IN ATTAINING U.S. CITIZENSHIP STATUS AND REGISTERING TO VOTE.

### **Funded Amount:**

\$5,000

### Requested By:

PERRY

## Name of Administering State Agency:

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

COMMUNITY ADVOCACY CENTER, INC. 657 FAIRVIEW AVENUE RIDGEWOOD, NY 11385 (718) 760-8558

#### Name of Project Director:

ROBERT J. ROTHERMEL

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE LEGAL SERVICES AND LEGAL AWARENESS CLINICS FOR NEEDY ELDERLY IN THE COMMUNITY.

#### **Funded Amount:**

\$1,500

#### Requested By:

MILLER-M

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

DOE FUND, INC. 232 EAST 84TH STREET NEW YORK, NY 10028 (212) 628-5207

### Name of Project Director:

**JOANNA WEST** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE SERVICES TO KEEP NEIGHBORHOODS CLEAN WHILE OFFERING EMPLOYMENT OPPORTUNITIES TO THE UNEMPLOYED. THIS ENABLES THE PROGRAM TO CONTINUE OPERATIONS AROUND THE WHITE PLAINS ROAD AREA.

#### **Funded Amount:**

\$50,000

### Requested By:

HEASTIE

### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

EDGEWATER PARK VOLUNTEER HOSE CO. NO. 1, INC. THE MANSION EDGEWATER PARK BRONX, NY 10465 (718) 863-7452

#### Name of Project Director:

**DENNIS MCCRINK** 

# **Purpose of Project:**

FUNDS WILL BE USED TO REPLACE AND UPDATE EXISTING EQUIPMENT AND TO OFFSET THE COST ASSOCIATED WITH INSURANCE LIABILITY.

#### **Funded Amount:**

\$3,000

### Requested By:

BENEDETTO

## Name of Administering State Agency:

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

EDMESTON VOLUNTEER FIRE DEPARTMENT P.O. BOX 41 EDMESTON, NY 13331 (607) 965-8020

### Name of Project Director:

**DAVID GREEN** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR TRAINING OF EMERGENCY SERVICES PERSONNEL TO ENSURE COMPLIANCE WITH STATE AND FEDERAL MANDATES.

#### **Funded Amount:**

\$5,000

### Requested By:

MAGEE

## Name of Administering State Agency:

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

EMPIRE JUSTICE CENTER, INC. 1 WEST MAIN STREET, SUITE 200 ROCHESTER, NY 14614 (585) 454-4060

#### Name of Project Director:

**BRYAN HETHERINGTON** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR RESEARCH, OUTREACH AND EDUCATIONAL SERVICES FOCUSED ON CURBING INSURANCE REDLINING.

#### **Funded Amount:**

\$25,000

#### Requested By:

**GANTT** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

FLATBUSH DEVELOPMENT CORPORATION 1616 NEWKIRK AVENUE BROOKLYN, NY 11226 (718) 859-3800

### Name of Project Director:

**ROBIN REDMOND** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL, HOUSING AND COMMUNITY REVITALIZATION PROGRAMS AND MATERIALS. FUNDS WILL ALSO BE USED TO PURCHASE TECHNOLOGICAL EQUIPMENT FOR LOCAL SCHOOLS AND AFTER SCHOOL RECREATIONAL AND EDUCATIONAL SUPPLIES.

#### **Funded Amount:**

\$40,000

## Requested By:

**JACOBS** 

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

FOREVER ELMWOOD CORPORATION 1068 ELMWOOD AVENUE BUFFALO, NY 14222 (716) 881-0707

#### Name of Project Director:

JUSTIN AZZARELLA

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF RENT. THE MISSION OF THIS ORGANIZATION IS TO WORK WITH IN COLLABORATION WITH BUSINESSES AND RESIDENTS IN ORDER TO IMPROVE THE QUALITY OF LIFE FOR THE COMMUNITY.

#### **Funded Amount:**

\$10,000

## **Requested By:**

**RYAN** 

### Name of Administering State Agency:

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

GLENDALE PROPERTY OWNERS ASSOCIATION, INC. 68-20 MYRTLE AVENUE GLENDALE, NY 11385 (516) 455-0461

### Name of Project Director:

**BRIAN DOOLEY** 

## **Purpose of Project:**

FUNDS WILL BE USED TO MAINTAIN OPERATIONS INCLUDING PROVIDING OUTREACH AND REFRESHMENTS FOR THE COMMUNITY MEETINGS. THIS ORGANIZATION PROMOTES QUALITY OF LIFE FOR THE COMMUNITY, AS WELL AS PROVIDES BEAUTIFICATION PROJECTS AND SIGNAGE IN THE NEIGHBORHOOD.

#### **Funded Amount:**

\$1,500

#### Requested By:

MILLER-M

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

GREATER RIDGEWOOD RESTORATION CORPORATION 68-56 FOREST AVENUE RIDGEWOOD, NY 11385 (718) 366-8721

#### Name of Project Director:

ANGELA MIRABILE

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE ANTI-GRAFFITI PROGRAM, INCLUDING THE COST OF FUEL, REPAIRS FOR THE VANS, PAINT AND PAINT REMOVER, PERSONNEL AND OTHER PROGRAM-RELATED EXPENSES.

#### **Funded Amount:**

\$6,000

### Requested By:

MILLER-M

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

HENRY STREET SETTLEMENT 265 HENRY STREET NEW YORK, NY 10002 (212) 766-9200

#### Name of Project Director:

DAVID GARZA

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COSTS OF VARIOUS COMMUNITY SUPPORT PROGRAMS, AS WELL AS TO PROVIDE TECHNICAL ASSISTANCE TO TENANT ASSOCIATIONS AT NEW YORK CITY HOUSING AUTHORITY (NYCHA) PROJECTS ON THE LOWER EAST SIDE OF MANHATTAN.

#### **Funded Amount:**

\$100,000

### Requested By:

SILVER

## Name of Administering State Agency:

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

HIAS, INC. 333 7TH AVENUE, 16TH FLOOR NEW YORK, NY 10001 (212) 613-1300

### 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:**

\$6,000

### Requested By:

CYMBROWITZ-S

### Name of Administering State Agency:

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

INCORPORATED VILLAGE OF AMITYVILLE P.O. BOX 725, C/O AMITYVILLE FIRE DEPARTMENT AMITYVILLE, NY 11701 (631) 264-6000

### Name of Project Director:

**RUSSELL SAWYER** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE FIREFIGHTING EQUIPMENT AND SUPPLIES.

#### **Funded Amount:**

\$20,000

#### Requested By:

**SWEENEY** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

JOINT BELLEROSE BUSINESS DISTRICT DEVELOPMENT CORPORATION 50 SUPERIOR ROAD BELLEROSE VILLAGE, NY 11001 (718) 343-8830

#### Name of Project Director:

JAMES TRENT

## **Purpose of Project:**

FUNDS WILL BE USED TO PROMOTE ECONOMIC GROWTH IN THE DOWNTOWN BELLEROSE BUSINESS DISTRICT. THE MAJOR FOCUS OF THIS EFFORT WILL BE ON GRAFFITI REMOVAL.

#### **Funded Amount:**

\$10,000

### Requested By:

CLARK

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

JUDICIAL PROCESSING COMMISSION, INC. 285 ORMOND STREET ROCHESTER, NY 14605 (585) 325-7727

### Name of Project Director:

SUE PORTER

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET GENERAL OPERATIONS, INCLUDING PERSONNEL AND PROGRAM COSTS. THE LEGAL ACTION PROJECT REDUCES BARRIERS TO ALLOW EX-OFFENDERS TO REJOIN THE COMMUNITY THROUGH LEGAL SERVICES.

#### **Funded Amount:**

\$8,000

### Requested By:

BRONSON

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

LEGAL AID SOCIETY OF ROCHESTER, INC. 1 WEST MAIN STREET ROCHESTER, NY 14614 (585) 232-4090

### Name of Project Director:

**ALLAN HARRIS** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR OPERATING EXPENSES ASSOCIATED WITH THE LEGAL AID PROGRAM. THE LEGAL AID PROGRAM PROVIDES LEGAL ASSISTANCE TO LOW INCOME RESIDENTS IN NEED.

#### **Funded Amount:**

\$25,000

### Requested By:

BRONSON

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

LEGAL ASSISTANCE OF WESTERN NEW YORK, INC. 361 SOUTH MAIN STREET GENEVA, NY 14456 (315) 781-1465

### Name of Project Director:

JASON D. HOGE

## **Purpose of Project:**

FUNDS WILL BE USED FOR THE RE-ENTRY PROJECT THAT HELPS PREVIOUSLY CONVICTED PEOPLE INTEGRATE INTO SOCIETY, AS WELL AS TO HELP INDIVIDUALS WHO HAVE NOT BEEN IN PRISON REMAIN PRODUCTIVE MEMBERS OF SOCIETY.

#### **Funded Amount:**

\$40,000

## **Requested By:**

**GANTT** 

### Name of Administering State Agency:

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

LEONARDSVILLE VOLUNTEER FIRE COMPANY, INC. P.O. BOX 185, 11306 MILL STREET LEONARDSVILLE, NY 13364 (315) 855-7813

#### Name of Project Director:

MICHAEL JONES

# **Purpose of Project:**

FUNDS WILL BE USED TO REPLACE ONE OF THE WALLS IN THE FIRE HALL.

#### **Funded Amount:**

\$15,000

#### Requested By:

MAGEE

## Name of Administering State Agency:

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

LIDO AND POINT LOOKOUT FIRE DISTRICT 102 LIDO BOULEVARD POINT LOOKOUT, NY 11569 (516) 432-6645

## Name of Project Director:

**TERRI RYAN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE FIREFIGHTING EQUIPMENT AND MATERIALS.

#### **Funded Amount:**

\$5,500

## Requested By:

WEISENBERG

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

LOCUST POINT CIVIC ASSOCIATION, INC. 3300 TIERNEY PLACE BRONX, NY 10465 (718) 792-7647

#### Name of Project Director:

CHRIS NAPOLITANO

## **Purpose of Project:**

FUNDS WILL BE USED REPAIR THE BUILDING, WHICH IS OPEN TO THE PUBLIC. THIS ORGANIZATION PROMOTES COMMUNITY PARTICIPATION, INFORMS RESIDENTS OF EVENTS AND LAWS, AND SERVES AS A REPOSITORY FOR LOCAL INFORMATION.

#### **Funded Amount:**

\$1,000

### Requested By:

BENEDETTO

## Name of Administering State Agency:

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

LONG BEACH FIRE DEPARTMENT 1 WEST CHESTER STREET LONG BEACH, NY 11561 (516) 431-2434

# **Name of Project Director:**

STEVEN FRAISER

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE FIRE PROTECTION EQUIPMENT AND MATERIALS.

#### **Funded Amount:**

\$5,500

## Requested By:

WEISENBERG

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

MANHATTAN BEACH COMMUNITY GROUP, INC. 250 DOVER STREET BROOKLYN, NY 11235 (718) 615-2055

#### Name of Project Director:

**IRA ZALCMAN** 

#### **Purpose of Project:**

FUNDS WILL BE USED TO ELIMINATE ALL GRAFFITI IN MANHATTAN BEACH, BROOKLYN, BY CONTINUALLY REPAINTING SURFACES AND REMOVING TRASH ON THE STREET. KITS WILL BE MADE UP AND DISTRIBUTED TO BUILDING SUPERINTENDENTS TO ERASE GRAFFITI AND REPAINT.

#### **Funded Amount:**

\$5,000

## Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

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

MANHATTAN BEACH NEIGHBORHOOD ASSOCIATION, INC. 2516 OCEAN AVENUE BROOKLYN, NY 11229 (718) 974-8531

#### Name of Project Director:

**ALAN DITCHEK** 

## **Purpose of Project:**

FUNDS WILL BE USED TO SWEEP THE STREETS, CLEAN OFF THE GRAFFITI AND PURCHASE ADDITIONAL GARBAGE CANS.

#### **Funded Amount:**

\$5,000

#### Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MANHATTAN LEGAL SERVICES 350 BROADWAY, 6TH FLOOR NEW YORK, NY 10013 (212) 348-4093

### Name of Project Director:

**PEGGY EARLSMAN** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE LEGAL SERVICES TO TENANTS IN THE HARLEM COMMUNITY. THESE SERVICES INCLUDE LEGAL ASSISTANCE WITH HOUSING COURT ISSUES FOR LOW INCOME FAMILIES.

#### **Funded Amount:**

\$10,000

### Requested By:

**WRIGHT** 

#### Name of Administering State Agency:

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

MAPLEWOOD NEIGHBORHOOD ASSOCIATION P.O. BOX 13529 ROCHESTER, NY 14613 (585) 232-8420

### Name of Project Director:

**WILLIAM COLLINS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE ZEBRA STRIPING ALONG DEWEY AVENUE IN ROCHESTER.

### **Funded Amount:**

\$10,000

## Requested By:

MORELLE

# Name of Administering State Agency:

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

MIDWOOD DEVELOPMENT CORPORATION 1416 AVENUE M BROOKLYN, NY 11230 (718) 376-0999

### Name of Project Director:

LINDA GOODMAN

## **Purpose of Project:**

FUNDS WILL BE USED FOR ESL CLASSES, HOUSING ASSISTANCE AND SENIOR CITIZEN PARTICIPATION PROGRAMS, AS WELL AS COMMUNITY PROGRAMS. \$8,500 WILL BE USED FOR SENIOR PARTICIPATION PROGRAMS.

#### **Funded Amount:**

\$38,500

## **Requested By:**

**JACOBS** 

### Name of Administering State Agency:

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

NEW YORK LEGAL ASSISTANCE GROUP, INC. 450 WEST 33RD STREET, 11TH FLOOR NEW YORK, NY 10001 (212) 613-5000

### Name of Project Director:

YISROEL SCHULMAN

#### **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE FREE LEGAL SERVICES TO LOW-INCOME NEW YORKERS ON MATTERS INCLUDING PUBLIC BENEFITS, HOUSING, ELDER CARE, DOMESTIC VIOLENCE, HEALTH CARE, IMMIGRATION, HOME CARE AND DISABILITY. THIS WILL INCLUDE USE OF NYLAG'S MOBILE LEGAL HEALTH CENTER FOUR TIMES PER YEAR.

#### **Funded Amount:**

\$5,000

## Requested By:

**JACOBS** 

#### Name of Administering State Agency:

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

OCEANSIDE FIRE DEPARTMENT 65 FOXHURST ROAD OCEANSIDE, NY 11572 (516) 766-2717

# Name of Project Director:

THOMAS BETTES

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE FIREFIGHTING EQUIPMENT.

#### **Funded Amount:**

\$5,500

# Requested By:

WEISENBERG

# Name of Administering State Agency:

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

PARTNERSHIP FOR COMMUNITY DEVELOPMENT, LTD. P.O. BOX 37, 11 PAYNE STREET HAMILTON, NY 13346 (315) 825-3537

### Name of Project Director:

JILL PEARSEN SMITH

#### **Purpose of Project:**

FUNDS WILL BE USED TO CREATE A PROFESSIONAL AND COMPREHENSIVE SAFETY AND ECONOMIC DEVELOPMENT STUDY OF THE AREA REFERRED TO AS THE "FIVE-WAY INTERSECTION" IN THE VILLAGE OF HAMILTON. THE SCOPE OF THE STUDY WILL INCLUDE ANALYSIS OF SITE CONDITIONS IN REGARD TO VEHICULAR AND PEDESTRIAN SAFETY, ECONOMIC DEVELOPMENT, SIGNAGE, PARKING AND AESTHETIC CONSIDERATIONS.

### **Funded Amount:**

\$15,000

#### Requested By:

MAGEE

#### Name of Administering State Agency:

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

POINT BREEZE VOLUNTEER FIRE DEPARTMENT, INC. ONE FIREMAN'S PLAZA BREEZY POINT, NY 11697 (718) 634-7967

# Name of Project Director:

**JOHN INGRAM** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE EQUIPMENT.

#### **Funded Amount:**

\$2,500

# Requested By:

GOLDFEDER

# Name of Administering State Agency:

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

RIDGEWOOD PROPERTY OWNERS AND CIVIC ASSOCIATION, INC. 60-08 PUTNAM AVENUE RIDGEWOOD, NY 11385 (718) 417-6032

### Name of Project Director:

PETER COMBER

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE NOTICES OF MEETINGS AND AGENDA IN THE TIMES NEWS WEEKLY, THE PRINTING AND MAILING OF A NEWSLETTER AS WELL AS FOR PAYMENT OF SERVICES FOR DELIVERING SPECIAL NOTICES. THIS WILL INFORM COMMUNITY MEMBERS OF THEIR RIGHTS AS PROPERTY OWNERS.

#### **Funded Amount:**

\$1,500

### Requested By:

MILLER-M

#### Name of Administering State Agency:

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

RONALD MCDONALD HOUSE CHARITIES OF ROCHESTER, NY, INC. 333 WESTMORELAND DRIVE ROCHESTER, NY 14620 (585) 442-5437

### Name of Project Director:

**CAROL ANNE DEMOULIN** 

## **Purpose of Project:**

FUNDS WILL BE USED TO REPAIR THE FRONT PORCH AND HANDICAP ACCESSIBLE RAMP.

#### **Funded Amount:**

\$5,000

#### Requested By:

**BRONSON** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ROXBURY VOLUNTEER EMERGENCY SERVICES, INC. 42 STATE ROAD ROCKAWAY POINT, NY 11697 (718) 945-2678

### Name of Project Director:

**KEN RUTTER** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE VITAL EQUIPMENT FOR THE LIFE-SAVING EFFORTS OF THIS VOLUNTEER ORGANIZATION.

### **Funded Amount:**

\$2,500

### Requested By:

GOLDFEDER

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SEPTEMBER 11 FAMILY GROUP 130 OCEANA DRIVE W, #PH-7 BROOKLYN, NY 11235 (917) 771-1709

### Name of Project Director:

LARRY SAVINKIN

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE SEPTEMBER 11 MEMORIAL CEREMONY, WHICH IS HELD AT ARTHUR PARK. FUNDS WILL ALSO BE USED FOR UPKEEP OF THE MEMORIAL SQUARE.

#### **Funded Amount:**

\$2,000

### Requested By:

WEINSTEIN

#### Name of Administering State Agency:

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

SEPTEMBER 11 FAMILY GROUP 130 OCEANIA DRIVE WEST, APT 1I BROOKLYN, NY 11235 (917) 771-1709

### Name of Project Director:

LARRY SAVINKIM

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH A SEPTEMBER 11 MEMORIAL.

### **Funded Amount:**

\$1,000

# Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SOUTH BROOKLYN LEGAL SERVICES, INC. 105 COURT STREET, #3 BROOKLYN, NY 11201 (718) 237-5500

### Name of Project Director:

JOHN C. GRAY

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE LEGAL SERVICES TO LOW INCOME FAMILIES TO HELP PREVENT THEM FROM LOSING THEIR HOMES AND ADDRESS NEEDS ARISING FROM DOMESTIC ABUSE.

#### **Funded Amount:**

\$5,000

#### Requested By:

**JACOBS** 

## Name of Administering State Agency:

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

TOWN OF FENNER 3151 FENNER EAST ROAD CAZENOVIA, NY 13035 (315) 655-2705

# Name of Project Director:

**RUSSELL CARY** 

## **Purpose of Project:**

FUNDS WILL BE USED TO REPLACE THE ROOF ON THE TOWN OFFICE BUILDING.

### **Funded Amount:**

\$20,000

## Requested By:

MAGEE

# Name of Administering State Agency:

### 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 IN-STATE TRIPS, RECREATION AND EDUCATIONAL PROGRAMS TARGETING DISADVANTAGED SENIORS, ADOLESCENTS AND FAMILIES, AS WELL AS TO SUPPORT A PROGRAM THAT INFORMS SENIORS ABOUT LOWER EAST SIDE MERCHANTS. FUNDS MAY ALSO BE USED FOR A TELEPHONE REASSURANCE PROGRAM DURING EVENING HOURS TARGETING HOMEBOUND SENIORS AND FOR PROGRAM OUTREACH. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$100,000

### Requested By:

SILVER

### Name of Administering State Agency:

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

VILLAGE OF LAURENS 37 BROOK STREET LAURENS, NY 13796 (607) 433-2816

# Name of Project Director:

**ROBERT ZACK** 

# **Purpose of Project:**

FUNDS WILL BE USED TO TRANSFORM AN EMPTY LOT INTO A COMMUNITY PARKING LOT.

### **Funded Amount:**

\$10,000

# Requested By:

MAGEE

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

WEST HAMILTON BEACH VOLUNTEERS, INC. P.O. BOX 140177 HOWARD BEACH, NY 11414 (718) 843-1716

### Name of Project Director:

JONAH COHEN

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH OPERATING THE WEST HAMILTON BEACH VOLUNTEER FIRE DEPARTMENT SERVICES AND PROGRAMS.

#### **Funded Amount:**

\$2,500

### Requested By:

GOLDFEDER

## Name of Administering State Agency:

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

WOODMERE VOLUNTEER FIRE DEPARTMENT, INC. 20 IRVING PLACE WOODMERE, NY 11598 (516) 374-0928

## Name of Project Director:

**DAVID MILLER** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE FIREFIGHTING EQUIPMENT AND SUPPLIES.

#### **Funded Amount:**

\$5,500

# Requested By:

WEISENBERG

# Name of Administering State Agency:

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

ALBANY CEMETERY ASSOCIATION CEMETERY AVENUE ALBANY, NY 12204 (518) 463-7017

## Name of Project Director:

JOSEPH GERMAIN

# **Purpose of Project:**

FUNDS WILL BE USED FOR RESTORATION OF THE GROUNDS AND HISTORIC MONUMENTS THROUGHOUT THE RURAL CEMETERY.

### **Funded Amount:**

\$3,000

### Requested By:

MCENENY

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

67TH PRECINCT COMMUNITY COUNCIL 2820 SNYDER AVENUE BROOKLYN, NY 11226 (718) 405-9329

### Name of Project Director:

PATRICIA REDDOCK

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE (POLICE ATHLETIC LEAGUE) SUMMER SOFTBALL PROGRAM FOR YOUTH, AS WELL AS FOR THE PURCHASE OF UNIFORMS FOR THE POLICE EXPLORERS YOUTH PROGRAM.

#### **Funded Amount:**

\$4,500

### Requested By:

PERRY

#### Name of Administering State Agency:

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

ALBANY POLICE ATHLETIC LEAGUE, INC. 844 MADISON AVENUE ALBANY, NY 12208 (518) 435-0392

## Name of Project Director:

LEONARD RICCHUITI, JR.

# **Purpose of Project:**

FUNDS WILL BE USED TO FUND YOUTH CRIME PREVENTION PROGRAMS.

#### **Funded Amount:**

\$3,000

#### Requested By:

**MCENENY** 

# Name of Administering State Agency:

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

CITY OF SHERRILL 377 SHERRILL ROAD SHERRILL, NY 13461 (315) 363-2440

# Name of Project Director:

**ROBERT COMIS** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE PATROL VEHICLE CAMERAS.

#### **Funded Amount:**

\$17,000

# Requested By:

MAGEE

# Name of Administering State Agency:

## 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:

**GILLES GADE** 

# **Purpose of Project:**

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

#### **Funded Amount:**

\$5,000

### Requested By:

WEINSTEIN

#### Name of Administering State Agency:

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

GLENDALE CIVILIAN OBSERVATION PATROL, INC. 70-24 MYRTLE AVENUE GLENDALE, NY 11385 (718) 497-1500

### Name of Project Director:

**ELIZABETH DELACRUZ** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE EQUIPMENT REQUIRED FOR WEEKLY PATROLS OF THE NEIGHBORHOOD.

### **Funded Amount:**

\$5,000

#### Requested By:

MILLER-M

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

MASSACHUSETTS COMMUNITY CENTER AND DEVELOPMENT CORPORATION, INC. 161 VERMONT STREET BUFFALO, NY14213 (716) 884-6616

#### Name of Project Director:

**LUCY CANDELARIO** 

#### **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE CRIME PREVENTION INITIATIVE, TO PREVENT DELINQUENCY ON BUFFALO'S WEST SIDE.

#### **Funded Amount:**

\$10,000

### Requested By:

**RYAN** 

## Name of Administering State Agency:

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

NOTTINGHAM ASSOCIATION, INC. 1545 EAST 22ND STREET BROOKLYN, NY 11210 (718) 258-8348

### Name of Project Director:

**HELEN ROSEN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT A NEIGHBORHOOD PATROL IN THE COMMUNITY.

### **Funded Amount:**

\$3,500

# Requested By:

WEINSTEIN

# Name of Administering State Agency:

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

ALBANY POLICE ATHLETIC LEAGUE, INC. 844 MADISON AVENUE ALBANY, NY 12208 (518) 435-0392

## Name of Project Director:

LEONARD RICCHUTTI, JR.

## **Purpose of Project:**

FUNDS WILL BE USED TO FUND YOUTH CRIME PREVENTION PROGRAMS.

#### **Funded Amount:**

\$3,000

#### Requested By:

**MCENENY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

EAST RIVER DEVELOPMENT ALLIANCE, INC. 12-11 40TH AVENUE LONG ISLAND CITY, NY 11101 (718) 784-0877

### Name of Project Director:

MITCHELL TAYLOR

#### **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COSTS OF PROGRAMS AND SERVICES DEDICATED TO INCREASING PROSPERITY IN PUBLIC HOUSING NEIGHBORHOODS, THEREBY ALLOWING RESIDENTS AND THEIR FAMILIES THE OPPORTUNITY OF ECONOMIC MOBILITY AND SELF-SUFFICIENCY.

#### **Funded Amount:**

\$1,750

## Requested By:

NOLAN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

EAST RIVER DEVELOPMENT ALLIANCE, INC. 12-11 40TH AVENUE LONG ISLAND CITY, NY 11101 (718) 784-0877

### Name of Project Director:

MITCHELL TAYLOR

#### **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COSTS OF PROGRAMS AND SERVICES DEDICATED TO INCREASING PROSPERITY IN PUBLIC HOUSING NEIGHBORHOODS, THEREBY ALLOWING RESIDENTS AND THEIR FAMILIES THE OPPORTUNITY OF ECONOMIC MOBILITY AND SELF-SUFFICIENCY.

#### **Funded Amount:**

\$1,000

### Requested By:

NOLAN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ASIAN AMERICANS FOR EQUALITY, INC. 108 NORFOLK STREET NEW YORK, NY 10002 (212) 680-1374

### Name of Project Director:

CHRISTOPHER KUI

## **Purpose of Project:**

FUNDS WILL BE USED TO ASSIST LOW INCOME AND HOMELESS INDIVIDUALS AND FAMILIES WITHIN QUEENS IN ACCESSING HOUSING SERVICES AND AFFORDABLE HOUSING.

#### **Funded Amount:**

\$7,500

### Requested By:

**AUBRY** 

## Name of Administering State Agency:

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

BROOKLYN HOUSING AND FAMILY SERVICES, INC. 415 ALBEMARLE ROAD BROOKLYN, NY 11218 (718) 435-7585

### Name of Project Director:

LARRY JAYSON

#### **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE HOUSING ASSISTANCE, INCLUDING HOMELESSNESS PREVENTION AND HOUSING PRESERVATION THROUGH ADVOCACY. THESE PROGRAMS PROTECT THE POOR, NEW IMMIGRANTS AND ELDERLY, AS WELL AS ASSIST THEM WITH ENTITLEMENT REFERRALS TO AVOID DISPLACEMENT.

#### **Funded Amount:**

\$6,000

### Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN HOUSING AND FAMILY SERVICES, INC. 415 ALBERMARLE ROAD BROOKLYN, NY 11218 (718) 435-7585

### Name of Project Director:

LARRY JAYSON

## **Purpose of Project:**

FUNDS WILL BE USED TO DEFEND AND PRESERVE THE LOW AND MODERATELY PRICED MULTIPLE DWELLINGS IN BROOKLYN, AS WELL AS TO DEFEND AND PROTECT RESIDENTS FROM DISPLACEMENT AND HOMELESSNESS.

#### **Funded Amount:**

\$25,000

## **Requested By:**

**JACOBS** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN HOUSING AND FAMILY SERVICES, INC. 415 ALBEMARLE ROAD BROOKLYN, NY 11218 (718) 435-7701

### Name of Project Director:

LARRY JAYSON

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE PROGRAMS ON HOUSING EDUCATION AND EVICTION PREVENTION TO RESIDENTS OF BROOKLYN.

### **Funded Amount:**

\$2,500

### Requested By:

PERRY

## Name of Administering State Agency:

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

BROOKLYN HOUSING AND FAMILY SERVICES, INC. 415 ALBERMARLE ROAD BROOKLYN, NY 11218 (718) 435-7585

### Name of Project Director:

LARRY JAYSON

## **Purpose of Project:**

FUNDS WILL BE USED TO CONTINUE HOMELESSNESS PREVENTION AND HOUSING PRESERVATION PROGRAMS THROUGH REPRESENTATION, INCLUDING COUNSELING TO PREVENT TENANT EVICTION.

#### **Funded Amount:**

\$9,000

### Requested By:

WEINSTEIN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN HOUSING AND FAMILY SERVICES, INC. 415 ABLEMARLE ROAD BROOKLYN, NY 11218 (718) 435-7585

### Name of Project Director:

LARRY JAYSON

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE FREE HOUSING SERVICES, INCLUDING ASSISTANCE WITH LANDLORD/TENANT DISPUTES TO LOW AND MODERATE INCOME RESIDENTS OF BROOKLYN.

#### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BUFFALO NEIGHBORHOOD STABILIZATION COMPANY, INC. 271 GRANT STREET BUFFALO, NY 14213 (716) 884-0356

### Name of Project Director:

**AARON BARTELY** 

#### **Purpose of Project:**

FUNDS WILL BE USED TO BUILD ON BNSC'S SUCCESSES IN STABILIZING THE MASSACHUSETTS AVENUE CORRIDOR. THE SUPPORT FOR THE BNSC'S DEVELOPMENT PROJECTS PROMOTE IMPROVED HOUSING CONDITIONS, REDUCED VACANCY RATES AND CREATE A MORE LIVABLE AND SUSTAINABLE NEIGHBORHOOD.

#### **Funded Amount:**

\$10,000

## Requested By:

**RYAN** 

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

COMMUNITY LEAGUE OF THE HEIGHTS, INC. 500 WEST 159TH STREET NEW YORK, NY 10032 (212) 795-4779

## Name of Project Director:

YVONNE STENNETT

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPLEMENT NPP FUNDS INTENDED FOR USE IN REHABILITATING 200 UNITS OF AFFORDABLE HOUSING, CURRENTLY IN DEVELOPMENT.

#### **Funded Amount:**

\$55,000

## Requested By:

FARRELL, JR

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ERASMUS NEIGHBORHOOD FEDERATION, INC. 814 ROGERS AVENUE BROOKLYN, NY 11226 (718) 462-7700

### Name of Project Director:

**YVES VILUS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT HOUSING PROGRAMS THAT IMPROVE AND MAINTAIN QUALITY OF LIFE IN NEIGHBORHOODS, AS WELL AS TO PROVIDE COMMUNITY OUTREACH PROGRAMS.

#### **Funded Amount:**

\$20,000

## Requested By:

**JACOBS** 

# Name of Administering State Agency:

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

FLATBUSH DEVELOPMENT CORPORATION 1616 NEWKIRK AVENUE BROOKLYN, NY 11226 (718) 859-3800

### Name of Project Director:

**ROBIN REDMOND** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE FLATBUSH GARDENS TENANT INITIATIVE.

### **Funded Amount:**

\$45,000

### Requested By:

PERRY

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

GLENWOOD TENANTS ASSOCIATION, INC. 5901 GLENWOOD ROAD, SUITE 1E BROOKLYN, NY 11234 (718) 451-0757

## Name of Project Director:

**CAROLYN WALTON** 

# **Purpose of Project:**

FUNDS WILL BE USED TO MAINTAIN A TENANT ASSOCIATION OFFICE THAT HELPS FOSTER BETTER RELATIONS BETWEEN MANAGEMENT AND RESIDENTS.

### **Funded Amount:**

\$2,500

## Requested By:

WEINSTEIN

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

GREATER SHEEPSHEAD BAY DEVELOPMENT CORP. 2107 EAST 22ND STREET BROOKLYN, NY 11229 (718) 332-0582

### Name of Project Director:

**ELLEN SUSNOW** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE ONGOING SUPPORT AND COUNSELING SERVICES REGARDING HOUSING ISSUES TO RESIDENTS OF THE COMMUNITY. SERVICES INCLUDE MEDIATION BETWEEN TENANTS AND LANDLORDS, INFORMING TENANTS OF THEIR RIGHTS, ETC.

#### **Funded Amount:**

\$6,000

## Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

GROUP 14621 COMMUNITY ASSOCIATION, INC. 1171 NORTH CLINTON AVENUE ROCHESTER, NY 14621 (585) 266-4693

### Name of Project Director:

SHIRLEY BOONE

### **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET GENERAL OPERATIONS, INCLUDING EQUIPMENT AND PROGRAMMING THAT HELP CITIZENS REBUILD AND REVITALIZE NEIGHBORHOODS BY EMPOWERING BLOCK ASSOCIATIONS AND NEIGHBORHOOD PROGRAMS TO REDUCE CRIME IN THE ROCHESTER COMMUNITY, AS WELL AS TO BUILD A COMMUNITY INFRASTRUCTURE.

### **Funded Amount:**

\$7,000

### Requested By:

**BRONSON** 

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

HEART OF THE CITY NEIGHBORHOODS, INC. 251 VIRGINIA STREET, SUITE A BUFFALO, NY 14201 (716) 882-7661

## Name of Project Director:

STEPHANIE SIMEON

### **Purpose of Project:**

FUNDS WILL BE USED TO REVITALIZE NEGLECTED HOMES. THIS ACQUISITION, REHAB, RESELL PROGRAM TARGETS VACANT HOMES WHICH ARE CONSIDERED NEIGHBORHOOD NUISANCES AND PROBLEM PROPERTIES, IN AN EFFORT TO ELIMINATE BLIGHT AND NEGATIVE PERCEPTIONS ASSOCIATED WITH URBAN LIVING.

### **Funded Amount:**

\$5,000

### Requested By:

**RYAN** 

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LENOX TERRACE ASSOCIATION OF CONCERNED TENANTS, INC. 2186 FIFTH AVENUE, 17D NEW YORK, NY 10037 (757) 283-3424

### Name of Project Director:

**DELSINIA GLOVER** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROMOTE TENANT ADVOCACY IN LENOX TERRACE BY PROVIDING FORUMS AND MEETINGS.

#### **Funded Amount:**

\$2,500

### Requested By:

**WRIGHT** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MIDWOOD DEVELOPMENT CORPORATION 1416 AVENUE M BROOKLYN, NY 11230 (718) 376-1098

## Name of Project Director:

LINDA GOODMAN

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE ONGOING SUPPORT AND COUNSELING SERVICES REGARDING HOUSING ISSUES TO RESIDENTS OF THE COMMUNITY. SERVICES INCLUDE MEDIATION BETWEEN TENANTS AND LANDLORDS, INFORMING TENANTS OF THEIR RIGHTS, ETC.

#### **Funded Amount:**

\$6,000

### Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

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

MIDWOOD DEVELOPMENT CORPORATION 1416 AVENUE M, SUITE 201 BROOKLYN, NY 11230 (718) 376-1098 Ext: 101

### Name of Project Director:

LINDA GOODMAN

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE FREE HOUSING AND FORECLOSURE COUNSELING TO COMMUNITY RESIDENTS.

### **Funded Amount:**

\$2,500

### Requested By:

WEINSTEIN

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NEIGHBORHOOD HOUSING SERVICES OF EAST FLATBUSH, INC. 2806 CHURCH AVENUE BROOKLYN, NY 11226 (718) 732-8013

## Name of Project Director:

**TONYA ORES** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT NHS PRE AND POST PURCHASE COUNSELING PROGRAMS AND NEIGHBORHOOD PRESERVATION SERVICES.

#### **Funded Amount:**

\$7,500

### Requested By:

**JACOBS** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NEIGHBORHOOD HOUSING SERVICES OF JAMAICA, INC. 89-70 162ND STREET JAMAICA, NY 11432 (718) 739-8279

## Name of Project Director:

**CATHY MICKENS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO HELP REVITALIZE NEIGHBORHOODS IN SOUTHERN QUEENS BY OFFERING EDUCATION, COUNSELING AND TECHNICAL ASSISTANCE TO LOW AND MODERATE INCOME RESIDENTS.

#### **Funded Amount:**

\$21,000

### Requested By:

COOK

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NORTH AMITYVILLE HOUSING REHABILITATION ASSOC., INC. 568 BROADWAY, P.O. BOX 761 AMITYVILLE, NY 11701 (631) 789-8869

## Name of Project Director:

**ROSEMARIE DEARING** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT AND ASSIST LOW AND MODERATE INCOME RESIDENTS SEEKING AFFORDABLE HOUSING.

### **Funded Amount:**

\$22,000

### Requested By:

**SWEENEY** 

# Name of Administering State Agency:

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

NORTH EAST AREA DEVELOPMENT, INC. 360 WEBSTER AVENUE ROCHESTER, NY 14609 (585) 482-7320

## Name of Project Director:

**GEORGE MOSES** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET GENERAL OPERATIONS OF THE NEIGHBORHOOD PRESERVATION PROGRAM IN ROCHESTER.

### **Funded Amount:**

\$7,000

### Requested By:

**BRONSON** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NOSTRAND RESIDENTS ASSOCIATION 2242 BRAGG STREET BROOKLYN, NY 11229 (718) 743-1346

### Name of Project Director:

**DORIS ZENO** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE NOSTRAND TENANTS "FAMILY DAY." ADDITIONALLY, FUNDS WILL BE USED TO ESTABLISH AND MAINTAIN AN OFFICE THAT WILL FOSTER BETTER RELATIONS BETWEEN MANAGEMENT AND RESIDENTS.

#### **Funded Amount:**

\$1,000

# Requested By:

WEINSTEIN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

PALANTE HARLEM, INC. 225 WEST 146TH STREET, #21B NEW YORK, NY 10039 (646) 761-5368

### Name of Project Director:

ELSIA VAZQUEZ

# **Purpose of Project:**

FUNDS WILL BE USED TO PROMOTE TENANT ADVOCACY IN THE HARLEM COMMUNITY THROUGH FORUMS AND WORKSHOPS.

### **Funded Amount:**

\$6,500

### Requested By:

**WRIGHT** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

RIVERTON TENANTS ASSOCIATION, INC. 2255 FIFTH AVENUE, APT. #4H NEW YORK, NY 10037 (646) 772-7810

## Name of Project Director:

RANDRETA WARD EVANS

# **Purpose of Project:**

FUNDS WILL BE USED TO EDUCATE TENANTS ON RIGHTS AS RENTERS THROUGH COMMUNITY ACTIVITIES DURING THE FAMILY DAY CELEBRATION.

### **Funded Amount:**

\$2,500

### **Requested By:**

**WRIGHT** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SHEEPSHEAD TENANT ASSOCIATION 2352 BATCHELDER STREET, APT. 1C BROOKLYN, NY 11229 (718) 368-2427

### Name of Project Director:

PAT DALE

# **Purpose of Project:**

FUNDS WILL BE USED TO COVER COSTS ASSOCIATED WITH THE SHEEPSHEAD TENANTS "FAMILY DAY." ADDITIONALLY, FUNDS WILL BE USED TO ESTABLISH AND MAINTAIN AN OFFICE THAT WILL FOSTER BETTER RELATIONS BETWEEN MANAGEMENT AND RESIDENTS.

#### **Funded Amount:**

\$1,000

### Requested By:

WEINSTEIN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SOUTH EAST AREA COALITION, INC. 1000 ELMWOOD AVENUE ROCHESTER, NY 14620 (585) 244-7405

## Name of Project Director:

**HELEN HOGAN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET GENERAL OPERATION COSTS, INCLUDING RENT, FOR A NEIGHBORHOOD PRESERVATION PROGRAM IN LOW INCOME AREAS OF ROCHESTER.

### **Funded Amount:**

\$7,000

## Requested By:

**BRONSON** 

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

WYANDANCH COMMUNITY DEVELOPMENT CORPORATION 59 CUMBERBACH STREET WYANDANCH, NY 11798 (631) 643-4786

## Name of Project Director:

SONDRA COCHRAN

### **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF OPERATING EXPENSES, INCLUDING RENT, SUPPLIES, UTILITIES AND PERSONNEL. PERSONNEL ASSIST THE ORGANIZATION IN PROVIDING HOMEBUYERS WITH EDUCATION, MORTGAGE DEFAULT AND DELINQUENCY COUNSELING, FINANCIAL MANAGEMENT AND BUDGETING AND LANDLORD INTERVENTION TO PREVENT EVICTION AND DISPLACEMENT OF RESIDENTS IN THE COMMUNITY.

### **Funded Amount:**

\$12,500

#### Requested By:

SWEENEY

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN HOUSING AND FAMILY SERVICES, INC. 415 ALBERMARLE ROAD BROOKLYN, NY 11218 (718) 435-7585

### Name of Project Director:

LARRY JAYSON

# **Purpose of Project:**

FUNDS WILL BE USED TO PRESERVE LOW AND MODERATELY PRICED MULTIPLE DWELLINGS IN BROOKLYN, AS WELL AS TO PROTECT THE RESIDENTS OF THESE DWELLINGS FROM DISPLACEMENT AND HOMELESSNESS.

### **Funded Amount:**

\$7,500

## Requested By:

**JACOBS** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

EAST RIVER DEVELOPMENT ALLIANCE, INC. 12-11 40TH AVENUE LONG ISLAND CITY, NY 11101 (718) 784-0877

### Name of Project Director:

MITCHELL TAYLOR

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COSTS OF PROGRAMS AND SERVICES DEDICATED TO INCREASING PROSPERITY IN PUBLIC HOUSING NEIGHBORHOODS, THEREBY ALLOWING RESIDENTS AND THEIR FAMILIES THE OPPORTUNITY OF ECONOMIC MOBILITY AND SELF-SUFFICIENCY.

#### **Funded Amount:**

\$2,250

# Requested By:

NOLAN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ALLIED VETERANS MEMORIAL COMMITTEE OF GREATER RIDGEWOOD AND GLENDALE
72-14 67TH PLACE
GLENDALE, NY 11385
(718) 366-0121

### Name of Project Director:

PAUL SCHOTTENHAMEL

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET EXPENSES FOR THE MEMORIAL DAY PARADE.

#### **Funded Amount:**

\$2,000

## Requested By:

MILLER-M

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

AMERICAN LEGION AUXILARY - POST 301 CREEDMOOR CAMPUS BUILDING 18, 80-45 WINCHESTER BOULEVARD QUEENS VILLAGE, NY 11427 (718) 343-9406

## Name of Project Director:

MARY MODA

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE VETERAN HOSPITAL ACTIVITIES, IN-PATIENT RECREATIONAL SERVICES AND IN-STATE TRIPS.

### **Funded Amount:**

\$5,000

### Requested By:

CLARK

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

CO-OP CITY POST 1871 AMERICAN LEGION 135 EINSTEIN LOOP, ROOM 41 BRONX, NY 10475 (718) 320-8165

## Name of Project Director:

ROBERT FELICIANO

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE BENEFITS INFORMATION TO LOCAL VETERANS, AS WELL AS FOR OTHER COMMUNITY ACTIVITIES.

### **Funded Amount:**

\$2,000

### Requested By:

BENEDETTO

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

DEPARTMENT OF NEW YORK, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. 300 BROADWAY AMITYVILLE, NY 11701 (631) 691-5948

### Name of Project Director:

**EVERETT K. BUDD** 

### **Purpose of Project:**

FUNDS WILL BE USED TO REPLACE DETERIORATED FLOOR AND CEILING TILES AT A VETERANS POST. THIS FACILITY PROVIDES A SPACE FOR COMMUNITY MEETINGS AND EVENTS.

#### **Funded Amount:**

\$11,000

## Requested By:

**SWEENEY** 

### Name of Administering State Agency:

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

PLUMB BEACH CIVIC ASSOCIATION OF SHEEPSHEAD BAY, INC. 2814 FORD STREET BROOKLYN, NY 11235 (718) 891-8400

## Name of Project Director:

**KATHY FLYNN** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE WAR VETERANS MEMORIAL.

#### **Funded Amount:**

\$4,000

# Requested By:

CYMBROWITZ-S

# Name of Administering State Agency:

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

UNITED VETERANS PARADE COMMITTEE OF GREATER NEW YORK, INC. 728 WILCOX AVENUE BRONX, NY 10465 (718) 823-1981

### Name of Project Director:

PATRICK DEVINE

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COSTS OF THE ANNUAL VETERANS' DAY PARADE.

### **Funded Amount:**

\$2,500

### Requested By:

BENEDETTO

# Name of Administering State Agency:

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

VETERANS SPORTS ASSOCIATION, INC. 3111 OCEAN PARKWAY, SUITE 9K BROOKLYN, NY 11235 (718) 996-6379

## Name of Project Director:

RAFAIL GORODETSKIY

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS OF ORGANIZING COMMUNITY SPORTING EVENTS FOR VETERANS IN THE COMMUNITY.

### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

VIETNAM VETERANS OF AMERICA, CHAPTER #32, QUEENS, NEW YORK, INC. 88-61 76TH AVENUE GLENDALE, NY 11385 (718) 830-0037

## Name of Project Director:

PAT TORO

# **Purpose of Project:**

FUNDS WILL BE USED TO HOLD LOCAL EVENTS TO RAISE AWARENESS ON VETERAN'S ISSUES AS WELL AS TO PROVIDE CURRENT BENEFIT INFORMATION TO ALL VETERANS AND TO PROVIDE SERVICES TO THE ST. ALBAN'S DOMICILIARY FOR HOMELESS VETERANS.

#### **Funded Amount:**

\$2,000

### Requested By:

MILLER-M

#### Name of Administering State Agency:

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

ALBANY PUBLIC LIBRARY 161 WASHINGTON AVENUE ALBANY, NY 12210 (518) 427-4300

# **Name of Project Director:**

CAROL NERSINGER

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE NEW ITEMS/EQUIPMENT FOR THE LIBRARY'S COLLECTIONS.

### **Funded Amount:**

\$3,000

# Requested By:

MCENENY

# Name of Administering State Agency:

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

AGUDATH ISRAEL OF AMERICA COMMUNITY SERVICES, INC. 42 BROADWAY, 14TH FLOOR NEW YORK, NY 10004 (212) 797-9000

## Name of Project Director:

DAVID SEEVE

# **Purpose of Project:**

FUNDS WILL BE USED TO DISSEMINATE INFORMATION REGARDING RELEVANT LAWS, RULES AND REGULATIONS TO APPROXIMATELY 300 NON-PUBLIC SCHOOLS VIA WORKSHOPS, TRAINING AND INDIVIDUAL ASSISTANCE ON A NON-SECTARIAN BASIS.

#### **Funded Amount:**

\$6,000

### Requested By:

CYMBROWITZ-S

### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

AGUDATH ISRAEL OF AMERICA COMMUNITY SERVICES, INC. 42 BROADWAY, 14TH FLOOR NEW YORK, NY 10004 (212) 797-9000

### Name of Project Director:

DAVID SEEVE

### **Purpose of Project:**

FUNDS WILL BE USED TO DISSEMINATE CURRENT INFORMATION REGARDING RELEVANT LAWS, RULES AND REGULATIONS, AS WELL AS DEADLINES TO APPROXIMATELY 300 NON-PUBLIC SCHOOLS VIA WORKSHOPS, TRAINING AND INDIVIDUAL ASSISTANCE TO SCHOOL ADMINISTRATORS. THIS INCLUDES INFORMATION AND TECHNICAL ASSISTANCE IN AREAS OF HEALTH, TRANSPORTATION, SECURITY, EMERGENCY PREPAREDNESS, TELECOMMUNICATIONS, MENTAL HEALTH, SUBSTANCE ABUSE AND CONFLICT RESOLUTION. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$5.000

#### Requested By:

**JACOBS** 

### Name of Administering State Agency:

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

AGUDATH ISRAEL OF AMERICA COMMUNITY SERVICES, INC. 42 BROADWAY, 14TH FLOOR NEW YORK, NY 10004 (212) 797-9000

## Name of Project Director:

DAVID SEEVE

# **Purpose of Project:**

FUNDS WILL BE USED TO DISSEMINATE CURRENT INFORMATION REGARDING GOVERNMENT, LAWS, RULES AND REGULATIONS TO APPROXIMATELY 300 NON-PUBLIC SCHOOLS VIA NEWSLETTERS AND WORKSHOPS. SERVICES ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$7,500

## Requested By:

WEINSTEIN

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BARTOW-PELL LANDMARK FUND 895 SHORE ROAD BRONX, NY 10464 (718) 885-9164

### Name of Project Director:

**CLARISSA CYLICH** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR OPERATING COSTS ASSOCIATED WITH THE BARTOW-PELL MANSION MUSEUM WHICH PROVIDES EDUCATIONAL PROGRAMS FOR LOCAL CHILDREN.

#### **Funded Amount:**

\$2,500

### Requested By:

**BENEDETTO** 

# Name of Administering State Agency:

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

BAY SHORE UNION FREE SCHOOL DISTRICT 75 WEST PERKAL STREET BAY SHORE, NY 11706 (631) 968-1113

### Name of Project Director:

**EVELYN BLOSE HOLMAN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO RUN THE ARTS PROGRAM ENTITLED, "THE ETHNIC PEN".

### **Funded Amount:**

\$2,000

### Requested By:

RAMOS

# Name of Administering State Agency:

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

BRENTWOOD PUBLIC LIBRARY 34 SECOND AVENUE BRENTWOOD, NY 11717 (631) 273-7883

### Name of Project Director:

TOM TARANTOWICZ

## **Purpose of Project:**

FUNDS WILL BE USED TO OPERATE THE STUDENT RESEARCH CENTER IN THE BRENTWOOD LIBRARY.

### **Funded Amount:**

\$3,000

## Requested By:

RAMOS

# Name of Administering State Agency:

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

BRONX BETHANY COMMUNITY CORPORATION 964 EAST 227TH STREET BRONX, NY 10466 (718) 231-5276

### Name of Project Director:

**MELANIE SNAPE** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PAY A SPECIALTY TEACHER TO TUTOR MUSIC CLASSES. FUNDS WILL ALSO BE USED TO PURCHASE MATERIALS AND SUPPLIES FOR THE PROGRAM.

### **Funded Amount:**

\$30,000

### Requested By:

HEASTIE

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN CHILDREN'S MUSEUM CORP. 145 BROOKLYN AVENUE BROOKLYN, NY 11213 (718) 735-4400 Ext: 135

#### Name of Project Director:

**CAROL ENSECKI** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS FOR CHILDREN VISITING THE MUSEUMS, AS WELL AS IN CLASSROOMS.

#### **Funded Amount:**

\$3,000

### Requested By:

PERRY

## Name of Administering State Agency:

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

BROOKLYN COLLEGE INSTITUTE FOR RETIREES 2900 BEDFORD AVENUE, 3160 BOYLAN HALL BROOKLYN, NY 11210 (718) 252-7564

### Name of Project Director:

**RONA J. GOLDWITZ** 

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS FOR OLDER ADULTS ON FIXED INCOMES.

### **Funded Amount:**

\$5,000

### Requested By:

**JACOBS** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN HISTORICAL SOCIETY 128 PIERREPONT STREET BROOKLYN, NY 11201 (718) 222-4111 Ext: 239

#### Name of Project Director:

**DEBORAH SCHWARTZ** 

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE HISTORICAL SOCIETY'S PROGRAM TO PROVIDE HISTORY-BASED EDUCATION INITIATIVES FOR STUDENTS IN MIDWOOD HIGH SCHOOL, IS 246 AND IS 240.

#### **Funded Amount:**

\$5,000

### Requested By:

**JACOBS** 

## Name of Administering State Agency:

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

BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN, NY 11238 (718) 230-2437

### Name of Project Director:

**DIONNE MAK-HARVIN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS, AND FOR THE PROMOTION OF PROGRAMS AND EXHIBITS AT THE LIBRARY.

### **Funded Amount:**

\$6,416

### Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

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

BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN, NY 11238 (718) 230-2091

#### Name of Project Director:

**DIONNE MACK-HARVIN** 

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS, AS WELL AS FOR THE PROMOTION OF PROGRAMS AND EXHIBITS AT THE LIBRARY.

### **Funded Amount:**

\$2,500

### Requested By:

PERRY

## Name of Administering State Agency:

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

BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN, NY 11238 (718) 230-2091

#### Name of Project Director:

**DIONNE MACK-HARVIN** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR SEVERAL YOUTH DEVELOPMENT READING PROGRAMS FOR LIBRARIES WITHIN THE COMMUNITY.

#### **Funded Amount:**

\$5,000

### Requested By:

PERRY

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN, NY 11238 (718) 230-2437

### Name of Project Director:

LINDA E. JOHNSON

## **Purpose of Project:**

FUNDS WILL BE USED TO ENHANCE PROGRAMMING AT THE RUGBY, KINGS HIGHWAY, KINGS BAY AND PAERDEGAT BRANCHES OF THE BROOKLYN PUBLIC LIBRARY. THIS INCLUDES THE PURCHASE OF EQUIPMENT FOR THE COMMUNITY ROOMS.

#### **Funded Amount:**

\$1,500

### Requested By:

WEINSTEIN

# Name of Administering State Agency:

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

CENTRAL ISLIP PUBLIC LIBRARY 33 HAWTHORNE AVENUE CENTRAL ISLIP, NY 11722 (631) 234-9333

#### Name of Project Director:

PAUL FACCHIANO

# **Purpose of Project:**

FUNDS WILL BE USED TO RUN THE HOMEWORK CENTER AT THE CENTRAL ISLIP PUBLIC LIBRARY.

### **Funded Amount:**

\$3,000

## Requested By:

RAMOS

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

CHILDREN'S INSTITUTE, INC. 274 NORTH GOODMAN STREET ROCHESTER, NY 14607 (585) 295-1000

#### Name of Project Director:

DIRK HIGHTOWER

# **Purpose of Project:**

FUNDS WILL BE USED TO TRAIN SCHOOL PERSONNEL AND SUPPORT THE IMPLEMENTATION OF EVIDENCE-BASED SOCIAL AND EMOTIONAL CURRICULUM IN THE ROCHESTER AREA ELEMENTARY SCHOOLS.

#### **Funded Amount:**

\$8,000

### Requested By:

**GANTT** 

#### Name of Administering State Agency:

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

CHILDREN'S INSTITUTE, INC. 274 NORTH GOODMAN STREET, SUITE D 103 ROCHESTER, NY 14607 (585) 295-1000 Ext: 229

### Name of Project Director:

LAURI BRUGGER

## **Purpose of Project:**

FUNDS WILL BE USED FOR EDUCATING AND ACCREDITING YOUTH ON NEW YORK STATE REGENTS GUIDELINES.

### **Funded Amount:**

\$8,000

### Requested By:

**BRONSON** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

COMMUNITY SCHOOL DISTRICT 17/PS 398 60 EAST 94TH STREET BROOKLYN, NY 11212 (718) 774-4466

#### Name of Project Director:

DIANE DANAY-CABAN

## **Purpose of Project:**

FUNDS WILL BE USED TO PROMOTE PARENT INVOLVEMENT IN THE SCHOOLS, AS WELL AS TO PURCHASE EQUIPMENT AND SUPPLIES USED FOR THESE PROGRAMS.

#### **Funded Amount:**

\$2,000

### Requested By:

PERRY

## Name of Administering State Agency:

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

COMMUNITY SCHOOL DISTRICT 18/IS 211 1001 EAST 100TH STREET BROOKLYN, NY 11236 (718) 251-4411

### Name of Project Director:

**CAROLYN JAMES** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF THE MUSIC PROGRAM FOR STUDENTS AT IS 211.

#### **Funded Amount:**

\$8,000

# Requested By:

**PERRY** 

# Name of Administering State Agency:

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

COMMUNITY SCHOOL DISTRICT 18/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 FOR THE PERFORMING ARTS PROGRAM.

#### **Funded Amount:**

\$9,500

### Requested By:

PERRY

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

COMMUNITY SCHOOL DISTRICT 18/PS 114 RYDER ELEMENTARY SCHOOL 1077 REMSEN STREET BROOKLYN, NY 11236 (718) 257-4436

### Name of Project Director:

**DARWIN SMITH** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND SUPPLIES FOR THE PTA, INCLUDING A COPY MACHINE.

### **Funded Amount:**

\$3,000

### Requested By:

**PERRY** 

## Name of Administering State Agency:

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

COMMUNITY SCHOOL DISTRICT 18/PS 219 1060 CLARKSON AVENUE BROOKLYN, NY 11212 (718) 342-0493

### Name of Project Director:

WINSOME SMITH

## **Purpose of Project:**

FUNDS WILL BE USED FOR THE OPERATION OF THE AFTER SCHOOL PROGRAMS THAT SERVE BROOKLYN'S YOUTH.

### **Funded Amount:**

\$7,500

### Requested By:

**PERRY** 

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

COMMUNITY SCHOOL DISTRICT 18/PS 244 RICHARD P. GREEN SCHOOL 5404 TILDEN AVENUE BROOKLYN, NY 11203 (718) 346-6240

### Name of Project Director:

**GRACE ALESIA** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE INTERACTIVE TELEVISION EQUIPMENT FOR USE IN THE CLASSROOMS.

### **Funded Amount:**

\$4,500

### Requested By:

PERRY

## Name of Administering State Agency:

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

COMMUNITY SCHOOL DISTRICT 18/PUBLIC SCHOOL 233 9301 AVENUE B BROOKLYN, NY 11236 (718) 346-8103

### Name of Project Director:

**DENEAN STEPHENS-SPELLMAN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE MUSIC PROGRAM FOR STUDENTS AT PUBLIC SCHOOL 233.

#### **Funded Amount:**

\$9,000

### Requested By:

**PERRY** 

## Name of Administering State Agency:

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

COMMUNITY SCHOOL DISTRICT 18/PUBLIC SCHOOL 268 133 EAST 53RD STREET BROOKLYN, NY 11203 (718) 773-5332

#### Name of Project Director:

**VANGELA KIRTON** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE CONTINUED ADMINISTRATION OF PUBLIC SCHOOL 268'S AFTER SCHOOL PROGRAM.

### **Funded Amount:**

\$4,500

### Requested By:

PERRY

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

COMMUNITY SCHOOL DISTRICT 22/PS 198 4105 FARRAGUT ROAD BROOKLYN, NY 11210 (718) 282-4920

#### Name of Project Director:

**JOY-ANN MORGAN** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE INTERACTIVE TELEVISION EQUIPMENT FOR THE CLASSROOMS, AS WELL AS FOR MUSIC AND AFTER SCHOOL PROGRAMS.

#### **Funded Amount:**

\$5,000

#### Requested By:

PERRY

## Name of Administering State Agency:

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

COMMUNITY SCHOOL DISTRICT 22/PUBLIC SCHOOL 269 1957 NOSTRAND AVENUE BROOKLYN, NY 11210 (718) 941-2800

### Name of Project Director:

PHYLLIS CORBIN

## **Purpose of Project:**

FUNDS WILL BE USED TO ADMINISTER ALL FACETS OF THE LIBRARY PROGRAM THAT SERVES PUBLIC SCHOOL 269 STUDENTS.

### **Funded Amount:**

\$5,000

### Requested By:

**PERRY** 

## Name of Administering State Agency:

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

CONEY ISLAND PREPARATORY PUBLIC CHARTER SCHOOL 2315 SURF AVENUE, 2ND FLOOR BROOKLYN, NY 11224 (718) 513-6951

## **Name of Project Director:**

**JACOB MNOOKIN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE BOOKS.

#### **Funded Amount:**

\$1,000

## Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

CORONA EAST ELMHURST LIBRARY ACTION COMMITTEE 100-01 NORTHERN BOULEVARD CORONA, NY 11368 (718) 651-1100 Ext: 210

#### Name of Project Director:

ANDREW JACKSON

# **Purpose of Project:**

FUNDS WILL BE USED TO ENHANCE THE AFTER SCHOOL HOMEWORK ASSISTANCE PROGRAM, PRIMARILY TOWARD THE CONTINUATION OF THE MATH CLINIC FOR 1ST - 7TH GRADE STUDENTS.

#### **Funded Amount:**

\$11,000

### Requested By:

**AUBRY** 

#### Name of Administering State Agency:

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

CORONA EAST ELMHURST LIBRARY ACTION COMMITTEE 100-01 NORTHERN BOULEVARD CORONA, NY 11368 (718) 651-1100 Ext: 210

### Name of Project Director:

**ANDREW JACKSON** 

# **Purpose of Project:**

FUNDS WILL BE USED TO REPLENISH THE BLACK HERITAGE LIBRARY COLLECTION.

### **Funded Amount:**

\$25,000

### Requested By:

**AUBRY** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

FIRST BAPTIST CHURCH OF CORONA 100-01 ASTORIA BOULEVARD EAST ELMHURST, NY 11369 (718) 446-0200

### Name of Project Director:

**EVELYN KELLE** 

#### **Purpose of Project:**

FUNDS WILL BE USED FOR AN AFTER SCHOOL PROGRAM AND SUMMER CAMP, WHICH WILL ASSIST THE CHILDREN OF JACKSON HEIGHTS, CORONA AND EAST ELMHURST IN BECOMING GREAT STUDENTS WHO CAN THINK ANALYTICALLY, LISTEN INTENTLY AND READ AND WRITE EFFECTIVELY. THE PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$5,000

## Requested By:

AUBRY

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

FRIENDS OF ROCHDALE VILLAGE ADULT LEARNING CENTER 169-09 137TH AVENUE JAMAICA, NY 11434 (718) 723-7662

#### Name of Project Director:

CHRISTINE HUGHES

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE BOOKS, SOFTWARE, A COPY MACHINE AND/OR COMPUTERS TO SUPPORT THE ADULT LEARNING CENTER, WHICH OFFERS EDUCATIONAL SERVICES TO HELP ADULTS IMPROVE READING, WRITING AND MATHEMATICS SKILLS.

#### **Funded Amount:**

\$10,000

## Requested By:

COOK

#### Name of Administering State Agency:

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

HENRY STREET SETTLEMENT 265 HENRY STREET NEW YORK, NY 10002 (212) 766-9200

#### Name of Project Director:

**DAVID GARZA** 

### **Purpose of Project:**

FUNDS WILL BE USED TO ASSIST DISADVANTAGED YOUNG PEOPLE TO GET ON THE COLLEGE BOUND TRACK OR GAIN ADMISSION TO COLLEGE BY PROVIDING ACADEMIC COUNSELING, SAT PREP AND GUIDANCE THROUGH COLLEGE AND FINANCIAL AID APPLICATION PROCESSES. THE FUNDS MAY ALSO SUPPORT OPERATION ATHLETE, WHICH INVOLVES YOUNG PEOPLE IN SUMMER AND AFTER-SCHOOL SPORT ACTIVITIES. FUNDS WILL ALSO BE USED TO SUPPORT THE COSTS OF YOUTH ATHLETIC PROGRAMS AND OTHER ACTIVITIES.

#### **Funded Amount:**

\$50,000

#### Requested By:

SILVER

### Name of Administering State Agency:

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

HOLOCAUST MEMORIAL COMMITTEE 60 WEST END AVENUE BROOKLYN, NY 11235 (718) 743-3636

### Name of Project Director:

**PAULINE BILUS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO CONTINUE TO EDUCATE THE COMMUNITY, PARTICULARLY THE YOUNG, ON THE HOLOCAUST.

### **Funded Amount:**

\$5,000

#### Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LAWRENCE UNION FREE SCHOOL DISTRICT P.O. BOX 477 LAWRENCE, NY 11559 (516) 295-7030

### Name of Project Director:

**GARY SCHALL** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR AN INTERGENERATIONAL ORCHESTRA SPONSORED BY THE LAWRENCE PUBLIC SCHOOL, WHICH EXPANDS AESTHETIC AND MUSICAL PERFORMANCE AWARENESS.

#### **Funded Amount:**

\$2,500

### Requested By:

WEISENBERG

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

LEV BAIS YAAKOV 3574 NOSTRAND AVENUE BROOKLYN, NY 11229 (718) 332-6000

### Name of Project Director:

MALKY MITNICK

# **Purpose of Project:**

FUNDS WILL BE USED TO REPLACE OUTDATED SCIENCE AND MATH BOOKS FOR THE MATH AND SCIENCE PROGRAM, WHICH SERVES YOUTH IN THE COMMUNITY. THE PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$4,000

### Requested By:

WEINSTEIN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LITERACY SUFFOLK, INC. 627 NORTH SUNRISE SERVICE ROAD, P.O. BOX 9000 BELLPORT, NY 11713 (631) 286-1649

### Name of Project Director:

**GINI BOOTH** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE OPERATION OF THE SUFFOLK COUNTY ADULT LITERACY PROGRAM.

### **Funded Amount:**

\$15,000

### Requested By:

**SWEENEY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LONG BEACH LATINO CIVIC ASSOCIATION, INC. 52 EAST PARK AVENUE, 2ND FLOOR LONG BEACH, NY 11561 (516) 889-4912

#### Name of Project Director:

MIGUEL CRUZ

## **Purpose of Project:**

FUNDS WILL BE USED FOR A LATINO AWARENESS PROGRAM THAT WILL BRING TOGETHER PARENTS, STUDENTS AND COMMUNITY ORGANIZERS TO CREATE A BRIDGE BETWEEN THE LONG BEACH SCHOOL SYSTEM AND THE SPANISH SPEAKING COMMUNITY.

#### **Funded Amount:**

\$5,000

### Requested By:

WEISENBERG

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LONG BEACH PUBLIC LIBRARY 111 WEST PARK AVENUE LONG BEACH, NY 11561 (516) 432-7201 Ext: 330

### Name of Project Director:

**GEORGE TREPP** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE LIVE PERFORMANCES, BOTH DRAMATIC AND MUSICAL, FOR ADULTS, CHILDREN AND FAMILIES. PROGRAMS ARE OPEN TO ALL COMMUNITY RESIDENTS.

#### **Funded Amount:**

\$5,000

#### Requested By:

WEISENBERG

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LONG BEACH PUBLIC SCHOOLS 601 LINDELL BOULEVARD LONG BEACH, NY 11561 (516) 897-2200

### Name of Project Director:

MARY TATEM

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE RECREATIONAL ACTIVITIES, AS WELL AS MAINTENANCE OF SKILLS ACTIVITIES FOR EDUCATIONALLY HANDICAPPED STUDENTS AT THE HIGH SCHOOL LEVEL.

#### **Funded Amount:**

\$15,000

### Requested By:

WEISENBERG

## Name of Administering State Agency:

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

LONG ISLAND E.O.C. - BRENTWOOD 1090A SUFFOLK AVENUE BRENTWOOD, NY 11717 (631) 434-3740

### Name of Project Director:

**BRIAN MAHER** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF EXAMS AND/OR IN-STATE TRANSPORTATION FOR STUDENTS ENROLLED IN CNA COURSES AND BUSINESS COURSES.

### **Funded Amount:**

\$10,000

### Requested By:

**RAMOS** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

LONG ISLAND LATINO TEACHERS ASSOCIATION, INC. P.O. BOX 636 CENTRAL ISLIP, NY 11722 (631) 374-8878

#### Name of Project Director:

DAFNY J. IRIZARRY

## **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATION OF THE ANNUAL CONFERENCE, INCLUDING SUPPLIES. THIS CONFERENCE IS OPEN TO THE PUBLIC AND PROVIDES STUDENTS AND PARENTS WITH EDUCATION AND RESOURCES PERTAINING TO IMPORTANT ISSUES.

#### **Funded Amount:**

\$15,000

## Requested By:

RAMOS

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

LONG ISLAND LIBRARY RESOURCES COUNCIL, INC. 627 NORTH SUNRISE SERVICE ROAD BELLPORT, NY 11713 (631) 675-1570 Ext: 201

#### Name of Project Director:

**HERBERT BIBLO** 

#### **Purpose of Project:**

FUNDS WILL BE USED TO DIGITIZE SIGNIFICANT HISTORICAL DOCUMENTS, THAT EXIST IN LIBRARIES AND HISTORICAL SOCIETIES WHICH ARE LARGELY INACCESSIBLE TO THE GENERAL PUBLIC. DIGITIZATION OF THESE DOCUMENTS DEVELOPS A COMPREHENSIVE HISTORICAL BODY OF INFORMATION AVAILABLE TO ANYONE WITH ACCESS TO A COMPUTER, WHETHER AT HOME OR AT THEIR LOCAL PUBLIC LIBRARY.

### **Funded Amount:**

\$5,000

### Requested By:

**SWEENEY** 

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

MONROE COMMUNITY COLLEGE 1000 EAST HENRIETTA ROAD ROCHESTER, NY 14623 (585) 262-2100

#### Name of Project Director:

**ANNE KRESS** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE NATIONAL YOUTH SPORTS PROGRAM, WHICH ALLOWS MORE THAN 400 INNER CITY YOUTH TO PARTICIPATE IN ORGANIZED ATHLETIC INSTRUCTION AND ACTIVITIES.

#### **Funded Amount:**

\$25,000

### Requested By:

**GANTT** 

#### Name of Administering State Agency:

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

MUSIC OUTREACH - LEARNING THROUGH MUSIC, INC. 677 WEST END AVENUE NEW YORK, NY 10025 (718) 316-2000

#### Name of Project Director:

EUGENE R. GAMIEL

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE AN IN SCHOOL MUSIC AND LITERACY WORKSHOP.

### **Funded Amount:**

\$3,000

## Requested By:

**PERRY** 

# Name of Administering State Agency:

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

NEW YORK CITY CENTER, INC. 130 WEST 56TH STREET BROOKLYN, NY 10019 (212) 247-0430

### Name of Project Director:

ARLENE SHULER

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE ARTS EDUCATION PROGRAMS IN BROOKLYN COMMUNITY SCHOOL BOARDS #18 AND #22.

### **Funded Amount:**

\$8,500

#### Requested By:

WEINSTEIN

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

NEW YORK HALL OF SCIENCE 47-01 111TH STREET CORONA, NY 11368 (718) 699-0005 Ext: 318

### Name of Project Director:

MARGARET HONEY

## **Purpose of Project:**

FUNDS WILL BE USED TO RECRUIT MINORITY AND FEMALE STUDENTS INTO THE FIELD OF SCIENCE, THROUGH UTILIZING THEM AS PAID EXHIBIT INTERPRETERS AT THE HALL OF SCIENCE.

#### **Funded Amount:**

\$6,500

### Requested By:

**AUBRY** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

NEW YORK PUBLIC LIBRARY, ASTOR LENOX AND TILDEN FOUNDATIONS FIFTH AVENUE AND 42ND STREET, ROOM 76 NEW YORK, NY 10018 (212) 930-0051

### Name of Project Director:

**CATHY DENTE** 

## **Purpose of Project:**

FUNDS WILL BE USED TO ENHANCE LIBRARY SERVICES AT THE NEW YORK PUBLIC LIBRARY LOCATED IN HIGH BRIDGE FOR BRONX RESIDENTS. FUNDS WILL ALSO BE USED TO PURCHASE MUCH NEEDED CIRCULATION MATERIAL FOR THEIR COLLECTION.

#### **Funded Amount:**

\$10,000

### Requested By:

**GIBSON** 

## Name of Administering State Agency:

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

NYC DEPT. OF EDUCATION - IS 014 5619 FLATLANDS AVENUE BROOKLYN, NY 11234 (718) 968-6204

### Name of Project Director:

**ANNE TULLY** 

## **Purpose of Project:**

FUNDS WILL BE USED TO UPGRADE THE SCIENCE DEPARTMENT AT SHELLBANK IS 14.

### **Funded Amount:**

\$2,500

## Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

NYC DEPT. OF EDUCATION - IS 285 5619 FLATLANDS AVENUE BROOKLYN, NY 11234 (718) 968-6204

### Name of Project Director:

FREDERICK UNDERWOOD

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE INTERGENERATIONAL CONCERTS AND PLAYS AT MEYER LEVIN IS 285.

### **Funded Amount:**

\$2,500

#### Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

NYC DEPT. OF EDUCATION - IS 381 5619 FLATLANDS AVENUE BROOKLYN, NY 11234 (718) 968-6204

#### Name of Project Director:

MARY HARRINGTON

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE LIBRARY ENRICHMENT PROGRAM THROUGH RENOVATIONS AND THE PURCHASE OF BOOKS.

### **Funded Amount:**

\$2,500

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

NYC DEPT. OF EDUCATION - JAMES MADISON HIGH SCHOOL 5619 FLATLANDS AVENUE BROOKLYN, NY 11234 (718) 968-6204

#### Name of Project Director:

JAMES GOGLIORMELLA

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE ADDITIONAL AIR CONDITIONERS FOR CLASSROOMS USED BY SUMMER SCHOOL STUDENTS AT MADISON HIGH SCHOOL.

#### **Funded Amount:**

\$2,500

### Requested By:

WEINSTEIN

#### Name of Administering State Agency:

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

NYC DEPT. OF EDUCATION - PS 109 5619 FLATLANDS AVENUE BROOKLYN, NY 11234 (718) 693-3159

### Name of Project Director:

**DWIGHT CHASE** 

## **Purpose of Project:**

FUNDS WILL BE USED TO EXPAND EXTRACURRICULAR PROGRAMS FOR STUDENTS.

#### **Funded Amount:**

\$2,500

## Requested By:

WEINSTEIN

# Name of Administering State Agency:

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

NYC DEPT. OF EDUCATION - PS 119 5619 FLATLANDS AVENUE BROOKLYN, NY 11234 (718) 968-6204

### Name of Project Director:

LISA FERNANDEZ

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE REPLACEMENT OF OBSOLETE COMPUTER HARDWARE AT PUBLIC SCHOOL 119.

### **Funded Amount:**

\$2,500

### Requested By:

WEINSTEIN

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

NYC DEPT. OF EDUCATION - PS 194 5619 FLATLANDS AVENUE BROOKLYN, NY 11234 (718) 968-6204

#### Name of Project Director:

MARY ZISSLER-LYNCH

## **Purpose of Project:**

FUNDS WILL BE USED FOR THE LITERATURE ENRICHMENT PROGRAM TO ENHANCE CLASSROOM LIBRARIES AT PS 194.

### **Funded Amount:**

\$2,500

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

NYC DEPT. OF EDUCATION - PS 197 5619 FLATLANDS AVENUE BROOKLYN, NY 11234 (718) 968-6204

### Name of Project Director:

ROSEMARIE NICOLETTI

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT LITERACY PROGRAMS IN GRADES K-5 AT PUBLIC SCHOOL 197.

### **Funded Amount:**

\$2,500

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

NYC DEPT. OF EDUCATION - PS 206 5619 FLATLANDS AVENUE BROOKLYN, NY 11234 (718) 968-6204

## Name of Project Director:

**DEIRDRE KEYES** 

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE BALLET PROGRAM AT PUBLIC SCHOOL 206.

### **Funded Amount:**

\$2,500

## Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

NYC DEPT. OF EDUCATION - PS 208 5619 FLATLANDS AVENUE BROOKLYN, NY 11234 (718) 968-6204

#### Name of Project Director:

**KRISTY PARRIS** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR AFTER SCHOOL ENRICHMENT ACTIVITIES AT PUBLIC SCHOOL 208.

#### **Funded Amount:**

\$2,500

## Requested By:

WEINSTEIN

# Name of Administering State Agency:

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

NYC DEPT. OF EDUCATION - PS 244 5619 FLATLANDS AVENUE BROOKLYN, NY 11234 (718) 968-6204

## **Name of Project Director:**

**GRACE ALESIA** 

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT LITERACY PROGRAMS AT PUBLIC SCHOOL 244.

### **Funded Amount:**

\$2,500

## Requested By:

WEINSTEIN

# Name of Administering State Agency:

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

NYC DEPT. OF EDUCATION - PS 251 5619 FLATLANDS AVENUE BROOKLYN, NY 11234 (718) 968-6204

#### Name of Project Director:

STEVEN BOYER

## **Purpose of Project:**

FUNDS WILL BE USED TO OPERATE AFTER SCHOOL ACTIVITIES AT PUBLIC SCHOOL 251.

### **Funded Amount:**

\$2,500

## Requested By:

WEINSTEIN

# Name of Administering State Agency:

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

NYC DEPT. OF EDUCATION - PS 52 5619 FLATLANDS AVENUE BROOKLYN, NY 11234 (718) 968-6204

### Name of Project Director:

**ILENE ALTSCHUL** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT LITERACY AND A LANGUAGE ARTS PERFORMANCE IN GRADES K-5 AT PUBLIC SCHOOL 52.

### **Funded Amount:**

\$2,500

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

NYC DEPT. OF EDUCATION - SHEEPSHEAD BAY HIGH SCHOOL 5619 FLATLANDS AVENUE BROOKLYN, NY 11234 (718) 968-6204

## **Name of Project Director:**

JOHN OMAHONEY

# **Purpose of Project:**

FUNDS WILL BE USED FOR A TUTORING PROGRAM.

#### **Funded Amount:**

\$2,500

## Requested By:

WEINSTEIN

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

OCEANSIDE SCHOOL DISTRICT 145 MERLE AVENUE OCEANSIDE, NY 11572 (516) 678-1215

### Name of Project Director:

**HERB BROWN** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A PROGRAM DESIGNED TO PREVENT STUDENTS FROM DROPPING OUT OF HIGH SCHOOL. THIS PROGRAM ESTABLISHES A MENTOR FOR EACH STUDENT WHO PROVIDES ADDITIONAL EDUCATION AND NEEDED SUPPORT.

#### **Funded Amount:**

\$5,000

### Requested By:

WEISENBERG

## Name of Administering State Agency:

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

PARTNERSHIP WITH CHILDREN, INC. 299 BROADWAY, SUITE 1300 NEW YORK, NY 10007 (212) 689-9500

#### Name of Project Director:

MICHELLE SIDRANE

#### **Purpose of Project:**

FUNDS WILL BE USED AT AUGUST MARTIN HIGH SCHOOL THROUGH THE OPEN HEART-OPEN MIND PROGRAM TO IMPROVE THE ACADEMIC PERFORMANCE OF UNDERSERVED CHILDREN BY: SUPPORTING AT-RISK CHILDREN'S SOCIAL AND EMOTIONAL DEVELOPMENT, PROVIDING SUPPORT FOR TEACHERS, PARENTS AND GUARDIANS, STRENGTHENING THE SCHOOL/HOME BRIDGE, IMPROVING SCHOOL ATTENDANCE, IMPROVING SCHOOL CLIMATE AND IMPROVING ACADEMIC ACHIEVEMENT.

#### **Funded Amount:**

\$15,000

#### Requested By:

COOK

### Name of Administering State Agency:

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

PENINSULA PUBLIC LIBRARY 280 CENTRAL AVENUE LAWRENCE, NY 11559 (516) 239-3262

### Name of Project Director:

**ARLEEN REO** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND SUPPLIES FOR THE CHILDREN'S LIBRARY READING PROGRAM.

### **Funded Amount:**

\$5,000

## Requested By:

WEISENBERG

# Name of Administering State Agency:

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

PRATT INSTITUTE 200 WILLOUGHBY AVENUE BROOKLYN, NY 11205 (718) 399-4489

### Name of Project Director:

**PEGGY FEAGIN** 

### **Purpose of Project:**

FUNDS WILL BE USED TO FACILITATE THE DISTRIBUTION OF BOOKS TO YOUTH, TUTORING PROGRAMS, AS WELL AS FOR THE IN-STATE TRANSPORTATION EXPENSES OF STAFF AND TUTORS.

#### **Funded Amount:**

\$1,500

### Requested By:

ABBATE, BARRON, BRENNAN, BROOK-KRASNY, CAMARA, COLTON, CYMBROWITZ-S, ESPINAL, HIKIND, JACOBS, JEFFRIES, LENTOL, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, WEINSTEIN

#### Name of Administering State Agency:

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

PUBLIC SCHOOL 153 - HOMECREST SCHOOL OF MUSIC 1970 HOMECREST AVENUE BROOKLYN, NY 11229 (718) 375-4484

# **Name of Project Director:**

CARL SANTA MARIA

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE BOOKS FOR THE LIBRARY.

#### **Funded Amount:**

\$2,000

## Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

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

PUBLIC SCHOOL 176 Q 120-45 235TH STREET CAMBRIA HEIGHTS, NY 11411 (718) 525-4057

## Name of Project Director:

ARLENE BARTLETT

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE AN ARTS PROGRAM FOR STUDENTS.

#### **Funded Amount:**

\$3,000

# Requested By:

CLARK

## Name of Administering State Agency:

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

PUBLIC SCHOOL 195 - MANHATTAN BEACH SCHOOL 131 IRWIN STREET BROOKLYN, NY 11235 (718) 648-9102

### Name of Project Director:

**ARTHUR FORMAN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE LIBRARY RESOURCES, INCLUDING CD-ROMS.

### **Funded Amount:**

\$2,000

## Requested By:

CYMBROWITZ-S

# Name of Administering State Agency:

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

PUBLIC SCHOOL 206 - JOSEPH F. LAMB SCHOOL 2200 GRAVESEND NECK ROAD BROOKLYN, NY 11229 (718) 743-5598

### Name of Project Director:

**RANDI NELSON** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE MUSIC AND ARTS PROGRAMS TO THE STUDENTS OF PUBLIC SCHOOL 206.

### **Funded Amount:**

\$2,000

#### Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

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

PUBLIC SCHOOL 209 - MARGARET MEAD SCHOOL 2609 EAST 7TH STREET BROOKLYN, NY 11235 (718) 743-1954

# **Name of Project Director:**

FRANCES LOCURCIO

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE BOOKS FOR THE LIBRARY.

#### **Funded Amount:**

\$2,000

## Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

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

PUBLIC SCHOOL 225 - EILEEN ZAGLIN SCHOOL 1075 OCEANVIEW AVENUE BROOKLYN, NY 11235 (718) 743-9793

## **Name of Project Director:**

JOSEPH MONTABELLO

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE BOOKS FOR THE LIBRARY.

#### **Funded Amount:**

\$2,000

## Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

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

PUBLIC SCHOOL 238 - ANNE SULLIVAN SCHOOL 1633 EAST 8TH STREET BROOKLYN, NY 11223 (718) 339-4355

## Name of Project Director:

MARLA MUSOFF-WEISS

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE LIBRARY BOOKS.

#### **Funded Amount:**

\$2,000

## Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

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

PUBLIC SCHOOL 254 - DAG HAMMARSKJOLD 1801 AVENUE Y BROOKLYN, NY 11235 (718) 743-0890

#### Name of Project Director:

LINDA ALHONOTE

# **Purpose of Project:**

FUNDS WILL BE USED TO MAKE IMPROVEMENTS TO THE AUDITORIUM AND CLASSROOM LIBRARIES.

### **Funded Amount:**

\$2,000

## Requested By:

CYMBROWITZ-S

# Name of Administering State Agency:

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

PUBLIC SCHOOL 255 - BARBARA REING SCHOOL 1866 EAST 17TH STREET BROOKLYN, NY 11229 (718) 376-8494

## Name of Project Director:

LINDA SINGER

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE A COMPUTER.

#### **Funded Amount:**

\$2,000

# Requested By:

CYMBROWITZ-S

# Name of Administering State Agency:

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

Q492 MATHMATICS, SCIENCE, RESEARCH AND TECHNOLOGY AT CAMPUS MAGNET CAMPUS MAGNET 207-11, 116TH AVENUE CAMBRIA HEIGHTS, NY 11411 (718) 978-1837 Ext: 1270

#### Name of Project Director:

KRYSTAL BLYTHE

#### **Purpose of Project:**

FUNDS WILL BE USED FOR SPORTS AND HEALTH CLINIC OUTREACH TO CAMPUS MAGNET STUDENTS. FUNDS WILL ALSO BE USED TO RECOGNIZE THE CONTRIBUTION OF SPORTS AND PHYSICAL EDUCATION TOWARDS SOCIAL DEVELOPMENT. THIS SUPPORTS STUDENT HEALTH SERVICES GIVEN THROUGH THE IN-HOUSE MEDICAL CLINIC VIA FUNDING OF PERSONNEL TO ENSURE THE COLLECTION, POSTING AND MANAGING OF ACCOUNT PAYMENTS.

#### **Funded Amount:**

\$135,000

#### Requested By:

CLARK

### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

QUEENS BOROUGH PUBLIC LIBRARY 89-11 MERRICK BOULEVARD JAMAICA, NY 11432 (718) 990-0887

### Name of Project Director:

KATHLEEN DEAYANSKY

#### **Purpose of Project:**

FUNDS WILL BE USED FOR THE "LATCH-KEY ENRICHMENT" PROGRAM, AN AFTER SCHOOL PROGRAM WHICH PROVIDES ENRICHMENT, AS WELL AS SUPERVISION FOR MANY SCHOOL-AGED CHILDREN WHILE THEIR PARENTS WORK. \$5,000 IS TO BE ALLOCATED TO THE LEFRAK CITY BRANCH AND \$5,000 TO THE EAST ELMHURST BRANCH.

#### **Funded Amount:**

\$10,000

### Requested By:

**AUBRY** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

REDEMPTION, INC. P.O. BOX 22482 BROOKLYN, NY 11202 (718) 429-7338

## Name of Project Director:

TIFFANY TUCKER

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL RESOURCES TO YOUTH AGES 13-19 IN UNDERSERVED COMMUNITIES, IN ORDER TO INCREASE GRADUATION RATES, SELF-ESTEEM AND COMMUNITY EMPOWERMENT.

#### **Funded Amount:**

\$1,500

## Requested By:

WEINSTEIN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

RENAISSANCE MIDDLE SCHOOL - IS 192 109-89 204TH STREET ST. ALBANS, NY 11412 (718) 479-5540

### Name of Project Director:

HARRIET DIAZ

## **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE AND MAINTENANCE OF INSTRUMENTS FOR A FULL ORCHESTRA PROGRAM FOR STUDENTS.

### **Funded Amount:**

\$3,000

### Requested By:

CLARK

# Name of Administering State Agency:

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

ROTARY CLUB OF BRENTWOOD, NY CHARITABLE FOUNDATION, INC. P.O. BOX 516 BRENTWOOD, NY 11717 (631) 821-0369

## Name of Project Director:

**LLOYD PATTERSON** 

# **Purpose of Project:**

FUNDS WILL BE USED TO RUN THE LITERACY PROJECT IN THE BRENTWOOD SCHOOL DISTRICT.

#### **Funded Amount:**

\$1,500

### Requested By:

RAMOS

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SUFFOLK COMMUNITY COLLEGE ASSOCIATION, INC. 533 COLLEGE ROAD SELDEN, NY 11784 (631) 451-4829

## Name of Project Director:

MARY ANNE ELLINGER

## **Purpose of Project:**

FUNDS WILL BE USED TO PUBLISH HYBRIDO, A BILINGUAL CULTURAL PROJECT/LITERARY MAGAZINE.

### **Funded Amount:**

\$2,000

### Requested By:

RAMOS

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SUFFOLK COUNTY COMMUNITY COLLEGE CORPORATE TRAINING&ECONOMIC DEVELOPMENT 1001 CROOKED HILL RD BRENTWOOD, NY 11717 (631) 851-6200

## Name of Project Director:

**DAPHNE GORDON** 

# **Purpose of Project:**

FUNDS WILL BE USED TO RUN THE YOUTH ENTREPRENEURIAL SUMMER PROGRAM.

### **Funded Amount:**

\$3,000

### Requested By:

**RAMOS** 

## Name of Administering State Agency:

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

QUEENS BOROUGH PUBLIC LIBRARY 89-11 MERRICK BOULEVARD JAMAICA, NY 11432 (718) 990-0700

## **Name of Project Director:**

MAUREEN O'CONNOR

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE LIBRARY'S FAMILY LITERACY PROGRAM.

### **Funded Amount:**

\$5,000

# Requested By:

NOLAN

# Name of Administering State Agency:

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

FAMILY RESIDENCES AND ESSENTIAL ENTERPRISES, INC. 191 SWEET HOLLOW ROAD OLD BETHPAGE, NY 11804 (516) 870-1606

## Name of Project Director:

**JAMES SISTO** 

#### **Purpose of Project:**

FUNDS WILL BE USED TO UPGRADE THE LIGHTING SYSTEM, WHICH IS USED FOR STAGE PRODUCTIONS. THIS PROGRAM ENHANCES MENTAL AND PHYSICAL FITNESS SKILLS FOR MENTALLY ILL AND DISABLED MEMBERS OF THE COMMUNITY.

#### **Funded Amount:**

\$15,000

## Requested By:

WEISENBERG

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

INDEPENDENCE RESIDENCES, INC. 93-22 JAMAICA AVENUE, 2ND FLOOR WOODHAVEN, NY 11421 (718) 805-6796

### Name of Project Director:

RAY DENATALE

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT RESIDENTIAL HABILITATION PROGRAMS. THESE PROGRAMS TEACH PEOPLE WITH DISABILITIES THE SKILLS NECESSARY TO LIVE INDEPENDENTLY IN THE COMMUNITY, AND HOW TO OBTAIN MEANINGFUL EMPLOYMENT.

#### **Funded Amount:**

\$3,000

## Requested By:

MILLER-M

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

LEARNING DISABILITIES SUPPORT CENTER OF NEW YORK, INC. 2125 GLEBE AVENUE BRONX, NY 10462 (718) 483-9595

## Name of Project Director:

**JUAN CERVANTES** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL PROGRAMS FOR PEOPLE WITH LEARNING DISABILITIES.

### **Funded Amount:**

\$1,000

### Requested By:

BENEDETTO

## Name of Administering State Agency:

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

NEW YORK FAMILIES FOR AUTISTIC CHILDREN, INC. 95-16 PITKIN AVENUE OZONE PARK, NY 11417 (718) 641-3441

## Name of Project Director:

**ANDREW BAUMANN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT RECREATIONAL PROGRAMMING FOR LOCAL AUTISTIC CHILDREN.

#### **Funded Amount:**

\$3,000

### Requested By:

MILLER-M

## Name of Administering State Agency:

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

OTSAR FAMILY SERVICES, INC. 2334 WEST 13TH STREET BROOKLYN, NY 11223 (718) 946-7301

## Name of Project Director:

**BETTY POLLACK** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR LIFE-SKILL TRAINING ACTIVITIES DESIGNED FOR DEVELOPMENTALLY DISABLED ADULTS.

### **Funded Amount:**

\$1,000

#### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

PENINSULA COUNSELING CENTER, INC. 50 WEST HAWTHORNE AVENUE VALLEY STREAM, NY 11580 (516) 569-6600

## Name of Project Director:

JOHN KASTON

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE COUNSELING, SUPPORT, CASE MANAGEMENT AND ADVOCACY SERVICES TO THE PHYSICALLY AND DEVELOPMENTALLY DISABLED AND THEIR FAMILIES.

#### **Funded Amount:**

\$5,000

### Requested By:

WEISENBERG

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SPECIAL OLYMPICS NEW YORK, INC. - GENESEE REGION 1 GROVE STREET, SUITE 216 PITTSFORD, NY 14534 (585) 586-7400 Ext: 102

### Name of Project Director:

LAURIE KENNEDY

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE YEAR ROUND SPORTS TRAINING OF OLYMPIC LIKE SPORTS FOR CHILDREN AND ADULTS WITH DISABILITIES.

#### **Funded Amount:**

\$2,000

#### Requested By:

**GANTT** 

## Name of Administering State Agency:

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

ABRAHAM RESIDENCES I AND II 3811 SURF AVENUE BROOKLYN, NY 11224 (718) 266-3666

## Name of Project Director:

MALKA BERNSTEIN

## **Purpose of Project:**

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

### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

AMERICAN ASSOCIATION OF INVALIDS AND VETERANS OF WORLD WAR TWO FROM THE FORMER U.S.S.R., INC. 1789 OCEAN PARKWAY BROOKLYN, NY 11224 (718) 266-8591

#### Name of Project Director:

LEONID ROZENBERG

### **Purpose of Project:**

FUNDS WILL BE USED FOR EDUCATIONAL AND RECREATIONAL SENIOR PROGRAMMING.

#### **Funded Amount:**

\$2,000

## Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ASSOCIATION OF HOLOCAUST SURVIVORS FROM THE FORMER SOVIET UNION, INC. 875 AVENUE Z BROOKLYN, NY 11235 (347) 596-2186

### Name of Project Director:

MARK GOLDOVSKY

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF RECREATIONAL ACTIVITIES FOR SENIORS.

#### **Funded Amount:**

\$1,000

## Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

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

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

### Name of Project Director:

PAUL CURIALE

#### **Purpose of Project:**

FUNDS WILL BE USED FOR SENIOR RECREATIONAL PROGRAMS AT MIDWOOD (\$2,500), SHELLBANK LEISURE LEAGUE (\$1,660), GOOD SHEPHERD SENIOR (\$1,660), MARINE PARK ACTIVE ADULTS (\$1,660) AND PHILLIP HOWARD SENIOR (\$1,520) CENTERS. FUNDS WILL ALSO BE USED TO SUPPORT PUBLIC ENVIRONMENTAL EDUCATION EVENTS AND WORKSHOPS AT THE SALT MARSH CENTER AT MARINE PARK. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$13,500

#### Requested By:

WEINSTEIN

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BWICA EDUCATIONAL FUND, INC. 5901 13TH AVENUE BROOKLYN, NY 11219 (718) 686-1333

## Name of Project Director:

KATHLEEN MEYERS

## **Purpose of Project:**

FUNDS WILL BE USED TO CONDUCT EDUCATIONAL LEADERSHIP TRAINING AND NETWORK ACTIVITIES TO SUPPORT BWICA'S SEVENTEEN LOCAL INTERAGENCY COUNCILS AND IMPROVE SERVICE DELIVERY TO SENIORS.

#### **Funded Amount:**

\$2,000

## Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

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

CATHOLIC CHARITIES COMMUNITY SERVICES, ARCHDIOCESE OF NEW YORK 1011 FIRST AVENUE, 6TH FLOOR NEW YORK, NY 10022 (646) 794-2438

#### Name of Project Director:

BEATRIZ DIAZ TAVERAS

### **Purpose of Project:**

FUNDS WILL BE USED TO OPERATE A VIBRANT SOCIALIZATION AND MEAL PROGRAM FOR SENIORS IN THE COMMUNITY. WITH AN AVERAGE DAILY ATTENDANCE OF 150 SENIORS, THE CENTER OFFERS A DAILY LUNCH AND RECREATIONAL ACTIVITIES SUCH AS ARTS AND CRAFTS, TABLE GAMES, MOVIES, AS WELL AS DANCE AND EXERCISE PROGRAMS. THE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$12,500

### Requested By:

**WRIGHT** 

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC. 191 JORALEMON STREET BROOKLYN, NY 11201 (718) 722-6034

## Name of Project Director:

**ROSEMARIE HEGGERS** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE SENIOR PROGRAMS, SUCH AS INFORMATIONAL LECTURES AND MEALS TO SENIORS. PROGRAMS ARE NONSECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$4,500

#### Requested By:

MILLER-M

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES NEIGHBORHOOD SERVICES, INC. 191 JORALEMON STREET BROOKLYN, NY 11201 (718) 722-6034

### Name of Project Director:

**DEBBIE HOFFER** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE SERVICES TO PEOPLE 60 YEARS OF AGE AND OLDER. THE CENTER PROVIDES NUTRITIOUS LUNCHES, CASE ASSISTANCE AND RECREATIONAL AND "HEALTHY AGING" PROGRAMS MONDAY THROUGH FRIDAY. PROGRAMS ARE NONSECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$4,500

## Requested By:

MILLER-M

### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

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

## Name of Project Director:

DONNA CORRADO

# **Purpose of Project:**

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

#### **Funded Amount:**

\$5,000

### Requested By:

WEINSTEIN

# Name of Administering State Agency:

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

CITY OF LONG BEACH 1 WEST CHESTER STREET LONG BEACH, NY 11561 (516) 431-1000 Ext: 306

### Name of Project Director:

LAURIE BUSCEMI

# **Purpose of Project:**

FUNDS WILL BE USED TO STAFF OF A PROGRAM THAT PROVIDES DANCE THERAPY AND MOVEMENT FOR SENIOR CITIZENS IN THE COMMUNITY.

#### **Funded Amount:**

\$5,000

### Requested By:

WEISENBERG

## Name of Administering State Agency:

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

CITY OF LONG BEACH 1 WEST CHESTER STREET LONG BEACH, NY 11561 (516) 431-1000 Ext: 306

## Name of Project Director:

LAURIE BUSCEMI

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH PROVIDING SPECIALISTS THAT WILL LEAD DAILY, WEEKLY AND MONTHLY WORKSHOPS AND/OR RECREATIONAL GROUPS. THE BOARD WILL ADVISE AND ASSIST THE CITY COUNCIL ON QUALITY OF LIFE ISSUES FOR SENIORS IN LONG BEACH.

### **Funded Amount:**

\$5,000

#### Requested By:

WEISENBERG

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

COMMUNITY BAPTIST CHURCH 111-08 141ST STREET SOUTH OZONE PARK, NY 11436 (718) 659-5754

### Name of Project Director:

**DOCK JOHNSON** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE SOCIAL SERVICE PROGRAMS, WORKSHOPS, SEMINARS, QUILTING, VIDEOS, AND OTHER ACTIVITIES TO SENIORS, ALONG WITH THE NECESSARY MATERIALS AND EQUIPMENT. LUNCH WILL ALSO BE PROVIDED. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$15,000

## Requested By:

COOK

# Name of Administering State Agency:

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

DYKER HEIGHTS AUTUMN AGE CLUB, INC. 1305 86TH STREET BROOKLYN, NY 11228 (718) 236-4882

### Name of Project Director:

ANNETTE LA FORCE

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS OF THE SENIOR EDUCATIONAL AND RECREATIONAL ACTIVITIES AT THE SENIOR CENTER.

### **Funded Amount:**

\$1,000

#### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ELMCOR YOUTH AND ADULT ACTIVITIES, INC. 33-16 108TH STREET CORONA, NY 11368 (718) 651-0096 Ext: 237

### Name of Project Director:

**VICTORIA WILLIAMS** 

#### **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE RECREATIONAL, EDUCATIONAL, CULTURAL AND HEALTH PROMOTION ACTIVITIES FOR THE SENIOR POPULATION OF THE COMMUNITY. FUNDS SHOULD BE SPLIT EVENLY BETWEEN LEFRAK SENIOR CENTER AND THE ELMCOR YOUTH AND ADULT ACTIVITIES, INC.

### **Funded Amount:**

\$20,000

## Requested By:

AUBRY

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

EMERALD ISLE IMMIGRATION CENTER, INC. 59-26 WOODSIDE AVENUE WOODSIDE, NY 11377 (718) 478-5502 Ext: 206

#### Name of Project Director:

SIOBHAN DENNEHY

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF OPERATING EXPENSES INCLUDING: RENT, INSURANCE, UTILITIES AND IN-STATE TRANSPORTATION FOR THE EXPANSION OF THE IMMIGRATION AND SOCIAL SERVICES PROGRAMS PROVIDED TO SENIORS.

#### **Funded Amount:**

\$1,500

### Requested By:

MILLER-M

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

FIVE TOWNS SENIOR CENTER, INC. 37 EAST ROCKAWAY ROAD HEWLETT, NY 11557 (516) 374-4747

## Name of Project Director:

**GEORGIANA WOLFSON** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH A PROGRAM COORDINATOR, WHO PLANS, ORGANIZES AND IMPLEMENTS ALL PROGRAMS TO BENEFIT SENIOR CITIZENS.

#### **Funded Amount:**

\$5,000

## Requested By:

WEISENBERG

#### Name of Administering State Agency:

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

FOREST PARK SENIOR CITIZENS CENTER, INC. 89-02 91ST STREET WOODHAVEN, NY 11421 (718) 849-2222

### Name of Project Director:

DONNA MARIE CALTABIANO

#### **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A SOCIAL OUTLET FOR LOCAL SENIORS, SUCH AS IN-STATE TRIPS, DANCES, EXERCISE PROGRAMS AND INFORMATIVE SPEAKERS ON TOPICS OF INTEREST TO SENIORS. FUNDS WILL ALSO BE USED TO PROVIDE NUTRITIONAL LUNCHES IN COMPLIANCE WITH STATE AND CITY REGULATIONS.

### **Funded Amount:**

\$4,500

### Requested By:

MILLER-M

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

FORT GREENE COUNCIL, INC. 966 FULTON STREET BROOKLYN, NY 11238 (718) 638-6910

## Name of Project Director:

**CLAUDETTE MACEY** 

# **Purpose of Project:**

FUNDS WILL BE USED TO ENHANCE EDUCATIONAL AND RECREATIONAL PROGRAMS FOR SENIORS AT THE FORT GREENE SENIOR ACTION CENTER LOCATED AT 1588 SCHENECTADY AVENUE.

#### **Funded Amount:**

\$2,500

## Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

FORT HAMILTON SENIOR RECREATION CENTER 9941 FORT HAMILTON PARKWAY BROOKLYN, NY 11209 (718) 439-4296

## Name of Project Director:

LYNN MCEVOY

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE RECREATIONAL ACTIVITIES FOR SENIORS.

### **Funded Amount:**

\$1,000

## Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

FORT SCHUYLER HOUSE, INC. 3077 CROSS BRONX EXPRESSWAY BRONX, NY 10465 (718) 597-4100

## Name of Project Director:

**CHERYL DENNIS** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE OF COMPUTERS. THESE COMPUTERS WILL BE USED BY SENIORS IN A COMPUTER LAB AND BY ADMINISTRATIVE STAFF, WHO WILL HELP SENIORS WITH APPLICATIONS FOR ENTITLEMENTS.

#### **Funded Amount:**

\$3,000

### Requested By:

BENEDETTO

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

FRIENDS OF THE RETIRED AND SENIOR VOLUNTEER PROGRAM OF SUFFOLK, INC. 811 WEST JERICHO TURNPIKE, SUITE 103W SMITHTOWN, NY 11787 (631) 979-9490

#### Name of Project Director:

PEGI ORSINO

### **Purpose of Project:**

FUNDS WILL BE USED TO REACH OUT TO ALL SENIORS OVER 55 IN SUFFOLK COUNTY. THE RSVP PROGRAM WOULD SUPPORT OLDER AMERICANS WHO WISH TO REMAIN ENGAGED IN CIVIC ACTIVITIES. CURRENTLY THE PROGRAM HAS 957 SENIORS VOLUNTEERING THROUGHOUT SUFFOLK COUNTY.

### **Funded Amount:**

\$2,000

#### Requested By:

**SWEENEY** 

### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

GREATER FIVE TOWNS YM AND YWHA 207 GROVE AVENUE CEDARHURST, NY 11516 (516) 569-6733

### Name of Project Director:

**CATHY BYRNE** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH OPERATING A DAY CARE PROGRAM FOR FRAIL, ELDERLY ADULTS WHO REQUIRE SOCIAL/RECREATIONAL PROFESSIONAL PROGRAMS TO MONITOR THEIR MENTAL AND PHYSICAL HEALTH.

#### **Funded Amount:**

\$20,000

### Requested By:

WEISENBERG

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

HAMILTON MADISON HOUSE, INC. 50 MADISON STREET NEW YORK, NY 10038 (212) 349-3724

### Name of Project Director:

FLOYD COHEN

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES, INCLUDING PERSONNEL, IN ORDER TO SUPPORT THE MANY PROGRAMS OFFERED TO THE MULTI-ETHNIC SENIOR CITIZENS OF THE COMMUNITY.

#### **Funded Amount:**

\$34,000

## Requested By:

SILVER

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

HANDICAPPED ADULTS ASSOCIATION, INC. 177 DREISER LOOP, ROOM 13 BRONX, NY 10475 (718) 320-2069

### Name of Project Director:

DANIELLE PALMISANO

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE IN-STATE TRANSPORTATION PROGRAM, INCLUDING VAN REPAIRS AND OPERATIONS. FUNDS WILL ALSO BE USED TO PURCHASE OFFICE SUPPLIES.

#### **Funded Amount:**

\$2,000

### Requested By:

BENEDETTO

#### Name of Administering State Agency:

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

HARBOR HOUSE SENIOR CENTER 3024 WEST 24TH STREET BROOKLYN, NY 11224 (718) 372-5775

Name	of F	Proje	ct D	irec	ctor	•
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**ETTY FRIEDMAN** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR EDUCATIONAL ACTIVITIES FOR SENIORS.

#### **Funded Amount:**

\$1,000

# Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

HARLEM COUNCIL OF ELDERS, INC. 10 WEST 135TH STREET, APT. 11P NEW YORK, NY 10037 (212) 252-2128

#### Name of Project Director:

**CHARLOTTE SUTTON** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT RECREATIONAL AND EDUCATIONAL PROGRAMS DESIGNED TO MAINTAIN SENIORS AS AN ACTIVE AND ENGAGED POPULATION IN THE HARLEM COMMUNITY.

#### **Funded Amount:**

\$2,000

### Requested By:

**WRIGHT** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

HOMECREST COMMUNITY SERVICES, INC. 1413 AVENUE T BROOKLYN, NY 11229 (718) 376-4036

### Name of Project Director:

TIPHANIE TSANG

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE SENIOR HEALTH FAIR, INCLUDING PROVIDING LIGHT REFRESHMENTS, EQUIPMENT AND MORE.

#### **Funded Amount:**

\$5,000

### Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

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

HOMECREST SENIOR CENTER 1413 AVENUE T BROOKLYN, NY 11229 (718) 376-4036

# Name of Project Director:

RICHARD KUO

# **Purpose of Project:**

FUNDS WILL BE USED TO ENHANCE EDUCATIONAL & RECREATIONAL PROGRAMS.

### **Funded Amount:**

\$2,000

# Requested By:

WEINSTEIN

# Name of Administering State Agency:

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

JAMAICA SERVICE PROGRAM FOR OLDER ADULTS, INC. 162-04 JAMAICA AVENUE JAMAICA, NY 11432 (718) 657-6500

### Name of Project Director:

**ALICIA MAZYCK** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A VARIETY OF SOCIAL SERVICES AND PROGRAMS TO THE SENIORS OF SOUTH JAMAICA.

### **Funded Amount:**

\$10,000

### Requested By:

COOK

## Name of Administering State Agency:

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

JAY-HARAMA SENIOR CENTER 2600 OCEAN AVENUE BROOKLYN, NY 11229 (718) 891-1110

### Name of Project Director:

**RISA ERPS** 

## **Purpose of Project:**

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

#### **Funded Amount:**

\$3,000

#### Requested By:

WEINSTEIN

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

JEWISH ASSOCIATION FOR SERVICES FOR THE AGED 60 WEST END AVENUE BROOKLYN, NY 11235 (718) 646-1118

#### Name of Project Director:

ANNA BELLA

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF PROVIDING ENGLISH AS A SECOND LANGUAGE (ESL) AND COMPUTER CLASSES. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$2,000

### Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

JEWISH ASSOCIATION FOR SERVICES FOR THE AGED 132 WEST 31ST STREET NEW YORK, NY 10001 (212) 273-5200

### Name of Project Director:

SHEILA GALVEZ

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL PROGRAMS FOR SENIORS IN THE COMMUNITY. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$2,000

#### Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

JEWISH ASSOCIATION FOR SERVICES FOR THE AGED NASSAU SUFFOLK SERVICE CENTER, 158 THIRD STREET, SUITE 4 MINEOLA, NY 11501 (516) 742-2050

### Name of Project Director:

**JOLENE BODEN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE CULTURAL AND EDUCATIONAL PROGRAMS, INCLUDING COURSES, LECTURES AND WORKSHOPS, AS WELL AS CONCERTS FOR THE "YOUNG-OLD." THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$5,000

### Requested By:

WEISENBERG

#### Name of Administering State Agency:

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

JEWISH ASSOCIATION FOR SERVICES FOR THE AGED 106-20 SHORE FRONT PARKWAY ROCKAWAY PARK, NY 11694 (718) 634-3044

### Name of Project Director:

**FAYE SCWIMMER** 

# **Purpose of Project:**

FUNDS WILL BE USED EDUCATIONAL AND EXERCISE PROGRAMING. PROGRAMS ARE NONSECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$5,000

### Requested By:

GOLDFEDER

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

JEWISH ASSOCIATION FOR SERVICES FOR THE AGED 132 WEST 31ST STREET NEW YORK NY 10001 (212) 273-5250

### Name of Project Director:

**ELAINE ROCKOFF** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PAY FOR SENIOR ACTIVITIES AT THREE SENIOR CENTERS: SCHEUER HOUSE OF CONEY ISLAND, SHOREFRONT SENIOR CENTER AND LUNA PARK SENIOR CENTER. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$3,000

### Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

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

JEWISH ASSOCIATION FOR SERVICES FOR THE AGED 44 COURT STREET, 5TH FLOOR BROOKLYN, NY 11201 (718) 943-7724

### Name of Project Director:

**ALLA PLISS** 

#### **Purpose of Project:**

FUNDS WILL BE USED FOR SENIORS IN THE NORC PROGRAMS OF CONEY ISLAND ACTIVE AGING AND WARBASSE CARES FOR SENIORS. FUNDS WILL BE USED TO ENHANCE SENIORS' QUALITY OF LIFE THROUGH EDUCATIONAL AND RECREATIONAL ACTIVITIES, INCLUDING SIGHTSEEING AND IN-STATE TRIPS TO THE LOCAL THEATERS AND MUSEUMS. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$2,000

#### Requested By:

BROOK-KRASNY

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND, INC. 3001 WEST 37TH STREET BROOKLYN, NY 11224 (718) 449-5000

### Name of Project Director:

MOSHE WIENER

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND RECREATIONAL SERVICES FOR SENIORS AT OCEAN PARKWAY SENIOR CENTER AND JAY HARAMA SENIOR CENTER. SERVICES ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$8,000

### Requested By:

CYMBROWITZ-S

# Name of Administering State Agency:

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

JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND, INC. 3001 WEST 37TH STREET BROOKLYN, NY 11224 (718) 449-5000 Ext: 2220

### Name of Project Director:

ABIGAIL ADLER

#### **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE IN STATE TRANSPORTATION TO FUNCTIONALLY IMPAIRED SENIORS, TO FACILITATE THEIR ACCESS TO ESSENTIAL MEDICAL AND NON-MEDICAL APPOINTMENTS AND SERVICES, INCLUDING SENIOR CENTER SITES. THIS IMPROVES THEIR QUALITY OF LIFE, REDUCES THEIR EXPOSURE TO CRIME AND ENABLES THEM TO LIVE INDEPENDENTLY IN THEIR COMMUNITIES. PROGRAMS ARE NONSECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$7,500

#### Requested By:

**JACOBS** 

### Name of Administering State Agency:

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

JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND, INC. 3001 WEST 37TH STREET BROOKLYN, NY 11224 (718) 449-5000 Ext: 220

### Name of Project Director:

MOSHE WIENER

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE IN-STATE TRANSPORTATION FOR SENIORS IN THE COMMUNITY. THESE TRANSPORTATION SERVICES WILL ALLOW SENIORS TO TRAVEL TO AND FROM LOCAL SENIOR CENTERS. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$4,500

### Requested By:

WEINSTEIN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND, INC. 3001 WEST 37TH STREET BROOKLYN, NY 11224 (718) 449-5000

### Name of Project Director:

MOSHE WIENER

# **Purpose of Project:**

FUNDS WILL BE USED FOR SERVICES TO AID THE ELDERLY, INCLUDING IN-STATE TRANSPORTATION AND HOME CARE. THESE SERVICES ARE NON-SECTARIAN AND OPEN TO ALL SENIORS.

#### **Funded Amount:**

\$5,000

### Requested By:

**BROOK-KRASNY** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND, INC. 1960 EAST 7TH STREET BROOKLYN, NY 11223 (718) 627-2500

### Name of Project Director:

**ESTHER TASHKER** 

# **Purpose of Project:**

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

### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

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

JEWISH COMMUNITY COUNCIL OF KINGS BAY, INC. 3495 NOSTRAND AVENUE BROOKLYN, NY 11229 (718) 648-7703 Ext: 226

### Name of Project Director:

ALEKSANDRA ANTANOVSKAYA

#### **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE SENIORS, WHO ARE UNABLE TO TAKE MASS TRANSPORTATION AND CANNOT AFFORD CAR SERVICE, WITH A SENIOR ESCORT WHO WILL TRANSPORT THEM TO MEDICAL APPOINTMENTS, AS WELL AS TO LOCAL SENIOR CENTERS. THESE SERVICES ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$9,500

## Requested By:

WEINSTEIN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

KINGS BAY YM-YWHA, INC. 3495 NOSTRAND AVENUE BROOKLYN, NY 11229 (718) 648-7703 Ext: 238

### Name of Project Director:

LEONARD PETLAKH

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE IN-STATE TRANSPORTATION AND A SUPERVISED PROGRAM FOR SENIOR ALZHEIMER'S PATIENTS TO RELIEVE CAREGIVERS.

#### **Funded Amount:**

\$6,000

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

KINGS BAY YM-YWHA, INC. 3495 NOSTRAND AVENUE BROOKLYN, NY 11229 (718) 648-7703 Ext: 238

### Name of Project Director:

LEONARD PETLAKH

## **Purpose of Project:**

FUNDS WILL BE USED FOR A TWO-DAY PER WEEK PROGRAM FOR THE VISUALLY IMPAIRED AND ELDERLY.

#### **Funded Amount:**

\$8,000

## Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

LONG BEACH PUBLIC LIBRARY 111 WEST PARK AVENUE LONG BEACH, NY 11561 (516) 432-7201 Ext: 320

### Name of Project Director:

**GEORGE TREPP** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OPERATE EXERCISE PROGRAMS AND LECTURES ON PHYSICAL FITNESS AND POSITIVE IMAGING FOR SENIOR CITIZENS.

### **Funded Amount:**

\$3,000

### Requested By:

WEISENBERG

## Name of Administering State Agency:

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

MORIAH OLDER ADULT LUNCHEON CLUB 90 BENNETT AVENUE NEW YORK, NY 10033 (212) 923-5715

### Name of Project Director:

DAVID SEEVE

# **Purpose of Project:**

FUNDS WILL BE USED TO RENOVATE A VACANT ROOM INTO AN EDUCATION/RECREATION AREA. INCLUDES THE PURCHASE AND INSTALLATION OF AN LCD FLAT SCREEN TV. PROGRAMS ARE NONSECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$25,000

### Requested By:

FARRELL, JR

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

NATIONAL COUNCIL OF JEWISH WOMEN, INC. - BROOKLYN SECTION 1001 QUENTIN ROAD, THIRD FLOOR BROOKLYN, NY 11223 (718) 627-7680

### Name of Project Director:

**ROSEMARIE RIOLA** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE NEW EDUCATIONAL AND RECREATIONAL PROGRAM, INCLUDING THE "MIND AEROBICS" PROGRAM. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$2,000

### Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NATIONAL COUNCIL OF YOUNG ISRAEL 27-16 HEALY AVENUE FAR ROCKAWAY, NY 11691 (718) 327-0297

### Name of Project Director:

**FAYE GROSS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO ENHANCE THE RECREATION, HEALTH AND EDUCATION PROGRAMS UTILIZED BY SENIORS AT THE LEAGUE. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$2,500

### Requested By:

GOLDFEDER

#### Name of Administering State Agency:

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

OUR LADY OF GRACE SENIOR CENTER 430 AVENUE W BROOKLYN, NY 11223 (718) 336-4916

### Name of Project Director:

**ANN SPADARO** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE SUPPLIES FOR THE SENIOR CENTER. SERVICES AND PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$2,000

### Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

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

OZONE PARK SENIOR CENTER 103-12 101ST AVE OZONE PARK, NY 11416 (718) 847-2100

# Name of Project Director:

JOE SMITH

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE SENIOR PROGRAMING AND EVENTS.

#### **Funded Amount:**

\$2,500

# Requested By:

GOLDFEDER

# Name of Administering State Agency:

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

PER SCHOLAS, INC. 804 EAST 138TH STREET BRONX, NY 10454 (718) 991-8400

### Name of Project Director:

PLINIO AYALA

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE COMPUTER TRAINING TO SENIOR CITIZENS OF THE SOUTH BRONX COMMUNITY.

### **Funded Amount:**

\$5,000

# Requested By:

**ARROYO** 

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

PRESBYTERIAN SENIOR SERVICES 2095 BROADWAY - 409 NEW YORK, NY 10023 (718) 874-6633 Ext: 23

### Name of Project Director:

RIMAS J. JASIN

## **Purpose of Project:**

FUNDS WILL BE USED TO COVER DAILY OPERATING EXPENSES FOR THE SENIOR NUTRITION PROGRAM AND DAILY ELDERLY PROGRAMMING, INCLUDING PROGRAMS PROMOTING HEALTH AND WELLNESS ACTIVITIES, EDUCATIONAL WORKSHOPS, SOCIALIZATION, ETC. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$1,000

## Requested By:

BENEDETTO

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

RETIREES OF DREISER LOOP, INC. 177 DREISER LOOP, ROOM 19 BRONX, NY 10475 (718) 379-0377

### Name of Project Director:

LEONARD MURRELL

# **Purpose of Project:**

FUNDS WILL BE USED TO HELP MAINTAIN THE VEHICLES AND LOCATIONS USED BY THE ORGANIZATION. THE VEHICLES TRANSPORT SENIOR TO AND FROM IN-STATE EVENTS.

#### **Funded Amount:**

\$3,000

### Requested By:

**BENEDETTO** 

## Name of Administering State Agency:

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

RIDGEWOOD OLDER ADULT CENTER AND SERVICES, INC. 59-14 70TH AVENUE RIDGEWOOD, NY 11385 (718) 456-2000 Ext: 23

### Name of Project Director:

JACQUELINE ERADIRI

## **Purpose of Project:**

FUNDS WILL BE USED TO MAKE REPAIRS TO THE ROOF AND UPGRADES TO THE EXISTING BUILDING. THIS FACILITY PROVIDES SERVICES AND PROGRAMS TO SENIORS SUCH AS CASE ASSISTANCE, MEALS, SOCIALIZATION, EDUCATION, COMPUTER CLASSES AND RECREATIONAL ACTIVITIES.

#### **Funded Amount:**

\$10,000

### Requested By:

MILLER-M

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

RIDGEWOOD SENIORS COMMUNITY CORPORATION 68-52 FRESH POND ROAD RIDGEWOOD, NY 11385 (718) 456-9355

### Name of Project Director:

BARBARA TOSCANO

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE THE NUTRITIONAL, SOCIAL AND EDUCATIONAL PROGRAMS FOR THE SENIORS OF THE RIDGEWOOD, GLENDALE, MASPETH AND MIDDLE VILLAGE AREAS.

#### **Funded Amount:**

\$19,000

### Requested By:

MILLER-M

#### Name of Administering State Agency:

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

ROCHDALE VILLAGE SOCIAL SERVICES, INC. 169-65 137TH AVENUE JAMAICA, NY 11434 (718) 949-3499

### Name of Project Director:

SHERBA AUSTIN

#### **Purpose of Project:**

FUNDS WILL BE USED FOR THE ROCHDALE VILLAGE NORC PROGRAM, WHICH PROVIDES CASE MANAGEMENT, CASE ASSISTANCE, AS WELL AS EDUCATIONAL AND RECREATIONAL PROGRAMS TO THOSE INDIVIDUALS RESIDING WITHIN THE HOUSING COMMUNITY. FUNDS WILL ALSO OFFSET ADMINISTRATIVE AND OPERATING EXPENSES OF THE PROGRAM.

#### **Funded Amount:**

\$37,000

## Requested By:

COOK

#### Name of Administering State Agency:

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

ROCKAWAY BOULEVARD SENIOR CENTER 123-10 143RD STREET JAMAICA, NY 11436 (718) 657-6752

### Name of Project Director:

**PAT BISHOP** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A VARIETY OF SOCIAL SERVICES AND PROGRAMS, AS WELL AS RECREATIONAL ACTIVITIES FOR SENIORS.

#### **Funded Amount:**

\$22,000

### Requested By:

COOK

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SENIOR CITIZENS LEAGUE OF FLATBUSH, INC. 550 OCEAN PARKWAY BROOKLYN, NY 11218 (718) 253-0508

### Name of Project Director:

LENORE FRIEDMAN

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE AN EDUCATIONAL PROGRAM FOR SENIORS BY PROVIDING LECTURES AND FORMING DISCUSSION GROUPS.

### **Funded Amount:**

\$2,000

#### Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

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

### Name of Project Director:

LINDA EBER

## **Purpose of Project:**

FUNDS WILL BE USED FOR THE "AFTERNOONS OUT: SOCIAL ADULT DAY PROGRAM FOR PEOPLE WITH ALZHEIMER'S DISEASE AND MEMORY LOSS" PROGRAM. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$3,000

### Requested By:

WEINSTEIN

#### 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:

LINDA EBER

#### **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE SENIOR ADULT HOLIDAY PROGRAM. THIS PROGRAM PROVIDES EVENTS FOR THE COMMUNITY SUCH AS THE WINTER HOLIDAY PARTY, THE SPRING PARTY, THE MOTHERS AND FATHERS DAY PARTY, AS WELL AS BIRTHDAY CELEBRATIONS FOR THE SENIORS. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$5,000

#### Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SEPHARDIC MULTI-SERVICE SENIOR CITIZENS CENTER, INC. 485 KINGS HIGHWAY BROOKLYN, NY 11223 (718) 336-1300

### Name of Project Director:

MARIA NIGIDO

# **Purpose of Project:**

FUNDS WILL BE USED FOR RECREATIONAL AND EDUCATIONAL PROGRAMS, WHICH ARE NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$2,000

### Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SERVICES NOW FOR ADULT PERSONS, INC. 80-45 WINCHESTER BOULEVARD, BUILDING #4, CBU #29 QUEENS VILLAGE, NY 11427 (718) 454-2100

### Name of Project Director:

LINDA LEEST

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE FOOD, IN-STATE TRANSPORTATION AND SOCIAL SUPPORT SERVICES TO ELDERLY AND DEVELOPMENTALLY DISABLED SENIORS.

#### **Funded Amount:**

\$3,000

### Requested By:

CLARK

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SHOREFRONT JEWISH COMMUNITY COUNCIL, INC. 3049 BRIGHTON 6TH STREET BROOKLYN, NY 11235 (718) 743-0575

### Name of Project Director:

MOSHE WIENER

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A COMPUTERIZED PROGRAM THAT WILL SCREEN SENIOR CITIZENS' ELIGIBILITY IN 31 ENTITLEMENT BENEFIT PROGRAMS. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$6,000

### Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

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

SOUTH EAST QUEENS MULTI-SERVICE SENIOR CITIZENS CENTER, INC. 156-45 85TH STREET HOWARD BEACH, NY 11414 (718) 738-8100

### Name of Project Director:

MARK FREY

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPLEMENT EXERCISE AND EDUCATIONAL PROGRAMING.

### **Funded Amount:**

\$5,000

# Requested By:

GOLDFEDER

## Name of Administering State Agency:

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

ST. ANSELM'S YOUNG AT HEART 351 83RD STREET BROOKLYN NY 11209 (718) 836-2142

### Name of Project Director:

ALICE FITZGERALD

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE RECREATIONAL ACTIVITIES AT THE SENIOR CENTER. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ST. BERNADETTE ROMAN CATHOLIC CHURCH 8010 3RD AVENUE BROOKLYN, NY 11228 (718) 232-7733

### Name of Project Director:

**ANN TRIPOLI** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF SENIOR ACTIVITIES, INCLUDING SENIOR DANCES AND A HOLIDAY PARTY. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ST. JOSEPHS CHURCH 99-10 217TH LANE QUEENS VILLAGE, NY 11429 (718) 465-4193

### Name of Project Director:

**ANTHONY RODRIGUEZ** 

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT SERVICES FOR A SENIORS SOCIAL AND RECREATIONAL PROGRAM. PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$3,000

### Requested By:

CLARK

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ST. MARK GOLDEN AGE SOCIETY 2609 EAST 19TH STREET BROOKLYN, NY 11235 (718) 891-3101

### Name of Project Director:

**GEORGE DONNOLLY** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR A PROGRAM TO ENHANCE THE HEALTH OF SENIOR CITIZENS. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

### **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 FOR RECREATIONAL EVENTS FOR SENIORS, INCLUDING A PROM AND PICNICS.

#### **Funded Amount:**

\$8,000

## Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SURF SOLOMON SENIOR CENTER 3001 WEST 37TH STREET BROOKLYN, NY 11224 (718) 449-6363

### Name of Project Director:

**GRACE BRAND** 

# **Purpose of Project:**

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

#### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

THREE HIERARCHS SENIOR CENTER C/O THREE HIERARCHS GREEK ORTHODOX CHURCH - 1724 AVENUE P BROOKLYN, NY 11223 (718) 339-0280

### Name of Project Director:

NICOLITA THEOPHILUS

## **Purpose of Project:**

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

### **Funded Amount:**

\$2,000

### Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

TOWN OF ISLIP 655 MAIN STREET ISLIP, NY 11751 (631) 224-5500

## **Name of Project Director:**

**TONY CROCI** 

# **Purpose of Project:**

FUNDS WILL BE USED TO RUN PROGRAMS FOR SENIORS AT THE BRENTWOOD SENIOR CENTER.

### **Funded Amount:**

\$3,000

# Requested By:

RAMOS

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

TRINITY SENIOR SERVICES, INC. 104-02 ROCKAWAY BEACH BOULEVARD ROCKAWAY PARK, NY 11694 (718) 474-5993

### Name of Project Director:

GERALDINE M. CHAPEY

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE UNDERSERVED SENIORS, WHO DO NOT OTHERWISE HAVE ACCESS AND ARE GEOGRAPHICALLY ISOLATED, IN-STATE BUS TRIPS, CULTURAL EVENTS, INTERGENERATIONAL ACTIVITIES AND SOCIALIZATION EVENTS.

#### **Funded Amount:**

\$2,500

### Requested By:

GOLDFEDER

# Name of Administering State Agency:

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

TRUMP 4 US 2942 WEST 5TH STREET BROOKLYN, NY 11224 (718) 946-7973

## **Name of Project Director:**

**ELEN HALPERN** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR EDUCATIONAL AND RECREATIONAL SENIOR ACTIVITIES. PROGRAMS ARE NONSECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

TRUMP OUTREACH PROGRAM FOR SENIORS 464 NEPTUNE AVENUE, BUILDING 4, SECTION B, ROOM 3 BROOKLYN, NY 11224 (718) 946-7573

### Name of Project Director:

**ALLA PLISS** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR SENIORS. THE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

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

UNITED HINDU CULTURAL COUNCIL OF USA NORTH AMERICA, INC. 118-09 SUTTER AVENUE SOUTH OZONE PARK, NY 11420 (718) 323-8900

### Name of Project Director:

SEUPERSAD BHAGIRATHEE

#### **Purpose of Project:**

FUNDS WILL BE USED FOR PROGRAMS AND SERVICES FOR SENIORS WHO ARE 60 YEARS OF AGE AND OLDER. THE SENIOR CENTER OFFERS PROGRAMS IN HEALTH, CITIZENSHIP, VOTER REGISTRATION, CRIME AND SAFETY, ENTITLEMENT BENEFITS, VICTIM SERVICES, AS WELL AS RECREATIONAL ACTIVITIES AND IN-STATE TRANSPORTATION. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$2,500

### Requested By:

MILLER-M

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK 184 ELDRIDGE STREET NEW YORK, NY 10002 (212) 674-9120

### Name of Project Director:

MICHAEL ZISSER

## **Purpose of Project:**

FUNDS WILL BE USED FOR EXERCISE CLASSES AT THE SETTLEMENT'S SENIOR CENTER, LOCATED IN NYCHA'S RAPHAEL HERNANDEZ BUILDING.

#### **Funded Amount:**

\$50,000

### Requested By:

SILVER

## Name of Administering State Agency:

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

YOUNG ISRAEL OF BEDFORD BAY SENIOR CENTER 2114 BROWN STREET BROOKLYN, NY 11229 (718) 769-2417

### Name of Project Director:

MYRNA NEWMAN

# **Purpose of Project:**

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

#### **Funded Amount:**

\$2,500

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

YOUNG ISRAEL SENIOR SERVICES, INC. 1694 OCEAN AVENUE BROOKLYN, NY 11230 (718) 253-7800

### Name of Project Director:

SARAH KLEIN

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF MUSIC/ENTERTAINMENT AT THE SENIOR CENTER. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$2,000

### Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

QUEENS INTERAGENCY COUNCIL ON THE AGING, INC. 80-02 KEW GARDENS ROAD, SUITE 202 KEW GARDENS, NY 11415 (718) 268-5954

### Name of Project Director:

**BRUCE CUNNINGHAM** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS, CONFERENCES AND TRAINING FOR SENIORS.

#### **Funded Amount:**

\$2,500

### Requested By:

NOLAN

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

OUR PLACE IN NEW YORK, INC. 44 WALL STREET, 2ND FLOOR NEW YORK, NY 10005 (212) 248-4141

### Name of Project Director:

**CHAIM GLANZ** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE SUBSTANCE ABUSE COUNSELING, REHABILITATION AND GUIDANCE TO YOUTH IN THE COMMUNITY.

#### **Funded Amount:**

\$2,000

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ARCHDIOCESE DRUG ABUSE PREVENTION PROGRAM 2789 SCHURZ AVENUE BRONX, NY 10465 (718) 904-1333

### Name of Project Director:

FRANCES MATURO

## **Purpose of Project:**

FUNDS WILL BE USED TO ALERT CHILDREN/TEENAGERS ABOUT THE DANGERS OF UNDERAGE DRINKING. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$1,000

### Requested By:

**BENEDETTO** 

#### Name of Administering State Agency:

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

JEWISH BOARD OF FAMILY AND CHILDREN SERVICES, INC. 135 WEST 50TH STREET NEW YORK, NY 10020 (718) 676-4280

### Name of Project Director:

**DEBORAH ZIVHT** 

#### **Purpose of Project:**

FUNDS WILL BE USED TO HELP TEENS AT-RISK OF SUBSTANCE ABUSE WITH PROBLEMS AT SCHOOL AND THOSE INVOLVED IN FAMILY CONFLICTS AND OTHER STRESSES BY OFFERING SUBSTANCE ABUSE PREVENTION AND EARLY INTERVENTION SERVICES. THESE PROGRAMS AND SERVICES ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$2,000

### Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

LONG ISLAND COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC. 207 HILLSIDE AVENUE WILLISTON PARK, NY 11596 (516) 747-2606 Ext: 12

### Name of Project Director:

JEFFREY L. REYNOLDS, PH.D.

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE EXPANSION OF A WEEKLY SUPPORT GROUP FOR YOUTH WHO NEED ASSISTANCE LIVING A SUBSTANCE-FREE LIFE.

#### **Funded Amount:**

\$20,000

### Requested By:

**SWEENEY** 

#### Name of Administering State Agency:

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

OCEANSIDE COUNSELING CENTER, INC. 71 HOMECREST COURT OCEANSIDE, NY 11572 (516) 766-6283

### Name of Project Director:

**ELLEN BAMBRICK** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE DRUG AND ALCOHOL ABUSE PREVENTION AND TREATMENT PROGRAMS ON A YEAR-ROUND BASIS.

#### **Funded Amount:**

\$5,000

#### Requested By:

WEISENBERG

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

RUSSIAN AMERICAN COMMUNITY COALITION, INC. 4101 OCEAN PARKWAY, APT. 7C BROOKLYN, NY 11235 (718) 714-6717

### Name of Project Director:

**SERGEY KOVALOV** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH DRUG ADDICTION TREATMENT PROGRAMS.

### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

COPIAGUE YOUTH LEAGUES, INC. P.O. BOX 5 COPIAGUE, NY 11726 (631) 598-2776

### Name of Project Director:

MICKEY KANE

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE EQUIPMENT, AS WELL AS TO OFFSET COSTS ASSOCIATED WITH OPERATING THE YOUTH RECREATION LEAGUE.

#### **Funded Amount:**

\$5,000

### Requested By:

ENGLEBRIGHT, RAMOS, SWEENEY, THIELE

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

GOODWILL INDUSTRIES OF GREATER NEW YORK AND NORTHERN NEW JERSEY, INC. 4-21 27TH AVENUE ASTORIA, NY 11102 (718) 777-6326

### Name of Project Director:

KAREN MEANS

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT FOOD PANTRIES IN WESTERN QUEENS.

#### **Funded Amount:**

\$1,000

### Requested By:

NOLAN

## Name of Administering State Agency:

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

KINGS BAY YM-YWHA, INC. 3495 NOSTRAND AVENUE BROOKLYN, NY 11229 (718) 648-7703 Ext: 238

### Name of Project Director:

LEONARD PETLAKH

#### **Purpose of Project:**

FUNDS WILL BE USED TO BRING TEENS FROM THE JEWISH-AMERICAN AND TURKISH-AMERICAN COMMUNITIES TOGETHER TO STUDY THE HISTORICAL FRIENDSHIP BETWEEN THE TURKISH AND JEWISH COMMUNITIES. THE TEENS WILL WORK ON COMMON SOCIAL ACTION PROJECTS WITH THE GOAL OF PROMOTING INTERCULTURAL UNDERSTANDING AND ESTABLISHING LONG LASTING FRIENDSHIPS.

### **Funded Amount:**

\$3,000

#### Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

WYANDANCH YOUTH SERVICES, INC. 20 ANDREWS AVENUE WYANDANCH, NY 11798 (631) 643-5629

#### Name of Project Director:

DANE CARROLL

## **Purpose of Project:**

FUNDS WILL BE USED TO PREPARE CHILDREN FOR THE UPCOMING SCHOOL YEAR AND BROADEN THEIR HORIZONS THROUGH A RIGOROUS ACADEMIC SCHEDULE AND WEEKLY IN-STATE FIELD TRIPS CALLED, "THE CLASSROOM WITHOUT BORDERS EXPERIENCE."

#### **Funded Amount:**

\$1,062

## Requested By:

ENGLEBRIGHT, RAMOS, SWEENEY, THIELE

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

CIRCLE OF LOVE MINISTRY 20 REITH STREET COPIAGUE, NY 11726 (631) 789-2688 Ext: 130

### Name of Project Director:

FRANCINE KIRTON

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET OPERATIONAL EXPENSES OF THE FOOD PANTRY, WHICH SERVES ABOUT 100 FAMILIES PER WEEK. THIS PROGRAM IS NONSECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$2,000

### Requested By:

ENGLEBRIGHT, RAMOS, SWEENEY, THIELE

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

INSTITUTE FOR THE PUERTO RICAN HISPANIC ELDERLY, INC. 105 EAST 22ND STREET, SUITE 615 NEW YORK, NY 10010 (212) 677-4181

### Name of Project Director:

SULEIKA CABRERA DRINANE

#### **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE GOLDEN AGE PROGRAM AND INTER-GENERATIONAL ACTIVITIES. FUNDS WILL ALSO BE USED TO OFFSET COSTS OF CASE ASSISTANCE AND OTHER ASSISTANCE SERVICES TO SENIORS AND THEIR FAMILIES.

#### **Funded Amount:**

\$49,000

### Requested By:

SILVER

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

LINDENHURST FOOTBALL & CHEERLEADING LEAGUE, INC. P.O. BOX 477 LINDENHURST, NY 11757 (631) 592-4228

### Name of Project Director:

MIKE RAPISARDI

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES AND FOR THE PURCHASE OF EQUIPMENT FOR A YOUTH RECREATION PROGRAM.

#### **Funded Amount:**

\$1,000

### Requested By:

ENGLEBRIGHT, RAMOS, SWEENEY, THIELE

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ACHIEZER COMMUNITY RESOURCE CENTER 148 BEACH 9TH STREET, SUITE 2C FAR ROCKAWAY, NY 11691 (516) 791-4444

### Name of Project Director:

BARUCH BER BENDER

## **Purpose of Project:**

FUNDS WILL BE USED TO ASSIST WITH THE ORGANIZATION'S MISSION OF ASSISTING WITH ALL SOCIAL SERVICE AND COMMUNITY NEEDS. PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$5,000

#### Requested By:

GOLDFEDER

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ADELANTE OF SUFFOLK COUNTY, INC. 83 CARLETON AVENUE CENTRAL ISLIP, NY 11722 (631) 434-3481

### Name of Project Director:

MIRIAM GARCIA

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH YOUTH PROGRAMS AND IN-STATE TRANSPORTATION FOR SENIORS.

### **Funded Amount:**

\$10,000

### Requested By:

RAMOS

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

AFRICAN CULTURAL CENTER OF BUFFALO, INC. 350 MASTEN AVENUE BUFFALO, NY 14209 (716) 884-2013

### Name of Project Director:

**AGNES BAIN** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR YOUTH RECREATIONAL AND EDUCATIONAL PROGRAMS, AFTER SCHOOL PROGRAMS, AND SUMMER PROGRAMS.

#### **Funded Amount:**

\$100,000

#### Requested By:

PEOPLES-STOKES

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ALL NATIONS BAPTIST CHURCH OF WOODHAVEN 86-76 80TH STREET WOODHAVEN, NY 11421 (718) 296-2025

#### Name of Project Director:

DAN SHAFER

## **Purpose of Project:**

FUNDS WILL BE USED TO HELP WITH CONSTRUCTION FOR ADDITIONAL FOOD PANTRY STORAGE AND SPACE, INCLUDING SHEDS, SHELVING, FREEZERS AND REFRIGERATORS. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$1,500

### Requested By:

MILLER-M

# Name of Administering State Agency:

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

AMERICAN BROTHERHOOD FOR THE RUSSIAN DISABLED, INC. 3049 BRIGHTON 6TH STREET BROOKLYN, NY 11235 (718) 368-1170

### Name of Project Director:

MICHAEL KREMEROV

#### **Purpose of Project:**

FUNDS WILL BE USED TO PUBLISH AND DISSEMINATE THE AMERICAN BROTHERHOOD FOR THE RUSSIAN DISABLED, INC. (ABRUD) BOOKLET, WHICH PROVIDES THE LATEST UPDATES ON LAWS AND REGULATIONS FOR PEOPLE WITHIN THE DISABILITY COMMUNITY. ADDITIONALLY, FUNDS WILL BE USED TO PROVIDE SOCIAL SERVICES, COUNSELING ASSISTANCE AND EDUCATIONAL PROGRAMS.

#### **Funded Amount:**

\$2,000

#### Requested By:

WEINSTEIN

### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

AMERICAN BROTHERHOOD FOR THE RUSSIAN DISABLED, INC. 1849 86TH STREET BROOKLYN, NY 11214 (718) 232-3004

### Name of Project Director:

**LENNY TILMAN** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE COMPUTER CLASSES FOR SENIORS AND THE DISABLED.

### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

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

ASIAN COMMUNITY UNITED SOCIETY, INC. 1884 86TH STREET BROOKLYN, NY 11214 (718) 801-8501

### Name of Project Director:

WARREN CHAN

# **Purpose of Project:**

FUNDS WILL BE USED PROVIDE HUMAN SERVICE PROGRAMS TO THE LOW INCOME COMMUNITY LIVING IN BROOKLYN.

### **Funded Amount:**

\$2,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BADEN STREET SETTLEMENT OF ROCHESTER, INC. 152 BADEN STREET ROCHESTER, NY 14605 (585) 325-4910

### Name of Project Director:

**RON THOMAS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO ENHANCE AND DEVELOP YOUTH PROGRAMS THAT TEACH LIFE SKILLS, EMPLOYMENT SKILLS AND YOUTH ENRICHMENT.

#### **Funded Amount:**

\$90,000

### Requested By:

**GANTT** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BALL HOGGS SPORTS AND RECREATION PROGRAM 23-36 101ST STREET EAST ELMHURST, NY 11369 (646) 261-3080

### Name of Project Director:

DARNELL CHILDS

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE SPORTS EQUIPMENT AND TO SUPPORT COMMUNITY BASEBALL LEAGUE ACTIVITIES.

### **Funded Amount:**

\$5,000

### Requested By:

**AUBRY** 

## Name of Administering State Agency:

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

BARRY AND FLORENCE FRIEDBERG JEWISH COMMUNITY CENTER, INC. 15 NEIL COURT OCEANSIDE, NY 11572 (516) 766-4341

#### Name of Project Director:

ARNIE PREMINGER

#### **Purpose of Project:**

FUNDS WILL BE USED TO OPERATE EDUCATIONAL, SOCIAL AND RECREATIONAL PROGRAMS AND EVENTS DESIGNED TO MEET THE NEEDS OF "LATCH KEY" CHILDREN RESIDING IN LONG BEACH, LIDO BEACH, ATLANTIC BEACH, ISLAND PARK AND POINT LOOKOUT. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$5,000

### Requested By:

WEISENBERG

#### Name of Administering State Agency:

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

BE PROUD, INC. 2805 EAST 26TH STREET, ROOM 2D BROOKLYN, NY 11235 (718) 788-7773

#### Name of Project Director:

RAISA CHERNINA

# **Purpose of Project:**

FUNDS WILL BE USED TO UNITE AND EDUCATE PARENTS WITH ADOPTED CHILDREN FROM THE FORMER SOVIET UNION.

#### **Funded Amount:**

\$5,000

#### Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BE PROUD, INC. 2805 EAST 26TH STREET, SUITE #2D BROOKLYN, NY 11235 (718) 788-7773

### Name of Project Director:

RAISA CHERNINA

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE THE IMMIGRANT COMMUNITY WITH EDUCATIONAL PROGRAMS RELATING TO CIVICS AND AMERICAN LAW.

### **Funded Amount:**

\$3,000

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BNAI RAPHAEL CHESED ORGANIZATION 2917 AVENUE K BROOKLYN, NY 11210 (718) 531-2223

### Name of Project Director:

RAPHAEL HAZAN

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE FOOD PANTRY PROGRAM. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$1,500

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

BOYS AND GIRLS CLUBS OF BUFFALO, INC. 282 BABCOCK STREET BUFFALO, NY 14210 (716) 825-1016

### Name of Project Director:

**DIANE ROWE** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR AFTER SCHOOL AND SUMMER YOUTH PROGRAMS.

### **Funded Amount:**

\$5,000

## Requested By:

PEOPLES-STOKES

# Name of Administering State Agency:

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

BOYS AND GIRLS CLUBS OF ROCHESTER, INC. 500 GENESEE STREET ROCHESTER, NY 14611 (585) 328-3077

#### Name of Project Director:

JOHN BLACKWELL

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE AFTER SCHOOL PROGRAM AT SCHOOL #29 FOR CHILDREN WITH DISABILITIES.

### **Funded Amount:**

\$20,000

#### Requested By:

MORELLE

## Name of Administering State Agency:

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

BRENTWOOD YOUTH ACTIVITIES P.O. BOX 189 BRENTWOOD, NY 11717 (631) 273-4667

## Name of Project Director:

**KEITH ALLISON** 

# **Purpose of Project:**

FUNDS WILL BE USED OFFSET THE COST OF RENOVATING THE BYA CLUBHOUSE.

### **Funded Amount:**

\$10,000

## Requested By:

RAMOS

# Name of Administering State Agency:

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

BRENTWOOD YOUTH SOCCER CLUB, INC. P.O. BOX 846 BRENTWOOD, NY 11717 (631) 398-2527

## Name of Project Director:

**VIOLETTE SMITH** 

## **Purpose of Project:**

FUNDS WILL BE USED TO RUN THE ANNUAL SOCCER YOUTH PROGRAM.

#### **Funded Amount:**

\$4,000

#### Requested By:

**RAMOS** 

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

BROADWAY HOUSING COMMUNITIES, INC. 583 RIVERSIDE DRIVE NEW YORK, NY 10031 (212) 568-2030

#### Name of Project Director:

**ELLEN BAXTER** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE ENRICHMENT ACTIVITIES (ARTS AND DANCE) TO YOUTH LIVING IN BROADWAY HOUSING AND OTHER CHILDREN IN THE LOCAL COMMUNITY.

#### **Funded Amount:**

\$10,000

### Requested By:

**WRIGHT** 

## Name of Administering State Agency:

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

BRONXWORKS, INC. 60 EAST TREAMONT AVENUE BRONX, NY 10453 (718) 365-0910 Ext: 122

### Name of Project Director:

MARISOL ROSA-SALTARES

#### **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT HIPPY, AN EARLY CHILDHOOD AND PARENT EDUCATION PROGRAM THAT GIVES PARENTS THE TOOLS TO BECOME SUCCESSFUL FIRST TEACHERS. THROUGH HOME VISITS AND WORKSHOPS, OVER 80 PARENTS WILL LEARN TO EDUCATIONALLY ENGAGE MORE THAN 90 CHILDREN AGES THREE TO FIVE YEARS.

#### **Funded Amount:**

\$20,000

#### Requested By:

**GIBSON** 

#### Name of Administering State Agency:

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

BROOKLYN CHINESE-AMERICAN ASSOCIATION, INC. 5002 8TH AVENUE BROOKLYN, NY 11220 (718) 438-0008

### Name of Project Director:

**PAUL MAK** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE SUPPLIES AND MATERIALS FOR THE AFTER SCHOOL PROGRAM.

### **Funded Amount:**

\$5,000

## Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN CONGREGATIONS UNITED, INC. 890 FLATBUSH AVENUE BROOKLYN, NY 11226 (718) 287-4334

#### Name of Project Director:

MARGARET HUGHES

## **Purpose of Project:**

FUNDS WILL BE USED TO FACILITATE EDUCATIONAL PROGRAMS THAT FOCUS ON EDUCATION REFORM, POLICE-COMMMUNITY RELATIONS, QUALITY OF LIFE AND CIVIC PARTICIPATION. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$5,000

### Requested By:

**JACOBS** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN CONGREGATIONS UNITED, INC. 2806 NEWKIRK AVENUE BROOKLYN, NY 11226 (718) 287-4334

#### Name of Project Director:

MARGARET HUGHES

### **Purpose of Project:**

FUNDS WILL BE USED FOR COMMUNITY OUTREACH, PROVIDING TRAINING AND LEADERSHIP DEVELOPMENT SKILLS TO PARENTS, TEACHERS, SCHOOL ADMINISTRATIONS, AS WELL AS CONCERNED INDIVIDUALS IN THE COMMUNITIES OF FLATBUSH. PROGRAMS ARE NONSECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$3,000

## Requested By:

**PERRY** 

#### Name of Administering State Agency:

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

BROOKLYN PITBULLS YOUTH FOOTBALL, INC. 162 ALBANY AVENUE, SUITE 2C BROOKLYN, NY 11213 (718) 756-2194

### Name of Project Director:

LLOYD RODRIGUEZ

#### **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND ASSIST FAMILIES OF PLAYERS BY REDUCING THE OVERALL PROGRAM FEES AND MAINTAINING AFFORDABLE RATES FOR PARTICIPANTS.

#### **Funded Amount:**

\$3,112

### Requested By:

ABBATE, BARRON, BRENNAN, BROOK-KRASNY, CAMARA, COLTON, CYMBROWITZ-S, ESPINAL, HIKIND, JACOBS, JEFFRIES, LENTOL, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, WEINSTEIN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROTHERHOOD/SISTER SOL, INC. 512 WEST 143RD STREET NEW YORK, NY 10031 (212) 283-7044

#### Name of Project Director:

KHARY LAZARRE-WHITE

# **Purpose of Project:**

FUNDS WILL BE USED TO BUILD A BEACON FOR CHILDREN IN THE COMMUNITY THROUGH THE RITES OF PASSAGE PROGRAM WHICH EXPOSES CHILDREN TO VARIOUS CULTURAL RITES OF PASSAGE PROCESSES.

#### **Funded Amount:**

\$7,000

### Requested By:

**WRIGHT** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

CALVARY'S MISSION, INC. 124-18 116TH AVENUE SOUTH OZONE PARK, NY 11420 (718) 496-8872

### Name of Project Director:

SHIV NARINE SINGH

# **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE FOOD PROGRAM, INCLUDING THE PURCHASE AND DELIVERY OF FOOD TO INDIVIDUALS, CHILDREN AND FAMILIES IN NEED. THE FOOD PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$3,000

### Requested By:

MILLER-M

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

CARIBBEAN WOMEN'S HEALTH ASSOCIATION, INC. 3512 CHURCH AVENUE BROOKLYN, NY 11203 (718) 826-2942

### Name of Project Director:

CHERYL HALL

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE DOMESTIC VIOLENCE SERVICES AND SUPPORTIVE CASE MANAGEMENT SERVICES.

### **Funded Amount:**

\$3,500

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

CATHOLIC CHARITIES COMMUNITY SERVICES, ARCHDIOCESE OF NEW YORK 1011 FIRST AVENUE, 6TH FLOOR NEW YORK, NY 10022 (646) 794-2438

#### Name of Project Director:

**BEATRIZ DIAZ TAVERAS** 

#### **Purpose of Project:**

FUNDS WOULD BE USED TO CONTINUE OPERATIONS OF THE NYS REFUGEE RESETTLEMENT ASSISTANCE PROGRAM WHICH PROVIDES LEGAL AND TRANSITIONAL SUPPORT SERVICES TO REFUGEES, ASYLEES AND RELATED GROUPS, HELPING TO ADDRESS BARRIERS TO SELF-SUFFICIENCY AND FACILITATING THE PROCESS OF INTEGRATION INTO LIFE IN NEW YORK CITY.

#### **Funded Amount:**

\$150,000

### Requested By:

CRESPO

### Name of Administering State Agency:

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

CENTRAL ISLIP CIVIC COUNCIL, INC. P.O. BOX 219 CENTRAL ISLIP, NY 11722 (631) 348-0669

### Name of Project Director:

NANCY MANFREDONIA

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE MAINTENANCE AND OPERATION OF A FOOD PANTRY FOR THE NEEDY IN THE COMMUNITY.

#### **Funded Amount:**

\$10,000

### Requested By:

RAMOS

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

CENTRAL ISLIP LITTLE LEAGUE, INC. P.O. BOX 48 CENTRAL ISLIP, NY 11722 (631) 582-3529

#### Name of Project Director:

**BARBARA LAWRENCE** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE 2012 BASEBALL LEAGUE AND AFTER SCHOOL PROGRAM OFFERED TO THE COMMUNITY.

#### **Funded Amount:**

\$1,500

### Requested By:

**RAMOS** 

## Name of Administering State Agency:

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

CENTRO JUVENIL RAFAEL TONY FERNANDEZ, INC. 504 WEST 139TH STREET, SUITE #2 NEW YORK, NY 10031 (212) 491-7701

### Name of Project Director:

**TONY FERNANDEZ** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH OPERATING A YOUTH SOFTBALL LEAGUE.

### **Funded Amount:**

\$5,000

#### Requested By:

**WRIGHT** 

## Name of Administering State Agency:

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

CHILD CARE COUNCIL OF SUFFOLK, INC. 60 CALVERT AVENUE COMMACK, NY 11725 (631) 462-0303 Ext: 105

#### Name of Project Director:

JANET WALERSTEIN

#### **Purpose of Project:**

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS THAT ADDRESS ISSUES SUCH AS CHILD HEALTH, QUALITY SCHOOLING, NEIGHBORHOOD SAFETY AND SHORTAGE OF AFFORDABLE CHILD CARE. THESE PROGRAMS ADDRESS CHALLENGES THAT PARENTS FACE IN THE COMMUNITY BY HOSTING SPEAKERS AND HOLDING GROUP DISCUSSIONS.

#### **Funded Amount:**

\$7,500

### Requested By:

**SWEENEY** 

#### Name of Administering State Agency:

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

CHILD CENTER OF NEW YORK, INC. 60-02 QUEENS BOULEVARD - LOWER LEVEL WOODSIDE, NY 11377 (718) 651-7770

#### Name of Project Director:

SANDRA HAGAN

## **Purpose of Project:**

FUNDS WILL BE USED FOR THE AFTER SCHOOL AND SUMMER PROGRAM AT PUBLIC SCHOOL 223, WHICH WILL PROVIDE ACTIVITIES SUCH AS HOMEWORK HELP, TUTORING, RECREATION (BASEBALL, BASKETBALL), PERFORMANCE ARTS, MUSIC AWARENESS, LITERACY, MATH AND SCIENCE ENRICHMENT, AS WELL AS SERVICE LEARNING AND RECREATIONAL TRIPS WITHIN NEW YORK STATE.

#### **Funded Amount:**

\$27,000

#### Requested By:

COOK

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

CHINESE-AMERICAN PLANNING COUNCIL, INC. 150 ELIZABETH STREET NEW YORK, NY 10012 (212) 941-0920

### Name of Project Director:

**ALLEN COHEN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL, RECREATIONAL, HEALTH, WELLNESS, AND SOCIAL SERVICE PROGRAMS FOR CHILDREN AND TEENS IN CHINATOWN AND LITTLE ITALY.

#### **Funded Amount:**

\$100,000

### Requested By:

SILVER

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

CIRCLE OF LOVE MINISTRY WORLDWIDE 20 REITH STREET COPIAGUE, NY 11726 (631) 789-2688 Ext: 130

#### Name of Project Director:

FRANCINE KIRTON

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET OPERATIONAL EXPENSES OF THE FOOD PANTRY THAT SERVES ABOUT 100 FAMILIES PER WEEK. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$8,500

### Requested By:

**SWEENEY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

CIRCLE OF LOVE MINISTRY WORLDWIDE 20 REITH STREET COPIAGUE, NY 11726 (631) 789-2688

#### Name of Project Director:

FRANCINE KIRTON

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET OPERATIONAL EXPENSES OF THE FOOD PANTRY, WHICH SERVES ABOUT 100 FAMILIES PER WEEK. THIS PROGRAM IS NONSECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$3,000

### Requested By:

ENGLEBRIGHT, RAMOS, SWEENEY, THIELE

#### Name of Administering State Agency:

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

COMMUNITY ACTION ORGANIZATION OF ERIE COUNTY, INC. 70 HARVARD PLACE BUFFALO, NY 14209 (716) 881-5150 Ext: 4410

### Name of Project Director:

L. NATHAN HARE

## **Purpose of Project:**

FUNDS WILL BE USED FOR YOUTH RECREATIONAL AND EDUCATIONAL PROGRAMS, AFTER SCHOOL PROGRAMS, AND SUMMER PROGRAMS.

#### **Funded Amount:**

\$20,000

#### Requested By:

PEOPLES-STOKES

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

COMMUNITY LUTHERAN MINISTRY, INC. 942 JOSEPH AVENUE ROCHESTER, NY 14621 (585) 338-2420

### Name of Project Director:

MAGGIE HARRIS

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE SUMMER DAY CAMP. THE CHILDREN WILL ENGAGE IN READING, WRITING AND MATH PROGRAMS. THE PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$10,000

### Requested By:

**GANTT** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

CONEY ISLAND GENERATION GAP REUNION COMMITTEE, CORP. 2904 NEPTUNE AVENUE BROOKLYN, NY 11224 (718) 975-0447

#### Name of Project Director:

PAMELA HARRIS

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE YOUTH AND SENIORS WITH EDUCATIONAL PROGRAMS ON HEALTH AND WELLNESS, ENVIRONMENT, AS WELL AS WORKPLACE SKILLS.

#### **Funded Amount:**

\$10,000

### Requested By:

**BROOK-KRASNY** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

CONEY ISLAND GOSPEL ASSEMBLY 2828 NEPTUNE AVENUE BROOKLYN, NY 11224 (718) 996-9301

### Name of Project Director:

RODERICK HULLA

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE AN AFTER SCHOOL PROGRAM FOR CHILDREN IN THE COMMUNITY. THIS PROGRAM WILL PROVIDE TUTORIAL AND HOMEWORK ASSISTANCE. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL YOUTH IN THE COMMUNITY.

#### **Funded Amount:**

\$1,000

## Requested By:

BROOK-KRASNY

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

CONEY ISLAND LIGHTHOUSE MISSION 2114 MERMAID AVENUE BROOKLYN, NY 11224 (917) 560-7720

### Name of Project Director:

**VINCENT FUSCO** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR AN AFTER SCHOOL PROGRAM TO EDUCATE AND MENTOR AT-RISK CHILDREN. THIS PROGRAM IS NONSECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$1,000

#### Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

COPIAGUE YOUTH LEAGUES, INC. P.O. BOX 5 COPIAGUE, NY 11726 (631) 598-2776

# **Name of Project Director:**

MICKEY KANE

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND OFFSET THE COST OF OPERATING THE YOUTH RECREATION LEAGUE.

### **Funded Amount:**

\$10,000

### Requested By:

**SWEENEY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

COUNCIL OF JEWISH EMIGRE COMMUNITY ORGANIZATIONS, INC. 261 MADISON AVENUE, SUITE 1504 NEW YORK, NY 10016 (212) 566-2120

## Name of Project Director:

**ROMAN SHMULENSON** 

#### **Purpose of Project:**

FUNDS WILL BE USED TO FACILITATE THE SUCCESSFUL INTEGRATION OF YOUNG RUSSIAN-SPEAKING IMMIGRANTS INTO AMERICAN SOCIETY, AS WELL AS TO INTRODUCE THEM TO CIVICS AND COMMUNITY INVOLVEMENT. THE PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$6,000

## Requested By:

WEINSTEIN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

COUNCIL OF JEWISH EMIGRE COMMUNITY ORGANIZATIONS, INC. 100 CHURCH STREET, SUITE 1608 NEW YORK, NY 10007 (212) 566-2120

## Name of Project Director:

**ROMAN SCHMULENSON** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR RECREATIONAL PROGRAMS FOR YOUTH IN THE COMMUNITY. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$43,000

## Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

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

COUNCIL OF JEWISH ORGANIZATIONS OF FLATBUSH, INC. 1550 CONEY ISLAND AVENUE BROOKLYN, NY 11230 (718) 377-2900

## Name of Project Director:

SUSAN LASHER

#### **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A PROGRAM THAT TARGETS NEEDY, SINGLE HEADS OF HOUSEHOLDS. THIS PROGRAM PROVIDES THEM WITH THE RESOURCES NECESSARY TO OBTAIN THE SOCIAL SERVICES, TO WHICH THEY MAY BE ENTITLED, AS WELL AS REFERS THEM TO APPROPRIATE AGENCIES. THESE PROGRAMS AND SERVICES ARE NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$10,000

#### Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

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

COUNCIL OF JEWISH ORGANIZATIONS OF FLATBUSH, INC. 1550 CONEY ISLAND AVENUE BROOKLYN, NY 11230 (718) 377-2900

### Name of Project Director:

**RUTH PARIS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT VARIOUS PROGRAMS INCLUDING: PUBLIC BENEFITS ASSISTANCE, EMERGENCY ASSISTANCE, CRISIS INTERVENTION, CLIENT REPRESENTATION & ADVOCACY, LEGAL ASSISTANCE, FOOD PANTRIES, PRE-EMPLOYMENT TRAINING, JOB PLACEMENT, JOB COACHING, BASIC COMPUTER LITERACY SKILLS TRAINING, SMALL BUSINESS SERVICES AND CREDIT/DEBT COUNSELING. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$10,000

#### Requested By:

**JACOBS** 

### Name of Administering State Agency:

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

COUNCIL OF JEWISH ORGANIZATIONS OF FLATBUSH, INC. 1550 CONEY ISLAND AVENUE BROOKLYN, NY 11230 (718) 377-2900 Ext: 226

## Name of Project Director:

YECHEZKEL PIKUS

#### **Purpose of Project:**

FUNDS WILL BE USED TO ASSIST NEEDY, SOCIALLY ISOLATED SINGLE HEADS OF HOUSEHOLDS IN OBTAINING SOCIAL SERVICES, JOB TRAINING AND EMPLOYMENT. THIS PROGRAM WILL WORK TO INTEGRATE THEM INTO THE FLATBUSH/MIDWOOD COMMUNITY. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$9,000

#### Requested By:

WEINSTEIN

#### Name of Administering State Agency:

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

CRIME VICTIMS SUPPORT SERVICES OF THE NORTH BRONX, INC. 1138 NEILL AVENUE BRONX, NY 10461 (718) 823-4925

### Name of Project Director:

**JOANNE CICERO** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET UTILITY COSTS FOR THE FACILITY WHICH PROVIDES COUNSELING AND ASSISTANCE TO VICTIMS OF CRIME, AS WELL AS OFFERS MONTHLY SUPPORT GROUPS FOR FAMILIES WHO LOST A FAMILY MEMBER TO HOMICIDE.

#### **Funded Amount:**

\$1,000

### Requested By:

BENEDETTO

#### Name of Administering State Agency:

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

DIASPORA COMMUNITY SERVICES, INC. 182 FOURTH AVENUE BROOKLYN, NY 11217 (718) 399-0200

### Name of Project Director:

**CARINE JOCELYN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT SERVICES TO POOR, IMMIGRANT WOMEN INCLUDING ESL CLASSES, LIFE SKILLS WORKSHOPS AND CASE MANAGEMENT.

#### **Funded Amount:**

\$11,000

## Requested By:

**JACOBS** 

# Name of Administering State Agency:

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

DOMINICO-AMERICAN SOCIETY OF QUEENS, INC. 40-27 97TH STREET CORONA, NY 11368 (718) 457-5303

## Name of Project Director:

JOSE TEJADA

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFER EDUCATIONAL ASSISTANCE TO LOW INCOME IMMIGRANTS, INCLUDING ENGLISH AS A SECOND LANGUAGE INSTRUCTION AND TRAINING FOR CITIZENSHIP CIVIC CLASSES.

#### **Funded Amount:**

\$25,000

## Requested By:

**AUBRY** 

#### Name of Administering State Agency:

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

DWA FANM P.O. BOX 23505 BROOKLYN, NY 11202 (718) 230-4027

## Name of Project Director:

CHRISTINA JAUS

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT A DOMESTIC VIOLENCE SUPPORT PROGRAM THAT OFFERS VICTIMS A SAFE PLACE AND RESOURCES. THE PROGRAM PROVIDES EDUCATIONAL WORKSHOPS ON PREVENTION, SUPPORT GROUPS AND SERVICES FOR WOMEN AT-RISK, BATTERED WOMEN AND SURVIVORS.

### **Funded Amount:**

\$10,000

#### Requested By:

**JACOBS** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

DYNAMIC YOUTH COMMUNITY, INC. 1830 CONEY ISLAND AVENUE BROOKLYN, NY 11230 (718) 376-7923

#### Name of Project Director:

KAREN CARLINI

# **Purpose of Project:**

FUNDS WILL BE USED FOR IN-STATE TRANSPORTATION OF ADOLESCENTS AND YOUTH TO FAMILY VISITS, COURT APPEARANCES, DOCTOR APPOINTMENTS, ETC.

#### **Funded Amount:**

\$2,000

## Requested By:

CYMBROWITZ-S

# Name of Administering State Agency:

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

EAST COAST CAR ASSOCIATION, INC. 78-02 87TH STREET GLENDALE, NY 11385 (917) 385-2322

## Name of Project Director:

**LOU BUGLIONE** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE TOYS FOR THE TOYS FOR TOTS PROGRAM.

#### **Funded Amount:**

\$1,000

# Requested By:

MILLER-M

# Name of Administering State Agency:

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

ECONOMIC OPPORTUNITY COUNCIL OF SUFFOLK 31 WEST MAIN STREET PATCHOGUE, NY 11772 (631) 447-0698 Ext: 119

### Name of Project Director:

MARCIA SPECTOR

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE ANNUAL IN-STATE CONFERENCE FOR LONG ISLAND TEEN PARENTS. THIS CONFERENCE OFFERS ADOLESCENT PREGNANCY PREVENTION SUPPORT TO PARENTS OF TEENAGERS.

#### **Funded Amount:**

\$10,000

## Requested By:

RAMOS

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

EDUCATION CLINIC, INC. 219 WEST 132ND STREET NEW YORK, NY 10027 (212) 234-6495

### Name of Project Director:

**BETH PETIT** 

# **Purpose of Project:**

FUNDS WILL BE USED TO EXPOSE TEENAGE YOUTH TO EMPLOYMENT SKILLS AND PROVIDE TUTORING SERVICES TO YOUNGER CHILDREN.

#### **Funded Amount:**

\$10,000

### Requested By:

**WRIGHT** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

EDUCATIONAL ALLIANCE, INC. 197 EAST BROADWAY NEW YORK, NY 10002 (212) 475-2210

## Name of Project Director:

**ROBIN BERNSTEIN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EDUCATION AND INTERVENTION SUPPORT TO CHILDREN, ADULTS, AND FAMILIES FROM LOWER EAST SIDE COMMUNITIES (SEVERAL LOCATIONS).

#### **Funded Amount:**

\$100,000

## Requested By:

SILVER

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ELMCOR YOUTH AND ADULT ACTIVITIES, INC. 33-16 108TH STREET CORONA, NY 11368 (718) 651-0096 Ext: 245

## Name of Project Director:

KATHLEEN VALENCIA

# **Purpose of Project:**

FUNDS WILL BE USED TO ENHANCE THE EXISTING YOUTH PROGRAMS AND TO PROVIDE A BASKETBALL TOURNAMENT, IN-STATE TRAVEL AND SUPPLIES.

#### **Funded Amount:**

\$30,000

## Requested By:

**AUBRY** 

# Name of Administering State Agency:

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

ERIE REGIONAL HOUSING DEVELOPMENT CORPORATION 104 MARYLAND STREET BUFFALO, NY 14201 (716) 845-0485

## Name of Project Director:

**NESTOR HERNANDEZ** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR IN-STATE TRANSPORTATION (RENTED BUSES THAT ARE HANDICAP ACCESSIBLE) FOR 25 EDUCATIONAL/CULTURAL FIELD TRIPS AND COLLEGE VISITS FOR CHILDREN AND YOUTH OVER THE COURSE OF THE YEAR.

#### **Funded Amount:**

\$10,000

## Requested By:

RYAN

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

EZRAS CHOLIM YAD EPHRAIM 1274 49TH STREET, #69 BROOKLYN, NY 11219 (718) 431-4404

#### Name of Project Director:

MOSHE STEINMETZ

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH PROVIDING FOOD TO FAMILIES OF PATIENTS AT VARIOUS HOSPITALS, INCLUDING PACKING AND OTHER RELATED COSTS. THE PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$45,000

## Requested By:

HIKIND

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

FEDERATION OF ORGANIZATIONS FOR THE NY STATE MENTALLY DISABLED, INC.
ONE FARMINGDALE ROAD
WEST BABYLON, NY 11704
(631) 669-5355 Ext: 1102

#### Name of Project Director:

RUTH DEL COL

### **Purpose of Project:**

FUNDS WILL BE USED TO ALLOW LOW INCOME SENIORS TO REMAIN ACTIVE PARTICIPANTS IN THE COMMUNITY, AS WELL AS TO HELP AT-RISK CHILDREN AND FRAIL SENIORS.

#### **Funded Amount:**

\$10,000

## Requested By:

SWEENEY

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

FEDERAZIONE ITALO-AMERICANA DI BROOKLYN AND QUEENS, INC. 66-35 MYRTLE AVENUE GLENDALE, NY 11385 (718) 366-9077

## Name of Project Director:

PETER CARDELLA

#### **Purpose of Project:**

FUNDS WILL BE USED TO HELP PROVIDE A VARIETY OF NEEDED SERVICES TO THE ITALIAN-AMERICAN COMMUNITIES OF BROOKLYN AND QUEENS. THESE SERVICES INCLUDE PROCESSING APPLICATIONS FOR MEDICARE, MEDICAID, RENT INCREASE EXEMPTION, NURSING HOME PLACEMENTS, SOCIAL SECURITY, SSA, FOOD STAMPS, WELFARE, H.E.A.P AND SECTION 8 INFORMATION.

#### **Funded Amount:**

\$7,000

#### Requested By:

MILLER-M

### Name of Administering State Agency:

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

FIRST CHERNOMORETS USA, INC. 3101 OCEAN PARKWAY, SUITE 2H BROOKLYN, NY 11235 (718) 928-5565

### Name of Project Director:

ILYA PEYSAKHOV

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE AFTER SCHOOL ATHLETIC ACTIVITIES TO YOUTH IN THE COMMUNITY.

### **Funded Amount:**

\$1,000

## Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

FIRST PRESBYTERIAN CHURCH OF NEWTOWN 54-05 SEABURY STREET ELMHURST, NY 11373 (718) 803-1070

### Name of Project Director:

MARY SHUTAK-JENKINS

# **Purpose of Project:**

FUNDS WILL BE USED FOR AN OUTREACH PROGRAM DESIGNED TO CREATE A SUSTAINABLE FOOD SOURCE FOR THE LOCAL COMMUNITY THROUGH COMMUNITY GARDENING. PRODUCE WILL BE DONATED TO LOCAL FOOD BANKS. THE PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$5,000

# Requested By:

AUBRY

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

FIVE BORO SOCCER LEAGUE, INC. 270 CLARKSON AVENUE, APARTMENT 302 BROOKLYN, NY 11226 (718) 693-0269

## Name of Project Director:

THOMAS E. BAILEY

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE SUPPLIES AND EQUIPMENT FOR YOUTH, AS WELL AS TO OFFSET COSTS ASSOCIATED WITH OPERATING THE PROGRAM.

#### **Funded Amount:**

\$5,000

## Requested By:

PERRY

# Name of Administering State Agency:

# 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 FOR ONGOING FACILITY IMPROVEMENTS TO THE CHILD CARE CENTER, INCLUDING REFURBISHING THE PRE-K ROOM, PURCHASING NEW FURNITURE, ETC.

#### **Funded Amount:**

\$10,000

## Requested By:

WEISENBERG

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

FIVE TOWNS COMMUNITY CENTER 270 LAWRENCE AVENUE LAWRENCE, NY 11559 (516) 239-6244 Ext: 234

## Name of Project Director:

PETER VISCONTI

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE AN INSTRUCTOR TO WORK WITH CHILDREN ON COMPUTER SKILLS DURING AN AFTER SCHOOL PROGRAM.

### **Funded Amount:**

\$20,500

### Requested By:

WEISENBERG

# Name of Administering State Agency:

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

FLATBUSH DEVELOPMENT CORPORATION 1616 NEWKIRK AVENUE BROOKLYN, NY 11226 (718) 859-3800

### Name of Project Director:

**ROBIN REDMOND** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE EQUIPMENT AND SUPPLIES FOR AREA FOOD PANTRIES.

### **Funded Amount:**

\$25,000

## Requested By:

**JACOBS** 

# Name of Administering State Agency:

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

FLATBUSH DEVELOPMENT CORPORATION 1616 NEWKIRK AVENUE BROOKLYN, NY 11226 (718) 859-4763

### Name of Project Director:

**ROBIN REDMOND** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE INDIVIDUAL COUNSELING AND GROUP ORGANIZING ASSISTANCE TO AREA RESIDENTS IN NEED OF HOUSING AND IMMIGRATION SERVICES.

### **Funded Amount:**

\$2,500

## Requested By:

WEINSTEIN

# Name of Administering State Agency:

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

FLUSHING MEADOW SOAP BOX DERBY, INC. P.O. BOX 127 EAST ELMHURST, NY 11369 (718) 468-5114

## Name of Project Director:

HENRY FOSTER

#### **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EQUIPMENT FOR A SOAP BOX DERBY, INCLUDING THE PURCHASE OF CARS AND WHEEL ALIGNMENT TOOLS. FUNDS WILL ALSO PROVIDE FOR PAINTING AND DECORATION OF CARS, RENTAL UNITS FOR RACE DAYS, PURCHASE OF TWO-WAY RADIOS FOR COMMUNICATION BETWEEN STARTING AND FINISH LINES AND RENTAL OF STORAGE SPACE FOR CARS.

#### **Funded Amount:**

\$4,000

#### Requested By:

**AUBRY** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

FREEDOM COMMUNITY RESOURCE CENTER, INC. 455 EAST 140TH STREET, GARDEN LEVEL BRONX, NY 10454 (718) 402-2236

## Name of Project Director:

JOE PEREZ

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE HOMEWORK ASSISTANCE AND LITERACY DEVELOPMENT FOR STUDENTS OF COMMUNITY SCHOOL DISTRICT 7.

#### **Funded Amount:**

\$20,000

#### Requested By:

ARROYO

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

FUNDACION HISPANOAMERICANA, INC. 636 SEAMAN AVENUE BALDWIN, NY 11510 (516) 223-5678

## Name of Project Director:

MARIANELA JORDAN

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET OPERATING COSTS ASSOCIATED WITH PROMOTING THE EDUCATIONAL ADVANCEMENT PROJECT.

### **Funded Amount:**

\$4,000

## Requested By:

RAMOS

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

GAY ALLIANCE OF THE GENESEE VALLEY, INC. 875 EAST MAIN STREET ROCHESTER, NY 14605 (585) 244-8640

### Name of Project Director:

SUE COWELL

#### **Purpose of Project:**

FUNDS WILL BE USED FOR GENERAL OPERATING EXPENSES, INCLUDING THE COST OF PERSONNEL AND EQUIPMENT. FUNDS WILL ALSO BE USED FOR THE ORGANIZATION'S GAY ALLIANCE PROGRAM, WHICH PROMOTES TOLERANCE IN THE ROCHESTER COMMUNITY.

#### **Funded Amount:**

\$15,000

## Requested By:

BRONSON

#### Name of Administering State Agency:

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

GOOD SHEPHERD SPORTS 1950 BATCHELDER STREET BROOKLYN, NY 11229 (718) 709-7160

### Name of Project Director:

ROBERT CLEMENTE

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE SPORTS EQUIPMENT AND SUPPLIES FOR A YOUTH IN A AFTER-SCHOOL/SUMMER PROGRAM.

### **Funded Amount:**

\$2,000

### Requested By:

WEINSTEIN

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

GREATER FIVE TOWNS YM AND YWHA 207 GROVE AVENUE CEDARHURST, NY 11516 (516) 569-6733

### Name of Project Director:

**CATHY BYRNE** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH OPERATING AN INTEGRATED CAMP FOR CHILDREN WITH SPECIAL NEEDS. THE CAMP WILL OFFER FUN AND EXCITING ACTIVITIES TO THE CHILDREN, AND RESPITE TO THEIR FAMILIES.

#### **Funded Amount:**

\$18,000

## Requested By:

WEISENBERG

# Name of Administering State Agency:

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

GREATER RIDGEWOOD YOUTH COUNCIL, INC. 62-04 MYRTLE AVENUE GLENDALE, NY 11385 (718) 456-5437

### Name of Project Director:

**BOB MONAHAN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE SUMMER DAY CAMP PROGRAM IN QUEENS. THIS PROGRAM PROVIDES IN-STATE DAY TRIPS, AS WELL AS RECREATIONAL AND EDUCATIONAL ACTIVITIES SUCH AS MUSIC AND DANCE. FUNDS WILL ALSO BE USED TO PURCHASE SUPPLIES TO PROVIDE THESE PROGRAMS.

### **Funded Amount:**

\$7,000

## Requested By:

MILLER-M

#### Name of Administering State Agency:

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

GREATER SAINT ALBANS COMMUNITY DEVELOPMENT CORPORATION 172-17 LINDEN BOULEVARD ST. ALBANS, NY 11434 (718) 657-3387

### Name of Project Director:

**WAYNE WILSON** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A PROGRAM DESIGNED TO FACILITATE THE DEVELOPMENT OF BOTH CRITICAL THINKING AND SOCIAL ENGAGEMENT SKILLS IN A GROUP OF YOUNG MEN BETWEEN THE AGES OF 13-18 YEARS. IT WILL EMPLOY STRUCTURED INTERACTION BETWEEN THE YOUTH AND A SELECT GROUP OF ADULTS WHO HAVE EMPIRICALLY PROVEN THEMSELVES TO HAVE MASTERED THESE SKILLS.

### **Funded Amount:**

\$10,000

#### Requested By:

CLARK

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

GREATER SAINT ALBANS COMMUNITY DEVELOPMENT CORPORATION 172-17 LINDEN BOULEVARD ST. ALBANS, NY 11434 (718) 657-3387

### Name of Project Director:

TERESA DARLING

# **Purpose of Project:**

FUNDS WILL BE USED FOR A PROGRAM THAT PROVIDES MENTORS TO MOTHERS, AS WELL AS THE RESOURCES AND SUPPORT NECESSARY TO EQUIP THEM TO REACH THEIR FULL POTENTIAL AS CONFIDENT WOMEN, MOTHERS AND LEADERS.

#### **Funded Amount:**

\$5,000

### Requested By:

CLARK

#### Name of Administering State Agency:

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

GUILD FOR EXCEPTIONAL CHILDREN 260 68TH STREET BROOKLYN, NY 11220 (718) 833-6633

### Name of Project Director:

PAUL CASSONE

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EARLY CHILDHOOD EDUCATION PROGRAMS.

### **Funded Amount:**

\$3,000

# Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

HAITIAN AMERICANS UNITED FOR PROGRESS, INC. 221-05 LINDEN BOULEVARD CAMBRIA HEIGHTS, NY 11411 (718) 527-3776

### Name of Project Director:

**ELSIE ACCILIEN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A VARIETY OF REFERRALS, YOUTH DEVELOPMENT AND FAMILY SUPPORT SERVICES TO THE COMMUNITY.

### **Funded Amount:**

\$10,000

### Requested By:

CLARK

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

HAITIAN FAMILY RESOURCE CENTER 1783 FLATBUSH AVENUE BROOKLYN, NY 11210 (347) 374-4470

## Name of Project Director:

MARILYN PIERRE

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE THE IMMIGRANT COMMUNITY OF BROOKLYN WITH IMMIGRATION COUNSELING ASSISTANCE, SOCIAL SERVICES AND EDUCATIONAL PROGRAMS.

#### **Funded Amount:**

\$3,000

## Requested By:

WEINSTEIN

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

HANDS ACROSS LONG ISLAND, INC. 159 BRIGHTSIDE AVENUE CENTRAL ISLIP, NY 11722 (631) 234-7258

## Name of Project Director:

**ELLEN HEALION** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE FOOD AND EMERGENCY WINTER CLOTHING.

### **Funded Amount:**

\$3,000

# Requested By:

RAMOS

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

HARLEM CARES CIRCLE OF THE NATIONAL CARES MENTORING MOVEMENT, INC. 12 WEST 123RD STREET NEW YORK, NY 10027 (917) 446-1752

### Name of Project Director:

**ROCHELE HILL** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR CAPACITY BUILDING AND A MENTOR RECRUITMENT PROGRAM.

#### **Funded Amount:**

\$5,000

## Requested By:

**WRIGHT** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

HARLEM MOTHERS STOP ANOTHER VIOLENT END, INC. MANHATTANVILLE STATION, P.O. BOX 1685 NEW YORK, NY 10027 (212) 928-0150

## Name of Project Director:

KIMBERLY HAYES

# **Purpose of Project:**

FUNDS WILL BE USED TO ENHANCE DIRECT SERVICES TO FAMILIES LEFT TO GRIEVE AND BEREAVE THE LOSS OF THEIR LOVED ONES THROUGH COUNSELING AND WORKSHOPS.

#### **Funded Amount:**

\$25,000

## Requested By:

**WRIGHT** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

HARVEST LIFE CENTER, INC. 119-33 SPRINGFIELD BOULEVARD CAMBRIA HEIGHTS, NY 11411 (718) 978-1574

### Name of Project Director:

TRYONE SELLERS

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF THE AFTER SCHOOL AND YOUTH ACTIVITY PROGRAMS. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$6,000

### Requested By:

CLARK

# Name of Administering State Agency:

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

HEARTS IN THE STREETS, INC. 353 WEST 117TH STREET NEW YORK, NY 10026 (917) 747-2259

## Name of Project Director:

RICHARD LECKY

# **Purpose of Project:**

FUNDS WILL BE USED TO INSPIRE YOUNG PROFESSIONALS TO GIVE BACK TO THEIR COMMUNITIES THROUGH A MENTORING PROGRAM THAT INCLUDES IN-STATE COLLEGE TOURS, WORKSHOPS, AND OCCASIONAL LUNCHES.

#### **Funded Amount:**

\$4,000

## Requested By:

**WRIGHT** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

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

## Name of Project Director:

**GENE BORSH** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE THE RUSSIAN-SPEAKING COMMUNITY WITH TOOLS THAT WILL FACILITATE ENGAGEMENT IN SOCIAL AND CIVIC LIFE AND DEVELOP THEIR LEADERSHIP SKILLS. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$6,500

## Requested By:

WEINSTEIN

# Name of Administering State Agency:

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

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

### Name of Project Director:

**GENE BORSH** 

#### **Purpose of Project:**

FUNDS WILL BE USED FOR HOSTING COMMUNITY EVENTS AND TO PROVIDE SERVICES TO THE HEBREW IMMIGRANT COMMUNITY, INCLUDING BUT NOT LIMITED TO EDUCATIONAL, INFORMATIONAL AND TRANSLATION SERVICES. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$5,000

## Requested By:

BROOK-KRASNY

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

HISPANIC FEDERATION, INC. 55 EXCHANGE PLACE, 5TH FLOOR NEW YORK, NY 10005 (212) 233-8955

## Name of Project Director:

LILLIAN RODRIGUEZ

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE EDUCATIONAL COSTS OF THE ANNUAL LONG ISLAND SOMOS EL FUTURO CONFERENCE.

### **Funded Amount:**

\$30,000

### Requested By:

RAMOS

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

HOLLIS BELLAIRE QUEENS VILLAGE LITTLE LEAGUE ATHLETIC ASSOCIATION, INC. 236-02 HILLSIDE AVENUE BELLEROSE, NY 11426 (718) 586-8676

#### Name of Project Director:

PAUL BUSCILANO

### **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH ORGANIZED SPORTS PROGRAMS FOR YOUTH IN THE COMMUNITY - MAINLY BASEBALL.

### **Funded Amount:**

\$5,000

#### Requested By:

CLARK

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

INSTITUTE FOR THE PUERTO RICAN HISPANIC ELDERLY, INC. 105 EAST 22ND STREET, SUITE 615 NEW YORK, NY 10010 (212) 677-4181

### Name of Project Director:

SULEIKA CABRERA DRINANE

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE SOCIAL SERVICES TO ASSIST CHILDREN, FAMILIES, AND SENIORS. FUNDS WILL BE USED TO HIRE AN EXECUTIVE DIRECTOR, WHOSE DUTIES WILL INCLUDE DAY-TO-DAY COORDINATION AND DIRECTION OF PROGRAMS AND EXPANSIONS.

#### **Funded Amount:**

\$50,000

## Requested By:

SILVER

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

INTER-PARISH SPORTS ASSOCIATION, INC. 3523 AVENUE R BROOKLYN, NY 11234 (718) 645-0269

## Name of Project Director:

MIKE ROSSETTI

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE YOUTH BASKETBALL PROGRAM. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$5,000

## Requested By:

WEINSTEIN

# Name of Administering State Agency:

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

ISLAND HARVEST, LTD. 199 SECOND STREET MINEOLA, NY 11501 (516) 294-8528 Ext: 138

# Name of Project Director:

RANDI SHUBIN DRESNER

# **Purpose of Project:**

FUNDS WILL BE USED TO RUN THE FOOD PANTRY PROGRAM.

#### **Funded Amount:**

\$3,000

# Requested By:

**RAMOS** 

# Name of Administering State Agency:

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

ISLAND HARVEST, LTD. 199 2ND STREET MINEOLA, NY 11501 (516) 294-8528 Ext: 38

### Name of Project Director:

RANDI SHUBIN DRESNER

# **Purpose of Project:**

FUNDS WILL BE USED FOR FOOD COLLECTION AND DISTRIBUTION TO SERVICE AGENCIES AND PROGRAMS.

#### **Funded Amount:**

\$4,000

### Requested By:

**SWEENEY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

JACOB'S LIGHT FOUNDATION, INC. 116 NADIA COURT PORT JEFFERSON, NY 11777 (631) 667-1197

### Name of Project Director:

DORINE KENNY

# **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH PROVIDING CARE PACKAGES TO MILITARY PERSONNEL, INCLUDING THE PURCHASE OF STATIONERY, STAMPS, MAILINGS AND OTHER OFFICE EXPENSES.

#### **Funded Amount:**

\$3,000

## Requested By:

RAMOS

#### Name of Administering State Agency:

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

JCCRP 1525 CENTRAL AVENUE FAR ROCKAWAY, NY 11691 (212) 453-9550

### Name of Project Director:

WILLIAM RAPFOGEL

# **Purpose of Project:**

FUNDS WILL BE USED TO ENHANCE THE SERVICES OFFERED BY THE JEWISH COMMUNITY COUNCIL OF THE ROCKAWAY PENINSULA. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$5,000

## Requested By:

GOLDFEDER

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

JERICHO ROAD MINISTRIES, INC. 184 BARTON STREET BUFFALO, NY 14213 (716) 348-3000

## Name of Project Director:

STEPHANIE LIPNICKI

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE ADDITIONAL MULTILINGUAL STAFF SUPPORT TO OUR DROP-IN-CENTER WHICH OFFERS ADVOCACY, ASSISTANCE AND INTERPRETATION FOR REFUGEES SEEKING TO ADJUST TO THE U.S. PROGRAMS ARE NONSECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$10,000

## Requested By:

RYAN

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

KICKERS YOUTH SPORTS ASSOCIATION OF SOUTHEAST QUEENS, INC. 139-34 225TH STREET LAURELTON, NY 11413 (718) 723-7014

### Name of Project Director:

FRITZ CASIMIR

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE SUPERVISED SPORTS ACTIVITIES FOR YOUTH - PRIMARILY SOCCER AND VOLLEYBALL, AS WELL AS FOR GROUP COUNSELING.

#### **Funded Amount:**

\$5,000

## Requested By:

CLARK

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

KINGS BAY YM-YWHA, INC. 3495 NOSTRAND AVENUE BROOKLYN, NY 11229 (718) 648-7703 Ext: 238

### Name of Project Director:

LEONARD PETLAKH

# **Purpose of Project:**

FUNDS WILL BE USED TO BRING TEENS TOGETHER TO STUDY THE HISTORICAL FRIENDSHIP BETWEEN THE TURKISH AND JEWISH COMMUNITIES. THEY WILL WORK ON COMMON SOCIAL ACTION PROJECTS WITH THE GOAL OF PROMOTING INTERCULTURAL UNDERSTANDING AND ESTABLISHING BRIDGES OF LONG LASTING FRIENDSHIP.

#### **Funded Amount:**

\$13,000

## Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

### 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 BRING TEENS FROM THE JEWISH-AMERICAN AND TURKISH-AMERICAN COMMUNITIES TOGETHER TO STUDY THE HISTORICAL FRIENDSHIP BETWEEN THEM. THE TEENS WILL WORK ON COMMON SOCIAL ACTION PROJECTS WITH THE GOAL OF PROMOTING INTERCULTURAL UNDERSTANDING AND ESTABLISHING LONG LASTING FRIENDSHIPS.

#### **Funded Amount:**

\$2,500

# Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

KINGS BAY YOUTH ORGANIZATION, INC. 2670 COYLE STREET BROOKLYN, NY 11235 (718) 934-6341

## Name of Project Director:

LOUIS A. SPINA

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE SPORTS EQUIPMENT FOR THE YOUTH AFTER SCHOOL PROGRAM, AS WELL AS TO PROVIDE GENERAL SUPPORT.

#### **Funded Amount:**

\$2,500

### Requested By:

WEINSTEIN

# Name of Administering State Agency:

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

LEFRAK CITY YOUTH AND ADULT ACTIVITIES ASSOCIATION, INC. 97-30 57TH AVENUE, APT. 18D CORONA, NY 11368 (866) 862-5544

### Name of Project Director:

MALACHY OKOLO

#### **Purpose of Project:**

FUNDS WILL BE USED TO PAY FOR COMMUNITY YOUTH AND ADULT SERVICES. THESE SERVICES ARE PROVIDED AT THE JFK, JR. SCHOOL AND PROVIDE EDUCATIONAL ALTERNATIVES TO CRIMINAL AND SOCIALLY DEVIANT BEHAVIOR, CULTURAL ACTIVITIES AND LOCAL IN-STATE FIELD TRIPS.

#### **Funded Amount:**

\$40,000

## Requested By:

AUBRY

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LIGHT ONE'S HEART FOUNDATION 207 GRAND BOULEVARD BRENTWOOD, NY 11717 (631) 231-9863

### Name of Project Director:

**EDUARDO KING** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH MAINTAINING AND RUNNING THE FOOD PANTRY, AS WELL AS CREATING CARE PACKAGES FOR TROOPS OVERSEAS.

#### **Funded Amount:**

\$3,000

### Requested By:

**RAMOS** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LINDENHURST FOOTBALL & CHEERLEADING LEAGUE, INC. P.O. BOX 477 LINDENHURST, NY 11757 (631) 592-4228

### Name of Project Director:

MIKE RAPISARDI

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES AND FOR THE PURCHASE EQUIPMENT FOR A YOUTH RECREATION PROGRAM.

#### **Funded Amount:**

\$15,000

#### Requested By:

**SWEENEY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LINDENHURST JUNIOR SQUIRES SOCCER, INC. P.O. BOX 611 LINDENHURST, NY 11757 (516) 695-0031

## Name of Project Director:

RICHARD KOEHLER

# **Purpose of Project:**

FUNDS WILL BE USED FOR OPERATING EXPENSES ASSOCIATED WITH THE SOCCER LEAGUE, AS WELL AS FOR FIELD IMPROVEMENTS AT SHORE ROAD PARK.

#### **Funded Amount:**

\$10,000

## Requested By:

**SWEENEY** 

# Name of Administering State Agency:

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

LINDENHURST ROBOTICS CLUB 300 CHARLES STREET LINDENHURST, NY 11757 (631) 786-5783

### Name of Project Director:

JOHN SLOKOVITZ

# **Purpose of Project:**

FUNDS WILL BE USED FOR EQUIPMENT AND EXPENSES RELATED TO OPERATING A ROBOTICS PROGRAM FOR STUDENTS.

#### **Funded Amount:**

\$10,000

### Requested By:

**SWEENEY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LONG BEACH DEPARTMENT OF PARKS AND RECREATION MAGNOLIA BOULEVARD & WEST BAY DRIVE LONG BEACH, NY 11561 (516) 431-3890

### Name of Project Director:

**ROBERT PIAZZA** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR NEW EQUIPMENT FOR THE CENTER, INCLUDING AED'S. FUNDS WILL ALSO BE USED TO REPLACE THE AIR CONDITIONING SYSTEMS IN THE WEIGHT AND CARDIO ROOMS.

#### **Funded Amount:**

\$23,000

## Requested By:

WEISENBERG

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LONG BEACH REACH, INC. 2-12 WEST PARK AVENUE, SUITE 200 LONG BEACH, NY 11561 (516) 889-2332

### Name of Project Director:

JOSEPH SMITH

#### **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT PROGRAMS FOR PREGNANT AND/OR PARENTING ADOLESCENTS TO COMPLETE ACADEMIC REQUIREMENTS, AS WELL AS RECEIVE CASE MANAGEMENT AND COUNSELING SUPPORT. CHILD CARE SERVICES ARE AVAILABLE UPON COMPLETION OF A REGULAR HIGH SCHOOL DIPLOMA.

#### **Funded Amount:**

\$15,000

## Requested By:

WEISENBERG

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LONG ISLAND GAY AND LESBIAN YOUTH, INC. 34 PARK AVENUE BAY SHORE, NY 11706 (631) 665-2300

### Name of Project Director:

DAVID KILMNICK

# **Purpose of Project:**

FUNDS WILL BE USED TO RUN THE VIVIMOS PROGRAMS, WHICH PROVIDE SOCIAL AND SUPPORT PROGRAMS TO TEENS AND YOUNG ADULTS. FUNDS WILL ALSO BE USED TO EXPAND PROGRAMMING.

#### **Funded Amount:**

\$3,000

## Requested By:

**RAMOS** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LONG ISLAND TOY LENDING CENTER FOR CHILDREN WITH DISABILITIES, INC.
116 MERRITTS ROAD
FARMINGDALE, NY 11735
(516) 889-8287

#### Name of Project Director:

**COLLEEN MOSEMAN** 

### **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE CHILDREN WITH DISABILITIES, RANGING FROM INFANT TO 10 YEARS OLD, WITH A TOY LENDING LIBRARY. TOYS ARE LOANED TO AID PARENTS IN FOSTERING THEIR CHILD'S DEVELOPMENT AND REINFORCING LEARNED SKILLS.

#### **Funded Amount:**

\$5,000

#### Requested By:

WEISENBERG

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LP FAM'S YOUTH ORGANIZATION, INC. 109-48 128TH STREET SOUTH OZONE PARK, NY 11420 (718) 593-7864

### Name of Project Director:

**DAVID REED** 

#### **Purpose of Project:**

FUNDS WILL BE USED TO ORGANIZE BASEBALL, BASKETBALL AND FOOTBALL TEAMS FOR CHILDREN, AS WELL AS TO SPONSOR EDUCATIONAL VISITS AND IN-STATE TRIPS TO SPORTS AND CULTURAL EVENTS. FUNDS WILL ALSO ASSIST WITH THE ANNUAL CHILDREN'S DAY AND FAMILY DAY HELD IN SOUTH OZONE PARK.

#### **Funded Amount:**

\$26,000

# Requested By:

COOK

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LT. COL. MATT URBAN HUMAN SERVICES CENTER OF WNY 1081 BROADWAY BUFFALO, NY 14212 (716) 893-7222 Ext: 202

## Name of Project Director:

MARLIES A. WISOLOWSKI

# **Purpose of Project:**

FUNDS WILL BE USED FOR YOUTH PROGRAMS, AFTER SCHOOL AND SUMMER PROGRAMS.

### **Funded Amount:**

\$10,000

### Requested By:

PEOPLES-STOKES

# Name of Administering State Agency:

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

MADELINE JONES HEAD START 3415 NEPTUNE AVENUE BROOKLYN, NY 11224 (718) 266-5987

## Name of Project Director:

**ROBERT MARQUEZ** 

# **Purpose of Project:**

FUNDS WILL BE USED TO MAINTAIN AN OUTDOOR SPACE WHERE THE CHILDREN'S ACTIVITIES ARE HELD.

### **Funded Amount:**

\$1,000

# Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MANHATTAN YOUTH RECREATION AND RESOURCES, INC. 225 BROADWAY, #1020 NEW YORK, NY 10007 (212) 766-1104

## Name of Project Director:

ROBERT TOWNLEY

# **Purpose of Project:**

FUNDS WILL BE USED FOR PROGRAMS INCLUDING A TEEN LOUNGE, BASKETBALL LEAGUE, KARATE, ART, IN-STATE TRIPS, AND AFTER SCHOOL PROGRAMS IN PUBLIC SCHOOL SETTINGS AND COMMUNITY SPACE.

#### **Funded Amount:**

\$50,000

## Requested By:

SILVER

#### Name of Administering State Agency:

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

MARTIN LUTHER KING MULTI-PURPOSE CENTER 110 BETHUNE BOULEVARD SPRING VALLEY, NY 10977 (845) 398-8995

### Name of Project Director:

NATHAN MUNGIN III

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE COST OF PROVIDING IN-STATE FIELD TRIPS TO APPROXIMATELY 100 PARTICIPANTS OF THE ORGANIZATION'S AFTER SCHOOL AND SUMMER PROGRAMS.

#### **Funded Amount:**

\$10,000

## Requested By:

JAFFEE

#### Name of Administering State Agency:

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

MASBIA P.O. BOX 191181 BROOKLYN, NY 11219 (718) 972-4446

# Name of Project Director:

**ALEXANDER RAPAPORT** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OPERATE A KITCHEN TO SERVE FREE MEALS TO THE NEEDY IN THE COMMUNITY. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$3,000

## Requested By:

WEINSTEIN

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MESIVTA YESHIVA RABBI CHAIM BERLIN 1585 CONEY ISLAND AVENUE BROOKLYN, NY 11230 (718) 377-0777

## Name of Project Director:

**ELI RABINOWITZ** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT A SWIMMING PROGRAM FOR CHILDREN IN THE COMMUNITY, PROVIDING SUPERVISED ACTIVITIES IN A SAFELY MONITORED ENVIRONMENT AFTER SCHOOL AND ON WEEKENDS. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$5,000

### Requested By:

CYMBROWITZ-S

#### Name of Administering State Agency:

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

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY 80 MAIDEN LANE, 21ST FLOOR NEW YORK, NY 10038 (212) 453-9534

### Name of Project Director:

LARISA BOAS

#### **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE FOOD PROGRAM, WHICH ASSEMBLES EMERGENCY FOOD PACKAGES AND DISTRIBUTES THEM TO THOUSANDS OF POOR AND NEEDY CLIENTS THROUGHOUT THE CITY'S FIVE BOROUGHS. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$2,000

## Requested By:

BENEDETTO

#### Name of Administering State Agency:

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

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY 80 MAIDEN LANE, 21ST FLOOR NEW YORK, NY 10038 (212) 453-9534

## Name of Project Director:

LARISA BOAS

#### **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE MET COUNCIL'S FOOD PROGRAM, WHICH ASSEMBLES EMERGENCY FOOD PACKAGES AND DISTRIBUTES THEM TO THOUSANDS OF POOR AND NEEDY INDIVIDUALS. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$20,000

# Requested By:

COOK

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY 80 MAIDEN LANE NEW YORK, NY 10038 (212) 453-9504

## Name of Project Director:

WILLIAM E. RAPFOGEL

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE FOOD PANTRY PROGRAM. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$2,500

### Requested By:

WEINSTEIN

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

METROPOLITAN RUSSIAN-AMERICAN PARENTS ASSOCIATION, INC. 8405 108TH STREET, #C4 RICHMOND HILL, NY 11418 (718) 415-5912

## Name of Project Director:

VLADIMIR EPSHTEYN

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE THE IMMIGRANT COMMUNITY WITH EDUCATIONAL SEMINARS AND WORKSHOPS RELATED TO CIVICS, AMERICAN LAW, IMMIGRANT RIGHTS, PUBLIC BENEFITS AND THE PUBLIC SCHOOL SYSTEM.

#### **Funded Amount:**

\$2,000

## Requested By:

WEINSTEIN

#### Name of Administering State Agency:

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

MILL BASIN MARINERS YOUTH ORGANIZATION, INC. 4103 AVENUE I BROOKLYN, NY 11210 (718) 252-0553

## Name of Project Director:

**SHAWN WILLIAMS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE SPORTS EQUIPMENT FOR THE YOUTH FOOTBALL LEAGUE.

#### **Funded Amount:**

\$1,000

### Requested By:

WEINSTEIN

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MORIAH INSTITUTE, INC. 141 WEST 115TH STREET NEW YORK, NY 10026 (212) 663-8830

#### Name of Project Director:

MORIAH BRITTON

# **Purpose of Project:**

FUNDS WILL BE USED TO WORK WITH ADOLESCENTS IN GRADES 10-12 TO HELP THEM MAKE THE FIRST STEPS INTO YOUNG ADULTHOOD THROUGH LECTURES AND EMPLOYMENT TRAINING. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$4,500

### Requested By:

**WRIGHT** 

# 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:

DON BLUESTONE

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE SERVICES FOR YOUTH BETWEEN THE AGES OF 13-19 YEARS OF AGE, INCLUDING CLASSES IN THE PERFORMING AND VISUAL ARTS, COOKING, HOMEWORK AND SCHOOL HELP, COMPUTER PROJECTS AND SKILLS, SPORTS AND RECREATIONAL ACTIVITIES, AS WELL AS YOUTH LEADERSHIP PROGRAMS.

#### **Funded Amount:**

\$5,000

# Requested By:

BENEDETTO

#### Name of Administering State Agency:

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

MOTHERS AGAINST DRUNK DRIVING 790 WATERVLIET-SHAKER ROAD, SUITE #6 LATHAM, NY 12110 (518) 785-6233

## Name of Project Director:

MARY JANE MORRA

# **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH PROVIDING AN AWARENESS CAMPAIGN.

#### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

MOVEMENT OF THE CHILDREN DANCENTER, INC. 142-17 ROCKAWAY BOULEVARD JAMAICA, NY 11436 (718) 659-0337

### Name of Project Director:

BERNADETTE MCKETNEY-BROWN

#### **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE, INSTALLATION AND MAINTENANCE OF TECHNOLOGY EQUIPMENT TO HELP SUPPORT THE PROGRAM. FUNDS WILL ALSO BE USED TO PROVIDE CHILDREN AGES 3-18, WITH DANCE INSTRUCTION, PERSONAL GROWTH INCENTIVES AND CULTURAL ENHANCEMENT.

#### **Funded Amount:**

\$20,000

## Requested By:

COOK

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MR. BEE'S HORNETS, INC. 1369 EAST 51ST STREET BROOKLYN, NY 11234 (718) 444-4322

## Name of Project Director:

RUSSELL BOMAR

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE BASKETBALL COACHING AND TOURNAMENTS FOR YOUTH THROUGHOUT THE FLATLANDS AND EAST FLATBUSH COMMUNITIES. FUNDS WILL ALSO BE USED TO OFFSET THE COST OF EQUIPMENT AND REGISTRATION FEES FOR YOUTH FROM LOW INCOME FAMILIES.

#### **Funded Amount:**

\$3,000

# Requested By:

WEINSTEIN

#### Name of Administering State Agency:

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

MUSLIM WOMEN'S INSTITUTE FOR RESEARCH AND DEVELOPMENT 1363 OGDEN AVENUE BRONX, NY 10452-2306 (718) 960-2262

#### Name of Project Director:

NURAH AMAT'ULLA

#### **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE TRANSITIONAL NEEDS OF COMMUNITY RESIDENTS AND NEW IMMIGRANTS. THIS PROGRAM PROVIDES BASIC LITERACY CLASSES AND REFERRALS TO ADVANCE LITERACY PROGRAMS, INTERVENES IN HOUSE-RELATED ISSUES, ENGAGES PARENTS WITH PUBLIC SCHOOLS, AS WELL AS HELPS CLIENTS UNDERSTAND IMMIGRATION AND MEDICAL DOCUMENTS. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$5,000

#### Requested By:

**GIBSON** 

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NATHAN D. ALLSBROOKS FOUNDATION, INC. LENOX HILL STATION, P.O. BOX 1493 NEW YORK, NY 10021 (646) 465-1339

## Name of Project Director:

NATHAN D. ALLSBROOKS

# **Purpose of Project:**

FUNDS WILL BE USED TO DEVELOP GRASSROOTS OUTREACH INITIATIVES THROUGH YOUTH EDUCATION AND MENTORING PROGRAMS, SPORTS, AND GUN VIOLENCE PREVENTION.

#### **Funded Amount:**

\$5,000

#### Requested By:

**WRIGHT** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NATIONAL COUNCIL OF NEGRO WOMEN CO-OP CITY, INC. P.O. BOX 93, CO-OP CITY STATION BRONX, NY 10475 (718) 655-9034

## Name of Project Director:

**JOYCE HOWARD** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE SATURDAY EDUCATION PROGRAM, WHICH PROVIDES TUTORING IN LANGUAGE AND MATH FOR 2ND THROUGH 8TH GRADERS.

#### **Funded Amount:**

\$8,000

## Requested By:

BENEDETTO

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NEW SETTLEMENT APARTMENTS 1512 TOWNSEND AVENUE BRONX, NY 10452 (718) 716-8000 Ext: 123

## Name of Project Director:

JACK DOYLE

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A COMMUNITY-BASED YOUTH LEADERSHIP PROGRAM THAT DIRECTLY SERVES APPROXIMATELY 100 YOUNG PEOPLE AGES 10-18. THE BRONX HELPERS IS PROFESSIONALLY STAFFED AND YOUTH LED AND INCLUDES WORKSHOPS DURING WHICH YOUNG PEOPLE EXPLORE PRESSING SOCIAL ISSUES.

#### **Funded Amount:**

\$15,000

# Requested By:

**GIBSON** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NEW YORK ASSOCIATION OF HOLOCAUST SURVIVORS, INC. 2900 WEST 8TH STREET, SUITE 1E BROOKLYN, NY 11224 (718) 648-5431

### Name of Project Director:

PAVEL VISHNEVESKIY

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE IN-STATE CULTURAL TRIPS, THEATER, AS WELL AS HUMAN SERVICE INFORMATION AND REFERRALS TO IMMIGRANTS AND HOLOCAUST SURVIVORS.

#### **Funded Amount:**

\$2,000

### Requested By:

**BROOK-KRASNY** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NEW YORK CITY MISSION SOCIETY 105 EAST 22ND STREET, 6TH FLOOR NEW YORK, NY 10010 (212) 675-3500

### Name of Project Director:

**COURTNEY BENNETT** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE PROGRAMS THAT WILL EDUCATE AND EMPOWER YOUTH TO MAKE BETTER DECISIONS AND REDUCE THE HIGH RATES OF TEEN PREGNANCY IN HARLEM/NORTHERN MANHATTAN.

#### **Funded Amount:**

\$5,000

## Requested By:

**WRIGHT** 

#### Name of Administering State Agency:

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

NEW YORK FAMILIES FOR AUTISTIC CHILDREN 95-16 PITKIN AVENUE OZONE PARK, NY 11417 (718) 641-3441

## Name of Project Director:

**ANDREW BAUMAN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO ASSIST WITH THE ORGANIZATION'S DAILY OPERATIONS.

### **Funded Amount:**

\$5,000

# Requested By:

GOLDFEDER

# Name of Administering State Agency:

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

NEW YORK JUNIOR TENNIS LEAGUE, INC. 58-12 QUEENS BOULEVARD, SUITE 1 WOODSIDE, NY 11377 (718) 786-7110

## Name of Project Director:

**LEWIS HARTMAN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE INSTRUCTION IN THE GAME OF TENNIS TO YOUNGSTERS.

### **Funded Amount:**

\$1,500

### Requested By:

BENEDETTO

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC. 58-12 QUEENS BOULEVARD, SUITE 1 WOODSIDE, NY 11377 (718) 786-7110

## Name of Project Director:

**LEWIS HARTMAN** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE NYJTL SCHOOL YARD AFTER SCHOOL COMMUNITY OUTREACH YOUTH TENNIS CENTER, AND FOR EDUCATIONAL SUPPORT SERVICES.

#### **Funded Amount:**

\$5,000

## Requested By:

PERRY

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NEW YORK JUNIOR TENNIS LEAGUE, INC. 58-12 QUEENS BOULEVARD, SUITE 1 WOODSIDE, NY 11377 (718) 786-7110

## Name of Project Director:

DEBORAH MACFARLANE ANTOINE

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH FREE TENNIS INSTRUCTION TO THE QUEENS CHILDREN THROUGH AN AFTER SCHOOL PROGRAM BASED IN VARIOUS QUEENS ELEMENTARY SCHOOLS.

#### **Funded Amount:**

\$15,000

## Requested By:

**AUBRY** 

#### Name of Administering State Agency:

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

NEW YORK ROAD RUNNERS, INC. 9 EAST 89TH STREET NEW YORK, NY 10128 (646) 758-9716

### Name of Project Director:

ELIZABETH CARR

#### **Purpose of Project:**

FUNDS WILL BE USED TO EXPAND THE "MIGHTY MILERS" AND "YOUNG RUNNERS" PROGRAMS TO PROVIDE FITNESS THAT ENABLES SCHOOLS AND YOUTH ORGANIZATIONS TO ENGAGE LARGE NUMBERS OF CHILDREN IN MULTI-DISCIPLINARY ACTIVITIES. THESE ACTIVITIES IMPROVE HEALTH AND ACADEMIC PERFORMANCE, FIGHT OBESITY AND ENHANCE PERSONAL DEVELOPMENT. THE SCHOOL-BASED PROGRAM COMBINES DAILY AEROBIC ACTIVITIES WITH PERSONALIZED GOAL-SETTING, NUTRITION, ACADEMIC AND HEALTH EDUCATION COMPONENTS.

#### **Funded Amount:**

\$5.000

#### Requested By:

**JACOBS** 

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NEW YORK UNITED JEWISH ASSOCIATION, INC. 1843 RYDER STREET BROOKLYN, NY 11234 (718) 407-1832

### Name of Project Director:

SHEA RUBINSTEIN

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE PROJECT DEBT END PROGRAM, EDUCATIONAL SEMINARS, JOB PLACEMENT AND YOUTH SERVICES PROVIDED BY THE JEWISH COMMUNITY COUNCIL OF MARINE PARK. THE PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$2,500

### Requested By:

WEINSTEIN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NORTHEAST QUEENS JEWISH COMMUNITY COUNCIL, INC. 58-20 LITTLE NECK PARKWAY LITTLE NECK, NY 11362 (718) 225-6750

## Name of Project Director:

GAIL EISENBERG

# **Purpose of Project:**

FUNDS WILL BE USED TO EXPAND COMMUNITY OUTREACH, NEIGHBORHOOD DEVELOPMENT, AND YOUTH AND FAMILY-ORIENTED CULTURAL PROGRAMS. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$5,000

## Requested By:

CLARK

# Name of Administering State Agency:

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

NYPD'S FIGHTING FINEST, INC. 1051 UTICA AVENUE BROOKLYN, NY 11203 (917) 682-6997

### Name of Project Director:

**PAT RUSSO** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE YOUTH BOXING PROGRAM, WHICH WILL PROVIDE NEIGHBORHOOD YOUTH ACCESS TO PARTICIPATE IN THE RECREATIONAL PROGRAM.

#### **Funded Amount:**

\$2,500

## Requested By:

PERRY

# Name of Administering State Agency:

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

OHEL CHILDREN'S HOME AND FAMILY SERVICES, INC. 4510 16TH AVENUE BROOKLYN, NY 11204 (718) 851-6300

## Name of Project Director:

PHYLLIS MAYER

# **Purpose of Project:**

FUNDS WILL BE USED FOR A PROGRAM TO HELP VICTIMS OF DOMESTIC VIOLENCE.

#### **Funded Amount:**

\$3,000

# Requested By:

WEINSTEIN

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ONE STOP RICHMOND HILL COMMUNITY CENTER, INC. 110-08 JAMAICA AVENUE RICHMOND HILL, NY 11418 (718) 849-3759

## Name of Project Director:

JOAN BACHERT

#### **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE COMMUNITY OUTREACH SERVICES, AS WELL AS TO OFFSET COSTS ASSOCIATED WITH ADMINISTRATIVE AND OPERATIONAL EXPENSES FOR THE MOMMY AND ME PROGRAM AND FOR VIDEO CONFERENCING/COMPUTER TECHNOLOGY.

#### **Funded Amount:**

\$13,000

## Requested By:

MILLER-M

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ONE STOP RICHMOND HILL COMMUNITY CENTER, INC. 110-08 JAMAICA AVENUE RICHMOND HILL, NY 11418 (718) 849-3759

## Name of Project Director:

**JOAN BACHERT** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR SUPPLIES AND TRAINING MATERIALS FOR THE COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM.

### **Funded Amount:**

\$1,000

### Requested By:

MILLER-M

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

OUR LADY OF HELP - TEEN CLUB 1315 EAST 28TH STREET BROOKLYN, NY 11210 (718) 338-5242

## Name of Project Director:

PETER J. RAYDER

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE OLHC TEEN CLUB, WHICH PROVIDES TEENS WITH A SAVE HAVEN AND ENCOURAGES PARTICIPATION IN COMMUNITY SERVICE PROJECTS. THE PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$2,500

## Requested By:

WEINSTEIN

#### Name of Administering State Agency:

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

PALLADIA, INC. 2006 MADISON AVENUE NEW YORK, NY 10035 (212) 979-8800

### Name of Project Director:

DIANE BONAVOTA

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A SERIES OF SPECIAL EVENTS IN THE STARHILL RESIDENTIAL TREATMENT FACILITY, LOCATED AT 1600 MACOMBS ROAD IN THE BRONX. THIS PROGRAM WILL ENHANCE THE QUALITY OF LIFE AND IMPROVE THE LIKELIHOOD OF SUCCESS FOR THE RESIDENTS OF THE FACILITY.

#### **Funded Amount:**

\$10,000

# Requested By:

**GIBSON** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

PARKSIDE COMMUNITY ASSOCIATION OF BUFFALO, INC. 2318 MAIN STREET BUFFALO, NY 14214 (716) 838-1240

## Name of Project Director:

**BEN JOHNSON** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR RECREATIONAL AND EDUCATIONAL PROGRAMS, AFTER SCHOOL PROGRAMS, AND SUMMER PROGRAMS.

#### **Funded Amount:**

\$20,000

### Requested By:

PEOPLES-STOKES

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

PELHAM BAY LITTLE LEAGUE, INC. 2680 WESTCHESTER AVENUE BRONX, NY 10461 (718) 931-9585

### Name of Project Director:

**VINCENT PRETOPINO** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE NEW EQUIPMENT, WHICH WILL REPLACE EXISTING EQUIPMENT THAT HAS BEEN WORN OR DAMAGED.

### **Funded Amount:**

\$2,000

### Requested By:

BENEDETTO

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

PELHAM FRITZ BASKETBALL LEAGUE, INC. 22-25 5TH AVENUE, SUITE 8B NEW YORK, NY 10037 (212) 783-6104

### Name of Project Director:

**MELVIN PRATT** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR YOUTH PROGRAMMING, INCLUDING HIRING YOUTH TO GAIN WORK EXPERIENCE, AS WELL AS FOR THE ANNUAL COMMUNITY OUTREACH PROGRAM.

#### **Funded Amount:**

\$5,000

### Requested By:

**WRIGHT** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

POLICE ATHLETIC LEAGUE, INC. 34 1/2 EAST 12TH STREET NEW YORK, NY 10003 (212) 477-9450

### Name of Project Director:

KAREN TRANK

# **Purpose of Project:**

FUNDS WILL BE USED PROVIDE FREE RECREATIONAL AND CRIME PREVENTION PROGRAMMING TO YOUTH AT A SUMMER PLAY STREET AND A TEEN IMPACT CENTER IN BROOKLYN.

#### **Funded Amount:**

\$5,000

### Requested By:

**JACOBS** 

## Name of Administering State Agency:

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

PRESBYTERIAN SENIOR SERVICES 2095 BROADWAY, SUITE 409 NEW YORK, NY 10023 (212) 874-6633 Ext: 23

### Name of Project Director:

**REMISE JASON** 

#### **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT A PROGRAM THAT TEACHES OLDER ADULTS BASIC AND ADVANCED COMPUTER SKILLS. THIS INTER-GENERATIONAL PROGRAM COMBINES COMPUTER TRAINING FOR SENIOR CENTER MEMBERS WITH MEANINGFUL ACTIVITIES FOR YOUNG PEOPLE. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$10,000

#### Requested By:

**GIBSON** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

PRESTON CENTER OF COMPASSION, INC. 2780 SCHURZ AVENUE BRONX, NY 10465 (718) 892-8977

### Name of Project Director:

PATRICIA WARNER

## **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE OF OFFICE SUPPLIES AND EQUIPMENT. THIS ORGANIZATION PROVIDES MENTORING, TUTORING, EDUCATIONAL AND RECREATIONAL PROGRAMS FOR YOUTH.

#### **Funded Amount:**

\$1,500

### Requested By:

BENEDETTO

#### Name of Administering State Agency:

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

PROJECT HOPE THE NEW DIRECTION 93-23 217 STREET QUEENS VILLAGE, NY 11428 (718) 217-4607

# Name of Project Director:

RAMON CAMERON

# **Purpose of Project:**

FUNDS WILL BE USED FOR A YOUTH DEVELOPMENT PROGRAM.

#### **Funded Amount:**

\$10,000

### Requested By:

CLARK

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

QUEENS BOROUGH PUBLIC LIBRARY 89-11 MERRICK BOULEVARD JAMAICA, NY 11432 (718) 990-8585

### Name of Project Director:

LAMBERT SHELL

## **Purpose of Project:**

FUNDS WILL BE USED FOR THE SUMMER BASKETBALL PROGRAM IN LEFRAK CITY, WHICH WILL PROVIDE A WHOLESOME RECREATIONAL ACTIVITY AS AN ALTERNATIVE TO CRIMINAL AND SOCIALLY DEFIANT BEHAVIOR.

#### **Funded Amount:**

\$10,000

### Requested By:

AUBRY

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

QUEENS LESBIAN AND GAY PRIDE COMMITTEE, INC. P.O. BOX 720464 JACKSON HEIGHTS, NY 11372 (718) 457-2928

### Name of Project Director:

**RICK MULLER** 

## **Purpose of Project:**

FUNDS WILL BE USED TO HIRE A PART-TIME YOUTH SERVICE SPECIALIST FOR OUTREACH TO GAY, BISEXUAL, STRAIGHT AND TRANSGENDER YOUTH UNDER THE AGE OF 21.

#### **Funded Amount:**

\$2,000

### Requested By:

**AUBRY** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

QUEENS TABERNACLE CHURCH 114-03 COLFAX STREET CAMBRIA HEIGHTS, NY 11411 (718) 465-4448

### Name of Project Director:

**ISIDORA GIBBS** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR DISTRIBUTION OF FOOD, COUNSELING AND CASE MANAGEMENT. PROGRAMS ARE NONSECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$5,000

### Requested By:

CLARK

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

REACHING OUT COMMUNITY SERVICES, INC. 7708 NEW UTRECHT AVENUE BROOKLYN, NY 11214 (718) 373-4565

### Name of Project Director:

THOMAS NEVE

## **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE DAILY OPERATIONS OF THE FOOD PANTRY, INCLUDING THE PURCHASE OF SUPPLIES.

### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

RENAISSANCE - E.M.S. 3251 THIRD AVENUE BRONX, NY 10456 (718) 450-3466

### Name of Project Director:

**BERVINE HARRIS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A PROGRAM THAT COMBINES MUSIC AND SPORTS ACTIVITIES WITH ACADEMIC ENRICHMENT TO FILL GAPS IN THE EDUCATION OF INNER CITY YOUTH IN THE BRONX.

#### **Funded Amount:**

\$10,000

### Requested By:

**GIBSON** 

## Name of Administering State Agency:

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

RIDGEWOOD-GLENDALE-MIDDLE VILLAGE-MASPETH LITTLE LEAGUE 80-17 78TH AVENUE GLENDALE, NY 11385 (718) 821-4487

### Name of Project Director:

PATRICK PITEO

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE EQUIPMENT FOR THE LITTLE LEAGUE.

### **Funded Amount:**

\$1,500

### Requested By:

MILLER-M

## Name of Administering State Agency:

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

RIVER WATCH, INC. 1600 SEDGWICK AVENUE, SUITE 1A BRONX, NY 10453 (718) 299-7117

### Name of Project Director:

CATHERINE STROUD

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE COMPUTER TRAINING FOR COMMUNITY RESIDENTS, INCLUDING JOB READINESS TRAINING FOR UNEMPLOYED AND UNDEREMPLOYED ADULTS. YOUNG PEOPLE WILL BE ABLE TO OBTAIN HOMEWORK ASSISTANCE AND SENIOR CITIZENS WILL HAVE ACCESS TO COMPUTING RESOURCES AS WELL.

### **Funded Amount:**

\$15,000

## Requested By:

**GIBSON** 

#### Name of Administering State Agency:

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

ROCKAWAY ARTISTS ALLIANCE, INC. 260 BEACH 116TH STREET ROCKAWAY PARK, NY 11694 (718) 474-0861

### Name of Project Director:

CHRISTINE MULLALLY

#### **Purpose of Project:**

FUNDS WILL BE USED TO BRING ART TO CHILDREN OF ALL AGES IN EDUCATIONAL, AFTER SCHOOL AND CLASSROOM SETTINGS. FUNDS WILL ALSO BE USED TO OFFSET COSTS ASSOCIATED WITH PROVIDING SCHOOL FIELD TRIPS TO STUDENTS, INCLUDING IN-STATE TRANSPORTATION, FOOD AND ADMINISTRATIVE EXPENSES.

### **Funded Amount:**

\$5,000

### Requested By:

GOLDFEDER

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ROCKAWAY LITTLE LEAGUE, INC. 425 BEACH 145TH STREET NEPONSIT, NY 11694 (718) 634-4240

### Name of Project Director:

JOHN DUGGAN

## **Purpose of Project:**

FUNDS WILL BE USED TO HELP MAINTAIN FIVE BASEBALL FIELDS AT GATEWAY NATIONAL RECREATION AREA TO ALLOW LITTLE LEAGUE BASEBALL TO CONTINUE IN THE ROCKAWAY COMMUNITY. FUNDS WILL ALSO BE USED TO ASSIST IN PURCHASING UNIFORMS FOR THE LITTLE LEAGUE PLAYERS.

### **Funded Amount:**

\$5,000

## Requested By:

GOLDFEDER

#### Name of Administering State Agency:

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

ROCKLAND COUNTY YMCA 35 SOUTH BROADWAY NYACK, NY 10960 (845) 358-0245

### Name of Project Director:

CHARLES R. MAZE

# **Purpose of Project:**

FUNDS WILL BE USED TO CONDUCT A SUMMER TEEN AND AFTER SCHOOL PROGRAM (AGES 12-15), WHICH WILL PROVIDE IN-STATE FIELD TRIPS, SWIMMING, SPORTS AND OTHER RECREATIONAL ACTIVITIES.

#### **Funded Amount:**

\$10,000

### Requested By:

JAFFEE

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

RUTH WILLIAMS DANCE FOUNDATION, INC. 2090 ADAM CLAYTON POWELL JR. BOULEVARD NEW YORK, NY 10027 (212) 662-6403

### Name of Project Director:

**RUTH WILLIAMS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO HELP COMMUNITY CHILDREN FIND THEIR VERY OWN UNIQUE DANCING TALENTS IN MODERN TAP AND JAZZ.

#### **Funded Amount:**

\$7,500

### Requested By:

**WRIGHT** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

SACRED HEART CHURCH 83-17 78TH AVENUE GLENDALE, NY 11385 (718) 821-6434

### Name of Project Director:

MARGARET RAIBALDI

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPLY THE FOOD PANTRY WHICH PROVIDES FOOD TO THE POOR. PROGRAMS ARE NONSECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$1,500

### Requested By:

MILLER-M

## 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) 336-4112

### Name of Project Director:

CAROL RHINE

# **Purpose of Project:**

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

#### **Funded Amount:**

\$20,000

### Requested By:

CYMBROWITZ-S

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

SALT AND SEA MISSION CHURCH, INC. 1530 MERMAID AVENUE BROOKLYN, NY 11224 (718) 372-3576

### Name of Project Director:

**DEBBE SANTIAGO** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE OPERATION OF THE FOOD PANTRY. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$4,500

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SCHILLER PARK COMMUNITY SERVICES, INC. 2056 GENESEE STREET BUFFALO, NY 14211 (716) 896-1325

### Name of Project Director:

MICHAEL TRITTO, JR.

## **Purpose of Project:**

FUNDS WILL BE USED FOR YOUTH RECREATIONAL AND, AFTER SCHOOL AND SUMMER PROGRAMS.

### **Funded Amount:**

\$5,000

### Requested By:

PEOPLES-STOKES

## Name of Administering State Agency:

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

SERVICE ALLIANCE FOR YOUTH 1524 GILLESPIE AVENUE BRONX, NY 10461 (718) 829-7574

### Name of Project Director:

JEROME DEMERS

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE NECESSARY EQUIPMENT FOR THE FOOTBALL AND CHEERLEADING SQUADS.

#### **Funded Amount:**

\$4,000

### Requested By:

BENEDETTO

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SESAME FLYERS INTERNATIONAL, INC. 3510 CHURCH AVENUE BROOKLYN, NY 11203 (718) 693-0500

### Name of Project Director:

**CURTIS NELSON** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH OPERATING THE FOOTBALL AND EDUCATIONAL BASKETBALL PROGRAMS FOR YOUTH IN THE COMMUNITY.

#### **Funded Amount:**

\$21,500

### Requested By:

PERRY

## Name of Administering State Agency:

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

SESAME FLYERS INTERNATIONAL, INC. 3510 CHURCH AVENUE BROOKLYN, NY 11203 (718) 693-0500

### Name of Project Director:

**CURTIS NELSON** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH OPERATING THE BROOKLYN CARIBBEAN YOUTH FEST.

#### **Funded Amount:**

\$7,500

### Requested By:

**PERRY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SHALOM TASK FORCE, INC. P.O. BOX 137, BOWLING GREEN STATION NEW YORK, NY 10274 (212) 742-1478 Ext: 108

### Name of Project Director:

DANIEL SCHONBUCH

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF OPERATING THE BROOKLYN DOMESTIC VIOLENCE HOTLINE OFFICE. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$2,500

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

SHINING STARS 3573 BRUCKNER BOULEVARD BRONX, NY 10461 (718) 823-2393

## **Name of Project Director:**

ANNE PROKOP

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE AFTER SCHOOL PROGRAMS TO YOUTH IN THE COMMUNITY.

### **Funded Amount:**

\$5,000

## Requested By:

BENEDETTO

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SHOREFRONT JEWISH COMMUNITY COUNCIL, INC. 3049 BRIGHTON 6TH STREET BROOKLYN, NY 11235 (718) 743-0575

### Name of Project Director:

TATIANA SHLOMOVICH

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF OPERATING A FOOD PANTRY PROGRAM. THIS PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SHOREFRONT YM-YWHA OF BRIGHTON-MANHATTAN BEACH, INC. 3300 CONEY ISLAND AVENUE BROOKLYN, NY 11235 (718) 646-4444 Ext: 318

### Name of Project Director:

SUSAN FOX

## **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH AN AT-RISK YOUTH PROGRAM.

### **Funded Amount:**

\$3,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

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

SISTERS KEEPING IT POSITIVE, INC. 179 BRANCH AVENUE CENTRAL ISLIP, NY 11722 (631) 234-7228

### Name of Project Director:

**VIRGINIA BULL** 

#### **Purpose of Project:**

FUNDS WILL BE USED TO ORGANIZE THE ANNUAL IN-STATE CONFERENCE AND DISTRIBUTE A NEWSLETTER TO THE COMMUNITY. THIS ORGANIZATION PROMOTES HEALTHY LIVING, PROVIDES EDUCATIONAL PROGRAMS AND TRAININGS, INCLUDING LEADERSHIP DEVELOPMENT, AND ADDRESSES CHALLENGES THAT WOMEN FACE IN THE COMMUNITY.

### **Funded Amount:**

\$3,000

## Requested By:

**RAMOS** 

#### Name of Administering State Agency:

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

SOUTH ASIAN YOUTH ACTION (SAYA), INC. 54-05 SEABURY STREET ELMHURST, NY 11373 (718) 651-3484

### Name of Project Director:

**UDAI TAMBAR** 

## **Purpose of Project:**

FUNDS WILL BE USED TO SERVE YOUTH FROM BANGLADESH, GUYANA, INDIA, PAKISTAN, SRI LANKA AND TRINIDAD. THE PROGRAM'S MISSION IS TO PROVIDE SELF-ESTEEM AND BUILD CULTURAL AND SOCIAL AWARENESS AMONG SOUTH ASIAN YOUTH IN THE COMMUNITY.

#### **Funded Amount:**

\$10,000

## Requested By:

**AUBRY** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SOUTHEAST QUEENS KIDS WRESTLING ASSOCIATION (SEQKWA), INC. 169-25 137TH AVENUE JAMAICA, NY 11434 (718) 949-9409

### Name of Project Director:

JOE EVANS

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE PURCHASE OF EQUIPMENT AND OTHER MATERIALS NECESSARY FOR THE SUCCESSFUL OPERATION OF THE SOUTHEAST QUEENS KIDS WRESTLING ASSOCIATION.

#### **Funded Amount:**

\$7,000

### Requested By:

COOK

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SPORTFISHING EDUCATION CENTER P.O. BOX 373 BABYLON, NY 11702 (631) 587-2873

### Name of Project Director:

TRACY MARCUS

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE UPDATED EQUIPMENT WHICH HELPS PROVIDE MARINE EDUCATION PROGRAMS FOR YOUTH CAMPERS AND VISITORS TO THE SPORTFISHING EDUCATION CENTER.

#### **Funded Amount:**

\$20,000

### Requested By:

**SWEENEY** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ST. AUGUSTINE'S CHILDREN, YOUTH AND FAMILIES CENTER, INC. 4301 AVENUE D BROOKLYN, NY 11203 (718) 629-0959

### Name of Project Director:

MARK GAIGE

#### **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A HOMEWORK CLINIC/YOUTH ACTIVITY PROGRAM THAT WILL ASSIST RESIDENT STUDENTS WITH HOMEWORK, AND PROVIDE TUTORING SERVICES, AS WELL AS OTHER COMMUNITY SOCIALIZATION SKILLS. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$8,000

## Requested By:

PERRY

#### Name of Administering State Agency:

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

ST. GREGORY THE GREAT ATHLETIC ASSOCIATION 242-20 88TH AVENUE BELLEROSE, NY 11426 (718) 347-0046

### Name of Project Director:

**BRIAN CONLON** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE VARIOUS ATHLETIC ACTIVITIES FOR AREA YOUTH AND ADULTS. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$3,000

### Requested By:

CLARK

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

ST. MATTHIAS CHURCH 58-15 CATALPA AVENUE RIDGEWOOD, NY 11385 (718) 821-6447

#### Name of Project Director:

**JOHN SANDS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE NECESSARY FUNDING FOR OPERATION OF A FOOD PANTRY, PROGRAMS ARE NONSECTARIAN AND OPEN TO ALL.

### **Funded Amount:**

\$1,500

### Requested By:

MILLER-M

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ST. PANCRAS CATHOLIC YOUTH ORGANIZATION 72-22 68TH STREET GLENDALE, NY 11385 (718) 821-1053

### Name of Project Director:

**KEVIN DUMBACK** 

## **Purpose of Project:**

FUNDS WILL BE USED TO UNDERWRITE YOUTH SPORTS IN THE GLENDALE COMMUNITY, INCLUDING THE COST OF UNIFORMS. THESE YOUTH PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$1,000

### Requested By:

MILLER-M

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

ST. ROSALIA REGINA PACIS NEIGHBORHOOD IMPROVEMENT ASSOCIATION, INC.
1258 65TH STREET
BROOKLYN, NY 11219
(718) 236-5266

### Name of Project Director:

**ROSA CASELLA** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR YOUTH PROGRAMMING, WHICH ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

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

STEPHANIE JOYCE KAHN FOUNDATION, INC. 2-12 WEST PARK AVENUE, SUITE 210 LONG BEACH, NY 11561 (516) 889-5105

### Name of Project Director:

STEPHANIE JOYCE KAHN

## **Purpose of Project:**

FUNDS WILL BE USED TO SERVE HOMEBOUND INDIVIDUALS, THE FRAIL ELDERLY, CHRONICALLY ILL, ETC., BY PURCHASING CASSETTE PLAYERS FOR THE TALKING BOOK PROGRAM. THIS PROGRAM PROVIDES LOANED CASSETTE PLAYERS AND RECORDED MATERIALS TO THOSE IN NEED, AT NO COST.

#### **Funded Amount:**

\$24,000

### Requested By:

WEISENBERG

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SWIM STRONG FOUNDATION, INC. 30-17 89TH STREET EAST ELMHURST, NY 11369 (646) 269-7897

### Name of Project Director:

SHAWN SLEVIN

## **Purpose of Project:**

FUNDS WILL BE USED TO CREATE AFTER SCHOOL PROGRAMS FOR CHILDREN OF ROCKAWAY, BROAD CHANNEL, HOWARD BEACH AND OZONE PARK

#### **Funded Amount:**

\$2,500

#### Requested By:

GOLDFEDER

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

TANGER HILLEL AT BROOKLYN COLLEGE 2901 CAMPUS ROAD BROOKLYN, NY 11210 (718) 859-1151

### Name of Project Director:

NADYA DRUKKER

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE FOOD AND SUPPLIES FOR THE BROOKLYN AFTER SCHOOL PROGRAM FOR HOMELESS CHILDREN AND THE COMMUNITY THANKSGIVING CELEBRATION DINNER. PROGRAMS ARE NONSECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$5,000

### Requested By:

**JACOBS** 

# Name of Administering State Agency:

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

THROGGS NECK COMMUNITY SERVICES, INC. P.O. BOX 465, THROGGS NECK STATION BRONX, NY 10465 (914) 623-5034

### Name of Project Director:

JOHN COLLAZZI

#### **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH COMMUNITY PROJECTS AND EVENTS HELD THROUGHOUT THE YEAR (I.E. PARADE, YOUTH BASKETBALL LEAGUE, IN-STATE TRIP BUSES FOR AMERICAN LEGION POSTS, SENIOR BBQ, EDUCATIONAL TOURS AND SUMMER CONCERT SERIES, ETC.)

#### **Funded Amount:**

\$57,000

#### Requested By:

BENEDETTO

#### Name of Administering State Agency:

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

THROGGS NECK LITTLE LEAGUE, INC. 3205 TIERNEY PLACE BRONX, NY 10465 (718) 822-8232

#### Name of Project Director:

FRANK ISLEE

# **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE UNIFORMS AND OTHER EQUIPMENT FOR THE PLAYERS.

### **Funded Amount:**

\$2,000

## Requested By:

BENEDETTO

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

THROGGS NECK RESIDENT COUNCIL, INC. 2786 DEWEY AVENUE, #4A BRONX, NY 10465 (718) 518-9190

### Name of Project Director:

**DWAYNE JENKINS** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS, INCLUDING THE NEIGHBORHOOD FAIR, ARTS AND CRAFTS, AS WELL AS SPORTS ACTIVITIES FOR RESIDENTS IN THE THROGGS NECK HOUSES.

#### **Funded Amount:**

\$5,000

### Requested By:

BENEDETTO

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

TORAH FAX, INC. 3844 LYME AVENUE BROOKLYN, NY 11224 (718) 266-1736

### Name of Project Director:

HAIM BRIKMAN

# **Purpose of Project:**

FUNDS WILL BE USED FOR THE EXPANSION OF A YOUTH PROGRAM, AND FOR A NATURE PROGRAM FOR UNDERPRIVILEGED CHILDREN. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$1,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

UNITED BLACK MEN OF QUEENS FOUNDATION, INC. 450 PENNSYLVANIA AVENUE FREEPORT, NY 11520 (516) 223-4914

### Name of Project Director:

**ROBERT A. JENKINS** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE MENTORING, TUTORING AND SAT PREP AT THE ANDREW JACKSON CAMPUS MAGNET HIGH SCHOOLS.

### **Funded Amount:**

\$5,000

### Requested By:

CLARK

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

UNITED COMMUNITY BAPTIST CHURCH, INC. 2701 MERMAID AVENUE BROOKLYN, NY 11224 (718) 975-0447

### Name of Project Director:

**CONNIS MOBLEY** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COSTS OF PROVIDING A DEFENSIVE DRIVING COURSE FOR THE COMMUNITY. THE PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$3,000

#### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

UNITED WAY OF LONG ISLAND, INC. 819 GRAND BOULEVARD DEER PARK, NY 11729 (631) 940-3700

### Name of Project Director:

THERESA A. REGNANTE

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE PROJECT WARMTH PROGRAM, WHICH PROVIDES ASSISTANCE TO FAMILIES IN NEED DURING THE WINTER MONTHS.

#### **Funded Amount:**

\$5,000

### Requested By:

**RAMOS** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

URBAN LEAGUE OF ROCHESTER, INC. 265 NORTH CLINTON AVENUE ROCHESTER, NY14605 (585) 325-6530 Ext: 3020

### Name of Project Director:

**BILL CLARK** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST ASSOCIATED WITH A PROGRAM THAT WILL HELP YOUTH DEVELOP EMPLOYMENT SKILLS.

#### **Funded Amount:**

\$45,000

#### Requested By:

**GANTT** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

URBAN NEIGHBORHOOD SERVICES, INC. 1718 MERMAID AVENUE BROOKLYN, NY 11224 (347) 374-2455

### Name of Project Director:

MATHYLDE FRONTUS

## **Purpose of Project:**

FUNDS WILL BE USED FOR VARIOUS ACTIVITIES THAT PREPARE LOW INCOME STUDENTS FOR THE COLLEGE PROCESS.

### **Funded Amount:**

\$5,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

VICTIMS INFORMATION BUREAU OF SUFFOLK, INC. P.O. BOX 428 HOLBROOK, NY 11741 (631) 360-3730

### Name of Project Director:

PAMELA JOHNSTON

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE PROMOTION OF DOMESTIC VIOLENCE PREVENTION PROGRAMS, AS WELL AS COUNSELING AND SUPPORT FOR VICTIMS.

#### **Funded Amount:**

\$3,500

#### Requested By:

**RAMOS** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

VISUAL ARTS RESEARCH AND RESOURCE CENTER RELATING TO THE CARIBBEAN, INC.
408 WEST 58TH STREET
NEW YORK, NY 10019
(212) 307-7429 Ext: 3004

#### Name of Project Director:

MELODY CAPOTE

#### **Purpose of Project:**

FUNDS WILL BE USED TO ADMINISTER A YOUTH DEVELOPMENT PROGRAM FOR CHILDREN OF COLOR IN THE SOUTH BRONX.

#### **Funded Amount:**

\$60,000

#### **Requested By:**

**ARROYO** 

## Name of Administering State Agency:

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

WATERBURY LA SALLE COMMUNITY & HOMEOWNERS ASSOCIATION, INC. 1145 HOBART AVENUE BRONX, NY 10461 (718) 792-6385

#### Name of Project Director:

MARY JANE MUSANO

#### **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE AN EDUCATIONAL PROGRAM WHEREBY CHILDREN AND ADULTS LEARN ABOUT CARING FOR PLANTS AND TREES. FUNDS WILL ALSO BE USED TO HELP SPONSOR ITALIAN LANGUAGE AND CULTURE COURSES FOR LOCAL 5TH AND 6TH GRADES.

#### **Funded Amount:**

\$1,000

## Requested By:

BENEDETTO

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

WENDY HILLIARD FOUNDATION 409 EDGECOMBE AVENUE #10A NEW YORK, NY 10032 (917) 414-8835

### Name of Project Director:

**WENDY HILLIARD** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE QUALITY GYMNASTICS FOR YOUTH. THE STUDENTS WILL RECEIVE ONE HOUR CLASSES BETWEEN 1 PM AND 3 PM THROUGHOUT THE WEEK.

#### **Funded Amount:**

\$7,500

### Requested By:

**WRIGHT** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

WEST ISLIP YOUTH ENRICHMENT SERVICES, INC. P.O. BOX 105 WEST ISLIP, NY 11795 (631) 587-5172

### Name of Project Director:

MARY ANNE PFEIFFER

## **Purpose of Project:**

FUNDS WILL BE USED TO PROMOTE AND FACILITATE COMMUNITY PROGRAMS FOR THE YOUTH WHO ATTEND THE Y.E.S. PROGRAMS OF BRENTWOOD, BAY SHORE AND CENTRAL ISLIP.

#### **Funded Amount:**

\$3,000

### Requested By:

**RAMOS** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

WIDOW AND WIDOWERS OF THE BRONX OUR LADY OF ASSUMPTION CHURCH, 1634 MAHAN AVENUE BRONX, NY 10461 (718) 863-1961

### Name of Project Director:

CONSTANCE SADDLIER

## **Purpose of Project:**

FUNDS WILL BE USED TOWARD THE COST OF MEETINGS FOR THE WIDOW AND WIDOWERS BEREAVEMENT GROUP AND FOR IN-STATE TRIPS FOR THE MEMBERS. PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL IN THE COMMUNITY.

#### **Funded Amount:**

\$1,000

### Requested By:

BENEDETTO

#### Name of Administering State Agency:

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

WOMEN AGAINST VIOLENCE 92-01 FOURTH AVENUE BROOKLYN, NY 11209 (718) 943-3380

## Name of Project Director:

SOFIE PALLOTTA

# **Purpose of Project:**

FUNDS WILL BE USED TO EDUCATE THE COMMUNITY AGAINST VIOLENCE.

#### **Funded Amount:**

\$3,500

## Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

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

WOODYCREST CENTER FOR HUMAN DEVELOPMENT, INC. 153 WEST 165TH STREET BRONX, NY 10452 (718) 992-4256

### Name of Project Director:

ADE RASUL

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE AFTER SCHOOL ACTIVITIES FOR YOUTH AGED 6-18 YEARS. THESE ACTIVITIES WILL INCLUDE TUTORING, HOMEWORK ASSISTANCE, GROUP AND INDIVIDUAL COUNSELING, AND RECREATIONAL ACTIVITIES. THIS PROGRAM ALSO PROVIDES FOR A FAMILY OUTING FOR PARTICIPANTS.

#### **Funded Amount:**

\$20,000

### Requested By:

**GIBSON** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

WORKS LITTLE LEAGUE, INC. 89-33 98TH STREET WOODHAVEN, NY 11421 (718) 846-6115

### Name of Project Director:

NEIL C. GIANNELLI

# **Purpose of Project:**

FUNDS WILL BE USED TO ORGANIZE AND RUN A NEIGHBORHOOD LITTLE LEAGUE PROGRAM FOR CHILDREN AGES 6 TO 16 AND FOR CHILDREN WHO ARE DEVELOPMENTALLY CHALLENGED.

#### **Funded Amount:**

\$1,500

#### Requested By:

MILLER-M

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

WYANDANCH YOUTH SERVICES, INC. 20 ANDREWS AVENUE WYANDANCH, NY 11798 (631) 643-5629

### Name of Project Director:

DANE CARROLL

## **Purpose of Project:**

FUNDS WILL BE USED TO PREPARE CHILDREN FOR THE UPCOMING SCHOOL YEAR AND BROADEN THEIR HORIZONS THROUGH A RIGOROUS ACADEMIC SCHEDULE AND WEEKLY IN-STATE FIELD TRIPS CALLED "THE CLASSROOM WITHOUT BORDERS EXPERIENCE".

#### **Funded Amount:**

\$7,500

### Requested By:

**SWEENEY** 

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

YESHIVA DERECH HATORAH 2810 NOSTRAND AVENUE BROOKLYN, NY 11229 (718) 258-4441

### Name of Project Director:

JOEL WEISBLUM

## **Purpose of Project:**

FUNDS WILL BE USED TO REPLACE OUTDATED SCIENCE AND MATH BOOKS FOR THE MATH & SCIENCE PROGRAM. THESE PROGRAMS ARE NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$4,500

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

YESHIVA TIFERES YISROEL 1271 EAST 35TH STREET BROOKLYN, NY 11210 (718) 258-9006 Ext: 203

### Name of Project Director:

SHMUEL A. ROSENSHEIN

# **Purpose of Project:**

FUNDS WILL BE USED TO REPLACE OUTDATED SCIENCE AND MATH BOOKS FOR THEIR MATH AND SCIENCE PROGRAM, SERVING YOUTH IN THE COMMUNITY. THE PROGRAM IS NON-SECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$4,000

### Requested By:

WEINSTEIN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

YOU GOTTA BELIEVE, THE OLDER CHILD ADOPTION AND PERMANENCY MOVEMENT 1728 MERMAID AVENUE BROOKLYN, NY 11224 (877) 829-5500

#### Name of Project Director:

JOHN KOESTER

#### **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH ADMINISTERING THIS ADOPTION PROGRAM.

#### **Funded Amount:**

\$2,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LINDENHURST FOOTBALL & CHEERLEADING LEAGUE, INC. P.O. BOX 477 LINDENHURST, NY 11757 (631) 592-4228

### Name of Project Director:

MIKE RAPISARDI

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES AND PURCHASE EQUIPMENT FOR A YOUTH RECREATION PROGRAM.

#### **Funded Amount:**

\$3,000

#### Requested By:

ENGLEBRIGHT, RAMOS, SWEENEY, THIELE

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LINDENHURST FOOTBALL & CHEERLEADING LEAGUE, INC. P.O. BOX 477 LINDENHURST, NY 11757 (631) 592-4228

### Name of Project Director:

MIKE RAPISARDI

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES AND PURCHASE EQUIPMENT FOR A YOUTH RECREATION PROGRAM.

### **Funded Amount:**

\$1,000

### Requested By:

**SWEENEY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MASBIA P.O. BOX 191181 BROOKLYN, NY 11219 (718) 972-4446

## Name of Project Director:

**ALEXANDER RAPAPORT** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OPERATE A KITCHEN TO SERVE FREE MEALS TO THE NEEDY IN THE COMMUNITY. THIS PROGRAM IS NONSECTARIAN AND OPEN TO ALL.

#### **Funded Amount:**

\$2,000

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

WYANDANCH YOUTH SERVICES, INC. 20 ANDREWS AVENUE WYANDANCH, NY 11798 (631) 643-5629

### Name of Project Director:

DANE CARROLL

## **Purpose of Project:**

FUNDS WILL BE USED TO PREPARE CHILDREN FOR THE UPCOMING SCHOOL YEAR AND BROADEN THEIR HORIZONS THROUGH A RIGOROUS ACADEMIC SCHEDULE AND WEEKLY IN-STATE FIELD TRIPS CALLED, "THE CLASSROOM WITHOUT BORDERS EXPERIENCE."

#### **Funded Amount:**

\$4,375

## Requested By:

ENGLEBRIGHT, RAMOS, SWEENEY, THIELE

#### Name of Administering State Agency:

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

WYANDANCH YOUTH SERVICES, INC. 20 ANDREWS AVENUE WYANDANCH, NY 11798 (631) 643-5629

### Name of Project Director:

DANE CARROLL

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES FOR FALL YOUTH PROGRAMS.

### **Funded Amount:**

\$1,500

## Requested By:

**SWEENEY** 

# Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

BRONX PROVIDER CONSUMER ALLIANCE RESOURCE CENTER, INC. 1500 WATERS PLACE, REHABILITATION BUILDING, ROOM 228 BRONX, NY 10461 (718) 862-3347

### Name of Project Director:

PAULINA MAGNETTI

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH EDUCATING FAMILIES ABOUT MENTAL HEALTH ISSUES.

#### **Funded Amount:**

\$1,000

### Requested By:

BENEDETTO

## Name of Administering State Agency:

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

CHILD CENTER OF NEW YORK, INC. 60-02 QUEENS BOULEVARD WOODSIDE, NY 11377 (718) 651-7770 Ext: 211

### Name of Project Director:

**ELIZABETH TRAVERSO** 

#### **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EMOTIONALLY DISTURBED CHILDREN, ADOLESCENTS AND THEIR FAMILIES WITH INTENSIVE HOME-BASED SUPPORT TO AVERT PSYCHIATRIC HOSPITALIZATION. HOME VISITS, LINKAGE TO OTHER NEEDED SERVICES AND 24/7 ON CALL SERVICES FOR PARENTS ARE AVAILABLE. THE PROGRAM WILL ALSO INCLUDE SOCIAL SUPPORT GROUPS, EDUCATIONAL TESTING, TUTORING AND SUPPORT GROUPS FOR PARENTS.

#### **Funded Amount:**

\$7,500

#### Requested By:

**AUBRY** 

### Name of Administering State Agency:

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

FAMILY SERVICE LEAGUE, INC. 790 PARK AVENUE HUNTINGTON, NY 11743 (631) 427-3700 Ext: 223

### Name of Project Director:

MARY SIDOTI

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE SUPPORT SERVICES AND EDUCATION TO MENTALLY ILL PARENTS AS WELL AS A PRESCHOOL PROGRAM FOR THEIR CHILDREN.

#### **Funded Amount:**

\$10,000

### Requested By:

**SWEENEY** 

## Name of Administering State Agency:

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

HISPANIC COUNSELING CENTER, INC. 344 FULTON AVENUE HEMPSTEAD, NY 11550 (516) 538-2613

# **Name of Project Director:**

**GLADYS SERRANO** 

## **Purpose of Project:**

FUNDS WILL BE USED TO RUN BILINGUAL MENTAL HEALTH PROGRAMS IN THE BAY SHORE OFFICE.

### **Funded Amount:**

\$3,000

## Requested By:

RAMOS

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SUICIDE PREVENTION AND CRISIS SERVICE, INC. 2969 MAIN STREET BUFFALO, NY 14214 (716) 834-3131

### Name of Project Director:

**DOUG FABIAS** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET OPERATIONAL COSTS OF THE HELP LINE, AS WELL AS FOR THE RESPONSE TEAM FOR SUICIDE PREVENTION AND CRISIS SERVICES.

#### **Funded Amount:**

\$20,000

### Requested By:

PEOPLES-STOKES

## Name of Administering State Agency:

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

CITY PARKS FOUNDATION, INC. 830 5TH AVENUE NEW YORK, NY 10065 (212) 360-1399

### Name of Project Director:

DAVID RIVEL

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE FREE YOUTH AND FAMILY PROGRAMMING TO MEMBERS OF THE COMMUNITY.

### **Funded Amount:**

\$1,625

#### Requested By:

NOLAN

## Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION

# Legal Name, Address, and Telephone Number:

ALBANY INSTITUTE OF HISTORY AND ART 125 WASHINGTON AVENUE ALBANY, NY 12210 (518) 463-4478 Ext: 422

## Name of Project Director:

DAVID CARROLL

# **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH DEVELOPING NEW EXHIBITS.

### **Funded Amount:**

\$4,500

### Requested By:

MCENENY

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LONG BEACH DEPARTMENT OF PARKS AND RECREATION MAGNOLIA BOULEVARD AND WEST BAY DRIVE LONG BEACH, NY 11561 (516) 705-7415

## Name of Project Director:

**ROBERT PIAZZA** 

# **Purpose of Project:**

FUNDS WILL BE USED TO UPGRADE AND REPLACE THE DEPARTMENT'S EQUIPMENT AND AIR CONDITIONING SYSTEM.

#### **Funded Amount:**

\$5,000

### Requested By:

WEISENBERG

### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

MUSEUM OF CONTEMPORARY AFRICAN DIASPORAN ARTS 80 HANSON PLACE BROOKLYN, LNY 11217 (718) 230-0492

## Name of Project Director:

LAURIE CUMBO

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE CULTURAL AND ARTS EDUCATION PROGRAMS FOR YOUTH.

#### **Funded Amount:**

\$5,000

## Requested By:

ABBATE, BARRON, BRENNAN, BROOK-KRASNY, CAMARA, COLTON, CYMBROWITZ-S, ESPINAL, HIKIND, JACOBS, JEFFRIES, LENTOL, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, WEINSTEIN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

A BETTER JAMAICA, INC. 114-73 178 STREET JAMAICA, NY 11434 (718) 657-2605

### Name of Project Director:

**GREG MAYS** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR SHOWING OUTDOOR MOVIES IN CAMBRIA PARK EXPANSION AS PART OF A BETTER JAMAICA'S FAMILY MOVIES IN THE PARK.

#### **Funded Amount:**

\$5,000

## Requested By:

CLARK

# Name of Administering State Agency:

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

AMERICAN OPERA PROJECTS, INC. 138 SOUTH OXFORD STREET BROOKLYN, NY 11217 (718) 398-4024

### Name of Project Director:

CHARLES JARDEN

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT WORKSHOPS, PRODUCTIONS AND PROGRAMS THAT CHAMPION INNOVATIVE WORKS ON MUSIC, THEATER AND ART FOR THE COMMUNITY.

#### **Funded Amount:**

\$3,500

#### Requested By:

ABBATE, BARRON, BRENNAN, BROOK-KRASNY, CAMARA, COLTON, CYMBROWITZ-S, ESPINAL, HIKIND, JACOBS, JEFFRIES, LENTOL, MAISEL, MILLMAN, ORTIZ, PERRY, ROBINSON, WEINSTEIN

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

AMITYVILLE HISTORICAL SOCIETY 170 BROADWAY AMITYVILLE, NY 11701 (631) 598-1486

## Name of Project Director:

EMIL G. PAVLIK, JR.

# **Purpose of Project:**

FUNDS WILL BE USED TO INSTALL A SECURITY SYSTEM, INCLUDING ALARMS, SMOKE DETECTORS, ETC. FUNDS WILL ALSO BE USED TO BUILD A HANDICAP ACCESSIBLE RESTROOM FOR BOTH WOMEN AND MEN.

#### **Funded Amount:**

\$25,000

## Requested By:

**SWEENEY** 

### Name of Administering State Agency:

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

ASSOCIATION DES MALIENS DE NEW YORK 33031 98TH STREET, 2ND FLOOR CORONA, NY 11368 (516) 425-1358

### Name of Project Director:

KANE MAMADOU

# **Purpose of Project:**

FUNDS WILL BE USED TO BRING AFRICAN CULTURE AWARENESS TO THE HARLEM COMMUNITY.

#### **Funded Amount:**

\$6,000

## Requested By:

**WRIGHT** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BAY IMPROVEMENT GROUP, INC. P.O. BOX 351115 BROOKLYN, NY 11235 (718) 646-9206

## Name of Project Director:

STEVEN BARRISON

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS OF THE BAYFEST CELEBRATION WHICH PROMOTES THE WATERFRONT AREA THROUGH SPONSORSHIPS, DIRECT MARKETING AND ADVERTISING.

#### **Funded Amount:**

\$1,000

### Requested By:

CYMBROWITZ-S

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BAY RIDGE ST. PATRICK'S PARADE, INC. 7304 5TH AVENUE BROOKLYN, NY 11209 (718) 440-5775

### Name of Project Director:

**JACK MALONE** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A MARCHING BAND FOR THE ST. PATRICK'S DAY PARADE.

### **Funded Amount:**

\$3,000

### Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BRENTWOOD GARDENS COMMUNITY ORGANIZATION 155 MC NAIR STREET BRENTWOOD, NY 11717 (631) 379-2993

## Name of Project Director:

MAXIMA CASTRO

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF REVITALIZING OF VASQUEZ PARK, BRENTWOOD GARDENS AND THE MEDIAN OF WICKS ROAD.

#### **Funded Amount:**

\$25,000

## Requested By:

RAMOS

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROADWAY MALL MAINTENANCE FUND, INC. P.O. BOX 250234, COLUMBIA UNIVERSITY SUBSTAIN NEW YORK, NY 10025 (212) 749-2251

## Name of Project Director:

**ROBERT HERRMANN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO ENHANCE THE AESTHETICS OF THE BROADWAY MALL.

### **Funded Amount:**

\$2,500

## Requested By:

**WRIGHT** 

# Name of Administering State Agency:

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

BRONX COUNCIL ON THE ARTS, INC. 1738 HONE AVENUE BRONX, NY 10461 (718) 931-9500

### Name of Project Director:

**ELLEN POLLAN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET EXPENSES FOR REPAIRS.

#### **Funded Amount:**

\$5,000

### Requested By:

**BENEDETTO** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BRONX COUNTY HISTORICAL SOCIETY 3309 BAINBRIDGE AVENUE BRONX, NY 10467 (718) 881-8900

## Name of Project Director:

GARY D. HERMALYN

# **Purpose of Project:**

FUNDS WILL BE USED TO HELP CREATE AND IMPLEMENT NEW EDUCATIONAL PROGRAMS FOR SCHOOLS AND THE GENERAL PUBLIC, AS WELL AS TO SUPPORT THE BRONX AFRICAN-AMERICAN HISTORY PROJECT AND THE BRONX LATINO PROJECT.

#### **Funded Amount:**

\$5,000

### Requested By:

BENEDETTO

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BRONX MUSEUM OF THE ARTS 1040 GRAND CONCOURSE BRONX, NY 10465 (718) 681-6000 Ext: 136

### Name of Project Director:

**ELLEN POLLAN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT EDUCATION AND COMMUNITY PROGRAMS FOR BRONX AUDIENCES SUCH AS GROUP VISITS, SCHOOL PARTNERSHIPS, TEEN COUNCIL, FIRST FRIDAYS, BRONX TALKS, OPEN HOUSE AND FAMILY AFFAIRS.

#### **Funded Amount:**

\$2,500

### Requested By:

BENEDETTO

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BRONX MUSEUM OF THE ARTS 1040 GRAND CONCOURSE BRONX, NY 10456 (718) 681-6000 Ext: 130

### Name of Project Director:

**HOLLY BLOCK** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE SUPPORT FOR EXHIBITIONS, AS WELL AS PUBLIC EDUCATIONAL PROGRAMS SERVING BRONX RESIDENTS, K-12 STUDENTS, FAMILIES, ARTISTS AND THE GENERAL PUBLIC.

#### **Funded Amount:**

\$10,000

## Requested By:

**GIBSON** 

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN ARTS COUNCIL, INC. 55 WASHINGTON STREET, SUITE 218 BROOKLYN, NY 11201 (718) 625-0080

## Name of Project Director:

**ELLA J. WEISS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT ARTS EDUCATION AND LITERACY PROGRAMS IN THE COMMUNITY, AS WELL AS OFFSET COSTS ASSOCIATED WITH THE GENERAL OPERATION OF THE BROOKLYN ARTS COUNCIL.

### **Funded Amount:**

\$3,000

## Requested By:

CYMBROWITZ-S

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN ARTS COUNCIL, INC. 55 WASHINGTON STREET, SUITE 218 BROOKLYN, NY 11201 (718) 625-0080

## Name of Project Director:

ELLA J. WEISS

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT ARTS PROGRAMS FOR PEOPLE OF ALL AGES IN THE COMMUNITY AND TO SUSTAIN THE BROOKLYN ARTS COUNCIL'S OPERATIONS.

### **Funded Amount:**

\$5,000

## Requested By:

**JACOBS** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN ARTS COUNCIL, INC. 55 WASHINGTON STREET, SUITE 218 BROOKLYN, NY 11201 (718) 625-0080

### Name of Project Director:

**ELLA WEISS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO IMPLEMENT ARTS PROGRAMS IN THE SCHOOLS, COMMUNITY ORGANIZATIONS AND SENIOR CENTERS WITHIN THE COMMUNITY.

#### **Funded Amount:**

\$8,500

## Requested By:

WEINSTEIN

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN INSTITUTE OF ARTS AND SCIENCES 200 EASTERN PARKWAY BROOKLYN, NY 11238 (718) 683-5000

## Name of Project Director:

DR. ARNOLD LEHMAN

# **Purpose of Project:**

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS AND FOR THE PROMOTION OF MUSEUM PROGRAMS AND EXHIBITS.

### **Funded Amount:**

\$2,500

### Requested By:

**PERRY** 

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN INSTITUTE OF ARTS AND SCIENCES 200 EASTERN PARKWAY BROOKLYN, NY 11238 (718) 501-6200

## Name of Project Director:

DR. ARNOLD LEHMAN

# **Purpose of Project:**

FUNDS WILL BE USED FOR EDUCATIONAL PROGRAMS AND THE PROMOTION OF MUSEUM PROGRAMS AND EXHIBITS.

#### **Funded Amount:**

\$2,000

## Requested By:

WEINSTEIN

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC. 138 A COURT STREET BROOKLYN, NY 11201 (718) 488-5700

### Name of Project Director:

STEVEN LANKENAU

### **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE CRITICAL PROGRAMMING TO BROOKLYN'S NEEDIEST NEIGHBORHOODS. THE GOAL IS TO PROMOTE THE WELL-BEING, ACADEMIC ACHIEVEMENT AND SOCIAL SUCCESS OF CHILDREN AND THEIR FAMILIES THROUGH A VARIETY OF CULTURAL, ACADEMIC AND SOCIAL ACTIVITIES.

### **Funded Amount:**

\$2,500

#### Requested By:

PERRY

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC. 55 WASHINGTON STREET, SUITE 656 BROOKLYN, NY 11201 (718) 488-5700

### Name of Project Director:

**ALAN PIERSON** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE MUSIC EDUCATION FOR SENIORS IN FLATLANDS, MIDWOOD AND SHEEPSHEAD BAY, AS WELL AS FOR STUDENTS WITHIN COMMUNITY SCHOOL BOARDS #18 AND #22.

### **Funded Amount:**

\$4,500

## Requested By:

WEINSTEIN

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

BROOKLYN PHILHARMONIC SYMPHONY ORCHESTRA, INC. 55 WASHINGTON AVENUE, SUITE 656 BROOKLYN, NY 11201 (718) 488-5700

## Name of Project Director:

CATHERINE M. CAHILL

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE FREE CONCERT SERIES TICKETS TO COMMUNITY GROUPS.

#### **Funded Amount:**

\$1,000

## Requested By:

**BROOK-KRASNY** 

### Name of Administering State Agency:

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

CENTER STAGE COMMUNITY PLAYHOUSE, INC. P.O. BOX 138, WESTCHESTER SQUARE STATION BRONX, NY 10461 (718) 823-6434

### Name of Project Director:

**DONNA BELLONE** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET OPERATING EXPENSES, SUCH AS FACILITY RENT AND UTILITIES FOR THE PLAYHOUSE, WHICH PROVIDES PERFORMANCES TO THE COMMUNITY.

#### **Funded Amount:**

\$1,500

## Requested By:

BENEDETTO

### Name of Administering State Agency:

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

CITY OF NEW YORK PARKS AND RECREATION THE ARSENAL, CENTRAL PARK NEW YORK, NY 10021 (212) 360-1360

### Name of Project Director:

EDWARD J. LEWIS

### **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH A SEASONAL PLAYGROUND ASSOCIATE WHO WILL CONDUCT A SUMMER RECREATION PROGRAM IN A PARK OR PLAYGROUND. FUNDS WILL ALSO BE USED TO PURCHASE EQUIPMENT FOR THE SUMMER PROGRAM.

#### **Funded Amount:**

\$1,500

# Requested By:

BROOK-KRASNY

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

CITY OF ROCHESTER 30 CHURCH STREET ROCHESTER, NY 14614 (585) 475-7028 Ext: 7045

### Name of Project Director:

**LUIS BURGOS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH PROVIDING THE CLARISSA STREET REUNION, A SUMMER FESTIVAL HELD IN THE COMMUNITY.

#### **Funded Amount:**

\$5,000

## Requested By:

GANTT

# Name of Administering State Agency:

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

CITY PARKS FOUNDATION 830 FIFTH AVENUE NEW YORK, NY 10021 (212) 360-1399

# Name of Project Director:

**NICOLE JOHNSON** 

# **Purpose of Project:**

FUNDS WILL BE USED FOR ATHLETIC AND ARTS PROGRAMS FOR YOUNG PEOPLE.

### **Funded Amount:**

\$5,000

# Requested By:

BENEDETTO

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

COLLEGE COMMUNITY SERVICES, INC. P. O. BOX 100163 BROOKLYN, NY 11210 (718) 951-4600

## Name of Project Director:

ALANA ROGACHEVSKAYA

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE PERFORMING ARTS EDUCATIONAL PROGRAMS FOR ELEMENTARY STUDENTS IN BROOKLYN.

#### **Funded Amount:**

\$10,000

### Requested By:

**JACOBS** 

# Name of Administering State Agency:

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

COLLEGE COMMUNITY SERVICES, INC. P.O. BOX 100163 BROOKLYN, NY 11210 (718) 951-4600 Ext: 20

### Name of Project Director:

FRANK SONNTAG

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE ANNUAL "CARIBBEAN CELEBRATION" CONCERTS AND "SCHOOL TIME" SERIES AT THE BROOKLYN CENTER FOR THE PERFORMING ARTS.

#### **Funded Amount:**

\$4,000

## Requested By:

WEINSTEIN

### Name of Administering State Agency:

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

COMMUNITY WORKS, INC. 55 WEST END AVENUE NEW YORK, NY 10023 (212) 459-1854

## Name of Project Director:

BARBARA HOROWITZ

### **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT TWO OF THE COMMUNITY WORKS' FOUR MAJOR PROGRAMS: THEATER TO GO AND MAKING A DIFFERENCE. THESE PROGRAMS BRING ARTISTS AND MENTORS DIRECTLY INTO THE CLASSROOMS AND NEIGHBORHOOD CENTERS FOR WORKSHOPS AND RESIDENCIES THAT TRAIN YOUNG PEOPLE IN THEATER, DANCE, MUSIC, VISUAL ARTS AND THE LITERARY ARTS.

### **Funded Amount:**

\$10,000

### Requested By:

COOK

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

COMMUNITY WORKS, INC. 55 WEST END AVENUE NEW YORK, NY 10023 (212) 459-1854

## Name of Project Director:

BARBARA HOROWITZ

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL AND ARTISTIC ENRICHMENT PROGRAMS IN SCHOOL, AS WELL AS DURING AFTER SCHOOL PROGRAMS.

#### **Funded Amount:**

\$8,500

### Requested By:

**WRIGHT** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

EUGENIO MARIA DE HOSTOS COMMUNITY COLLEGE FOUNDATION 475 GRAND CONCOURSE BRONX, NY 10451 (718) 518-6500

## Name of Project Director:

WALLACE EDGECOMBE

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT EDUCATIONAL AND CULTURAL PROGRAMS OF THE HOSTOS CENTER FOR THE ARTS AND CULTURE.

#### **Funded Amount:**

\$20,000

### Requested By:

**ARROYO** 

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

FARMERS' MUSEUM, INC. P.O. BOX 30 - 5775 STATE HIGHWAY 80 COOPERSTOWN, NY 13326 (607) 547-1417

## Name of Project Director:

D. STEPHEN ELLIOTT

# **Purpose of Project:**

FUNDS WILL BE USED TO EXPAND EXHIBITS AND INTERPRETIVE PROGRAMS. FUNDING WILL ALLOW INSTALLATION OF SPECIALLY DESIGNED INTERPRETIVE EXHIBIT ELEMENTS TO FACILITATE FAMILY LEARNING REGARDING AGRICULTURE.

#### **Funded Amount:**

\$18,000

## Requested By:

MAGEE

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

FOLKSBIENE YIDDISH THEATRE, INC. 135 WEST 29TH STREET, ROOM 504 NEW YORK, NY 10001 (212) 213-2120 Ext: 202

### Name of Project Director:

**GEORGIA BUCHANAN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE FREE PERFORMANCES AND WORKSHOPS TO THE COMMUNITY.

#### **Funded Amount:**

\$2,500

### Requested By:

WEINSTEIN

# Name of Administering State Agency:

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

FOLKSBIENE YIDDISH THEATRE, INC. 135 WEST 29TH STREET, ROOM 504 NEW YORK, NY 10001 (212) 213-2120

### Name of Project Director:

**GEORGIA BUCHANAN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE ENGLISH AND RUSSIAN OUTREACH TO THE COMMUNITY.

#### **Funded Amount:**

\$2,000

### Requested By:

**BROOK-KRASNY** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

FOURTH ARTS BLOCK, INC. 61 EAST 4TH STREET NEW YORK, NY 10003 (212) 228-4670

## Name of Project Director:

TAMARA GREENFIELD

# **Purpose of Project:**

FUNDS WILL BE USED TO PROMOTE THE EAST 4TH STREET CULTURAL DISTRICT AND THE SURROUNDING COMMUNITY.

### **Funded Amount:**

\$2,000

## Requested By:

GLICK

# Name of Administering State Agency:

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

FRIENDS OF KAISER PARK, INC. 2703 WEST 36TH STREET BROOKLYN, NY 11224 (917) 837-9261

### Name of Project Director:

ROCCO BRESCIA

## **Purpose of Project:**

FUNDS WILL BE USED FOR RECREATIONAL ACTIVITIES IN THE PARK.

#### **Funded Amount:**

\$7,000

### Requested By:

**BROOK-KRASNY** 

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

GATEWAYS MUSIC FESTIVAL, INC. 26 GIBBS STREET ROCHESTER, NY 14604 (585) 234-2582

### Name of Project Director:

BARBARA JONES

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE GATEWAYS MUSIC FESTIVAL. THIS FESTIVAL IS DEDICATED TO INCREASING THE VISIBILITY AND PERFORMANCE OPPORTUNITIES OF CLASSICALLY TRAINED MUSICIANS OF AFRICAN DESCENT.

### **Funded Amount:**

\$20,000

## Requested By:

**GANTT** 

### Name of Administering State Agency:

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

GREATER RIDGEWOOD HISTORICAL SOCIETY 1820 FLUSHING AVENUE RIDGEWOOD, NY 11385 (347) 370-4567

### Name of Project Director:

LINDA MONTE

# **Purpose of Project:**

FUNDS WILL BE USED FOR VARIOUS REPAIRS AND ADDITIONS TO THE RIDGEWOOD ONDERDONK HOUSE.

### **Funded Amount:**

\$2,000

### Requested By:

MILLER-M

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

HAITIAN AMERICANS UNITED FOR CHANGE (HAUC), INC. 42 A GLENMORE AVENUE BRENTWOOD, NY 11717 (631) 236-3950

### Name of Project Director:

KETLIE CHRISPIN

# **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH A FLAG DAY FESTIVAL, AS WELL AS FOR AN INFORMATIONAL NEWSLETTER FOR THE COMMUNITY.

#### **Funded Amount:**

\$3,000

## Requested By:

**RAMOS** 

### Name of Administering State Agency:

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

HISPANIC FEDERATION, INC. 55 EXCHANGE PLACE, 5TH FLOOR NEW YORK, NY 10005 (212) 233-8955

### Name of Project Director:

LILLIAN RODRIGUEZ

## **Purpose of Project:**

FUNDS WILL BE USED TO PROMOTE AND PRESERVE THE CULTURE AND HISTORICAL CONTRIBUTIONS OF THE PUERTO RICAN COMMUNITY THROUGH THE ARTS AND DEVELOPMENT OF DOCUMENTARIES.

#### **Funded Amount:**

\$95,000

## Requested By:

ARROYO

### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

IKARUS GALLERY CULTURAL PROGRAM, INC. 39 WELLINGTON STREET HEMPSTEAD, NY 11550 (516) 414-4807

### Name of Project Director:

**JORGE GUZMAN** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH PROMOTION OF YEAR-ROUND CULTURAL EVENTS AND FOR THE DISTRIBUTION OF A NEWSLETTER.

#### **Funded Amount:**

\$3,000

### Requested By:

RAMOS

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

INTERNATIONAL AGENCY FOR MINORITY ARTIST AFFAIRS, INC. 163 WEST 125TH STREET, SUITE 909 NEW YORK, NY 10027 (212) 749-5298

## Name of Project Director:

**GREGORY MILLS** 

# **Purpose of Project:**

FUNDS WILL BE USED TO ENABLE COMMUNITY EXPOSURE TO MINORITY ARTISTS THROUGH ART SHOWS.

#### **Funded Amount:**

\$7,500

### Requested By:

**WRIGHT** 

### Name of Administering State Agency:

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

ITALIAN AMERICAN MUSEUM 155 MULBERRY STREET NEW YORK, NY 10013 (212) 541-1024

## Name of Project Director:

JOE SCELSA

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF THE MUSEUM'S EXHIBITS.

### **Funded Amount:**

\$2,500

### Requested By:

**BENEDETTO** 

# Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

JEWISH UNION OF RUSSIAN IMMIGRANTS 2915 OCEAN PARKWAY BROOKLYN, NY 11235 (718) 618-7570

### Name of Project Director:

**BORIS TENIN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH THE INTERNATIONAL MUSIC FESTIVAL ACTIVITIES FOR THE COMMUNITY.

### **Funded Amount:**

\$1,000

## Requested By:

**BROOK-KRASNY** 

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

K-9 KORRAL AT FOREST PARK, INC. 60-36 75TH STREET MIDDLE VILLAGE, NY 11379 (347) 436-6076

### Name of Project Director:

**PAUL TOOMEY** 

## **Purpose of Project:**

FUNDS WILL BE USED TO LEVEL THE DOG RUN, PURCHASE SILT FOR NEW SURFACE MATERIAL AND APPLY THE SILT WITH A POWER ROLLER. FUNDS WILL ALSO BE USED FOR FENCE MENDING AND REPLACEMENT.

#### **Funded Amount:**

\$1,000

## Requested By:

MILLER-M

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LOCUST STREET NEIGHBORHOOD ART CLASSES, INC. 138 LOCUST STREET BUFFALO, NY 14204 (716) 852-4562

### Name of Project Director:

MOLLY BETHEL

## **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH PROVIDING FREE VISUAL ART CLASSES FOR WESTERN NEW YORK YOUTH.

#### **Funded Amount:**

\$10,000

### Requested By:

PEOPLES-STOKES

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LONG BEACH DEPARTMENT OF PARKS AND RECREATION MAGNOLIA BOULEVARD AND WEST BAY DRIVE LONG BEACH, NY 11561 (516) 705-7415

## Name of Project Director:

**ROBERT PIAZZA** 

# **Purpose of Project:**

FUNDS WILL BE USED TO UPGRADE AND REPLACE EQUIPMENT, AS WELL AS THE AIR CONDITIONING SYSTEMS.

#### **Funded Amount:**

\$22,500

## Requested By:

WEISENBERG

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MAMA FOUNDATION FOR THE ARTS, INC. 149 WEST 126TH STREET NEW YORK, NY 10027 (212) 280-1045

## Name of Project Director:

**RACHEL MALOY** 

# **Purpose of Project:**

FUNDS WILL BE USED TO ENRICH THE LIVES OF YOUTH THROUGH THEATER AND ART PERFORMANCES.

### **Funded Amount:**

\$5,000

### Requested By:

**WRIGHT** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MARTIN LUTHER KING, JR. CONCERT SERIES, INC. 32 COURT STREET, SUITE 607 BROOKLYN, NY 11201 (718) 973-9730

## Name of Project Director:

**DEBRA GARCIA** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE FREE CONCERTS AT WINGATE PARK FOR LOW INCOME COMMUNITY RESIDENTS.

#### **Funded Amount:**

\$2,500

### Requested By:

**PERRY** 

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MARTIN LUTHER KING, JR. CONCERT SERIES, INC. 32 COURT STREET, 607 BROOKLYN, NY 11201 (718) 923-9730

### Name of Project Director:

**DEBRA GARCIA** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH FREE SUMMER CONCERTS.

### **Funded Amount:**

\$1,000

## Requested By:

WEINSTEIN

## Name of Administering State Agency:

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

MIDORI FOUNDATION, INC. 352 7TH AVENUE, SUITE 301 NEW YORK, NY 10001 (212) 767-1300

## Name of Project Director:

JUDI LINDEN

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE MUSIC EDUCATION PROGRAMS AT PUBLIC SCHOOL 245.

#### **Funded Amount:**

\$5,000

### Requested By:

**JACOBS** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC. 630 NINTH AVENUE, SUITE 802 NEW YORK, NY 10036 (212) 245-0710

## Name of Project Director:

MICHAEL PRESSER

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE PROFESSIONAL PERFORMANCES AT IS 192. FUNDS WILL ALSO BE USED TO OFFSET THE COSTS OF PROFESSIONAL TEACHING ARTISTS WHO WILL WORK WITH THE CHILDREN ON AN ART PROJECT.

#### **Funded Amount:**

\$5,000

## Requested By:

BENEDETTO

### Name of Administering State Agency:

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

MIDTOWN MANAGEMENT GROUP, INC. 630 NINTH AVENUE, SUITE 802 NEW YORK, NY 10036 (212) 245-0710

### Name of Project Director:

MICHAEL PRESSER

## **Purpose of Project:**

FUNDS WILL BE USED FOR INSIDE BROADWAY, WHICH IS A PROFESSIONAL NEW YORK CITY-BASED CHILDREN'S THEATRE COMPANY COMMITTED TO PRODUCING BROADWAY'S CLASSIC MUSICALS IN A CONTEMPORARY LIGHT FOR YOUNG AUDIENCES. THROUGH MUSICAL ADAPTATIONS AND IN-SCHOOL TEACHING ARTISTS RESIDENCE PROGRAMS, IT ENABLES UNDERSERVED STUDENTS TO EXPERIENCE LIVE THEATRE.

### **Funded Amount:**

\$5,000

### Requested By:

COOK

## Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC. 630 NINTH AVENUE, SUITE 802 NEW YORK, NY 10036 (212) 245-0710

## Name of Project Director:

MICHAEL PRESSER

## **Purpose of Project:**

FUNDS WILL BE USED TO ENABLE CULTURALLY UNDERSERVED PUBLIC SCHOOL STUDENTS TO EXPERIENCE THE JOY AND INSPIRATION OF LIVE THEATRE THROUGH MUSICAL ADAPTATIONS AND IN-SCHOOL TEACHING ARTISTS RESIDENCY PROGRAMS.

### **Funded Amount:**

\$5,000

### Requested By:

**JACOBS** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MIDTOWN MANAGEMENT GROUP, INC. 630 NINTH AVENUE, SUITE 802 NEW YORK, NY 10036 (212) 254-0710

## Name of Project Director:

MICHAEL PRESSER

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE A THEATRE ARTS SCHOOL WORKSHOP IN PUBLIC SCHOOL 127 OR A PERFORMANCE OF A BROADWAY CLASSIC MUSICAL IN THE PUBLIC SCHOOL 127 AUDITORIUM.

#### **Funded Amount:**

\$5,000

## Requested By:

**AUBRY** 

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MORRIS PARK COMMUNITY ASSOCIATION 1824 BRONXDALE AVENUE BRONX, NY 10462 (718) 823-0596

### Name of Project Director:

**TONY SIGNORILE** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE COLUMBUS DAY PARADE, WHICH PROVIDES A MULTI-CULTURAL, HISTORICAL EVENT FOR THE ENTIRE COMMUNITY.

#### **Funded Amount:**

\$2,000

## Requested By:

BENEDETTO

### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

MUSEUM OF CONTEMPORARY AFRICAN DIASPORAN ARTS 80 HANSON PLACE BROOKLYN, NY 11217 (718) 230-0492

## Name of Project Director:

LAURIE CUMBO

# **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE AFTER SCHOOL TOURS AND PROGRAMMING FOR SCHOOLS IN BROOKLYN.

#### **Funded Amount:**

\$4,000

## Requested By:

WEINSTEIN

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

MUSICA DE CAMARA, INC. 1215 FIFTH AVENUE, SUITE 1B NEW YORK, NY 10029 (212) 410-5612

## Name of Project Director:

EVA DE LA O

## **Purpose of Project:**

FUNDS WILL BE USED FOR A CHAMBER CONCERT SERIES, WHICH WILL HIGHLIGHT HISPANIC AND AFRICAN AMERICAN COMPOSERS THROUGHOUT THE COMMUNITY.

#### **Funded Amount:**

\$2,500

### Requested By:

**WRIGHT** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM SURF AVENUE AND WEST 8TH STREET BROOKLYN, NY 11224 (718) 265-3438

### Name of Project Director:

CYNTHIA REICH

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL OUTREACH VIA CLASSROOM INSTRUCTION TO SCHOOL CHILDREN, AS WELL AS ADULTS IN WILDLIFE BIOLOGY AND OCEANOGRAPHY.

#### **Funded Amount:**

\$1,458

## Requested By:

CYMBROWITZ-S

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM SURF AVENUE AND WEST 8TH STREET BROOKLYN, NY 11224 (718) 265-3438

## Name of Project Director:

KATE FITZGERALD

# **Purpose of Project:**

FUNDS WILL BE USED FOR EDUCATIONAL OUTREACH VIA CLASSROOM INSTRUCTION TO SCHOOL CHILDREN AS WELL AS ADULTS IN WILDLIFE BIOLOGY AND OCEANOGRAPHY.

#### **Funded Amount:**

\$1,500

## Requested By:

WEINSTEIN

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NEW YORK AQUARIUM SURF AVENUE AND WEST 8TH STREET BROOKLYN, NY 11224 (718) 265-3438

### Name of Project Director:

NICOLE ROBINSON-ETIENNE

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE EDUCATIONAL PROGRAMS VIA CLASSROOM INSTRUCTION TO SCHOOL CHILDREN, AND ADULTS, IN WILDLIFE BIOLOGY AND OCEANOGRAPHY.

#### **Funded Amount:**

\$3,000

## Requested By:

**BROOK-KRASNY** 

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NEW YORK ZOOLOGICAL SOCIETY 2300 SOUTHERN BOULEVARD BRONX, NY 10460 (718) 220-7139

### Name of Project Director:

JOHN CALVELLI

## **Purpose of Project:**

FUNDS WILL BE USED FOR EDUCATIONAL INSTRUCTORS AND TEACHER TRAINING, TEACHING STRATEGIES AND MODEL ACTIVITIES TO ENHANCE CLASSROOM LIFE SCIENCE INSTRUCTION.

#### **Funded Amount:**

\$10,000

## Requested By:

BENEDETTO

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

NEW YORK ZOOLOGICAL SOCIETY 2300 SOUTHERN BOULEVARD BRONX, NY 10460 (718) 220-7139

## Name of Project Director:

JOHN CAVELLI

## **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT EDUCATION INSTRUCTORS AND TEACHER-TRAINERS WHO WILL TEACH STRATEGIES AND MODEL ACTIVITIES DESIGNED TO ENHANCE LIFE SCIENCE EDUCATION.

#### **Funded Amount:**

\$5,000

## Requested By:

**GIBSON** 

### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

NIEUW AMERSFOORT COMMUNITY ASSOCIATION, INC. P.O. BOX 100-039 BROOKLYN, NY 11210 (718) 338-5774

### Name of Project Director:

STEVE YAMIN

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH A FREE SUMMER YOUTH CONCERT IN THE PARK, AS WELL AS FOR CIVIC OUTREACH PROGRAMS FOR SENIORS IN THE COMMUNITY.

#### **Funded Amount:**

\$2,000

## Requested By:

WEINSTEIN

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

PROSPECT PARK ALLIANCE, INC. 95 PROSPECT PARK WEST BROOKLYN, NY 11215 (718) 965-8951

## Name of Project Director:

**EMILY LLOYD** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE ENVIRONMENTAL EDUCATION PROGRAMS IN CLASSROOMS AS WELL AS IN-STATE TRIPS TO OBSERVE FIRST HAND ENVIRONMENTAL WORKS AT PROSPECT PARK.

#### **Funded Amount:**

\$15,500

## Requested By:

**JACOBS** 

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

PROSPECT PARK ALLIANCE, INC. 95 PROSPECT PARK WEST BROOKLYN, NY 11215 (718) 965-6392

## Name of Project Director:

**IBRAHIM ABDUL-MATIN** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR LEADERSHIP TRAINING IN TEAMWORK AND COMMUNITY SERVICE FOR YOUNG PEOPLE. THESE PROGRAMS OFFER TEENS THE OPPORTUNITY TO BECOME MORE INVOLVED IN COMMUNITY OUTREACH.

### **Funded Amount:**

\$4,000

## Requested By:

PERRY

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

QUEENS COUNCIL ON THE ARTS, INC. ONE FOREST PARK AT OAK RIDGE WOODHAVEN, NY 11421 (347) 505-3010

### Name of Project Director:

HOONG YEE LEE KRAKAUER

### **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE QUEENS ART EXPRESS FESTIVAL, INCLUDING THE COST OF MARKETING, ARTIST FEES, RESERVING ADS IN LOCAL MEDIA OUTLETS, PUBLIC SERVICE ANNOUNCEMENTS, POSTERS AND BANNERS.

#### **Funded Amount:**

\$1,000

## Requested By:

MILLER-M

### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

QUEENS THEATRE IN THE PARK, INC. P.O. BOX 520069 FLUSHING, NY 11352 (718) 760-0064

### Name of Project Director:

**VANESSA BAMBER** 

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT THE STAFF POSITION OF A COMMUNITY AFFAIRS REPRESENTATIVE, AS WELL AS TO HELP OFFSET EXPENSES OF PROVIDING THEATRE TO THE COMMUNITY.

#### **Funded Amount:**

\$4,500

## Requested By:

**AUBRY** 

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

ROUNDABOUT THEATRE COMPANY, INC. 231 WEST 39TH STREET, SUITE 1200 NEW YORK, NY 10018 (212) 719-9393

### Name of Project Director:

JULIE C. LEVY

## **Purpose of Project:**

FUNDS WILL BE USED TO PROVIDE ARTS EDUCATION PROGRAMS IN SELECTED PUBLIC SCHOOLS WITHIN BROOKLYN COMMUNITY SCHOOL BOARDS #18 AND #22.

#### **Funded Amount:**

\$5,000

## Requested By:

WEINSTEIN

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

RUSSIAN AMERICAN FOUNDATION, INC. 70 WEST 36TH STREET, SUITE 701 NEW YORK, NY 10018 (212) 687-6118

### Name of Project Director:

MARINA KOVALYOV

# **Purpose of Project:**

FUNDS WILL BE USED TO ORGANIZE A SERIES OF EVENTS THROUGHOUT NEW YORK SHOWCASING RUSSIAN CULTURE.

#### **Funded Amount:**

\$5,000

## Requested By:

CYMBROWITZ-S

### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

RUSSIAN AMERICAN FOUNDATION, INC. 70 WEST 36TH STREET, ROOM 701 NEW YORK, NY 10018 (212) 687-6118

## Name of Project Director:

MARINA KOVALYOV

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF THE ANNUAL RUSSIAN HERITAGE FESTIVAL (\$1,500) AND THE RUSSIAN AMERICAN HEALTH COALITION (\$1,000) COMMUNITY PROGRAMS.

#### **Funded Amount:**

\$2,500

## Requested By:

WEINSTEIN

### Name of Administering State Agency:

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

SEASIDE SUMMER CONCERT SERIES, INC. 32 COURT STREET, SUITE 607 BROOKLYN, NY 11201 (718) 923-9730

## Name of Project Director:

**DEBRA GARCIA** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PRESENT FREE SUMMER CONCERTS IN THE PARK.

#### **Funded Amount:**

\$3,000

### Requested By:

CYMBROWITZ-S

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SEASIDE SUMMER CONCERT SERIES, INC. 32 COURT STREET, SUITE 607 BROOKLYN, NY 11201 (718) 923-9730

## Name of Project Director:

**DEBRA GARCIA** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET COSTS ASSOCIATED WITH FREE SUMMER CONCERTS.

### **Funded Amount:**

\$1,000

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SESAME FLYERS INTERNATIONAL, INC. 3510 CHURCH AVENUE BROOKLYN, NY 11203 (718) 693-0500

## Name of Project Director:

**CURTIS NELSON** 

## **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COSTS ASSOCIATED WITH THE FAMILY DAY AT PAERDEGAT PARK IN BROOKLYN.

### **Funded Amount:**

\$15,000

### Requested By:

**PERRY** 

## Name of Administering State Agency:

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

SESAME FLYERS INTERNATIONAL, INC. 3510 CHURCH AVENUE BROOKLYN, NY 11203 (718) 693-0500

#### Name of Project Director:

**CURTIS NELSON** 

## **Purpose of Project:**

FUNDS WILL BE USED FOR THE MOVIES IN THE PARK PROGRAM.

#### **Funded Amount:**

\$15,000

### Requested By:

PERRY

## Name of Administering State Agency:

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

SESAME FLYERS INTERNATIONAL, INC. 3510 CHURCH AVENUE, BROOKLYN, NY 11203 (718) 693-5503

## Name of Project Director:

**CURTIS NELSON** 

# **Purpose of Project:**

FUNDS WILL BE USED TO OFFSET THE COST OF THE DITMAS PARK FAMILY DAY.

### **Funded Amount:**

\$15,000

### Requested By:

**PERRY** 

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

SHORE ROAD GARDEN COUNCIL, LTD. 9728 THIRD AVENUE, POSTAL ANNEX 402 BROOKLYN, NY 11209 (718) 680-4256

## Name of Project Director:

LINDA ALLEGRETTI

## **Purpose of Project:**

FUNDS WILL BE USED TO PURCHASE MATERIALS TO BE USED ALONG SHORE ROAD WHERE THERE ARE SOIL EROSION PROBLEMS. THE GARDEN COUNCIL WILL BUILD UP THE AREA ALONG THE PEDESTRIAN AND BIKE PATHS, AS WELL AS THE PARK.

#### **Funded Amount:**

\$2,500

### Requested By:

BROOK-KRASNY

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

TEATRO CIRCULO, LTD. 65 EAST 4TH STREET, #11 NEW YORK, NY 10003 (212) 505-1808

### Name of Project Director:

**JOSE OLIVERAS** 

## **Purpose of Project:**

FUNDS WILL BE USED TO PRODUCE CULTURAL PLAYS FOR PRESENTATIONS TO STUDENTS, BOTH DURING THE DAY AND AFTER SCHOOL, AS WELL AS FOR THE ELDERLY AT SENIOR CITIZEN CENTERS THROUGHOUT THE COMMUNITY.

#### **Funded Amount:**

\$10,000

## Requested By:

**ARROYO** 

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

TEATRO EXPERIMENTAL YERBABRUJA, INC. 23 ANNE LANE CENTRAL ISLIP, NY 11722 (631) 232-6491

## Name of Project Director:

MARGARITA ESPADA-SANTOS

## **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH HOLDING ANNUAL EVENTS, AS WELL AS FOR A COMMUNITY ARTS PROGRAM.

#### **Funded Amount:**

\$10,000

### Requested By:

RAMOS

#### Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

THROGGS NECK BENEVOLENT ASSOCIATION, INC. 62 INDIAN TRAIL BRONX, NY 10465 (718) 931-7749

## Name of Project Director:

MATT O'BRIEN

## **Purpose of Project:**

FUNDS WILL BE USED TO CELEBRATE CULTURAL PRIDE BY HELPING TO OFFSET THE COST OF THE ANNUAL PARADE.

#### **Funded Amount:**

\$5,000

### Requested By:

BENEDETTO

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

WEST INDIAN AMERICAN DAY CARNIVAL ASSOCIATION P.O. BOX 130192 BROOKLYN, NY 11213 (718) 467-1797

## Name of Project Director:

YOLANDA LEZAMA-CLARK

# **Purpose of Project:**

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH THE ANNUAL LABOR DAY PARADE, CONCERT AND FESTIVITIES, AS WELL AS THE TOURISM DEVELOPMENT PROGRAM, AND THE MAS ARTISTIC YOUTH PROGRAM.

#### **Funded Amount:**

\$6,500

## Requested By:

PERRY

#### Name of Administering State Agency:

## Legal Name, Address, and Telephone Number:

WOODHAVEN CULTURAL AND HISTORICAL SOCIETY, INC. 93-34 91ST AVENUE WOODHAVEN, NY 11421 (718) 846-1907

### Name of Project Director:

**LEONORA LAVAN** 

# **Purpose of Project:**

FUNDS WILL BE USED TO PAY FOR GUEST SPEAKERS, OFFICE SUPPLIES AND TO SUBSIDIZE THE COST OF TOUR GUIDES AND TOUR BUSES.

#### **Funded Amount:**

\$2,000

### Requested By:

MILLER-M

#### Name of Administering State Agency:

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

WYCKOFF HOUSE AND ASSOCIATION, INC. 5816 CLARENDON ROAD BROOKLYN, NY 11203 (718) 629-5400

## Name of Project Director:

JOSHUA VAN KIRK

# **Purpose of Project:**

FUNDS WILL BE USED TO SUPPORT PUBLIC EDUCATION EVENTS AND WORKSHOPS AT THE MUSEUM.

#### **Funded Amount:**

\$6,000

### Requested By:

WEINSTEIN

## Name of Administering State Agency:

# Legal Name, Address, and Telephone Number:

LONG BEACH DEPARTMENT OF PARKS AND RECREATION MAGNOLIA BOULEVARD AND WEST BAY DRIVE LONG BEACH, NY 11561 (516) 705-7415

## Name of Project Director:

**ROBERT PIAZZA** 

# **Purpose of Project:**

FUNDS WILL BE USED TO UPGRADE AND REPLACE EQUIPMENT, AS WELL AS THE AIR CONDITIONING SYSTEMS.

#### **Funded Amount:**

\$12,500

### Requested By:

WEISENBERG

#### Name of Administering State Agency: