

**About the Applicant**

Organization name:	Village of Ellenville
Type of organization:	<input type="checkbox"/> For-Profit <input type="checkbox"/> Not-For-Profit <input checked="" type="checkbox"/> Municipality <input type="checkbox"/> Other (_____)
Contact name:	Joseph P. Stoeckeler, Jr.
Contact title:	Village Manager
Contact phone:	845. 647. 7080 x.300
Contact email:	JStoeckeler@VillageofEllenville.com

**About Your Project**

Title of project:	Pole Barn Repair
Description of project:	To keep Heavy Equipment & Materials out of Weather
How does this project advance economic development in Ellenville/Wawarsing?	Enhances Rail Trail approach And encourages tourism
Total project budget (including all expected uses of funds):	\$ 100,000
Amount of matching funds requested:	\$ 25,000

**Grant Funds Awarded (list each source separately)**

Grant Source	Grant Amount	Proof of Award* <small>*attach documentation to your application</small>	Status
DASN 4 "SAM" See	\$100,000 Attached	<input checked="" type="checkbox"/> Commitment Letter <input type="checkbox"/> Grant Contract <input type="checkbox"/> Other (please describe): _____	<input type="checkbox"/> All grant funds are in-hand <input type="checkbox"/> Amount in-hand is \$ _____ <input checked="" type="checkbox"/> Reimbursement grant
		<input type="checkbox"/> Commitment Letter <input type="checkbox"/> Grant Contract <input type="checkbox"/> Other (please describe): _____	<input type="checkbox"/> All grant funds are in-hand <input type="checkbox"/> Amount in-hand is \$ _____ <input type="checkbox"/> Reimbursement grant
		<input type="checkbox"/> Commitment Letter <input type="checkbox"/> Grant Contract <input type="checkbox"/> Other (please describe): _____	<input type="checkbox"/> All grant funds are in-hand <input type="checkbox"/> Amount in-hand is \$ _____ <input type="checkbox"/> Reimbursement grant
		<input type="checkbox"/> Commitment Letter <input type="checkbox"/> Grant Contract <input type="checkbox"/> Other (please describe): _____	<input type="checkbox"/> All grant funds are in-hand <input type="checkbox"/> Amount in-hand is \$ _____ <input type="checkbox"/> Reimbursement grant

<i>Other Sources (list each source separately)</i>			
Non-Grant Source	Amount	Type	Status (for cash sources only)
		<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> Debt	<input type="checkbox"/> Full amount in-hand <input type="checkbox"/> Amount in hand is \$ _____ <input type="checkbox"/> Funding commitment
		<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> Debt	<input type="checkbox"/> Full amount in-hand <input type="checkbox"/> Amount in hand is \$ _____ <input type="checkbox"/> Funding commitment
		<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> Debt	<input type="checkbox"/> Full amount in-hand <input type="checkbox"/> Amount in hand is \$ _____ <input type="checkbox"/> Funding commitment
		<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> Debt	<input type="checkbox"/> Full amount in-hand <input type="checkbox"/> Amount in hand is \$ _____ <input type="checkbox"/> Funding commitment

*Joseph P. Stoecketer, Jr.*  
Signature of Applicant

9/27/17  
Date

Joseph P. Stoecketer, Jr.  
Name

Village Manager  
Title



# DASNY

**ANDREW M. CUOMO**  
Governor

**ALFONSO L. CARNEY, JR.**  
Chair

**GERRARD P. BUSHELL, Ph.D.**  
President & CEO

August 9, 2017

**VIA OVERNIGHT MAIL**

Mr. Joseph Stoeckeler, Jr.  
Village Manager  
Village of Ellenville  
2 Elting Court  
Ellenville, NY 12428



*Mailed back 8/14/17*

**Re:** *State and Municipal Facilities Program ("SAM")  
Construction of a Pole Barn, as well as the Purchase of a Heavy Duty Mower and the  
Installation of HVAC Equipment at the Hunt Memorial Building  
Project ID: # 8742*

Dear Mr. Stoeckeler:

As you are aware, Village of Ellenville has been selected in accordance with procedures required to receive a State and Municipal Facilities Program ("SAM") grant in the amount of \$100,000. The project for which the Grant will be utilized is the Construction of a Pole Barn, as well as the Purchase of a Heavy Duty Mower and the Installation of HVAC Equipment at the Hunt Memorial Building.

Our records indicate that you have fulfilled all of the criteria necessary to receive a SAM Grant as set forth in the authorizing legislation for SAM.

Enclosed please find two (2) execution copies of the Grant Disbursement Agreement (the "GDA"). For your convenience a *Grant Disbursement Agreement Checklist* and portions of a sample GDA are being provided to assist you. Please execute and date two (2) original GDAs and return them in their entirety to:

Grants Administration  
DASNY  
515 Broadway  
Albany, New York 12207

Please note that certain exhibits to the GDA must be completed prior to the disbursement of any grant funds, including:

**CORPORATE HEADQUARTERS**  
515 Broadway  
Albany, NY 12207-2964

T 518-257-3000  
F 518-257-3100

**NEW YORK CITY OFFICE**  
One Penn Plaza, 52nd Floor  
New York, NY 10119-0098

T 212-273-5000  
F 212-273-5121

**BUFFALO OFFICE**  
539 Franklin Street  
Buffalo, NY 14202-1109

T 716-884-9780  
F 716-884-9787

**DORMITORY AUTHORITY STATE OF NEW YORK**

**WE FINANCE, BUILD AND  
DELIVER.**

[www.dasny.org](http://www.dasny.org)



**DASNY**

**Exhibit A: Project Budget:** Please verify that the purpose and use of the Grant funds as described substantially comply with the description and budget provided by the Village of Ellenville in its Preliminary Application. Any deviation in purpose or use must be separately indicated and explained. Failure to do so may delay the processing of the GDA. **Please be sure to include anticipated project start and end dates relating to each task.**

**Exhibit B: Opinion of Counsel:** Please be sure that the opinion of counsel returned by the grantee substantially conforms to the template provided in Exhibit B and contains an original signature on the Attorney's letterhead.

Once the execution copies and the completed exhibits are returned to the Dormitory Authority of the State of New York ("DASNY"), we will ensure that they are completed properly and continue to satisfy the requirements of the SAM program. Upon DASNY's satisfactory review, a fully executed GDA will be returned to you. It is at that time you may begin the requisition process.

Should you or your attorney have any questions concerning the enclosed document, please call (518) 257-3177.

Thank you.

Sincerely,

Sarah D. Antonacci  
Senior Grant Administrator