



# Higher Education Capital Matching Grant (HECap) Program

## Competitive Round 4 Process for Awardees

Date: June 2021

# Award Letters

On March 12, 2021, the HECap Board announced awards to the Request For Grant Application (RFP 5545):

Award letters were sent via e-mail 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.

All documentation can be e-mailed to [HECapRFPCoordinator@DASNY.org](mailto:HECapRFPCoordinator@DASNY.org) for further processing and additional information/documentation may be requested.

# 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 <https://www.osc.state.ny.us/state-vendors/vendrep/enroll-vendrep-system>
- If already enrolled: <https://onlineservices.osc.state.ny.us/Enrollment/login?0>
- 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

If a W9 is requested, 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.

# 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

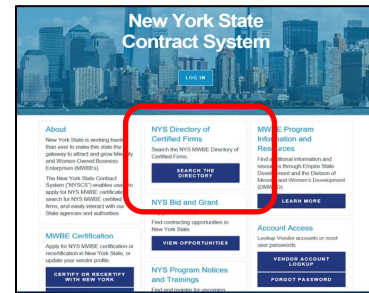
# MWBE Utilization Plan

## 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.**

### 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.

# 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%.

 <b>DASNY</b>
<b>Higher Education Capital Match Program (HECap)</b>
<b>EXHIBIT F-2: REQUEST FOR WAIVER</b>
<b>A. GRANTEE INFORMATION:</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____  Contact Person: _____ Telephone Number: _____ Fax Number: _____ E-Mail Address: _____
<b>B. PROJECT INFORMATION:</b> 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: _____
<b>C. GRANTEE IS REQUESTING THE FOLLOWING:</b> 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 <span style="float: right;">Page 1 of 2</span>

<b>Higher Education Capital Match Program (HECap)</b>
<b>EXHIBIT F-2: REQUEST FOR WAIVER</b>
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: _____
<b>** FOR DASNY USE ONLY **</b>
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 <span style="float: right;">Page 2 of 2</span>



# 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

 <b>NEW YORK</b> STATE OF OPPORTUNITY.		<b>DASNY</b>	
<b>ANDREW M. CUOMO</b> Governor	<b>ALFONSO L. CARNEY, JR.</b> Chair	<b>GERRARD P. BUSHELL, Ph.D.</b> President & CEO	
, 2019		<h2>Total Waiver</h2>	
<b>VIA EMAIL</b> [Name] [Grantee] [Address]			
<b>Re: Higher Education Capital Match Program (HECap) Grant</b> 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 <a href="mailto:HECapRFPCoordinator@DASNY.org">HECapRFPCoordinator@DASNY.org</a> .			
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  <b>WE FINANCE, BUILD AND DELIVER.</b>  <a href="http://www.dasny.org">www.dasny.org</a>

 <b>NEW YORK</b> STATE OF OPPORTUNITY.		<b>DASNY</b>	
<b>ANDREW M. CUOMO</b> Governor	<b>ALFONSO L. CARNEY, JR.</b> Chair	<b>GERRARD P. BUSHELL, Ph.D.</b> President & CEO	
, 2019		<h2>Acceptance Letter</h2>	
<b>VIA EMAIL</b> [Name] [Grantee] [Address]			
<b>Re: Higher Education Capital Match Program (HECap) Grant</b> 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 <a href="mailto:HECapRFPCoordinator@DASNY.org">HECapRFPCoordinator@DASNY.org</a> .			
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  <b>WE FINANCE, BUILD AND DELIVER.</b>  <a href="http://www.dasny.org">www.dasny.org</a>

# 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	
			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)				



Questions may be submitted to:

Email: [HECapRFPCoordinator@DASNY.org](mailto:HECapRFPCoordinator@DASNY.org)