

THE CITY OF NEW YORK
CAPITAL FUNDING REQUEST FORM
FOR NOT-FOR-PROFIT ORGANIZATIONS

FUNDING REQUESTED FOR
FISCAL YEAR (FY) 20____
(ENDING JUNE 30TH)

(NAME OF ORGANIZATION)

(ADDRESS OF ORGANIZATION)

(PHONE NUMBER OF ORGANIZATION)

**(NAME OF ELECTED OFFICIAL
TO WHOM THIS FORM IS SUBMITTED)**

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INSTRUCTIONS

NOT-FOR-PROFIT ORGANIZATIONS OPERATING WITHIN THE FIVE (5) BOROUGHES OF NEW YORK CITY (THE "CITY") MAY APPLY FOR CITY CAPITAL FUNDS TO ACQUIRE, CONSTRUCT OR RECONSTRUCT A CAPITAL ASSET TO BETTER PROVIDE SERVICES TO PEOPLE OF THE CITY.

- ❑ PROSPECTIVE ORGANIZATIONS MUST PROVIDE THE INFORMATION REQUESTED IN THIS FORM IN ORDER TO BE CONSIDERED FOR CITY CAPITAL FUNDS.
INCOMPLETE FORMS WILL BE REJECTED.
- ❑ AS YOU RESPOND TO THE QUESTIONS CONTAINED IN THIS FORM, PLEASE ORGANIZE THE FORM IN ACCORDANCE WITH THE FORM'S INSTRUCTIONS. AFTER YOU HAVE COMPLETED THE APPROPRIATE SECTIONS OF THIS FORM, PLEASE ENSURE THAT THE REQUIRED QUESTIONS ARE ANSWERED IN FULL AND THAT THE SIGNATURE PAGE IS ALSO COMPLETED.
- ❑ EACH MAJOR SECTION OF THE FORM MUST BE INDEXED WITH TABS FOR EASY REFERENCE (I.E., I. CONTACT SECTION; II. CITY PURPOSE SECTION; ETC.).
- ❑ THE FORM'S CONTACT SECTION MUST BE FILLED IN AS IS. PLEASE DO NOT EXPAND THE FORM'S CONTACT SECTION, EXCEPT IN RESPONSE TO QUESTION #6 IF THERE IS MORE THAN ONE PROJECT SITE.
- ❑ IF ADDITIONAL SPACE IS NECESSARY TO RESPOND TO ANY OF THE QUESTIONS, THEN PLEASE ATTACH A SEPARATE PAGE IDENTIFYING THE NAME OF YOUR ORGANIZATION, THE QUESTION NUMBER THAT IS BEING ANSWERED, THE NAME AND TELEPHONE NUMBER OF THE PERSON FILLING OUT THE QUESTIONNAIRE, AND THE DATE.
- ❑ THE APPROPRIATION OF CITY CAPITAL FUNDS WILL BE FINANCED BY THE SALE OF LONG TERM BONDS AND WILL BE SUBJECT TO THE CITY CAPITAL BUDGET APPROPRIATION PROCESS AND APPLICABLE LAWS AND REGULATIONS. FOR ADDITIONAL INFORMATION ABOUT SOME OF THE QUESTIONS IN THIS DOCUMENT, AS WELL AS GENERAL INFORMATION ABOUT PROJECT ELIGIBILITY, PLEASE REFER TO THE "GUIDELINES FOR CAPITAL FUNDING FOR NOT-FOR-PROFIT ORGANIZATIONS."

CAPITAL FUNDING REQUEST FORM

I. CONTACT SECTION

1. **NAME OF ORGANIZATION (LEGAL NAME):** _____

DOING BUSINESS AS NAME (IF APPLICABLE): _____

2. **PRINCIPAL CONTACT:**

NAME: _____

STREET: _____

BOROUGH: _____ ZIP CODE: _____

PHONE: _____ CELL PHONE: _____

FAX: _____ E-MAIL ADDRESS: _____

3. **ORGANIZATION'S MAIN OFFICE ADDRESS:**

STREET: _____

BOROUGH: _____ ZIP CODE: _____

4. **OTHER INFORMATION:**

PHONE: _____ FAX: _____

WEB SITE: _____ EIN #: _____

TAXPAYER ID #: _____ (IF DIFFERENT FROM EIN # ABOVE)

COMMUNITY BOARD OF ORGANIZATION: _____

COUNCIL DISTRICT OF ORGANIZATION: _____

COUNCIL MEMBER REPRESENTING DISTRICT: _____

5. **ATTORNEY CONTACT INFORMATION:**

NAME: _____ PHONE: _____

STREET: _____ BOROUGH: _____

ZIP CODE: _____ PHONE: _____

E-MAIL ADDRESS: _____ FAX: _____

6. **PROJECT SITE(S) (IF ADDRESS IS DIFFERENT THAN MAIN OFFICE ADDRESS):**

STREET: _____ BOROUGH: _____

ZIP CODE: _____ PHONE: _____

CELL PHONE: _____ FAX: _____

[IF MORE THAN ONE (1) PROJECT SITE, PLEASE LIST ALL PROJECT SITES WITH THE INFORMATION REQUESTED.]

CAPITAL FUNDING REQUEST FORM FOR NON CITY OWNED PROPERTY

II. CITY PURPOSE SECTION

1. **CITY PURPOSE COVENANT:** PRIOR TO THE DISTRIBUTION OF CITY CAPITAL FUNDS, A RECIPIENT WILL BE REQUIRED TO ENTER INTO A CITY PURPOSE COVENANT REQUIRING, AMONG OTHER THINGS, THAT EACH ASSET FINANCED WITH CITY CAPITAL FUNDS BE USED FOR A DEFINED CITY PURPOSE FOR ITS ENTIRE USEFUL LIFE, WHICH WILL BE NO LESS THAN FIVE (5) YEARS AND NO LONGER THAN THIRTY (30) YEARS, DEPENDING ON THE TYPE OF ASSET THAT IS FUNDED.

THE REQUIRED USE OF THE ASSET PURSUANT TO THE CITY PURPOSE COVENANT WILL BE BASED ON THE PARTICULAR CITY PURPOSE THAT IS BEING SERVED BY THE ASSET.

THE CITY PURPOSE COVENANT WILL BE IN THE FORM OF A RESTRICTIVE COVENANT THAT RUNS WITH THE LAND (IN THE CASE OF REAL PROPERTY) OR A USE AGREEMENT/SECURITY AGREEMENT (IN THE CASE OF PERSONAL PROPERTY). IN ALL CASES, THERE MAY BE NO MORTGAGES OR OTHER LIENS ON THE PROPERTY UNLESS THEY ARE SUBORDINATED TO THE CITY PURPOSE COVENANT PRIOR TO THE DISTRIBUTION OF CITY FUNDS. FOR ADDITIONAL INFORMATION, PLEASE SEE THE "GUIDELINES FOR CAPITAL FUNDING FOR NOT-FOR-PROFIT ORGANIZATIONS".

PLEASE STATE WHETHER YOUR ORGANIZATION WILL AGREE TO THESE REQUIREMENTS:

YES: _____ OR NO: _____

PLEASE ALSO STATE WHETHER YOUR ORGANIZATION WILL AGREE TO THE FOLLOWING ADDITIONAL REQUIREMENTS:

A. THE ORGANIZATION SHALL NOT DISCRIMINATE AGAINST ANY PERSON BASED ON RACE, RELIGION, CREED, COLOR, NATIONAL ORIGIN, SEX, AGE, DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION, OR A POLITICAL AFFILIATION:

YES: _____ OR NO: _____

B. THE ASSET SHALL NOT BE USED TO ADVANCE OR SUPPORT SECTARIAN ACTIVITY, INCLUDING RELIGIOUS WORSHIP, INSTRUCTION OR PROSELYTIZATION. NOTWITHSTANDING THE PRECEDING, SUBJECT TO THE REQUIREMENTS OF THE CITY PURPOSE COVENANT (ANOTHER COVENANT IN THE FUNDING AGREEMENT AND/OR LICENSE AGREEMENT), SUCH ASSET MAY BE MADE AVAILABLE TO ANY PERSON, INCLUDING FUNDING RECIPIENT ITSELF:

- ON A NEUTRAL, NON-DISCRIMINATORY BASIS IN CONJUNCTION WITH ANY RELIGIOUS OR NONRELIGIOUS PURPOSES OR ACTIVITIES CONDUCTED ON OR WITH THE ASSET,
- PROVIDED THAT THE ASSET IS GENERALLY MADE AVAILABLE TO THE GENERAL PUBLIC FOR SUCH PURPOSES OR ACTIVITIES ON SUBSTANTIALLY SIMILAR TERMS AND CONDITIONS,
- THE AVAILABILITY OF THE ASSET FOR SUCH PURPOSES OR ACTIVITIES ON SUCH TERMS AND CONDITIONS IS MADE KNOWN TO THE GENERAL PUBLIC, AND
- THE USE OF THE ASSET FOR ANY SUCH PURPOSES OR ACTIVITIES IS OCCASSIONAL AND TEMPORARY.

YES: _____ OR NO: _____

CAPITAL FUNDING REQUEST FORM

III. CITY AFFILIATIONS SECTION

1. ORGANIZATION'S CITY CONTRACTING INFORMATION:

A. HAS YOUR ORGANIZATION RECEIVED CITY EXPENSE DOLLARS DURING THE CURRENT FISCAL YEAR, WHICH ENDS ON JUNE 30TH, OR THE PRIOR TWO CITY FISCAL YEARS?

YES: ___ OR NO: ___

IF YES, THEN PLEASE DESCRIBE:

TIME	AMOUNT OF EXPENSE DOLLARS AWARDED	EXPENSE DOLLARS AWARDED FROM WHAT CITY AGENCY(IES)
CURRENT FISCAL YEAR		
PRIOR FISCAL YEAR		
TWO FISCAL YEARS AGO		

B. HAS YOUR ORGANIZATION RECEIVED CITY CAPITAL DOLLARS AT ANY TIME DURING THE CURRENT FISCAL YEAR, WHICH ENDS ON JUNE 30TH, OR THE PRIOR TWO CITY FISCAL YEARS?

YES: ___ OR NO: ___

IF YES, THEN PLEASE DESCRIBE:

TIME	AMOUNT OF CAPITAL DOLLARS AWARDED	CAPITAL DOLLARS AWARDED FROM WHAT CITY AGENCY(IES)
CURRENT FISCAL YEAR		
PRIOR FISCAL YEAR		
TWO FISCAL YEARS AGO		

2. ORGANIZATION'S CONNECTIONS TO THE CITY:

A. DOES ANY MEMBER OF YOUR ORGANIZATION'S SENIOR MANAGEMENT, BOARD OF DIRECTORS, OR TRUSTEES ALSO WORK FOR THE CITY OR ANY ELECTED OFFICIAL IN THE CITY (IF YES, THEN PLEASE DESCRIBE IN DETAIL)?

B. IS ANY MEMBER OF YOUR ORGANIZATION'S SENIOR MANAGEMENT, BOARD OF DIRECTORS, OR TRUSTEES A RELATIVE OF AN ELECTED OFFICIAL IN THE CITY (A RELATIVE IS ANY SPOUSE, DOMESTIC PARTNER, PARENT, CHILD, OR SIBLING) (IF YES, THEN PLEASE DESCRIBE IN DETAIL)?

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IV. ORGANIZATION INFORMATION SECTION

1. ORGANIZATION'S BACKGROUND INFORMATION:

- A. PROVIDE A BRIEF DESCRIPTION OF THE HISTORY AND MISSION OF THE ORGANIZATION, INCLUDING THE POPULATION THAT IS SERVED BY THE ORGANIZATION, THE MAIN AREAS OF PROGRAMMING, AND HOW THE ORGANIZATION CURRENTLY SERVES A CITY PURPOSE.
- B. IS THE ORGANIZATION A NOT-FOR-PROFIT? YES ____ OR NO ____
- C. IN WHAT YEAR WAS THE ORGANIZATION FORMED? _____
- D. ATTACH A COPY OF THE INCORPORATION DOCUMENTS AND BYLAWS.
- E. IF THE ORGANIZATION WAS NOT FORMED IN NEW YORK STATE, THEN PROVIDE A BRIEF DESCRIPTION OF WHERE IT WAS FORMED AND ATTACH A COPY OF THE INCORPORATION DOCUMENTS IN THE OTHER STATE, AND ATTACH A COPY OF THE MOST CURRENT REGISTRATION DOCUMENTS THAT HAVE BEEN FILED WITH THE NEW YORK STATE SECRETARY OF STATE AND THE NEW YORK STATE ATTORNEY GENERAL'S OFFICE.
- F. WHAT TYPE OF NOT-FOR-PROFIT CORPORATION IS THE ORGANIZATION?
TYPE A: ____; TYPE B: ____; TYPE C: ____; TYPE D: ____; TYPE E: ____
- G. WHAT INTERNAL REVENUE CODE SECTION DOES THE ORGANIZATION FILE UNDER?
501(C)(3): ____; OTHER: _____ (PLEASE IDENTIFY)
- H. IS THE ORGANIZATION A PRIVATE ELEMENTARY, SECONDARY SCHOOL OR UNIVERSITY? IF YES, PLEASE DESCRIBE.
- I. DOES THE ORGANIZATION DESCRIBE ITSELF AS A FAITH-BASED ORGANIZATION? IF YES, THEN PLEASE DESCRIBE.

2. ORGANIZATION'S OPERATION AND MANAGEMENT:

- A. ATTACH AN ORGANIZATIONAL CHART AND A LIST OF THE ORGANIZATION'S STAFF AND FUNCTIONS.
- B. DOES THE ORGANIZATION HAVE A STRATEGIC AND/OR BUSINESS PLAN? IF SO, PLEASE ATTACH AND DESCRIBE HOW THIS RELATES TO THE OVERALL PROJECT YOU ARE REQUESTING FUNDS FOR.
- C. DOES THE ORGANIZATION HAVE A MASTER AND/OR CAPITAL PLAN? IF SO, PLEASE ATTACH AND DESCRIBE HOW THIS RELATES TO THE OVERALL PROJECT YOU ARE REQUESTING FUNDS FOR.

3. PROJECT'S OPERATION AND MANAGEMENT:

- A. PLEASE DESCRIBE THE PROJECT MANAGEMENT TEAM AND EXPLAIN

THE DECISION-MAKING PROCESS WITHIN THE PROJECT MANAGEMENT TEAM.

- B. HOW WILL YOUR ORGANIZATION'S BOARD OF DIRECTORS BE INVOLVED IN THE PROJECT? (I.E., IS THERE A CAPITAL COMMITTEE IN YOUR BOARD? ARE THE MEMBERS GIVING A FINANCIAL CONTRIBUTION TO THE PROJECT? ETC.)
- C. PLEASE DESCRIBE IF THE ORGANIZATION WILL REQUIRE ADDITIONAL STAFF TO MANAGE THE PROJECT AND, IF SO, HOW MANY?

4. **ORGANIZATION'S FINANCIAL INFORMATION:**

- A. PLEASE ATTACH A COPY OF THE ORGANIZATION'S FINANCIAL AUDITS FOR THE PAST THREE (3) YEARS.
- B. WHAT IS THE ORGANIZATION'S CURRENT PERCENT BREAKDOWN OF EARNED REVENUE, GRANT/DONOR AND CITY FUNDING.
- C. PLEASE DESCRIBE THE ANNUAL COST OF SALARIES AND THE ANNUAL OCCUPANCY EXPENSES OF THE ORGANIZATION'S SITE (RENT, UTILITIES, INSURANCE, ETC.), INCLUDING THE PERCENTAGE OF THE OPERATING BUDGET DEDICATED TO BUILDING MAINTENANCE.
- D. PLEASE STATE WHETHER YOUR ORGANIZATION HAS AN ENDOWMENT AND, IF YES, THEN WHAT IS THE CURRENT VALUE OF THE ENDOWMENT?
- E. PLEASE STATE WHETHER YOUR ORGANIZATION HAS RESERVE FUNDS, AND, IF YES, THEN WHAT IS THE CURRENT VALUE OF THE RESERVE?

5. **ORGANIZATION'S PUBLIC INFORMATION:**

- A. PLEASE PROVIDE A COPY OF YOUR ORGANIZATION'S BROCHURES OR FLYERS ON THE TYPES OF PROGRAMS OFFERED.
- B. PLEASE LIST THE SPECIFIC MEDIA IN WHICH YOUR ORGANIZATION ADVERTISES OR PROMOTES ITS SERVICES OR PROGRAMS (I.E., INTERNET WEB SITES, LOCAL NEWSPAPERS, SOCIAL SERVICE ORGANIZATIONS, SCHOOL PUBLICATIONS, ETC.) AND PROVIDE A SAMPLING OF SUCH ADVERTISEMENTS.

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V. GENERAL PROJECT INFORMATION

1. PLEASE PROVIDE A BRIEF NARRATIVE THAT DESCRIBES THE GOAL OF THE PROJECT. INCLUDE IN THE NARRATIVE WHY YOUR ORGANIZATION IS REQUESTING CITY DOLLARS AND HOW THE PROJECT, ONCE COMPLETED OR OBTAINED, WILL SERVE A CITY PURPOSE.

2. **PROJECT'S CONNECTIONS TO THE COMMUNITY (WHO WILL BENEFIT FROM THE PROJECT):**

COMMUNITY BOARD(S) TO BE SERVED BY PROJECT	COUNCIL DISTRICT(S) TO BE SERVED BY PROJECT	NEIGHBORHOODS TO BE SERVED BY PROJECT	ESTIMATED # OF PEOPLE TO BE SERVED BY PROJECT

3. **PROJECT TYPE (SEEKING FUNDS FROM THE CITY TO PURCHASE WHAT), CHECK ALL THAT APPLY:**

CONSTRUCTION OR RENOVATION	ACQUISITION OF LAND/BUILDING* *NOT PERMITTED FOR DCLA-RELATED PROJECTS	OTHER EQUIPMENT	FURNITURE AND EQUIPMENT FOR INITIAL OUTFITTING (OF NEWLY CONSTRUCTED, RECONSTRUCTED, OR ACQUIRED OR LEASED SPACE)	VEHICLE(S)

4. **PROJECT FUNDING:**

A. **ESTIMATED PROJECT COSTS:** PROVIDE AN ESTIMATED TOTAL PROJECT COST FOR EACH PROPOSED PROJECT TYPE (INCLUDE TOTAL OF HARD **AND** SOFT COSTS): \$ _____

B. **ESTIMATED PROJECT FUNDING SOURCES:** IDENTIFY ALL SOURCES AND AMOUNTS OF FUNDS AND WHETHER THE FUNDS ARE COMMITTED, PLEDGED OR REQUESTED FOR THE PROJECT. IF THE FUNDS ARE FROM THE CITY, PLEASE BREAK OUT BY BOROUGH PRESIDENT, MAYORAL, OR CITY COUNCIL:

SOURCE OF FUNDS	AMOUNT	SOURCE	COMMITTED (INDICATE 'X')	PLEGGED (INDICATE 'X')	REQUESTED (INDICATE 'X')
FUNDS FROM THE CITY (PLEASE BREAK OUT EACH CITY SOURCE)					
FUNDS FROM NON-CITY SOURCES (PLEASE BREAK OUT EACH NON-CITY SOURCE)					
TOTAL					

C. IF YOUR ORGANIZATION IS PLANNING TO DO PRIVATE FUNDRAISING FOR A CAPITAL CAMPAIGN WITHIN THE NEXT SIXTEEN (16) MONTHS, THEN PLEASE DESCRIBE AND ATTACH A COPY OF ANY CAMPAIGN DRIVE LITERATURE.

5. **DETAILED BUILDING/SITE OWNERSHIP INFORMATION:**

A. IS THE SITE OWNED OR LEASED? IF LEASED, PLEASE SPECIFY THE LEASE TERM.

B. WHAT IS THE NAME OF THE BUILDING'S/SITE'S OWNER?

C. IF YOUR ORGANIZATION DOES NOT OWN THE BUILDING/SITE, THEN IDENTIFY:

BUILDING/SITE OWNER'S INFORMATION:

NAME: _____

STREET: _____

BOROUGH: _____ ZIP CODE: _____

BUILDING/SITE OWNER'S CONTACT INFORMATION:

NAME: _____

STREET: _____

BOROUGH: _____ ZIP CODE: _____

PHONE: _____ CELL PHONE: _____

FAX: _____ E-MAIL ADDRESS: _____

BUILDING/SITE OWNER'S ATTORNEY INFORMATION:

NAME: _____

STREET: _____

BOROUGH: _____ ZIP CODE: _____

PHONE: _____ CELL PHONE: _____

FAX: _____ E-MAIL ADDRESS: _____

- D. ARE THERE ANY LIENS OR MORTGAGES ON THE BUILDING/SITE?
- E. IF YES, THERE IS A LIEN OR MORTGAGE, THEN PLEASE PROVIDE EXPIRATION DATE OF SUCH LIEN/MORTGAGE; IDENTIFY WHO ISSUED THE LIEN OR MORTGAGE AND INDICATE WHETHER ANY LIEN OR MORTGAGE PROVIDES THAT THE MORTGAGOR OR LIENHOLDER HAS A SECURITY INTEREST IN ALL EQUIPMENT PURCHASED AFTER THE FILING OF THE LIEN OR MORTGAGE (OFTEN KNOWN AS THE "AFTER ACQUIRED" PROPERTY CLAUSE); AND, INDICATE WHERE THE LIEN/MORTGAGE WAS FILED.
- F. DOES THE ORGANIZATION CONTEMPLATE FUTURE FINANCING USING THE PROPERTY AS COLLATERAL?
- G. HAS YOUR ORGANIZATION REQUESTED A TITLE SEARCH WITHIN THE PAST 12 MONTHS FOR THE PREMISES WHERE THE PROJECT WILL TAKE PLACE? IF YES, PLEASE ATTACH A COPY OF THE MOST RECENT TITLE SEARCH (INCLUDE TITLE COMMITMENT AND POLICY OF TITLE INSURANCE).
- H. DOES THE MOST RECENT TITLE SEARCH IDENTIFY ANY KNOWN RESTRICTIONS ON THE TITLE, INCLUDING, BUT NOT LIMITED TO A MORTGAGE? IF YES, PLEASE DESCRIBE IN DETAIL (IDENTIFY THE RESTRICTION, NAME OF ENTITY THAT PLACED THE RESTRICTION, THE TERM OF THE RESTRICTION, ETC.).

6. **PROJECT PHOTOGRAPHS:**

- A. PLEASE PROVIDE PHOTOGRAPHS OF EACH SIDE OF THE EXTERIOR OF THE BUILDING WHERE THE PROJECT WILL BE (IF THE PROJECT INVOLVES THE PURCHASE OF EQUIPMENT OR VEHICLE(S), THEN PLEASE PROVIDE PHOTOGRAPHS OF WHERE THE EQUIPMENT OR VEHICLE(S) WILL BE STORED).
- B. PLEASE PROVIDE PHOTOGRAPHS OF THE ROOMS WHERE THE CITY CAPITAL DOLLARS WILL BE SPENT (IF THE PROJECT INVOLVES THE PURCHASE OF EQUIPMENT OR VEHICLE(S), THEN PLEASE PROVIDE PHOTOGRAPHS OF WHERE THE EQUIPMENT OR VEHICLE(S) WILL BE STORED).
- C. PLEASE PROVIDE DRAWINGS, IF ANY EXIST, THAT SHOW WHAT THE ORGANIZATION IS SEEKING TO ACHIEVE WITH THE CITY CAPITAL DOLLARS.

APPENDIX I.

SPECIFIC PROJECT INFORMATION FOR CONSTRUCTION OR RENOVATION

1. SCOPE OF WORK (DETAILED PROJECT DESCRIPTION):

A. HAVE YOU HIRED AN ARCHITECT OR ENGINEER? IF YES, PLEASE IDENTIFY

FIRM NAME: _____ WEBSITE: _____
 CONTACT PERSON: _____ E-MAIL: _____
 PHONE: _____ FAX: _____

B. HAS AN ARCHITECT OR ENGINEER PREPARED A DETAILED SCOPE OF WORK? IF YES, PLEASE ATTACH A COPY.

C. PLEASE DESCRIBE THE TECHNICAL ASPECTS THAT APPLY TO THE PROPOSED PROJECT AND EXPLAIN WHAT WORK IS NEEDED AND WHY.

RENOVATION:

- A. EXTERIOR OR ENVELOPE OF THE BUILDING
- B. INFRASTRUCTURE (PLUMBING, HVAC, ELECTRICAL, ETC.)
- C. INTERIOR SPACE

NEW CONSTRUCTION:

- A. DEMOLITION OF CURRENT SPACE IN ORDER TO BUILD BRAND NEW SPACE. IN THIS CASE PLEASE EXPLAIN WHAT WILL BE DEMOLISHED AND WHY, WHAT WILL BE BUILT IN ITS PLACE AND HOW IS IT DIFFERENT THAN THE OLD DEMOLISHED SPACE.
- B. NEW ADDITION EITHER ADJACENT TO ITS CURRENT BUILDING OR ADDING FLOORS TO THE CURRENT BUILDING.

2. PROPOSED PROJECT BUDGET/ESTIMATES AND SCHEDULE:

A. HAS AN ARCHITECT OR ENGINEER PREPARED A PROJECT SCHEDULE? IF YES, PLEASE ATTACH A COPY.

B. PLEASE ATTACH A COST ESTIMATE OF THE PROJECT THAT TAKES INTO ACCOUNT SOME OF THE UNIQUE CONTRACTING FEATURES OF WORKING WITH CITY FUNDS (PREVAILING WAGES, WICKS LAW, ETC.).

C. PLEASE FILL IN BUDGET INFORMATION FOR THE PROPOSED PROJECT.

USE	AMOUNT	FUNDING SOURCE (CITY/OTHER)
DESIGN COSTS		
CONSTRUCTION COSTS		
CONTINGENCY		
OWNER'S REPRESENTATIVE		

USE	AMOUNT	FUNDING SOURCE (CITY/OTHER)
CONSTRUCTION MANAGER		
FURNITURE AND EQUIPMENT		

3. IMPACT ON ORGANIZATION:

- A. PLEASE EXPLAIN HOW THIS PROPOSED CONSTRUCTION PROJECT, ONCE IT IS COMPLETED, WILL IMPACT THE ORGANIZATION’S OPERATING BUDGET (I.E., ENERGY COSTS; SECURITY COSTS; MAINTENANCE COSTS; ETC.)?
- B. PLEASE EXPLAIN HOW THE ORGANIZATION WILL FUND THESE INCREASED OPERATIONAL COSTS. DESCRIBE THE ORGANIZATION’S PLAN AND ABILITY TO MAINTAIN THE SITE AFTER THE PROJECT IS COMPLETED. INCLUDE THE MAINTENANCE BUDGET FOR THE SITE.

4. ZONING, LAND APPROVAL AND ENVIRONMENTAL CONSIDERATIONS:

- A. HAS THE PROJECT’S BUILDING/SITE BEEN DESIGNATED OR IS IT PENDING DESIGNATION WITH:

NYC LANDMARK _____
 NYC HISTORIC DISTRICT _____
 NYC SPECIAL NATURAL AREA _____
 NATIONAL REGISTER OF HISTORIC PLACES _____
 NATIONAL HISTORIC LANDMARK _____

- B. IF THE BUILDING IS LANDMARKED, THEN HAS THE ORGANIZATION NOTIFIED THE LANDMARK COMMISSION THAT WORK ON THE BUILDING WILL TAKE PLACE AND DID THE LANDMARK COMMISSION APPROVE SUCH PROPOSED CONSTRUCTION/RENOVATION WORK. PLEASE ATTACH A COPY OF SUCH APPROVAL.
- C. IS ULURP REQUIRED?
- D. IS AN ENVIRONMENTAL REVIEW REQUIRED (IF YES, THEN WHAT TYPE OF REVIEW AND IS IT COMPLETE – PLEASE ATTACH COPIES OF ALL RELEVANT DOCUMENTS)?
- E. DESCRIBE IF THE PROJECT WILL INCLUDE THE REMOVAL OR CONTAINMENT OR OTHER REMEDIATION OF ANY HAZARDOUS MATERIALS OR POLLUTANTS, SUCH AS LEAD PAINT, ASBESTOS, MOLD, OIL, OTHER PETROLEUM PRODUCTS, OR OTHER CONTAMINANTS.

5. GREEN BUILDING STANDARDS LAW:

- A. THE GREEN BUILDING STANDARDS LAW (NEW YORK CITY CHARTER SECTION 224.1 AND CHAPTER 10 OF TITLE 43 OF THE RULES OF THE CITY OF NEW YORK) APPLY TO MOST CONSTRUCTION OR RECONSTRUCTION PROJECTS RECEIVING CITY FUNDS. WILL THE ORGANIZATION REPRESENT THAT IT SHALL COMPLY WITH THE APPLICABLE REQUIREMENTS IF THE PROJECT TRIGGERS THE PARAMETERS AND THRESHOLDS OF THE GREEN BUILDING STANDARDS LAW? [PLEASE BE ADVISED THAT LOCAL LAW 86, THE CITY’S GREEN BUILDING STANDARD LAW BECAME EFFECTIVE ON JANUARY 1, 2007. THE LAW IS DEISGNE TO REDUCE NEW YORK CITY’S ELECTRICITY CONSUMPTION, AIR POLLUTION, AND WATER USE, AS WELL AS IMPROVE OCCUPANT HEALTH AND WORKER PRODUCTIVITY THROUGH THE USE OF GREEN BUILDING STANDARDS IN

ORGANIZATION: _____

CERTAIN CAPITAL PROJECTS. LOCAL LAW 86 MAY BE DOWNLOADED FROM THE DIRECTOR OF THE OFFICE OF ENVIRONMENTAL COORDINATION'S WEBSITE AT [WWW.NYC.GOV/OEC.](http://WWW.NYC.GOV/OEC)]

YES: _____ OR NO: _____

APPENDIX II.

SPECIFIC PROJECT INFORMATION FOR FURNITURE AND EQUIPMENT FOR INITIAL OUTFITTING

1. INITIAL OUTFITTING REQUIREMENTS:

- A. FURNITURE AND EQUIPMENT PURCHASES WILL BE DEEMED "INITIAL OUTFITTING" PURCHASES IF AND ONLY IF THE LOCATION WHERE THAT EQUIPMENT OR FURNITURE IS TO BE LOCATED IN SPACE THAT FALLS INTO ONE OF THE FOLLOWING CATEGORIES (SEE THE "GUIDELINES" FOR ADDITIONAL INFORMATION ABOUT INITIAL OUTFITTING):

BUILDING TYPE	DATES	DATE OF FIRST OCCUPANCY
NEWLY ACQUIRED PROPERTY:	PURCHASE DATE:	
NEWLY LEASED PROPERTY	LEASE TERM: START DATE: END DATE:	
NEWLY CONSTRUCTED PROPERTY	CONSTRUCTION COMPLETION DATE:	
RECONSTRUCTED/COMPREHENSIVELY UPGRADED PROPERTY	CONSTRUCTION COMPLETION DATE:	

- B. IF THE PROPOSED INITIAL OUTFITTING PROJECT IS IN RELATION TO A COMPREHENSIVE UPGRADE/COMPLETE RECONSTRUCTION, THEN PROVIDE THE FOLLOWING INFORMATION:
1. LOCATION IN THE FACILITY AFFECTED BY THE RECONSTRUCTION/UPGRADE.
 2. SIZE OF THE FACILITY AND SIZE OF THE AREA AFFECTED BY THE RECONSTRUCTION/UPGRADE.
 3. TOTAL COST OF RECONSTRUCTION/UPGRADE.
 4. SCOPE OF WORK (INCLUDING DESCRIPTIONS BY TRADE, WHETHER THERE IS DEMOLITION, PAINTING, CARPETING, DRYWALL, CEILING WORK, ETC.).
 5. BREAK-OUT OF COSTS CORRESPONDING TO EACH SCOPE ITEM (DEMOLITION, PAINTING, HVAC, CARPETING, CARPENTRY, ETC.).

2. LOCATION OF INITIAL OUTFITTING (IF DIFFERENT THAN MAIN OFFICE ADDRESS):

STREET: _____ BOROUGH: _____
 ZIP CODE: _____ PHONE: _____
 CELL PHONE: _____ FAX: _____

3. **FURNITURE & EQUIPMENT LIST** (FOR ALL EQUIPMENT AND FURNITURE PURCHASES, COMPREHENSIVE DETAIL MUST BE INCLUDED):

ITEM OF EQUIPMENT TO BE PURCHASED	QUANTITY OF THE ITEM	COST OF INDIVIDUAL PIECES	SOURCE OF FUNDING
TOTAL: \$			

4. **DETAILED PROJECT DESCRIPTION** (PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED PROJECT AND HOW IT WILL BE USED BY THE ORGANIZATION):

- A. DESCRIBE THE PROJECT AND WHY IT IS IMPORTANT.
- B. THE FURNITURE AND EQUIPMENT BEING PURCHASED WILL BE USED FOR WHAT PROGRAM(S) (ALSO DESCRIBE THE PROGRAMS TO BE OFFERED IN EACH ROOM WHERE THE FURNITURE AND EQUIPMENT WILL BE LOCATED)?
- C. DESCRIBE THE TARGET POPULATION SERVED BY THIS EQUIPMENT.
- D. WHAT WILL BE THE HOURS OF OPERATION FOR THESE PROGRAMS (PROVIDE THE MONTHS, DAYS, AND HOURS FOR THESE PROGRAMS)?
- E. INCLUDE ANY OTHER INFORMATION THAT YOU THINK WOULD BE HELPFUL IN DESCRIBING THE PROJECT AND HOW THE FURNITURE AND EQUIPMENT WILL BE USED BY THE ORGANIZATION.
- F. INCLUDE ANY SPECIAL CONDITIONS THAT NEED TO BE ADDRESSED AS PART OF THIS PROPOSED PROJECT.

5. **INSTALLATION OF THE FURNITURE AND EQUIPMENT (AND RELATED SOFT COSTS):**

- A. WILL THERE BE ANY CONSULTANT OR DESIGN FEES, OR OTHER SOFT COSTS TO INSTALL THE FURNITURE AND EQUIPMENT? IF YES, THEN DESCRIBE IN DETAIL EACH COST (PROVIDE A DETAILED SCOPE OF WORK FOR THE CONSULTANT OR DESIGNER, THE ESTIMATED HOURS TO PERFORM THE CONSULTING OR DESIGN SERVICES, AND THE HOURLY RATES TO BE PAID FOR SUCH CONSULTING AND DESIGNING).
- B.. WILL THERE BE ANY INSTALLATION OR INSTALLATION-RELATED COSTS ASSOCIATED WITH THE FURNITURE AND EQUIPMENT? F YES, THEN DESCRIBE IN DETAIL THE COSTS TO INSTALL THE FURNITURE AND EQUIPMENT (PROVIDE A DETAILED SCOPE OF WORK FOR THE INSTALLATION, THE ESTIMATED HOURS TO PERFORM THE INSTALLATION, AND THE HOURLY RATES TO BE PAID FOR THE INSTALLATION).

APPENDIX III.

SPECIFIC PROJECT INFORMATION FOR OTHER EQUIPMENT

1. **TYPE OF EQUIPMENT TO BE PURCHASED** (CHECK ALL THAT APPLY):

EQUIPMENT SYSTEM
 STANDALONE EQUIPMENT

2. **DESCRIPTION OF EQUIPMENT SYSTEM(S) AND STANDALONE EQUIPMENT** (PROVIDE A DETAILED DESCRIPTION OF EACH ITEM OF EQUIPMENT – SYSTEM OR STANDALONE – THAT THE ORGANIZATION WANTS TO PURCHASE. IF THE EQUIPMENT IS INFORMATION TECHNOLOGY OR IT-RELATED, THEN PLEASE ATTACH TO THIS QUESTIONNAIRE A COPY OF THE SPECIFICATIONS FOR EACH IT-RELATED ITEM.):

ITEM OF EQUIPMENT	NUMBER OF UNITS	COST OF EACH UNIT	LOCATION OF EACH UNIT	SOURCE OF FUNDING
TOTAL: \$				

3. INDICATE WHETHER ANY LIEN OR MORTGAGE PROVIDES THAT THE MORTGAGOR OR LIENHOLDER HAS A SECURITY INTEREST IN ALL EQUIPMENT PURCHASED AFTER THE FILING OF THE LIEN OR MORTGAGE (OFTEN KNOWN AS THE “AFTER ACQUIRED” EQUIPMENT CLAUSE). IF YES, THEN PLEASE INDICATE WHERE THE LIEN/MORTGAGE WAS FILED.

4. **DETAILED PROJECT DESCRIPTION** (PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED PROJECT AND HOW THE EQUIPMENT SYSTEM AND STANDALONE EQUIPMENT WILL BE USED BY THE ORGANIZATION):

- A. DESCRIBE THE PROJECT AND WHY IT IS IMPORTANT (I.E., BUSINESS ISSUES, CHALLENGES OR OPPORTUNITIES TO BE ADDRESSED THROUGH IMPLEMENTATION OF THE PROPOSED PROJECT).
- B. THE EQUIPMENT BEING PURCHASED WILL BE USED FOR WHAT PROGRAM(S) (ALSO DESCRIBE THE PROGRAMS TO BE OFFERED IN EACH ROOM WHERE THE EQUIPMENT WILL BE LOCATED)?
- C. DESCRIBE WHO THE TARGET POPULATION IS THAT THESE PROGRAMS WILL SERVE WHERE THE EQUIPMENT WILL BE LOCATED.
- D. WHAT WILL BE THE HOURS OF OPERATION FOR THESE PROGRAMS (PROVIDE THE MONTHS, DAYS,

AND HOURS FOR THESE PROGRAMS)?

- E. INCLUDE ANY OTHER INFORMATION THAT YOU THINK WOULD BE HELPFUL IN DESCRIBING THE PROJECT AND HOW THE EQUIPMENT WILL BE USED BY THE ORGANIZATION.
- F. INCLUDE ANY SPECIAL CONDITIONS THAT NEED TO BE ADDRESSED AS PART OF THIS PROPOSED PROJECT.

5. **ADDITIONAL DETAILED PROJECT DESCRIPTION FOR EQUIPMENT SYSTEMS** (IN ADDITION TO THE INFORMATION THAT MUST BE PROVIDED ABOVE, IF THE ORGANIZATION IS PURCHASING AN EQUIPMENT SYSTEM, THEN PROVIDE THIS ADDITIONAL INFORMATION):

- A. HOW WILL THE EQUIPMENT SYSTEM WORK WHEN IT IS INSTALLED (WHAT FUNCTIONS WILL IT PERFORM)?
- B. HOW DOES EACH INDIVIDUAL COMPONENT OF THE EQUIPMENT SYSTEM WORK?
- C. HOW DO THE INDIVIDUAL COMPONENTS RELATE TO EACH OTHER?

6. **INSTALLATION OF THE EQUIPMENT (AND RELATED SOFT COSTS):**

- A. WILL THERE BE ANY CONSULTANT OR DESIGN FEES, OR OTHER SOFT COSTS TO INSTALL THE EQUIPMENT? IF YES, THEN DESCRIBE IN DETAIL EACH COST (PROVIDE A DETAILED SCOPE OF WORK FOR THE CONSULTANT OR DESIGNER, THE ESTIMATED HOURS TO PERFORM THE CONSULTING OR DESIGN SERVICES, AND THE HOURLY RATES TO BE PAID FOR SUCH CONSULTING AND DESIGNING).
- B. WILL THERE BE ANY INSTALLATION OR INSTALLATION-RELATED COSTS ASSOCIATED WITH THE EQUIPMENT? IF YES, THEN DESCRIBE IN DETAIL THE COSTS TO INSTALL THE EQUIPMENT (PROVIDE A DETAILED SCOPE OF WORK FOR THE INSTALLATION, THE ESTIMATED HOURS TO PERFORM THE INSTALLATION, AND THE HOURLY RATES TO BE PAID FOR THE INSTALLATION).

APPENDIX IV. SPECIFIC PROJECT INFORMATION FOR VEHICLE(S)

1. TYPE OF VEHICLE(S) TO BE PURCHASED :
 - A. DESCRIBE IN DETAIL THE TYPE OF VEHICLE(S) TO BE PURCHASED:
(IDENTIFY THE MANUFACTURER (I.E., FORD, CHEVROLET, GMC, JEEP, TOYOTA, ETC.) AND IDENTIFY THE MODEL OR NAME OF VEHICLES (I.E., F-150, SILVERADO, TUNDRA, ETC.))
 - B. DESCRIBE IF THE VEHICLE(S) WILL HAUL EQUIPMENT OR OTHER ITEMS AND WHAT IS THE HAULING CAPACITY OF THE VEHICLE(S).
 - C. IDENTIFY THE ESTIMATED GAS MILEAGE PER GALLON PER VEHICLE(S) (CITY AND HIGHWAY RATINGS).
 - D. IDENTIFY THE SAFETY RATINGS PER VEHICLE(S) BY A NATIONAL RATING AGENCY.
 - E. DESCRIBE THE ESTIMATED INSURANCE COSTS ON AN ANNUAL BASIS PER VEHICLE(S).
 - F. WHAT IS THE FUEL SOURCE PER VEHICLE(S) (I.E., DIESEL, ETHANOL, 87, 89 OR 93 UNLEADED).
 - G. DOES THE VEHICLE(S) UTILIZE HYBRID TECHNOLOGY.

2. LAND/SITE OWNERSHIP (FOR EACH LOCATION WHERE THE VEHICLE(S) WILL BE STORED OR GARAGED, PLEASE RESPOND TO THESE QUESTIONS):
 - A. WILL THE VEHICLE(S) BE PARKED OR GARAGED OR STORED IN MULTIPLE LOCATIONS? IF YES, THEN PROVIDE ADDRESS(S) OF EACH LOCATIONS.
 - C. IS THE LOCATION OWNED BY THE ORGANIZATION?
 - D. IS SUCH LOCATION LEASED BY THE ORGANIZATION?
 - E. IF THE LOCATION OWNER IS DIFFERENT THAN THE ORGANIZATION.

LOCATION OWNER'S NAME: _____

LOCATION OWNER'S ADDRESS:

STREET: _____

BOROUGH: _____ ZIP CODE: _____

PHONE: _____

LOCATION OWNER'S CONTACT INFORMATION:

NAME: _____

STREET: _____

BOROUGH: _____ ZIP CODE: _____
PHONE: _____ CELL PHONE: _____
FAX: _____ E-MAIL ADDRESS: _____

3. **DETAILED PROJECT DESCRIPTION** (PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED PROJECT AND HOW THE VEHICLE(S) WILL BE USED BY THE ORGANIZATION):
- A. DESCRIBE THE PROJECT AND WHY IT IS IMPORTANT.
 - B. THE VEHICLE(S) BEING PURCHASED WILL BE USED FOR THE FOLLOWING PURPOSE(S) (DESCRIBE THE PROGRAMS TO BE OFFERED WITH EACH VEHICLE).
 - C. THE TARGET POPULATION THAT THESE PROGRAMS WILL SERVE.
 - D. WHAT WILL BE THE HOURS OF OPERATION FOR THESE PROGRAMS (PROVIDE THE MONTHS, DAYS, AND HOURS FOR THESE PROGRAMS).
 - E. WHEN WILL THE VEHICLE(S) BE USED (DAYS AND TIMES).
 - F. INCLUDE ANY OTHER INFORMATION THAT YOU THINK WOULD BE HELPFUL IN DESCRIBING THE PROJECT AND HOW THE VEHICLE(S) WILL BE USED BY THE ORGANIZATION.
 - G. INCLUDE ANY SPECIAL CONDITIONS THAT NEED TO BE ADDRESSED AS PART OF THIS PROPOSED PROJECT (I.E., WILL THERE BE A WHEEL-CHAIR LIFT, BUILT-IN CHILD SAFETY SEATS, LIFTS TO RAISE HEAVY ITEMS, ETC.).

APPENDIX V.
SPECIFIC PROJECT INFORMATION FOR
LAND/BUILDING ACQUISITION*

*(NOT PERMITTED FOR DCLA PROJECTS.)

1. **INITIAL ACQUISITION INFORMATION:**
 - A. HAS A LOCATION OR SITE BEEN IDENTIFIED? IF YES, PLEASE DESCRIBE IN DETAIL (CURRENT OWNER, STREET ADDRESS, BOROUGH, ASKING PRICE, TYPE OF SPACE – COMMERCIAL, CONDO, CO-OP, OTHER, BLOCK AND LOT, ETC.)
 - B. HAS THE ORGANIZATION REQUESTED AN APPRAISAL? IF YES, PLEASE ATTACH A COPY OF THE APPRAISAL.
 - C. HAS THE ORGANIZATION REQUESTED A TITLE SEARCH? IF YES, PLEASE ATTACH A COPY OF THE TITLE SEARCH.
 - D. HAVE THE PARTIES TO THE SALE ENTERED INTO A CONTRACT OF SALE? IF YES, PLEASE PROVIDE A COPY.
 - E. HAVE THE PARTIES ALREADY AGREED TO A CLOSING DATE? IF YES, PLEASE PROVIDE DETAILS.

2. **INFORMATION ABOUT THE PROPERTY TO BE ACQUIRED:**
 - A. DESCRIBE THE PROJECT AND WHY IT IS IMPORTANT.
 - B. HOW MANY FLOORS IN THE BUILDING (INCLUDE BASEMENT AND ATTIC)?
 - C. HOW MANY ROOMS IN THE BUILDING (BREAK OUT ROOMS AND BATHROOMS)?
 - D. IS THERE AN ADA-COMPLIANT ENTRANCE TO THE BUILDING?
 - E. ARE ANY OF THE INTERIOR ROOMS ADA-COMPLIANT?
 - F. DESCRIBE THE PURPOSE OF EACH ROOM AND DESCRIBE THE NATURE OF EACH PROGRAM THAT IS OFFERED IN EACH ROOM (DESCRIBE WHO MAY PARTICIPATE IN EACH PROGRAM).
 - G. DESCRIBE THE BUILDING'S EXTERIOR SURFACE.
 - H. DESCRIBE THE BUILDING'S ROOF LIFE EXPECTANCY.
 - I. IS THE BUILDING LANDMARKED?
 - J. IF THE BUILDING IS LANDMARKED, HAS THE ORGANIZATION NOTIFIED THE LANDMARK COMMISSION THAT IT WILL BE PURCHASING THE BUILDING (PLEASE PROVIDE ANY DOCUMENTS THAT ABOUT THE LANDMARK STATUS OF THE BUILDING AND THE REQUIREMENT, IF ANY, FOR A TRANSFER IN OWNERSHIP)?

3. **COST INFORMATION ABOUT THE PROPERTY:**

- A. IS THE CITY FUNDING SUFFICIENT TO PAY FOR THE ENTIRE COST OF BUILDING?
- B. IF NOT, PLEASE DESCRIBE OTHER FUNDING SOURCES AND AMOUNTS?
- C. IS THERE OR WILL THERE BE A BRIDGE LOAN USED IN THE PURCHASE OF THE PROPERTY (IN WHAT AMOUNT AND FROM WHAT INSTITUTION)?
- D. WILL THERE BE A MORTGAGE OR OTHER LIEN ON THE PROPERTY? IF YES, PLEASE EXPLAIN.

4. **GENERAL INFORMATION ABOUT THE PROPERTY:**

- A. IF AN ENTITY OTHER THAN THE ORGANIZATION IS PURCHASING THE PROPERTY FOR USE BY OR LEASE TO THE ORGANIZATION, PLEASE DESCRIBE THE PROPOSED RELATIONSHIP BETWEEN THE PARTIES, INCLUDING DETAILED INFORMATION ABOUT THE ENTITY WHICH WILL OWN THE PROPERTY, AND ANY LEASE ARRANGEMENTS WITH THE ORGANIZATION.
- B. DESCRIBE THE ORGANIZATION'S RELATIONSHIP TO THE CURRENT OWNER/SELLER.
- C. IS THE BUILDING CURRENTLY OCCUPIED? IF YES, PLEASE DESCRIBE WHO IS THERE AND FOR HOW LONG INTO THE FUTURE WILL THEY BE THERE (PLEASE ATTACH A COPY OF EACH LEASE AND LIST EACH TENANT CONTACT INFORMATION).
- D. WILL THE PROPERTY BE USED AS THE ORGANIZATION'S ONLY LOCATION, OR AS ONE OF MULTIPLE LOCATIONS?
- E. IF THIS IS ONE OF MULTIPLE LOCATIONS, WHERE WILL THE HEADQUARTERS OF THE ORGANIZATION BE LOCATED?
- F. CAN THE PROPERTY BE USED AS IS FOR THE PURPOSE INTENDED BY THE GROUP? IF THE PROPERTY CANNOT BE USED FOR THE INTENDED PURPOSE, THEN PLEASE DESCRIBE THE POTENTIAL SCOPE OF WORK AND THE ESTIMATED COST OF RENOVATIONS, AS WELL AS THE FUNDING SOURCE FOR SUCH RENOVATIONS.

5. **ENVIRONMENTAL AND RELATED ZONING ISSUES:**

- A. PLEASE IDENTIFY ZONING DISTRICT AND ATTACH A COPY OF THE CURRENT CERTIFICATE OF OCCUPANCY:
- B. IS THE PLANNED USE IN ACCORDANCE WITH THE CURRENT "AS OF RIGHT" ZONING AND THE CERTIFICATE OF OCCUPANCY?
- C. HAS THERE BEEN AN OPINION RENDERED REGARDING SUCH USE BY EITHER DOB, DCP OR THE BSA, OR ANY OTHER REGULATORY AGENCY? IF SO, PLEASE ATTACH. IF PENDING, PLEASE ATTACH COPY OF APPLICATION.
- D. IS THE WORK TO BE PERFORMED BY THE GROUP ON THE PREMISES REGULATED BY ANY CITY, STATE OR FEDERAL AGENCY? IF SO, DOES THE GROUP HAVE ALL REQUIRED LICENSES, PERMITS, ETC. FOR THE PLANNED USE OF THE PREMISES?
- E. IS ULURP REQUIRED?

- F. IS ENVIRONMENTAL REVIEW REQUIRED? IF SO, WHAT TYPE OF REVIEW? IS IT COMPLETE (PLEASE ATTACH COPIES OF ALL RELEVANT DOCUMENTS)?

- G. IS THE PROPERTY ADJACENT TO OR ON A WETLAND, OR ANY OTHER PROPERTY PROTECTED BY \ CITY, STATE OR FEDERAL LAW?

AUTHORIZATION TO SUBMIT CAPITAL FUNDING REQUEST FORM FOR NOT-FOR-PROFIT ORGANIZATIONS AND TO MAKE THE WARRANTIES AND REPRESENTATIONS COVENANTS SET FORTH HEREIN AND THAT ALL ANSWERS SUBMITTED ARE FACTUAL AND ACCURATE:

I _____, (NAME)
AS _____ (TITLE)
OF THE ORGANIZATION LISTED ABOVE, HAVE THE AUTHORITY TO SUBMIT THIS CAPITAL FUNDING REQUEST FORM ON BEHALF OF

(ORGANIZATION'S LEGAL NAME)

AND I CERTIFY UNDER PENALTIES OF PERJURY THAT THE INFORMATION, WARRANTIES AND REPRESENTATIONS CONTAINED HEREIN ARE TRUE AND ACCURATE,

(SIGNATURE)

(DATE)