

**Nonprofit Infrastructure Capital Investment Program 2023 - Pass/Fail Scoring Matrix**

| Q# | Question   | Response Field Type | Documentation Required                           | Pass   | Fail  | Score (P/F) |  |  |
|----|--|---------------------|--|--|---|-------------|--|--|
| 1  | <b>Prequalification Requirement</b>  |                     |  |  |   |             |  |  |
|    | a) What is your organization's Document Vault ID?  | Single Line of Text | PQ History, Status Report, DOS printout, and W-9 | 1) Legal name of applicant on Prequalification Documents match DOS print out AND 2) Grantee has been prequalified within the last year   | 1) The legal name on the documents and applications do not match OR 2) applicant not prequalified within the last year. |             |  |  |
|    | b) What is the date of your last prequalification?   | Date                |  |  |   |             |  |  |
|    | c) Are you filing your application under the exact legal name that is on file with the Department of State and IRS?  | Y/N                 |  |  |   |             | Applicant answers Y  | Applicant answers N  |
| 2  | <b>Organization Eligibility</b>  |                     |  |  |   |             |  |  |
|    | a) Is your organization a non-for-profit 'Human services organization' as defined by 2.1 (a) of RFA?   | Y/N                 | N/A  | Applicant answers Y to 2a and chooses a response in 2b that is evidenced by their Document Vault   | Applicant answered N to 2a or their response in 2b is not evidenced by their Document Vault                             |             |  |  |
|    | c) 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i) drawn down 100% of funds or ii) completed the project and confirm no additional funds will be requisitioned, or iii) withdrawn your award from previous round as of the date of this application? | Y/N/NA              |  |  |   |             | Applicant answers Y OR NA  | Applicant answers N  |
| 3  | <b>Project Location Eligibility</b>  |                     |  |  |   |             |  |  |
|    | 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?   | Y/N                 | Deed or lease                                    | Applicant has answered Y to 3a OR 3b and answer is supported by deed or lease. Note: the deed or lease must match DOS print out (including presence or absence of 'Inc', use or non-use of acronyms, etc.) | Applicant has answers N to 3a AND 3b  |             |  |  |
|    | 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?   | Y/N                 |  |  |   |             |  |  |
|    | 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.)  | Paragraph Text      |  |  |   |             | Applicant indicates there are no other entities or programs that will benefit OR the benefit accrued is de minimis and applicant and/or the other applicant programs that will benefit are eligible programs | Applicant indicates other entities or ineligible programs will receive a substantial benefit (e.g. roof / HVAC / elevator project will benefit all entities or other ineligible programs in building/ at project location) |
|    | d) Under your application will grant proceeds be used to 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?   | Y/N/NA              |  |  |   |             | Applicant answers Y OR NA  | Applicant answers N  |
| 4  | <b>Project / Project Cost Eligibility</b>  |                     |  |  |   |             |  |  |
|    | a) Is it the case that the project you are submitting has not been submitted in a prior NICIP round?   | Y/N                 | N/A  | Applicant answers Y  | Applicant answers N   |             |  |  |
|    | b) Will some or are all of your equipment purchases or constructions costs be incurred after April 1, 2023?  | Y/N                 |  |  |   |             | Applicant answers Y  | Applicant answers N  |
|    | c) Is the project you are submitting a eligible project as defined in section 2.4 of the RFA?  | Y/N                 |  |  |   |             | Applicant answers Y  | Applicant answers N  |
|    | 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?   | Y/N                 |  | Applicant answers Y  | Applicant answers N   |             |  |  |
| 5  | <b>Project Finance Eligibility</b>   |                     |  |  |   |             |  |  |
|    | 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)?  | Y/N                 | N/A  | Applicant answers Y  | Applicant answers N   |             |  |  |
|    | b) Is it the case that your project financing will not include any other New York State funding?   | Y/N                 |  |  |   |             | Applicant answers Y  | Applicant answers N  |
|    | b) Is it the case that your project financing will not include any tax credit structures?  | Y/N                 |  |  |   |             | Applicant answers Y  | Applicant answers N  |

**NONPROFIT INFRASTRUCTURE CAPITAL INVESTMENT PROGRAM - PROJECT VIABILITY SCORING MATRIX**

| Q#       | Question   | Response Field Type | Documentation Required      | Scoring Guidance   | MAX score | Score    |
|----------|--|---------------------|-----------------------------|--|-----------|----------|
| <b>1</b> | <b>Project Description &amp; Support for Project Costs</b>   |                     |                             |  | <b>68</b> | <b>0</b> |
|          | a) What is the title of your project? (1 sentence)   | Single Line of Text | N/A                         | N/A  |           |          |
|          | b) Provide a short project description (8-10 sentences)  | Paragraph Text      |                             |  |           |          |
|          | c) What is the total estimated cost of your project?   | \$                  | N/A                         |  |           |          |
|          | d) What is the amount of your estimated total project cost (TPC) for which you are requesting funding (between \$50K-\$500k)   | \$                  | N/A                         | Amount requested = TPC and/or within 10% of TPC = 4; Amount requested under TPC and greater than or equal to 50% of TPC = 3; Amount requested less than 50% of TPC = 2 | 4         |          |
|          | e) 1. How did you derive the cost estimate for the SCOPING & PRE-DEVELOPMENT budget category and please upload any supporting documentation (e.g. invoices or quotes)  | Paragraph Text      | Estimates, Quotes, Invoices | Cost estimate is fully supported by estimate, quotes, or invoices by qualified sources = 10; Cost estimate is mostly supported = 5, Cost estimate has some support = 2 | 10        |          |
|          | e) 2. Please provide a description of the project costs/project tasks you are expecting to be reimbursed for under the SCOPING & PRE-DEVELOPMENT category of the budget  | Paragraph Text      | N/A                         | Description of costs/project tasks include 0 Non-Bondable Costs (NBC) = 6; Description includes less than 50% NBCs = 3; Description includes de minimis NBCs = 1       | 6         |          |
|          | f) 1. How did you derive the cost estimate for the DESIGN budget category and please upload any supporting documentation (e.g. invoices or quotes)   | Paragraph Text      | Estimates, Quotes, Invoices | Cost estimate is fully supported by estimate, quotes, or invoices by qualified sources = 10; Cost estimate is mostly supported = 5, Cost estimate has some support = 2 | 10        |          |
|          | f) 2. Please provide a description of the project costs/project tasks you are expecting to be reimbursed for under the DESIGN category of the budget   | Paragraph Text      | N/A                         | Description of costs/project tasks include 0 Non-Bondable Costs (NBC) = 6; Description includes less than 50% NBCs = 3; Description includes de minimis NBCs = 1       | 6         |          |
|          | g) 1. How did you derive the cost estimate for the CONSTRUCTION budget category and please upload any supporting documentation (e.g. invoices or quotes)   | Paragraph Text      | Estimates, Quotes, Invoices | Cost estimate is fully supported by estimate, quotes, or invoices by qualified sources = 10; Cost estimate is mostly supported = 5, Cost estimate has some support = 2 | 10        |          |
|          | g) 2. Please provide a description of the project costs/project tasks you are expecting to be reimbursed for under the CONSTRUCTION category of the budget   | Paragraph Text      | N/A                         | Description of costs/project tasks include 0 Non-Bondable Costs (NBC) = 6; Description includes less than 50% NBCs = 3; Description includes de minimis NBCs = 1       | 6         |          |
|          | h) 1. How did you derive the cost estimate for the OTHER budget category and please upload any supporting documentation (e.g. invoices or quotes)  | Paragraph Text      | Estimates, Quotes, Invoices | Cost estimate is fully supported by estimate, quotes, or invoices by qualified sources = 10; Cost estimate is mostly supported = 5, Cost estimate has some support = 2 | 10        |          |
|          | h) 2. Please provide a description of the project costs/project tasks you are expecting to be reimbursed for under the OTHER category of the budget as per section 2.5 of the RFA.   | Paragraph Text      | N/A                         | Description of costs/project tasks include 0 Non-Bondable Costs (NBC) = 6; Description includes less than 50% NBCs = 3; Description includes de minimis NBCs = 1       | 6         |          |
| <b>2</b> | <b>Anticipated Project Time-Frame</b>  |                     |                             |  | <b>15</b> | <b>0</b> |
|          | a) What costs have been incurred as of the date of this application?   | \$                  | N/A                         | N/A  |           |          |
|          | 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.           | Paragraph Text      |                             | Work has begun OR anticipated start date is within 3 months of application = 5; anticipated start date is within 6 months of application = 3                           | 5         |          |
|          | 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. | Paragraph Text      |                             | Project completed after 4/1/2023 OR anticipated end date is within 1 year of applications = 10; anticipated end date is within 2 years of application = 5              | 10        |          |
| <b>3</b> | <b>Other Project Funding Sources</b>   |                     |                             |  | <b>8</b>  | <b>0</b> |
|          | a) What is the amount of your estimated total project cost that will not be funded by grant amount requested?  | \$                  |                             | N/A  |           |          |

**NONPROFIT INFRASTRUCTURE CAPITAL INVESTMENT PROGRAM - PROJECT VIABILITY SCORING MATRIX**

| Q#            | Question   | Response Field Type | Documentation Required   | Scoring Guidance  | MAX score  | Score    |
|---------------|--|---------------------|--------------------------|---|------------|----------|
|               | 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%   | %                   | Bank Statements          | If 100% = 8; If over 75% = 4; if over 50% = 2   | 8          |          |
|               | 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.  | Paragraph Text      |                          | If date all other funding needed anticipated within 3 months of application = +2 to score above; if date anticipated within 6 months = +1 (note: if no other funding sources needed as indicated in 3a or 3b - section score already maxed out so do not add any additional points) |            |          |
| <b>4</b>      | <b>Project Location Readiness</b>  |                     |                          |   | <b>9</b>   | <b>0</b> |
|               | 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. | Paragraph Text      |                          | If N/A or completed = 3; if anticipated completions date within 3 month = 2; if within 6 months = 1; if within 1 year = 1; if over 1 year or unknown = 0  | 3          |          |
|               | 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   | Paragraph Text      | SEQR docs, Permits, etc. | If N/A or completed = 3; if anticipated completions date within 3 month = 2; if within 6 months = 1; if within 1 year = 1; if over 1 year or unknown = 0  | 3          |          |
|               | 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     | Paragraph Text      |                          | If N/A or completed = 3; if anticipated completions date within 3 month = 2; if within 6 months = 1; if within 1 year = 1; if over 1 year or unknown = 0  | 3          |          |
| <b>TOTALS</b> |  |                     |                          |   | <b>100</b> | <b>0</b> |