



DASNY

Higher Education Capital Matching Grant (HECap) Program

KEY DATES

Eligible Project Dates

September 1, 2020 – September 1, 2024

Issuance of RGA

January 29, 2020

Deadline for RGA Questions

February 21, 2020

Post Responses to RGA Questions (not earlier than)

March 6, 2020

DASNY Webinar (application process/Q&A Summary)

July 22, 2020

Application Due By

August 28, 2020

Awards Expected (not earlier than)

December 2, 2020

Webinar: Overview of a HECap Grant Application

Thursday, July 23, 2020

Opportunity Posting

Grants Reform Gateway Portal

https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx?NavItem1=3

Dormitory Authority of the State of New York (DASNY) Website

<https://www.dasny.org/about-us/what-we-do/grants-administration/hecap-request-grant-applications-rfp-5545>

Tab 1: Application

Completeness of Application Maximum Points Available
10

- **HECap Grant Program Standard Application for the Competitive Round (“Application”)**
 - All questions reviewed and responded to including whether the HECap Project has received all necessary regulatory approvals or can demonstrate a reasonable expectation that such approvals will be secured in sufficient time to complete the HECap Project; and
 - All applicable information/documentation provided; and
 - Signed by an individual authorized to bind the Institution contractually (include title or position the signer holds within the Institution).

Tab 1: Application (continued)

- **Grants Reform Gateway**

In 2013, the State put forward a key initiative to streamline the State grants process as well as improve compliance with State and Federal legal and audit requirements. Prequalification through the Grants Reform Gateway is a way for not-for-profits to interact more directly with State agencies *before* they compete for State contracts, enabling them to make adjustments and answer concerns prior to entering a competitive bid process.

- Maintain prequalified status throughout the process, including payment by the State Comptroller.

SFS Vendor ID Numbers

(located on the Organizational Information page of the document vault)

- Assigned by the Office of the State Comptroller through the State Comptroller's Office directly; or
- By submitting a substitute W9 form when registering with Grants Reform Gateway.

Tab 2: Eligible Project

Eligible Project Maximum Points Available
50

- **Project Description/Narrative**

Provide a **robust** project description/narrative that:

- States the goals that are expected to be achieved as a result of undertaking the Project;
- Confirms the timeframe of the project; and
- States how the proposed Project would accomplish one or more of the following objectives:
 - enhance the programmatic offerings at the Institution;
 - provide economic development benefits to the surrounding area; or
 - enhance the student life at the Institution; and
- describes the extent to which the project will provide benefits in any or all of the above three categories.

Tab 3: Financial Review

Financial Review (Tab 3, 4 and 5) Maximum Points Available
40

- Project Budget**

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).				
USE OF FUNDS	SOURCES			TOTAL
	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				
Purchase and Installation of Furniture and/or Equipment				
Total:	\$	\$	\$	\$

- 3:1 match is on the project as a whole and not each task listed in the Use of Funds column.
- HECap grant amount requested - to be utilized for capital costs only.
- The sources and uses of funds and funds necessary at each stage of project completion.

Tab 4: ESTIMATE

- Provide a professional estimate describing the HECap Project to be funded with the HECap Grant and setting forth the cost to complete such Project.
 - Architect
 - Experienced facility personnel
 - Contractor
 - Vendor

A formal bid is not required, but can be provided as an estimate if the Institute has one.

Tab 5: Funding Source(s)

- Provide a detailed description of the type or types of Matching Funds to be utilized to complete the HECap Project, including the source of such funds, and documentation of each committed funding source. This may include:
 - Bank account and investment account statements
 - Donor pledges, agreements and receipts
 - Grant award letters, agreements and contracts
 - Loan agreements, commitment letters, terms and conditions
 - Bond documents
 - Personal service contracts
 - Bills of sale and paid invoices evidencing payment by the Institution for an eligible cost. In order to qualify as a matching cost, the payment must have been in furtherance of a component of the HECap Project that complied in all respects with the requirements of the statute (prevailing wage, MWBE, etc.)
 - If the Institution will be using institution funds for any part of the Non-State match, the most recent audited financial statement should be provided with the Application.

Construction Contracts: Appendix B (Standard Clauses)

- The Grant Disbursement Agreement states that “Consistent with the requirements of the Program, the Grantee has attached to and made a part of each Contract all of the terms and conditions set forth in the Standard Clauses for Higher Education Capital Matching Grant Program Contracts (Appendix B) attached hereto and made a part hereof, so as to make such terms and conditions legally binding upon both the Grantee and the party with which the Grantee has contracted (the “Contractor”).”
- Grantees are advised to incorporate the entire Appendix B into their Construction Contract(s).
- If contracts have already been entered into, it is advised that the Grantee incorporate the Appendix B as an amendment to the previously signed construction contract(s).

APPENDIX B

STANDARD CLAUSES FOR HIGHER EDUCATION CAPITAL MATCHING
GRANT PROGRAM CONTRACTS

The parties, the Contractor and the College, to the attached agreement (the "Contract") acknowledge that the performance of their obligations under the Contract must comply with the requirements of Part U of 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. In order to insure such compliance, the Contractor and the College hereby agree to be bound by all such requirements. The following clauses, which are intended to either explain such requirements or to add additional requirements, are hereby made part of the Contract. The numbered clauses which follow are not intended to be a complete listing of the requirements referenced above:

- 1. GOVERNING LAW.** The Contract shall be governed by the laws of the State of New York.
- 2. APPROVAL BY THE STATE.** In accordance with Part U of Chapter 63 of the Laws of 2005, as amended, the Contract is subject to the approval of the Comptroller of the State of New York, and, as to form, by the Attorney General of the State of New York.
- 3. NON-ASSIGNMENT CLAUSE.** In accordance with Section 138 of the State Finance Law, the Contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the previous consent, in writing, of the College and any attempts to assign the Contract without the College's written consent are null and void.
- 4. RECORDS.** The Contractor and the College shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under the Contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, shall have access to the Records during normal business hours at an office of the Contractor or at the College within the State of New York or, if no such office is available, at a mutually agreeable venue within the State, for the term specified above for the purposes of inspection, auditing and copying.
- 5. INDEMNIFICATION.** Neither the HECap Board, DASNY, nor the State of New York shall in any event whatsoever be liable for any injury or damage, cost or expense of any nature whatsoever that occurs as a result of or in any way in connection with the Project and the Grantee hereby agrees to indemnify and hold harmless the HECap Board, DASNY, and the State and their respective agents, officers, employees and directors (collectively, the "Indemnitees") from and against any and all such liability and any other liability for injury or damage, cost or expense resulting from the payment of the Grant by the HECap Board to the Grantee or use of the Project in any manner, including in a manner which, if the bonds are issued on a tax-exempt basis, (i) results in the interest on the bonds issued by DASNY the

Page two – Appendix B
Standard Clauses For Higher Education Capital Matching Grant Contract

proceeds of which were used to fund the Grant (the "Bonds") to be includable in gross income for federal income tax purposes or (ii) gives rise to an allegation against DASNY by a governmental agency or authority, which DASNY defends that the interest on the Bonds is includable in gross income for federal income tax purposes, other than that caused by the gross negligence or the willful misconduct of the Indemnitees.

- 6. CONFLICTING TERMS.** In the event of a conflict between the terms of the Contract (including any and all attachments thereto and amendments thereof) and the terms of this Appendix B, the terms of Appendix A: Standard Clauses for NYS Contracts (attached), shall control.
- 7. WAGE AND HOURS PROVISIONS.** In accordance with Part U of Chapter 63 of the Laws of 2005, as amended, the Contractor and the College agree to comply with the requirements of Articles 8, 9 and 10 of the New York State Labor Law. Neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law.
- 8. MINORITY AND WOMEN OWNED BUSINESS REQUIREMENTS.** In accordance with Part U of Chapter 63 of the Laws of 2005, as amended, the Contractor and the College agree to comply with the requirements of Article 15-A of the New York Executive Law.





HECap MWBE Document Completion Assistance

July 23, 2020

MWBE Goals

MWBE Goals:

- ❑ **18%** - **Minority-owned Business Enterprise** participation;
- ❑ **12%** - **Women-owned Business** participation; and


on any grant award in excess of \$25,000 for commodities and services and \$100,000 for construction.

Note: MWBE participation may exceed the established goals.

MWBE Exhibits

- ❑ Exhibit F-1: HECap MWBE Utilization Plan
- ❑ Exhibit F-2: HECap Request for Waiver

MWBE Utilization Plan



NEW YORK
STATE OF OPPORTUNITY

DASNY

Higher Education Capital Match Program (HECap)

EXHIBIT F-1: MWBE UTILIZATION PLAN

ORIGINAL Submission REVISED Submission

A. GRANTEE INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

B. PROJECT INFORMATION:

Project ID: _____

Project Amount: \$ _____

Grant Amount: \$ _____

MBE Goal % 18 (of Grant Amount) \$ _____

WBE Goal % 12 (of Grant Amount) \$ _____

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Description: _____

Page 1 of 3

Section A. Grantee Information

- Grantee's information
 - Do not include contractor's information

Section B. Project Information

This section applies to the goals:

- MBE goal - 18%
- WBE goal - 12%
- Aggregate MWBE goals - 30%

Example: Grant is \$500,000 (overall Project Cost \$2,000,000):

- 18% of \$500,000 would be \$90,000
- 12% of \$500,000 would be \$60,000

MWBE Utilization Plan

Higher Education Capital Match Program (HECap)

EXHIBIT F-1: MWBE UTILIZATION PLAN

C. List all MWBE consultants, contractors, subcontractors and suppliers anticipated to be used during the performance of this Agreement:

Firm Name: _____ Value of Proposed Award: \$ _____
 Address: _____ Fed ID No. _____
 City: _____ State: ___ Zip: _____ Estimated Start Date: _____

Contact Person: _____ Telephone: MBE WBE
 Email Address: _____ Type of Firm: MBE WBE
 Work Description: _____

• Firm Name: _____ Value of Proposed Award: \$ _____
 Address: _____ Fed ID No. _____
 City: _____ State: ___ Zip: _____ Estimated Start Date: _____

Contact Person: _____ Telephone: _____
 Email Address: _____ Type of Firm: MBE WBE
 Work Description: _____

• Firm Name: _____ Value of Proposed Award: \$ _____
 Address: _____ Fed ID No. _____
 City: _____ State: ___ Zip: _____ Estimated Start Date: _____

Contact Person: _____ Telephone: _____
 Email Address: _____ Type of Firm: MBE WBE
 Work Description: _____

• Firm Name: _____ Value of Proposed Award: \$ _____
 Address: _____ Fed ID No. _____
 City: _____ State: ___ Zip: _____ Estimated Start Date: _____

Contact Person: _____ Telephone: _____
 Email Address: _____ Type of Firm: MBE WBE
 Work Description: _____

NOTE: The utilization of certified minority and women-owned business enterprises for non-commercially useful functions may not be counted towards utilization of certified minority and women-owned business enterprises in the Utilization Plan.

Page 2 of 3

Section C. Use of MWBEs

- List NYS-certified MWBE consultants, contractors, subcontractors and suppliers

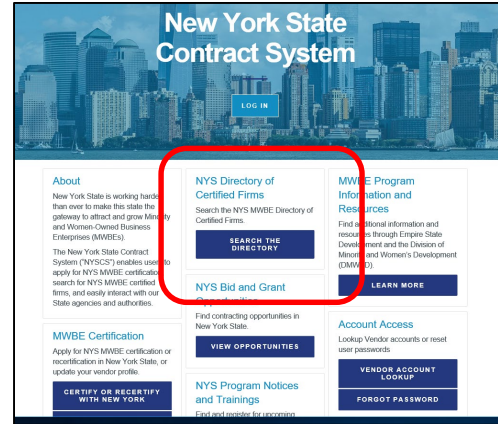
➤ **Note: No other MWBE consultants, contractors, subcontractors and suppliers will be accepted.**

- If your organization will be requesting a total waiver, leave this section blank, sign, date and return this form with your Request for Waiver form.**

MWBE Utilization Plan

Please be sure to do the following things before submitting your Utilization Plan to DASNY:


- ❑ Reference directory of **New York State Certified MWBEs:**
<https://ny.newnycontracts.com>
- ❑ Reference **New York State Department of State Division of Corporations:**
https://appext20.dos.ny.gov/corp_public/corpsearch.entity_search_entry



MWBE Utilization Plan

Please keep the following in mind when checking your vendors in both **New York State Certified MWBE** database and **NYS Department of State Division of Corporations** database:

- ❑ Be sure to list the vendors name as it appears in these databases in Section C of the Utilization Plan
- ❑ **NYC Registered MWBE Firms will not be accepted, must be registered with NYS**



NYC Small Business Services

Home | NYC Resources | NYC311 | Office of the Mayor | Events | Connect | Jobs | Search

Home | Advanced Search | Get Connected

About Us | Disclaimer | Email Us

NYC Online Directory of Certified Businesses

Connecting City agencies and other buyers with certified businesses

The Online Directory of Certified Businesses is a searchable list of M/WBE, LBE, and EBE certified businesses across the New York City area. You can find details and contact information about these firms, as well as what these companies sell or provide.

Search by Company Name or Job Experience

Advanced Search

<http://mtprawwsbswtp1-1.nyc.gov/>

Exhibit F-2: HECap Request for Waiver

Request for Waiver (MWBE)



Higher Education Capital Match Program (HECap)

EXHIBIT F-2: REQUEST FOR WAIVER

A. GRANTEE INFORMATION:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____
 Telephone Number: _____
 Fax Number: _____
 E-Mail Address: _____

B. PROJECT INFORMATION:

Project ID: _____
 Project Amount: \$ _____
 Grant Amount: \$ _____
 MBE Goal % 18 (of Grant Amount) \$ _____
 WBE Goal % 12 (of Grant Amount) \$ _____
 Facility Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Work Description: _____

C. GRANTEE IS REQUESTING THE FOLLOWING:

- MBE Waiver – A waiver of the MBE Goal is requested.
 Total Waiver Partial Waiver (include % requested) _____
- WBE Waiver – A waiver of the WBE Goal is requested.
 Total Waiver Partial Waiver (include % requested) _____
- Provide a statement of justification to support the request for a waiver of the goal requirements established by this Agreement.

Section B. Project Information

- This information should match the MWBE Utilization Plan numbers.
- This section applies to the goals:
 - MBE goal - 18%
 - WBE goal - 12%
 - Aggregate MWBE goals - 30%

Example: Grant is \$500,000 (overall Project Cost \$2,000,000):
 - 18% of \$500,000 would be \$90,000
 - 12% of \$500,000 would be \$60,000

Request for Waiver (MWBE)

Section C. Grantee Requesting Waiver for:

C1. MBE Waiver:


- Select "Total Waiver" when requesting 100% waiver.
- Select ""Partial Waiver" when only a % of waiver is requested.

C2. WBE Waiver:

- Select "Total Waiver" when requesting 100% waiver.
- Select ""Partial Waiver" when only a % of waiver is requested.

Example:

- The goal is 18% for MBE.
- Grantee has met 10% of the goal and is requesting a waiver for the remaining 8%.
- Partial waiver % would be 8%.


DASNY

Higher Education Capital Match Program (HECap)

EXHIBIT F-2: REQUEST FOR WAIVER

A. GRANTEE INFORMATION:
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Contact Person: _____
 Telephone Number: _____
 Fax Number: _____
 E-Mail Address: _____

B. PROJECT INFORMATION:
 Project ID: _____
 Project Amount: \$ _____
 Grant Amount: \$ _____
 MBE Goal % 18 (of Grant Amount) % _____
 WBE Goal % 12 (of Grant Amount) % _____
 Facility Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Work Description: _____

C. GRANTEE IS REQUESTING THE FOLLOWING:

1. MBE Waiver – A waiver of the MBE Goal is requested.
 Total Waiver Partial Waiver (include % requested) _____
2. WBE Waiver – A waiver of the WBE Goal is requested.
 Total Waiver Partial Waiver (include % requested) _____
3. Provide a statement of justification to support the request for a waiver of the goal requirements established by this Agreement.

MWBE WAIVER Page 1 of 2

Higher Education Capital Match Program (HECap)

EXHIBIT F-2: REQUEST FOR WAIVER

4. Good Faith Efforts

By submitting this form and the required information, the Grantee certifies that every "Good Faith Effort" has been taken to promote MWBE participation in accordance with the MWBE requirements in this Agreement. Grantee must document good faith efforts towards meeting certified MWBE goals.

Type Name of Authorized Officer: _____ Type Title of Authorized Officer: _____
 Signature of Authorized Officer: _____ Date: _____

**** FOR DASNY USE ONLY ****

REVIEWED BY: _____ DATE: _____


Waiver Granted:
 YES NO MBE: _____ WBE: _____

Date: _____
 _____ Total Waiver
 _____ Partial Waiver
 _____ Notice of Deficiency Issued

*Comments:

MWBE WAIVER Page 2 of 2

Request for Waiver (MWBE)


DASNY

Higher Education Capital Match Program (HECap)

EXHIBIT E-2: REQUEST FOR WAIVER

A. GRANTEE INFORMATION:

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Contact Person: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

B. PROJECT INFORMATION:

Project ID: _____

Project Amount: \$ _____

Grant Amount: \$ _____

MBE Goal % 18 (of Grant Amount) \$ _____

WBE Goal % 12 (of Grant Amount) \$ _____

Facility Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Work Description: _____

C. GRANTEE IS REQUESTING THE FOLLOWING:

1. MBE Waiver – A waiver of the MBE Goal is requested.

Total Waiver Partial Waiver (include % requested) _____

2. WBE Waiver – A waiver of the WBE Goal is requested.

Total Waiver Partial Waiver (include % requested) _____

3. Provide a statement of justification to support the request for a waiver of the goal requirements established by this Agreement.

MWBE WAIVER Page 1 of 2

C3. Statement of Justification

Write a statement explaining the basis for a waiver.

Good Faith Efforts

What Constitutes Good Faith Efforts?

A waiver of the goals will only be granted if grantee can demonstrate Good Faith Efforts.

- ❑ Visit ESD website at <https://ny.newnycontracts.com/>
- ❑ Solicit NYS-certified MBEs and WBEs.
- ❑ Publish advertisements for participation by NYS-certified MBEs and WBEs in appropriate general circulation, trade and minority- or women-oriented publications.
- ❑ Take steps to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified MBEs and WBEs.

Sample Documentation of Good Faith Efforts

- ❑ List and copy of any advertisements.
 - Provide list of places advertisement was published, along with date and copy of advertisement.

- ❑ List all NYS-certified MWBEs appearing in the NYS Directory of Certified Firms that were solicited.
 - Provide list from ESD website <https://ny.newnycontracts.com/>, as well as copies of emails sent to each MWBE firm.

- ❑ Description of contract documents, plans, or specifications made available to NYS-certified MWBEs.
 - Date and manner in which documents were made available.

Sample Documentation of Good Faith Efforts

- ❑ Copy of all responses received from NYS-certified MWBE firms.
- ❑ Provide documentation of any negotiations between Grantee and/or contractor and MWBEs.
 - Copies of letters, emails, etc. discussing the negotiations.
- ❑ If responses to the solicitations were received, but an MWBE firm was not selected, explain why.
- ❑ Copy of notice of application receipt issued by ESD, if applicable.
- ❑ Any other information deemed relevant.

How can I complete the utilization plan if my organization has not yet completed specifications and/or bid the contract?

- Reach out to MWBE/SDVOB firms*
- Explain situation*
- Assess their availability / interest / capability*
- Complete Utilization Plan*
- Provide a signed letter and documentation stating that you have contacted these firms and that they have expressed interest in bidding*

Determination Letters

 NEW YORK STATE OF OPPORTUNITY.		DASNY	
ANDREW M. CUOMO Governor	ALFONSO L. CARNEY, JR. Chair	GERRARD P. BUSHELL, Ph.D. President & CEO	
, 2019		<h2>Total Waiver</h2>	
VIA EMAIL [Name] [Grantee] [Address]			
Re: Higher Education Capital Match Program (HECap) Grant Project ID # -----			
Dear -----:			
Please be advised that the above referenced New York State Higher Education Capital Match Program (HECap) Grant project award has been granted a total waiver of the minority and women-owned business enterprise ("MWBE") participation goals on the above referenced project.			
When submitting each payment requisition, you must submit a completed <i>HECap MWBE Compliance Report</i> (attached). DASNY's Accounts Payable Department will not process payment requisitions that are not accompanied by a completed <i>HECap MWBE Compliance Report</i> .			
If you have any questions concerning the matters discussed in this correspondence, please feel free to contact me by telephone at (518) 257-3177 or email at HECapRFPCoordinator@DASNY.org .			
Sincerely,			
Monica Norris Assistant General Counsel			
Att.			
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

 NEW YORK STATE OF OPPORTUNITY.		DASNY	
ANDREW M. CUOMO Governor	ALFONSO L. CARNEY, JR. Chair	GERRARD P. BUSHELL, Ph.D. President & CEO	
, 2019		<h2>Acceptance Letter</h2>	
VIA EMAIL [Name] [Grantee] [Address]			
Re: Higher Education Capital Match Program (HECap) Grant Project ID # -----			
Dear -----:			
Please be advised that the New York State Higher Education Capital Match Program (HECap) MWBE Utilization Plans dated _____, 2018 that was submitted in relation to the above-referenced project has been accepted. The accepted Utilization Plans shall not be modified without DASNY's prior approval. If there are any proposed changes to the minority-owned business enterprise ("MBE"), women-owned business enterprise ("WBE") contractors, subcontractors or suppliers listed in the accepted Utilization Plans, you must submit a written request describing the proposed changes and a justification for the changes, along with a proposed revised Utilization Plan. DASNY must review and approve any proposed changes before the Utilization Plans can be modified.			
When submitting each payment requisition, you must submit a completed <i>HECap MWBE Compliance Report</i> (attached). DASNY's Accounts Payable Department will not process payment requisitions that are not accompanied by a completed <i>HECap MWBE Compliance Report</i> .			
If you have any questions concerning the matters discussed in this correspondence, please feel free to contact me by telephone at (518) 257-3177 or email at HECapRFPCoordinator@DASNY.org .			
Sincerely,			
Monica Norris Assistant General Counsel			
Att.			
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

MWBE Compliance Report

HECap MWBE Compliance Report

Please list below all invoice amounts totaling the amount for which you are seeking reimbursement in this request. Invoices should be organized and subtotaled by task #. Please use additional sheets if necessary.

Please check here if you were granted a Total Waiver of the MWBE Goals by receipt of letter dated: ___/___/___

Please check here if you were exempted from meeting the MWBE Goals because the Grant award falls below the statutory threshold by receipt of letter dated: ___/___/___

Task #: Task Description:

VENDOR/ CONTRACTOR NAME	INVOICE/ APPLICATION #	AMOUNT REQUESTED FROM GRANT FUNDS	VENDOR/CONTRACTOR IDENTIFIED ON MWBE UTILIZATION PLAN (CIRCLE ONE)	COMMENT
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
TOTAL Requested for Task: (Transfer to Exhibit E)				

Task #: Task Description:

VENDOR/ CONTRACTOR NAME	INVOICE/ APPLICATION #	AMOUNT REQUESTED FROM GRANT FUNDS	VENDOR/CONTRACTOR IDENTIFIED ON MWBE UTILIZATION PLAN (CIRCLE ONE)	COMMENT
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
TOTAL Requested for Task: (Transfer to Exhibit E)				

Questions can be directed to:
HECapRFPCoordinator@DASNY.org