

## Appendix 1 – Application & Capital Based Budget Form

### NONPROFIT INFRASTRUCTURE CAPITAL INVESTMENT PROGRAM (NICIP)

Due to the NYS Grants Gateway Conversion to SFS, the Gateway will begin a blackout period starting on 1/9/2024-1/17/2024. The NICIP Application will not be available during this period, but is expected to be available again as of 9am on 1/18/2024.

All NICIP Applications must be submitted by 5pm Thursday 2/15/2024.

#### General Information

- a) Organization Legally Incorporated Name
- b) Organization Address (including county)
- c) FEIN #
- d) NYS Charities Registration #
- e) Address of Proposed Project Site (Physical location and mailing address, if different, including county)
- f) Application Contact at Organization (name, title, phone and email)

#### Pass/Fail Criteria

##### Prequalification Requirement

- a) What is your Organization's Document Vault ID?
- b) Are you currently Prequalified?
- c) When does your Prequalification expire? (See Gateway FAQ 19 here: [Prequalification FAQ | Grants Management \(ny.gov\)](#) for how to find this information.)

***If you are not currently Prequalified, or if your Prequalification expires prior to 11/30/2023, you will need to update the required documentation and forms in your Document Vault and submit them for review.***

- d) Are you filing your application under the exact legal name that is on file with the Department of State and IRS?

##### Organization Eligibility

- a) Is your Organization a non-for-profit 'Human services Organization' as defined by 2.1 (a) of RFA?
- b) If you received an award in a previous NICIP round, do you have an executed GDA and has your Organization:
  - i) drawn down 100% of funds;

- ii) completed the project and confirm no additional funds will be requisitioned, or
- iii) withdrawn your award from previous NICIP round as of the date of this application?

### **Project Location Eligibility**

- a) Does your Organization own the project location under your legal name on file with the DOS and IRS and not a parent or affiliate?
- b) Does your Organization lease the project location under your legal name on file with DOS and IRS and not under a parent or affiliate, and do you have an executed lease with a 5 year term minimum at the time of this application?
- c) If you are leasing your project location - please describe how any other entities or programs your Organization operates may benefit from the project (e.g. other Organizations within the same building, landlord, sublessor, etc.)
- d) Under your application will grant proceeds be used to improve or purchase furniture and/or equipment for a project location/area that is primarily used to provide services and not for administrative (e.g. office space) purposes?

### **Project / Project Cost Eligibility**

- a) Is it the case that the project you are submitting has not been submitted in a prior NICIP round?
- b) Will some or are all of your equipment purchases or constructions costs be incurred after April 1, 2023?
- c) Is the project you are submitting an eligible project as defined in section 2.4 of the RFA?
- d) Will your Organization be incurring and making payment of all project costs under your Organization's legal name and will these costs be incurred from a vendor authorized to do business in NYS?

### **Project Finance Eligibility**

- a) Is it the case that the project costs to be submitted for reimbursement will not require any long-term financing or accrual of long-term debt (over 1 year old)?
- b) Is it the case that your project financing will not include any other New York State funding?
- c) Is it the case that your project financing will not include any tax credit structures?

### **Project Viability**

### **Project Description & Support for Project Costs**

- a) What is the title of your project? (1 sentence)
- b) Provide a short project description (8-10 sentences)
- c) What is the total estimated cost of your project?
  - a. Fully complete the Capital Based Budget Form
- d) What is the amount of your estimated total project cost for which you are requesting funding (between \$50K-\$500k)
- e) How did you derive the cost estimate for the SCOPING & PRE-DEVELOPMENT budget category? Please upload any supporting documentation (e.g., invoices or quotes), and please provide a description of the project costs/tasks you are expecting to be reimbursed for under the SCOPING & PRE-DEVELOPMENT budget category.
- f) How did you derive the cost estimate for the DESIGN budget category? Please upload any supporting documentation (e.g., invoices or quotes), and please provide a description of the project costs/tasks you are expecting to be reimbursed for under the DESIGN budget category.
- g) How did you derive the cost estimate for the CONSTRUCTION budget category? Please upload any supporting documentation (e.g., invoices or quotes), and please provide a description of the project costs/tasks you are expecting to be reimbursed for under the CONSTRUCTION budget category.
- h) How did you derive the cost estimate for the OTHER budget category? Please upload any supporting documentation (e.g., invoices or quotes), and please provide a description of the project costs/tasks you are expecting to be reimbursed for under the OTHER budget category.

### **Anticipated Project Time-Frame**

- a) What costs have been incurred as of the date of this application?
- b) If costs have been incurred as the date of this application, please provide a brief description of the work that has been completed. If no work has been completed, please note instead the anticipated project start date.
- c) If the project has been completed, please note the project end date. If the project has not been completed, please provide a brief description of the work that has yet to be completed AND the anticipated end date for the project.

### **Other Project Funding Sources**

- a) What is the amount of your estimated total project cost that will not be funded by grant amount requested?
- b) What percentage of project costs that will be funded by other funding sources have been secured and committed to the project as documented by a bank statement under your Organization's legal name. If no additional funding needed, please answer 100%

- c) Please describe any other funding source you anticipate securing, and anticipated date by which this funding will be available to your Organization in the form of equity to be applied to your project.

### **Project Location Readiness**

- a) Please describe whether any other State agency or local municipality will require SEQRA for the project, and whether the SEQRA has been completed or anticipated SEQR completion date. If completed, please upload a copy of the SEQRA determination. If unknown, please respond unknown. If not applicable, please respond N/A.
- b) Please describe whether SHPA review will be required for the project, and if required, anticipated review completion date. If completed, please upload your determination letter from OPRHP. If unknown, please respond unknown; if not applicable, please respond N/A
- c) Please describe any other regulatory approvals that are or were required for the project, and if they have been received or the anticipated date of receipt of said regulatory approvals, and please upload supporting documentation as applicable. If unknown, please respond unknown; if not applicable, please respond N/A

**ATTACHMENT B-3 – CAPITAL BASED BUDGET  
SUMMARY**

PROJECT NAME: \_\_\_\_\_

CONTRACTOR SFS PAYEE NAME: \_\_\_\_\_

CONTRACT PERIOD: From: \_\_\_\_\_

To: \_\_\_\_\_

CATEGORY OF EXPENSE	GRANT FUNDS	MATCH FUNDS	MATCH %	OTHER FUNDS	TOTAL
1. Scoping and Pre-Development					\$0.00
2. Design					\$0.00
3. Acquisition					\$0.00
4. Construction					\$0.00
5. Administration					\$0.00
6. Working Capital/Reserves					\$0.00
7. Other					\$0.00
<b>TOTAL</b>	\$0.00	\$0.00		\$0.00	\$0.00

Contract Number: # \_\_\_\_\_

**ATTACHMENT B-3 – CAPITAL BASED BUDGET  
DETAIL**

SCOPING AND PRE DEVELOPMENT - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				\$0.00

DESIGN - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				\$0.00

Contract Number: # \_\_\_\_\_

ACQUISITION - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				\$0.00

CONSTRUCTION - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				\$0.00

Contract Number: # \_\_\_\_\_

ADMINISTRATION - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				\$0.00

WORKING CAPITAL/RESERVES - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				\$0.00

Contract Number: # \_\_\_\_\_



OTHER - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				\$0.00

Contract Number: # \_\_\_\_\_