



Webinar: Higher Education Capital Matching Grant (HECap) Program Competitive Round 3 Scoring and Process for Awardees

Date: September 12, 2019

The HECap statute defines a HECap Project as the acquisition, design, construction, reconstruction, rehabilitation or equipping of a facility on or near a college campus within the State including critical academic facilities, economic development and/or high technology projects and urban renewal and/or historical preservation projects that would enhance the programmatic offerings or the student life at the College or provide economic development benefits to the area surrounding the college campus.

Ineligible uses of HECap funds include, but are not limited to, working capital, rent, utilities, supplies, lease payments, maintenance agreements, training, the repayment of existing long-term debt, payment of legal fees and other non-capital costs as determined by DASNY and DASNY's bond and tax counsel.

GRANT APPLICATION SCORING

Scoring Component	Maximum Points Available (100)
1. Completeness of Application	10
2. Eligible Project	50
3. Financial Review	40

CR3 Eligible Project Dates: August 1, 2018 – August 1, 2021

Completeness of Application (10 pts)

- Provide a HECap Grant Program Standard Application for the Competitive Round” (“Application”)
 - ✓ All questions reviewed and responded to;
 - ✓ Signed by an individual authorized to bind the Institution contractually (include title or position the signer holds within the Institution); and
 - ✓ Application clearly and fully describes the HECap Project to be undertaken with Grant funds and the goals that are expected to be achieved as a result of undertaking the HECap Project.
 - ✓ Provide an explanation of the reviews and approvals that are required in connection with the project to be undertaken with HECap Grant funds including, but not limited to, environmental, historic and land use approvals. Include whether such reviews and approvals have been completed or obtained. If such approvals have not been obtained, the College should demonstrate a reasonable expectation that they will be secured in sufficient time to complete the Project by August 1, 2021.
 - ✓ Provide an explanation as to whether or not regulatory approvals are necessary for the Project, and whether they have been secured or when they are anticipated on being secured.
 - ✓ Grants Reform Gateway Document Vault is prequalified.

Eligible Project (50 pts)

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

- States the goals that are expected to be achieved as a result of undertaking the Project; and
- 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.

Financial Review (40 pts)

- A completed Budget has been provided setting forth the sources and uses of funds, completion timeline and funds necessary at each stage of the project.
- Please note that the reviewers only look at the documents that have been submitted. The reviewers make no judgements or assumptions about the College's financial status and do not look at anything other than the application.

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				
Purchase and Installation of Furniture and/or Equipment				
Total:	\$	\$	\$	\$

- A professional estimate has been provided that documents the cost to complete the Project.
- HECap grant amount requested - to be utilized for capital costs only for a single project.

Section II: Competitive Round for HECap Eligible Projects (RGA pg. 4) – Please note, that the HECap program is intended to support a single capital project and not a series of unrelated campus-wide facility renovations.

- The 3:1 match is on the project as a whole and not each task listed in the Use of Funds column.

Section I: Program Overview (RGA pg. 3) – “While waivers were accepted in the non-competitive round, no waivers will be given in any Competitive Round unless otherwise disclosed. “

- The Application should state whether a recurring source of revenue shall be available to support facility operations and maintenance for the HECap Project.

Section 4: Matching Requirements (RGA pg. 7)

- 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.)

- ✓ In-kind contributions consist of goods and services donated to the Institution specifically related to an eligible HECap Project. It is suggested that goods be deemed received at the time the College has use and possession of them for the eligible HECap Project purpose. Services shall be received at the time they are performed, or when it can be documented that they will be contractually performed for an eligible HECap Project purpose. All in-kind contributions must be valued at their fair market value at the time they are received or expected to be received and the Institution must document the determination of fair market value at the time of Application.
- ✓ 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.

Thank you for participating

Questions and Answers

Email: HECapRFPCoordinator@DASNY.org

Higher Education Capital Matching Grant (HECap) Program

Webinar: Review of the Process for HECap Grant Awardees

KEY DATES

Eligible Project Dates	August 1, 2018 – August 1, 2021
Issuance of RGA	October 31, 2018
Deadline for RGA Questions	November 16, 2018
Post Responses to RGA Questions (not earlier than)	December 7, 2018
DASNY Webinar	December 19, 2018
Application Due By	February 8, 2019
Awards Expected (not earlier than)	April 26, 2019

Award Letters

On July 30, 2019, the HECap Board announced awards to the Request For Grant Application (RFP 2524):

Award letters have been sent and the following will be needed to begin the necessary reviews:

- Project update, including budget and timeline;
- W9, Grantee Certification, Project Certification and Site Control documentation;
- Incorporation papers or charter;
- Construction contracts that contain Appendix B;
- Exhibit F1: HECap MWBE Utilization Plan and/or Exhibit F2: MWBE Waiver Request; and
- Updated Workers' Compensation Coverage and Proof of Disability Benefits forms.

Additional Information as may be requested.

Please email HECapRFPCoordinator@DASNY.org to advise DASNY if paperwork will not be received

by October 15, 2019

Legal Review

Grants Reform Gateway

- As part of his statewide effort to transform business practices to better serve the people, 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 document vault and the prequalified status throughout the process including payment by the State Comptroller.*

Legal Review

Vendor Responsibility Questionnaire

NYS Office of the State Comptroller's (OSC) VendRep System

- To enroll http://www.osc.state.ny.us/vendrep/vendor_index.htm
- If already enrolled: <https://portal.osc.state.ny.us/Enrollment/login>
- College (as the Contractor) and any Vendor (as the Sub-Contractor) that will be paid more than \$100,000 of the HECap funds.
 - Maintain throughout the process (OSC recommends every 6 months)

W9

The Institution's Federal Tax ID number is required to make payment. Please be sure that the Tax ID number and Legal Organization name is accurately reflected on the W-9 (most current IRS W9 Form).

Legal Review

Site Control

- Site control is required to evidence that the Institution has sufficient authorization and control to undertake the project at the project location. In order to ensure the Institution owns, leases, or otherwise has control over the site where the project will be located, please provide a copy of the deed, lease (5 year minimum term), or other indicia of site control.
- If grant funds will be used to purchase real property, the contract of sale with all evidence that all contingencies have been satisfied must be provided, along with an appraisal meeting all USPAP requirements.

Legal Review

Workers' Comp & Disability Coverage

- **Workers' Compensation Coverage:**
 - Form C-105.2 – Certificate of Workers' Compensation Insurance issued by private insurance carriers; or
 - Form U-26.3 issued by the State Insurance Fund; or
 - Form SI-12 – Certificate of Workers' Compensation Self-Insurance; or
 - Form GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance; or
 - CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

Please note – an ACORD form is not acceptable proof of New York State workers' compensation or disability benefits insurance coverage. On the Form itself, ***indicate that the certificate holder is the Dormitory Authority of the State of New York on behalf of the Higher Education Capital Matching (HECap) Program Board, 515 Broadway, Albany, NY 12207.***

Legal Review

Workers' Comp & Disability Coverage (continued)

- **Disability Insurance Coverage:**
 - Form DB-120.1 - Certificate of Disability Benefits Insurance; or
 - Form DB-155 - Certificate of Disability Benefits Self-Insurance; or
 - CE-200 – Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.

Legal Review

Grantee Certification

- Certain laws prohibit the use of public funds to finance religious programs or programs that may favor one religion over another.
- As the issuer of the bonds that will finance the project to be funded with Grant funds, DASNY must take great care to ensure that it is in compliance with all applicable Federal and State laws and regulations.
- Signed by two separate individuals authorized to bind the Institution contractually (include title or position the signer holds within the Institution).

Equipment versus Construction: When is a construction contract required

Integral Components to a Facility (i.e., Elevators, HVAC, etc.)	Construction Contract is Required
Equipment that requires construction (i.e., telescope requiring a door be widened or roof be cut open; hoods being installed which requires protrusion through the ceiling; etc.)	May need a Construction Contract
Moveable equipment with no construction (i.e., microscopes, computers, etc.)	No Construction Contract Necessary

Legal Review

Construction Contracts

- Compliance with the State Finance Law - Article 9 (except SFL § 135), Executive Law Article 15-A, and Labor Law Article 8, Article 9 and Article 10. Refer to the attached “Standard Clauses for Higher Education Capital Matching Grant Program Contracts” (see item 5 of the RGA).
 - Appendix B: Standard Clauses for Higher Education Capital Matching Grant Program Contracts should be included as part of the contract or as an amendment to the contract signed and agreed upon by the contractor.
 - Signed proposals, work orders or similar documents are not accepted by the Attorney General in place of actual contracts.
 - Exhibit F1: HECap MWBE Utilization Plan and/or Exhibit F2: HECap Request for Waiver must be completed and approved by DASNY.

These requirements apply to the entire HECap funded project.

Legal Review

Environmental Review

- Provide either the Findings Statement or the Negative Declaration prepared by the SEQRA Lead Agency for construction projects where a State Environmental Quality Review Act (“SEQRA”) was undertaken; or
- Provide a completed Short Environmental Assessment Form.
- Provide evidence of completion if a ULURP review or Section 14.09 of the Historic Preservation Act review was completed in connection with the HECap Project.
- State 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.

Legal Review

Comprehensive Financial Review

- A professional estimate describing the HECap Project to be funded with the HECap Grant and setting forth the cost to complete such Project.
- 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.

Legal Review

Comprehensive Financial Review (continued)

- 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.)

Legal Review

Comprehensive Financial Review (continued)

- In-kind contributions consist of goods and services donated to the Institution specifically related to an eligible HECap Project. It is suggested that goods be deemed received at the time the College has use and possession of them for the eligible HECap Project purpose. Services shall be received at the time they are performed, or when it can be documented that they will be contractually performed for an eligible HECap Project purpose. All in-kind contributions must be valued at their fair market value at the time they are received or expected to be received and the Institution must document the determination of fair market value at the time of Application.
- 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.

Legal Review

Once All Reviews are Complete

- A Grant Disbursement Agreement (GDA) will be sent to the Institution for Signature
- Upon receipt of the executed GDA, DASNY will:
 - reviews the GDAs;
 - obtain signatures from the HECap Board, Attorney General and the Office of the State Comptroller; and then
 - return one fully executed GDA to the Institution.
- DASNY will coordinate with the Attorney General on approving Institution's Contracts as to form. The NYS Attorney General requires contracts. Purchase Orders are unacceptable.
- Institutions will submit requisitions to DASNY's Accounts Payable, however, the Office of the State Comptroller will be paying the Institution.

Thank you for participating

Questions and Answers

Email: HECapRFPCoordinator@DASNY.org

HECap MWBE Document Completion Assistance

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

Exhibit F-1: HECap MWBE Utilization Plan

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.

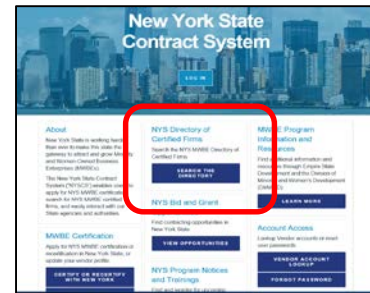
Page 2 of 3

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.**

- Reference directory of **New York State Certified MWBEs:**
<https://ny.newnycontracts.com>



- 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.

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. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal is requested. <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver (include % requested) _____
2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal is requested. <input type="checkbox"/> Total Waiver <input type="checkbox"/> 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: <input type="checkbox"/> YES <input type="checkbox"/> 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 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 subtitled 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	
			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	
			Y N	
TOTAL Requested for Task: (Transfer to Exhibit E)				

Thank you for participating

Questions and Answers

Email: HECapRFPCoordinator@DASNY.org