Legal Name, Address, and Telephone Number:

VILLAGE FOUNDATION OF EAST ROCKAWAY, INC. P.O. BOX 375 EAST ROCKAWAY, NY 11518 (516) 599–9122

Name of Project Director:

RICHARD J. MEAGHER

Purpose of Project:

FUNDS WILL BE USED TO OFFSET COSTS OF THE EAST ROCKAWAY VILLAGE 9/11 MEMORIAL.

Funded Amount:

\$2,500

Requested By:

WEISENBERG

Name of Administering State Agency:

DEPARTMENT OF STATE

Legal Name, Address, and Telephone Number:

VETERANS OF FOREIGN WARS POST 1384 675 WEST PARK AVENUE LONG BEACH, NY 11561 (516) 432–4582

Name of Project Director:

MARTY HEEG

Purpose of Project:

FUNDS WILL BE USED TO REPLACE THE BOILER IN THE POST BUILDING, WHICH FUNCTIONS AS A VITAL CENTER FOR VETERANS AND COMMUNITY EVENTS IN LONG BEACH.

Funded Amount:

\$5,000

Requested By:

WEISENBERG

Name of Administering State Agency:

DIVISION OF VETERANS' AFFAIRS

Legal Name, Address, and Telephone Number:

LINDENHURST ROBOTICS CLUB C/O LINDENHURST SR. HIGH SCHOOL – 300 CHARLES STREET LINDENHURST, NY 11757 (631) 226–6445

Name of Project Director:

JOHN SLOKOVITZ

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH OPERATING THE ROBOTICS CLUB, INCLUDING, BUT NOT LIMITED TO THE PURCHASE OF MATERIALS.

Funded Amount:

\$2,388

Requested By:

SWEENEY

Name of Administering State Agency:

EDUCATION DEPARTMENT

Legal Name, Address, and Telephone Number:

CATHOLIC CHARITIES OF DIOCESE OF ALBANY 100 SLINGERLAND STREET ALBANY, NY 12202 (518) 449–2001

Name of Project Director:

HELEN MYLOD

Purpose of Project:

FUNDS WILL BE USED TO ARRANGE AND SUPPORT RESPITE CARE FOR FAMILIES IN THE CAPITAL REGION THROUGH HOME HEALTH AIDES, ADULT DAY CARE PROGRAMS OR WITHIN ADULT HOME/ASSISTED LIVING FACILITIES.

Funded Amount:

\$4,000

Requested By:

CANESTRARI, GORDON-T, MCENENY, REILLY

Name of Administering State Agency:

OFFICE FOR THE AGING

Legal Name, Address, and Telephone Number:

SWEDEN SENIOR ASSOCIATION, INC. 133 STATE STREET BROCKPORT, NY 14420 (585) 637–8161

Name of Project Director:

JUNE C. DOUD

Purpose of Project:

FUNDS WILL BE USED FOR THE SENIOR COMMUNITY CHOIR CONCERT AND THE SENIOR OKTOBERFEST GATHERING FOR THE COMMUNITY.

Funded Amount:

\$1,500

Requested By:

REILICH

Name of Administering State Agency:

OFFICE FOR THE AGING

Legal Name, Address, and Telephone Number:

FIVE TOWNS JEWISH COUNCIL, INC. P.O. BOX 194 WOODMERE, NY 11598 (516) 374-6374

Name of Project Director:

EDITH POLLACK-EDRY

Purpose of Project:

FUNDS WILL BE USED FOR COSTS ASSOCIATED WITH COMMUNITY OUTREACH, INCLUDING, BUT NOT LIMITED TO POSTAGE, UTILITIES, PRINTING, MATERIALS AND SUPPLIES TO MAINTAIN OFFICE, ETC.

Funded Amount:

\$2,500

Requested By:

WEISENBERG

Name of Administering State Agency:

OFFICE OF CHILDREN AND FAMILY SERVICES

Legal Name, Address, and Telephone Number:

CLARKSVILLE HISTORICAL SOCIETY P.O. BOX 91 CLARKSVILLE, NY 12041 (518) 756–9670

Name of Project Director:

JOSEPH T. HOGAN

Purpose of Project:

FUNDS WILL BE USED TO HELP WITH THE RESTORATION AND PRESERVATION OF THE WOODSIDE SCHOOLHOUSE.

Funded Amount:

\$3,000

Requested By:

MCENENY

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION

Legal Name, Address, and Telephone Number:

SPENCERPORT ROTARY CLUB 3 EDWARD LANE SPENCERPORT, NY 14559 (585) 352–5092

Name of Project Director:

JIM INFANTINO

Purpose of Project:

FUNDS WILL BE USED TO SUPPORT PROGRAMS AT CAMP HACCAMO.

Funded Amount:

\$1,000

Requested By:

REILICH

Name of Administering State Agency:

OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION