

**HIGHER EDUCATION CAPITAL MATCHING (HECap)
GRANT PROGRAM
STANDARD APPLICATION FOR THE COMPETITIVE ROUND (CR-5)**

PLEASE REFER TO THE REQUEST FOR GRANT APPLICATIONS (RGA) AND INCLUDE ANY ADDITIONAL PAGES AS NECESSARY TO FULLY RESPOND TO EACH QUESTION IN THIS STANDARD APPLICATION AND THE RGA SECTION 9

SECTION 1: GENERAL INFORMATION**A. Project Name/Location:****B. Project Address:****C. Applicant College or University:**

Legally Incorporated Name:

Street (not P.O. Box):

City:

Zip:

County:

Phone:

Ext:

Fax:

E-mail:

Contact Name & Title:

Federal Taxpayer I.D./Charity Reg.# :

State Financial System (SFS) #: _____

Grants Reform Document Vault#: _____

Vendor Responsibility Questionnaire (VRQ) Certified on (date): _____

SECTION 2: PROJECT DESCRIPTION**A. Project Description and Amount**

1. Please refer to the Request for Grant Applications and attach a detailed description of the specific capital project that will be undertaken and funded pursuant to this application. Please be sure to include a robust narrative addressing the elements set forth in the RGA.

2. Please list the requested amount of Grant funding to be received from the HECap Program for this project.
\$ _____

Grant Funding Level	HECap Project Cost	Maximum Total Funding per Grant Funding Level*
\$3,000,001 - \$5,000,000	\$12,000,004 - \$20,000,000	\$25,000,000
\$1,500,001 - \$3,000,000	\$6,000,004 - \$12,000,000	\$15,000,000
\$500,001 - \$1,500,000	\$2,000,004 - \$6,000,000	\$12,000,000
\$50,000 - \$500,000	\$200,000 - \$2,000,000	\$3,000,000

3. Project Start Date: _____ Anticipated Date of Project Completion: _____

The Project to be funded with HECap Grant funds may not commence prior to September 1, 2022 and must be completed by no later than September 1, 2025.

4. Does the project require environmental or other regulatory permits? () No () Yes If yes, please specify type: Have they been secured? () No () Yes () NA If not, is there a reasonable expectation that such approvals will be obtained and when?
5. Has any State or local government agency reviewed the project under the State Environmental Quality Review Act (SEQRA)? () No () Yes () NA <u>If Yes</u> , please set forth the lead agency for the review and provide a copy of the negative declaration, findings statement, or Type II memo issued by the lead agency.
6. Is a Uniform Land Use Review Procedure process required in connection with this project? () No () Yes <u>If Yes</u> , what is the status of the ULURP review and estimated completion date?
7. Is a review pursuant to Section 14.09 of the State Historic Preservation Law required in connection with this project? () No () Yes <u>If Yes</u> , what is the status of the 14.09 review and estimated approval date?

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SECTION 3: PROJECT BUDGET, DISBURSEMENT SCHEDULE, & OPERATING COSTS**1. Use of Funds**

Complete the following Project Budget detailing the proposed sources and uses of funds (attach additional sheets if necessary).

<u>USE OF FUNDS</u>	<u>SOURCES</u>			<u>TOTAL</u>
	HECap Grant	Non-state Matching Funds (3:1)	Other financing sources to complete project as described	
Uses (Attach additional pages if necessary)				
	\$	\$	\$	\$
Acquisition				
Construction/ Renovation				
Architect/Engineer Fees				
Furniture and/or Equipment				
Total:	\$	\$	\$	\$

2. Please provide an estimate or contracts substantiating the budget above as well as commitment letters or other evidence that funds have been secured for each source of funding. If all funding sources have not yet been secured, please provide information to demonstrate the ability to access sufficient non-State funds to meet the 3:1 match requirement and to complete the project.

3. Is the organization currently seeking or receiving any other New York State assistance for this project?

4. Provide a statement as to whether a recurring source(s) of revenue will be available to support facility operations and maintenance for the project to be funded with grant funds.

5. Does the HECap project have the participation and financial support of a consortium of Colleges and/or private or public partnership? () No () Yes

If Yes, please describe such participation and/or financial support.

SECTION 4: ELIGIBILITY FOR TAX-EXEMPT FINANCING

1. Do you believe your project is eligible for tax-exempt financing under the Federal Internal Revenue Service Code? () No () Yes

2. Has the applicant previously received financing from the sale of tax-exempt bonds? () No () Yes

If Yes, attach a schedule describing the details of such financing.

3. Does the applicant anticipate applying for financing for this project from the sale of other bonds? () No () Yes

If Yes, please provide a link to the Official Statement.

4. Have any funds been expended or obligations incurred to date on that portion of the project for which this application is made? () No ()Yes
If Yes, attach a schedule showing details of such disbursements (date, purpose, payee, etc.).

5. Please attach a copy of the deed, lease or other document evidencing site control by the Applicant.
 If the Applicant is acquiring property pursuant to the HECap grant, please provide a copy of the Contract of Sale and Appraisal.
 Does the applicant plan on occupying 100% of the project facility? () No ()Yes
If no, attach a schedule explaining the planned occupancy.

CERTIFICATION

I, _____, serving in the position of _____
 at the above referenced institution, and as an Authorized Officer of said institution, do hereby certify that the information provided in this Standard Application for the second Competitive Round is true and accurate to the best of my knowledge and that the project is eligible for reimbursement from all or a portion of the requested HE Cap matching grant funds. **I acknowledge that the project to be funded with HECap grant funds must comply with the requirements of Part U of chapter 57 of the Laws of 2005, as added by Chapter 63 of the Laws of 2005 as amended, including by reference, the applicable provisions of Article 9 of the State Finance Law, Article 15-A of the Executive Law and Articles 8, 9 and 10 of the Labor Law (more commonly known as MWBE and Prevailing Wage).**

Signature

Date

Printed Name

Printed Title