CITY FISCAL YEAR 2025

STANDALONE EQUIPMENT AND/OR EQUIPMENT SYSTEM APPLICATION

_____

LEGAL NAME OF ORGANIZATION

THE AMOUNT OF FUNDS BEING REQUESTED FROM EACH SOURCE SHOULD BE INDICATED BELOW.

THE AMOUNTS REQUESTED ARE ADDITIVE -- THE AMOUNTS REQUESTED FROM EACH SOURCE MUST ADD UP TO THE TOTAL AMOUNT REQUESTED FROM THE CITY.[1]

Funding Source Requested		Amount Requested
Borough President – Insert Name	Please Select	
Borough President – Insert Name	Please Select	
Total City Council Request		
Total Amount Requested from the City in FY 2025		$ 0

Please note that there are two spaces above for the Borough President selection in the rare circumstance that an Organization wishes to apply for funding from two Borough Presidents for the same Project.

Below, please list the individual City Council Members and/or Delegations that your Organization would like to consider contributing towards the City Council Request Amount listed above. Please note that only the Council Members and Delegations listed below will be able to view your application.

Specify the City Council Source Requested, if any.	
City Council Member	Please Select
City Council Member	Please Select
City Council Member	Please Select
City Council Member	Please Select
City Council Delegation	Please Select
City Council Delegation	Please Select

[1] The amount in the space above for "Total Amount Requested from the City in FY 2025," should be the total amount the Organization wishes to receive from the City. For example, if the Organization submits additive requests of $250,000 from a Borough President and $250,000 from City Council, the "Total Amount Requested from the City" would be $500,000.

REPURPOSING

If the City has previously appropriated funds to the Organization for a project that is no longer progressing or has materially changed from the project approved by the City, such funds cannot be paid out to the Organization unless the Organization has submitted a new application to "repurpose" such funds for a new project.

Is the Organization requesting to "repurpose" previously appropriated funding?
Yes ☐ No ☐

If YES, please provide the following information:

City FY of Original Appropriation	Amount of Original Appropriation - Borough President Funding	Amount of Original Appropriation - City Council Funding	Previous Project Funded (e.g., Replace HVAC unit)	Project Address

Total Amount of Borough President Funding to be Repurposed: $_____

+ Total Amount of City Council Funding to be Repurposed: $_____

= Total Amount to be Repurposed as part of this Application: $ 0

In addition to the "Total Amount to be Repurposed" as set forth above, is the Organization requesting further City funding in this Application?

Yes ☐ No ☐

Amount of new funding being requested, if applicable: $ 0.00

NOTE: The total amount to be repurposed plus any new funding being requested must equal the "Total Amount Requested from the City in FY 2025" on the preceding cover page.

Why are the previously approved project(s) listed above not proceeding? In other words, why is the Organization requesting to repurpose funding? Please provide further detail in **Attachment O.20 Status Report** (see Organization Form).

INTRODUCTION

Note that questions in this Application relate ONLY to a Standalone Equipment Project or Equipment System Project, neither of which would meet the initial outfitting requirements as specified in the Guidelines. The Construction/Renovation Application should be completed if requesting funding for a Construction or Renovation Project. The Initial Outfitting Application should be completed if requesting funding for an Initial Outfitting Moveable Property Project.

Please note that if the Project requested herein is approved and receives City capital funding, it will be subject to a compliance review to verify that the Organization complies with all City funding requirements.

Please acknowledge that you have read and agree to this statement: ☐

***Please note that the following entities are NOT subject to this process, and therefore should NOT submit a Capital Request Form:**

- **New York City Health and Hospitals Corporation (HHC) hospitals**
- **New York City public schools (however, charter schools should submit a Capital Request Form)**
- **New York City private schools**
  (unless 100% of the student body consists of special education students with disabilities whose tuition costs are paid by the New York City Department of Education, and the school does not share its building(s) with another school)
- **The City University of New York (CUNY) colleges and schools**

Before submitting this Application and related attachments:

- **Review the Guidelines to determine whether the Organization meets the criteria set forth therein;**
- **Review the Glossary;**
- **Review this Application to determine the information that you will need to gather about the Project;**
- **Identify each attachment you must submit with this completed Application; and**
- **Review this Application and the related attachments together to ensure that the corresponding responses match.**

Non-profit organizations that request City discretionary capital funding for Moveable Property projects should closely review the website of the New York City Department of Design and Construction ("DDC") as a resource and guide to the City's funding and reimbursement process for such projects:

- For a copy of DDC's Non-Profit Reimbursement ("NRP") Program Handbook: https://www.nyc.gov/assets/ddc/downloads/not-for-profit/New/DFP%20Handbook%20(June,%202022).pdf. (This document provides an overview of the entire NRP reimbursement process.)
- To view the NRP Program's checklists, template agreements, and required legal submissions, please see:https://www1.nyc.gov/site/ddc/contracts/not-for-profit-forms.page. (Please note that the checklist submissions include items that will be in addition to the information requested in the capital funding application.)

I. PROJECT INFORMATION

1) Project Description:

A. Briefly describe the goals and functions of the Project (e.g., purchase a computer system for a community center to provide classroom facilities for an afterschool program).

B. Please describe how the Project will serve a City Purpose, and how the Project will benefit the general public of the City. Be specific.

C. Please indicate the existing services or programs that will be served or supported by the Moveable Property, and the number of persons served in each category.

Service/Program	No. of People Served in City FY 2023	No. of People Served in City FY 2024 (Projected)	No. of People Served in City FY 2025(Projected)
Total	0	0	0

D. Identify the hours in an average week during which the Moveable Property will be operated or otherwise used by the Organization for a City Purpose:

Sunday:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

If, for any reason, the Moveable Property will not be operated or otherwise used on a regular or consistent basis every week, please explain why below:

E. What is the minimum number of days per year that the Moveable Property will actually be used for a City Purpose? _____

F. Will the services provided with the Moveable Property be available to all residents of the City regardless of race, religion, creed, color, national origin, sex, age, disability, marital status, sexual orientation or political affiliation? Please note that the City will not grant funding to Organizations that discriminate on the basis of race, religion, creed, color, national origin, sex, age, disability, marital status, sexual orientation or political affiliation, or that do not make services available to all.

Yes ☐ No ☐

If YES or NO, please explain.

G. Will members of the public have direct physical access to the Moveable Property?
Yes ☐ No ☐

If YES, will the Moveable Property, including the space(s) in which the Moveable Property will be used, be accessible to individuals with disabilities?
Yes ☐ No ☐

If YES, please explain how the Moveable Property will be accessible.
If NO, please explain which items of Moveable Property will not be accessible, and why they will not be accessible.

H. Will the Organization charge a fee for the services supported by the Project?
Yes ☐ No ☐
If YES, please identify the fee to be charged:

2) Type of Moveable Property to be Purchased (check all that apply; see Glossary):

IT/ Computer Equipment System ☐
Equipment System (Other than a Computer Equipment System) ☐
Standalone Equipment ☐

3) Estimated Total Cost of Moveable Property: $ _____

Include:

- costs to be covered by both non-City funds and City funds, if applicable.

4) Location of Moveable Property:

A. Will the Moveable Property be located at more than one location?
Yes ☐ No ☐

B. Does the Moveable Property cost at least $50,000 per location?
Yes ☐ No ☐

If NO, the City will not provide funding.

If YES and the Moveable Property will be located at more than one location, complete the remainder of question 4 and questions 5-8 below for the first location, and complete the Moveable Property – Multiple Locations Supplement (see Exhibit 11) for each additional location and submit each, as applicable, as Attachment C.1 Multiple Locations Supplement - Location 2, Attachment C.2 Multiple Locations Supplement - Location 3, Attachment C.3 Multiple Locations Supplement - Location 4, etc.

Please note that some of the questions below may require additional attachments to be submitted. In such instances, if there are multiple locations, please upload the relevant attachments IN THE SAME FILE as ONE attachment. For example, in question 4(E), if the Moveable Property will be located at two separate leased locations, upload both leases in the same file as "Attachment C.5 Lease – Private Property."

C. Project Address where the Moveable Property will be located (See definition of "Project Address" in the Glossary of Terms):

Street: _____ City: _____

State: _____ Zip Code: _____

Borough: _____

Block: _____

Lot: _____

Community Board #:_____

Council Member/District #:_____

D. Please describe the Project Address where the Moveable Property will be located. For example, specify the building type (residential, commercial, mixed use, etc.).

E. Does the Organization currently own or lease the location of the Moveable Property? Note that if the Real Property is owned by an Affiliate or Related Organization, and leased or licensed to the Organization, the correct response is "Lease private property."
Check one of the boxes below.

Own: ☐

Lease private property: ☐
Attach lease & any amendments as **Attachment C.5 Lease – Private Property.**

Lease City-owned property: ☐
Attach lease & any amendments as **Attachment C.6 Lease – City-owned Property.**

Other: ☐
Provide an explanation below.

See also question 7 below for requirements for Moveable Property that is attached to the leased Real Property.

F.

1. Is the contemplated use of the Moveable Property by the Organization consistent with the Certificate of Occupancy for the Project Address?
   Yes ☐ No ☐ Not Applicable (i.e., there is no Certificate of Occupancy) ☐

   If NO or NOT APPLICABLE, please provide an explanation below as to how the contemplated use of the Moveable Property will be legally permissible at the Project Address. Please be specific. Describe what steps need to be taken and the corresponding time frame for accomplishing those steps.

2. a) Has all the reconstruction or construction work to house the Moveable Property been completed?

Yes ☐ No ☐ Not Applicable (i.e., no construction work was/is needed) ☐

If NO or NOT APPLICABLE, please explain.

If YES or NO, please respond to (b)-(f) below.

b) Describe the type of construction required to accommodate the Moveable Property:

c) Cost of construction: $_____

d) Expected construction completion date: _____

e) What are the Organization's funding sources on hand for the construction? What is the status of securing all of the necessary funding?

f) What are the potential risks and benefits of carrying out the construction? Such risks may include but are not limited to budget-related risks, fundraising risks, timing, and/or service disruptions.

5) Existing Liens That May Attach to the Project:

A. Please note that many liens contain "after-acquired" language that subjects all future moveable property located in the Real Property, or all future moveable property wherever located, to the lien.

Are there any known restrictions including mortgages on the Real Property where the Moveable Property will be located, or liens (including "after-acquired" liens on property "wherever located") that could potentially attach to the contemplated Moveable Property?

Yes ☐ No ☐

If YES, indicate the type (e.g., use restriction, lien, mortgage, other), complete the table on the next page and answer B.

TYPE OF LIEN	EXPIRATION DATE OF LIEN	LIENHOLDER NAME	AMOUNT OF LIEN

Please try to fit the response in the space provided above, but if necessary, attach information regarding additional liens and/or an explanation as **Attachment C.7 Existing Liens Table**.

B. If YES, will such lienholder(s) exclude[2] the City-funded Moveable Property requested herein from such lien(s)?

Yes ☐ No ☐ Don't Know ☐

If YES, please submit a letter from each lienholder acknowledging that if the Project is funded by the City, the lienholder will exclude the **specific Moveable Property requested herein** from such lien(s) as **Attachment C.8 Lienholder Letter(s)**. (For reference, see Exhibit 3B, Form of Exclusion Agreement.)

- Please note that such evidence from each lienholder will not replace at a later date (prior to the City reimbursement for this Project) a Form UCC-3 filing by each lienholder to exclude the Moveable Property from such lien.

If NO, the City will not provide funding.

If DON'T KNOW, describe the steps below the Organization is taking to secure the lienholder's agreement, and why the Organization believes the lienholders will exclude the Moveable Property requested herein.

[2] Please note that if HUD has a lien on the property, please submit evidence that HUD's lien will be subordinated to the City's lien (rather than exclude the **specific Moveable Property requested herein** from HUD's lien) as **Attachment C.8 Lienholder Letter(s).**

6) Moveable Property List:

A. A comprehensive list of every item of Moveable Property for which funding is being requested *must* be attached, substantially in the form of the table on the next page, as **Attachment C.9 Moveable Property List**.

I certify that I have read the List of Ineligible Items included in the Application package, and none of those items are included in Attachment C.9 Moveable Property List: ☐

See the definitions of "Moveable Property," "Equipment System / Moveable Property System," "Minimally Attached Moveable Property" and "Standalone Equipment" in the Glossary, as well as the Bullet Points to the Guidelines and the Guidelines.

For a sample Moveable Property list, see Exhibit 7C (Sample Cost Breakdowns– Equipment Systems).

- The list must include:
  - each item of Moveable Property to be purchased,
  - the make/model (projected),
  - the quantity to be purchased of such item,
  - the unit cost of such item (i.e., no lump sums),
  - the total cost, and
  - the anticipated date of purchase (cannot be prior to July 1, 2023), and
  - the Project Address where each item will be located (if the Moveable Property will be at more than one Project Address).

  If the Organization purchases any items prior to entering into a contract with the assigned City managing agency, then the Organization runs the risk that some or all costs may be deemed to be ineligible for reimbursement by the City.

  Please acknowledge that you have read and agreed to this statement: ☐

- If any of the Moveable Property will be Minimally Attached Moveable Property (see Glossary) and thus will be attached to the Real Property in **ANY MANNER**, the list should specify each attached item **(e.g., wall brackets, theater seats bolted to floor, etc.)** with a "Y" in the appropriate column in the table (Attachment C.9 Moveable Property List).

- **Training: Do NOT include any training costs** in the Moveable Property List, as training costs are capitally ineligible. Even if training costs are included or bundled in the total cost of the Moveable Property, the training costs must be quantified by the vendor and removed from the costs to be reimbursed by the City. Prior to funding, a written statement directly from the vendor specifying the cost of any and all training and the basis for such cost (e.g., cost per hour, number of hours) would be required.

[SAMPLE ATTACHMENT C.9]						
ITEM OF MOVEABLE PROPERTY TO BE PURCHASED	**MAKE /MODEL (PROJECTED)**	**QUANTITY OF ITEM**	**COST OF INDIVIDUAL PIECES (UNIT COST)**	**TOTAL COST**	**EXPECTED PURCHASE DATE**	**ATTACHED TO REAL PROPERTY? (Y /N)**
Desktop Computers	Dell Inspiron 660s	10	$500	$5,000	November 2024	N
SOFT COSTS				**TOTAL COST**	**EXPECTED PURCHASE DATE**	
Installation				N/A	N/A	
Consultant or design fees				N/A	N/A	
Other soft costs: [Specify]: Installation				$100	November 2024	
Other soft costs: [Specify]						
TOTAL OF HARD AND SOFT COSTS:						

B. When deciding which Moveable Property to purchase, did the Organization consider function and cost? Please describe how the cost breakdown reflects efforts to buy the most economical Moveable Property required.

C. What is the basis for the **Attachment C.9 Moveable Property List**?

Please provide backup for the cost breakdown (e.g., quotes and/or advertised costs) from third-party vendors, manufacturers or suppliers. If the Moveable Property to be purchased is an information technology (IT) system or IT related, or medical Moveable Property, a copy of the detailed specifications (for the make/model that Organization estimates it will purchase) for each item should be attached. Attach the response as **Attachment C.10 Cost Breakdown Basis**.

Please note that page 6 of the Guidelines states, "All costs reimbursed by the City must be reasonable, based on the standards of a prudent person."

Please note that the City will not pay for customized items (e.g., entity-specific signage or specifically designed furniture or equipment).

D. Has the Moveable Property already been ordered?

Yes ☐ No ☐

If YES, the City will not provide funding.

7) Attached Moveable Property:

If any of the Moveable Property will be will be Minimally Attached Moveable Property (see Guidelines and Glossary) and thus attached in ANY MANNER as specified in the chart in question 6(A) above, please refer to the discussion of "Moveable Property" in the Guidelines and address the following. Such forms of attachment include but are not limited to attachment through the application of bolts, plaster, cement, nuts, screws or nails. Please note that many large items of medical Moveable Property, such as MRI machines, are often bolted in some manner to the Real Property.

A. Does the Project include any Minimally Attached Moveable Property that will thus be attached to Real Property in **ANY MANNER**?

Yes ☐ No ☐

If YES, complete the rest of question 7.

If NO, skip to question 8.

B. If the Project involves Minimally Attached Moveable Property that will thus be attached to Real Property in **ANY MANNER**, is the proposed City capital funding for the Moveable Property Project at least $250,000 at each location with the Minimally Attached Moveable Property?

Yes ☐ No ☐

If NO, the City will not provide funding.

C.

1. If the Project involves Minimally Attached Moveable Property that will thus be attached to Real Property, is such Moveable Property easily transportable and reusable at minimal cost in another location if the City is forced to take possession of such Moveable Property?

   Yes ☐ No ☐

   If NO, the City will not provide funding.

   If YES, what is the estimated cost to remove and reinstall the Minimally Attached Moveable Property at another location? _____

   If YES, please describe how the Minimally Attached Moveable Property is transportable and reusable at minimal cost, and the basis for the estimated cost.

2. If the Project involves Minimally Attached Moveable Property, describe in detail how such Moveable Property would be attached. Please provide a diagram or photo if available to show such attachment as **Attachment C.11 Attached Moveable Property – Photo – Diagram.**

D. If the Project involves Minimally Attached Moveable Property to be located in Real Property that the Organization leases, please attach as **Attachment C.12 Attached Moveable Property- Owner Acknowledgment** a letter from the owner of such Real Property acknowledging in writing that it will execute an agreement stating that the specific Minimally Attached Moveable Property requested herein will **not be considered part of the Real Property** and will not be subject to such lease. For reference, see Exhibit 6A for the Form of Acknowledgement Letter for Attached Moveable Property - Landlord.

If the Project includes Minimally Attached Moveable Property to be located in Real Property that the Organization leases, and no such letter is attached at **C.12 Attached Moveable Property-Owner Acknowledgement**, the City will not provide funding.

Please note that such acknowledgement from the owner will not preclude the City from requesting a similar acknowledgement at a later date prior to funding this Project.

If the Project includes Minimally Attached Moveable Property to be located in Real Property that the Organization leases, there must be at least five (5) years remaining on the lease term (excluding any unexercised renewal options) from the date of disbursement of City funding for the Project, except that if the Project consists solely of computer hardware, software, networks, and information technology systems, there must be at least three (3) years remaining on the lease term (excluding any unexercised renewal options) from the date of disbursement of City funding. **Please acknowledge that you have read and agreed to this statement:** ☐

E. Have any and all mortgage holders and other lienholders on the building acknowledged in writing that they will execute an agreement stating that the specific Minimally Attached Moveable Property requested herein will **not be considered part of the Real Property** and will not be subject to such mortgage or lien?[3]

Yes ☐ No ☐

If YES, attach such current acknowledgement(s) as **Attachment C.13 Attached Moveable Property – Mortgage Holder – Lienholder Acknowledgment.** For reference, see Exhibit 6B for the Form of Acknowledgement Letter for Attached Moveable Property – Mortgagees/Creditors.

If NO, the City will not provide funding.

Please note that such acknowledgement from the mortgage holder or lienholder will not (1) replace at a later date (prior to the City reimbursement for this Project) a Form UCC-3 filing by the mortgage holder or lienholder to exclude the Moveable Property from such mortgage or lien, and/or (2) preclude the City from requesting a similar acknowledgement at a later date (prior to the City reimbursement for this Project).

[3] Please note that if HUD has a lien on the Real Property, please submit evidence that HUD's lien will be subordinated to the City's lien on the Minimally Attached Moveable Property (rather than completely excluding the Moveable Property from HUD's lien) as **Attachment C.13 Attached Moveable Property – Mortgage Holder – Lienholder Acknowledgement**.

8) Front Line Services:

A. City capital funds may not be used to purchase Moveable Property unless a majority of the space used by the Organization at the Project Address is for Front Line Services for a majority of the time that such space is used (as opposed to being used for administrative use (e.g., back office, executive or support service space)). Front Line Services are services that are rendered directly to the public through physical public access (such as a community center) or a hotline. Such services do not include lobbying, advocacy, capacity-building, general administration, and/or development-work.

When the majority of the space used by the Organization is used for Front Line Services, City capital funds may be used to purchase Moveable Property for any part of the space at the Project Address used by the Organization. Electronic medical records Projects will be deemed to comply with this provision regardless of the percentage of the space that is used for Front Line Services.

1. Please explain how at the Project Address (specific location of the Moveable Property), a majority of the space used by the Organization will be for Front Line Services for a majority of the time that such space is used. **If less than 50% of such space will be used for Front Line Services, the City will not fund this Project.**

2. Please complete the chart below **for the entire space used by the Organization** at the Project address

As stated in the introduction, the Application must be filled out in its entirety. **If the chart on the next page is not completed, the City will not provide funding.**

Complete the table below indicating the type of rooms/areas for the space used by the Organization in the building, the number of such rooms, the square footage (SF) of such rooms, and the programming in such rooms. If the room type is not indicated in the table, add the type in one of the blank rows.

Note: If the square footage of certain rooms/areas for Front Line Services varies depending on the day or time, fill in the table on the next page based on the majority of the time that such rooms are used at all.

ROOM TYPE	Total SF of Each Room Type	SF for Front Line Services	% of Total SF for Front Line Services
Offices (see question 8(A)3 below)			0.00
Auditorium/Theater			0.00
Class Room(s)			0.00
Gymnasium			0.00
Common Elements (e.g., hallways, bathrooms, and elevators)			0.00
Kitchen(s)			0.00
Clinic/Exam Rooms			0.00
Cafeteria			0.00
Other: [specify, if applicable]:			0.00
Other: [specify, if applicable]:			0.00
Other: [specify, if applicable]:			0.00
Other: [specify, if applicable]:			0.00

Total	0	0	0.00

3. Please note that office use does NOT constitute use for Front Line Services, unless programming in such offices is provided directly to the public through physical public access or a hotline. To the extent that offices are listed above as providing Front Line Services, please explain:

9) Projected Funding Sources for the Moveable Property:

A. *City Funding*

In your response below, do not include any City funding for construction or renovation costs or vehicles.

Please read all the definitions and fill out this question 9(A) carefully. In the past, many Organizations have not inserted the correct amounts.

Total Funding Sources Currently Available for this Moveable Property

Total Moveable Property Cost:	$ 0
LESS the following available funds:	
i. City Funding in Executed Funding Agreements for the Moveable Property:	
ii. City Funding Appropriated in Prior Fiscal Years (with no Funding Agreement yet executed):	
(Note: this amount does NOT include the City funding being requested in this application)	
iii. Received Non-City Funds (See Glossary):	
iv. Pledged Non-City Funds (See Glossary):	
v. City Funding Requested Herein:	$ 0
EQUALS the Funding Gap:	$ 0.00

Note that the City relies on the anticipated split between City and non-City funding set forth in this application when making funding decisions. If funding is allocated by the City, any reduction of total non-City funding or changes to funds said to be in-hand or pledged could impact the City's funding toward the project, and will require detailed explanation from the Organization. **Please acknowledge that you have read and agreed to this statement:** ☐

B. *Status of Securing Non-City Funding*

If relying on non-City funds to cover a portion of the Moveable Property costs, complete questions 9(B)(1) and 9(B)(2) below.

1. *Status of Securing Pledged Non-City Funds* – Please explain when the Pledged Non-City Funds will be received. In particular, if the Organization has received notification of New York State or federal funding, provide the amount(s) and explain the status of such pledge(s). Please be very specific.

Please try to fit the response in the space provided above, but if necessary, attach additional narrative as **Attachment C.14 Status of Pledged Non-City Funds**.

2. *Funding Gap* – Please explain how the Organization will close the funding gap. Please be very specific.

Please try to fit the response in the space provided above, but if necessary, attach additional narrative as **Attachment C.15 Funding Gap.**

3. City appropriation – Elected officials may only be willing to fund less than the amount requested herein.

If the elected official(s) provide less than the amount requested herein, and the Organization does not come up with the shortfall, the Project may not go forward.

Does the Organization understand and agree to this requirement to fund the shortfall?

Yes ☐ No ☐

a) What are the Organization's backup funding resources? Please explain in detail.

b) If the elected official(s) provide less than the amount requested herein, what is the Organization's plan to proceed? Is there a smaller subset of the Project that would be able to go forward under such circumstances? Please describe in detail.

Note that if the Organization represents that the Project can go forward if the City funds only a portion of the request, the Organization shall not apply in a future fiscal year for additional funding for the Project.

Please acknowledge that you have read and agreed to this statement: ☐

10) Equipment Systems & IT Systems (Including Medical Equipment):

A. For information technology (IT)/computer and other Equipment Systems (see the definition of "Equipment System or Moveable Property System" in the Glossary), respond to the following question 10(A):

1. Explain how each component item, or group of items, relates to the system and is physically connected or connected through a wireless network, and why the items are necessary for the system to function. Please provide as much detail as possible about each component item specified in **Attachment C.9 Moveable Property List**.

2. In addition, please provide responses to the following if applicable:

   a. If in multiple locations, is the connection based only on the Internet or is it part of a larger enterprise network? (Please note that the minimum cost of the Moveable Property must be $50,000 per site.)

   b. What applications will be used/shared over the network, and how will they be used/shared?

   c. Are these shared applications unique to the Organization?

d. Will the shared applications be available to the public, or can they only be accessed by people affiliated with the Organization?

e. Is the system replacing or upgrading an existing system that was previously funded by the City? If so, when was the existing system purchased and installed?

B. Provide a diagram of all components of the Moveable Property showing how they are physically and/or wirelessly connected and networked, and how they function interdependently as a system and/or as a single medical treatment/diagnostic unit as **Attachment C.16 Equipment System - Medical Equipment Diagram**. (For reference, see the sample diagrams in Exhibit 7D, Sample Diagrams – Equipment System.)

This document is required for all projects that include more than one single item. Several Organizations have not uploaded this Attachment in the past.

Please indicate that the Organization understands that in order to have its application reviewed, this diagram must be uploaded. ☐

Not Applicable (i.e., not an Equipment System or Medical Treatment/Diagnostic Unit) ☐

C. If the Moveable Property is intended for medical treatment and/or diagnostic services for patients, describe the general function of each item below.

11) Software:

Review the Guidelines (Exhibit 1) for requirements for software licenses and the Form of Assignment of Software License and Consent (Exhibit 5).

Software licenses are capitally eligible only when they will be valid with the initial purchase for at least five years from disbursement of City capital funds. A three-year or five-year software subscription with ongoing fees (such as monthly or annual fees) is not capitally eligible

Any software license(s) for Moveable Property purchases must be transferrable to the City and/or the City's designee, and the City's Assignment of Software License and Consent (see Exhibit 5) will need to be executed by the software licensor(s), if the license is not transferrable by its terms. Note that many items of Moveable Property in addition to computers contain software, including medical Moveable Property and telephone systems.

Does the Organization understand and agree to these software license requirements?

Yes ☐ No ☐

12) Installation and Related Soft Costs:

Are there any consultant or design fees, installation or installation-related costs, or other soft costs for the Moveable Property (as indicated in **Attachment C.9 Moveable Property List**)?

Yes ☐ No ☐

If YES, then attach a detailed description of the scope of work for the consulting, design and/or installation, the estimated hours to perform the consulting, design and/or installation, and the hourly rates to be paid for the consulting, design and/or installation as **Attachment C.17 Design, Installation and Other Soft Costs.**

13) Contemplated Uses/Purposes:

A. Will the Moveable Property Project be used for new services or programs not previously offered by the Organization?

Yes ☐ No ☐

If YES, the City will not provide funding.

B. Does the Organization employ salaried employees to provide the services related to the Moveable Property?

Yes ☐ No ☐

If YES, specify the number of such salaried employees: _____

Explain who will provide the services related to the Moveable Property. Include position titles and job descriptions or functions of such staff. Indicate whether such positions are (i) paid or volunteer and (ii) full-time or part-time.

Please try to fit the response in the space provided above, but if necessary, attach a separate page labeled **Attachment C.18 Staffing**.

C. If the Moveable Property is technology related, specify the number of users and the number of such technology-related items. If the number of such items exceeds the number of users, please explain the need for the additional items. For example, if the Moveable Property List includes 20 computers, but there are only 10 users, explain the need for the additional 10 computers.

D. Project's impact on operating costs and operating revenues - Please explain how this Moveable Property Project, once it is completed, will have an impact on the Organization's operating budget (i.e., salaries; energy costs; security costs; insurance costs; maintenance costs; etc.), revenues and ability to provide services. Please explain how the Organization will fund such operating costs for a minimum of five years (or, if the Project consists **solely** of computer hardware, software, networks, and information technology systems, please explain how the Organization will fund such operating costs for a minimum of three years). Be specific.

E. Are the services to be performed or the programs to be provided by the Organization with the Moveable Property regulated by any federal, New York State or City Agency?

Yes ☐ No ☐

If YES, does the Organization have all required licenses, permits, etc. for the planned uses?Yes

No ☐ ☐

If applicable, identify all such required licenses, permits, etc.

If NO, provide an explanation below of how the Organization anticipates securing the required regulatory permits or licenses.

F. Will any of the services or programs to be provided using the Moveable Property be provided pursuant to one or more City Operating Contract(s)? Such contracts include any kind of service contract.

Yes ☐ No ☐

If YES, provide a summary description of the contract including term of the agreement(s) (start and expiration dates), number and term of renewal options (if any), contracting City agency and services covered.

Note that prior to any disbursement of City capital funds, any such current City Operating Contracts at that time (except HHC-affiliation agreements and discretionary grants from elected officials) will need to be submitted.

14. Sectarian Use:

Religious or sectarian activity that should be disclosed includes worship, prayer and/or proselytization occurring any time at the Project Address, regardless of the duration, the frequency and the sponsor of such activity. In addition, it includes administration and implementation of such activities.

When answering this question, please consider and disclose any broader programs that may have worship, prayer and/or proselytization as even a small component of such programs. Failure to disclose activities that may have religious or sectarian components will lead to delays in, reduction of and/or rescindment of City capital funding. **It is recommended that if there is any uncertainty as to whether a certain activity is a religious or sectarian activity, it be disclosed.**

Please acknowledge that you have read and agreed to this statement: ☐

A. Will any portion of the Organization's space at the Project Address be used by anyone to plan, organize or implement any religious or sectarian activity (see Organization Form, Section II, questions 1(N)-1(P))?

Yes ☐ No ☐

If YES, please explain:

B. Will the Moveable Property be used for any religious or sectarian activity or otherwise be used to plan and organize any religious or sectarian activity (see Organization Form, Section II, questions 1(N) -1(P))? For example, if requesting City funding for computers, will the computers be used to plan, organize or implement any religious or sectarian activity?

Yes ☐ No ☐

If YES or NO, please explain:

Please try to fit the response in the space provided above, but if necessary, submit the continued response as **Attachment C.19 Religious Use**.

C. 1. Please note that the proposed Moveable Property funded by the City shall not be used to advance or support sectarian activity, including worship, prayer and/or proselytization unless the Organization complies with the following requirements:

(i) Such Moveable Property used to advance or support sectarian activity must be made generally available for use or rental by the public. The process to allow third parties to use such Moveable Property must be neutral and non-discriminatory. In addition, the process must ensure that the Organization itself does not receive preferential treatment in the use of the Moveable Property.

(ii) The availability of such Moveable Property for such religious or nonreligious purposes or activities on the terms and conditions referenced above, must be made known to the general public.

(iii) The use of such Moveable Property as described in (i) and (ii) above must be occasional and temporary.

(this paragraph constitutes the **Sectarian Use Exception**).

2. If any part of the proposed Moveable Property funded by the City will be used for sectarian activity pursuant to the Sectarian Use Exception, the Organization must attach the following:

a) **Attachment C.20 Use Policy:** a use policy that includes guidelines which comply with the requirements set forth above in question 14(C)(1).

Please describe how the use policy meets the criteria set forth in the Sectarian Use Exception:

b) List the means that will be used to advertise or give notice to the general public of the availability of the Moveable Property for rent and the frequency of those notices.

If the requested Moveable Property is for the provision of medical services, complete questions 15-18.

15) Health Care Provider Licenses and Certifications:

A. Does the Organization's current operating certificate issued by the New York State Department of Health or New York State Office of Mental Health authorize the operation and use of the Moveable Property requested herein at the Project Address for the purposes described herein?

Yes ☐ No ☐

If YES, please provide the facility identification number for the Project Address:

_____

If YES, please provide the operating certificate number(s) for the Project Address:

_____

If NO, explain:

B. Will the Organization bill Medicare and/or New York State Medicaid for services related to the Moveable Property requested herein?

Yes ☐ No ☐

If NO, explain:

16) Certificate of Need/ Notice Submission

Has the New York State Department of Health or New York State Office of Mental Health approved a Certificate of Need (CON) application or Notice Submission that covers the Moveable Property requested herein?

Yes ☐ No ☐

If YES, upload evidence of such approval or acceptance as **Attachment C.21 Certificate of Need Approval or Notice Submission.**

If NO, (i) provide expected date of approval or acceptance and explain the delay, or (ii) explain in detail why such approval or notice is not applicable for the Moveable Property requested herein.

17) Additional Health Care-Related Moveable Property:

A. Does the Organization own or lease Moveable Property that provides a similar function to the Moveable Property requested herein?

Yes ☐ No ☐

If YES, please specify below each such Moveable Property item, the date such item was acquired, and explain the need for such additional Moveable Property.

B. Were any of the items listed above purchased with City funding?

Yes ☐ No ☐

If YES, specify such items, and include the purchase date, order date, installation completion date, date of first use, and registration date of the City funding contract.

18) Hospital or Clinic Space

A. Will the proposed Moveable Property Project be located in a Hospital or Clinic as defined in the Organization Form and in the Glossary? (See question 6 in the Organization Form.)

Yes ☐ No ☐

If YES, please respond to questions B and C below.

B. Please explain how the proposed location meets the definition of Hospital or Clinic as set forth in the Glossary, including how the proposed location's services will be open and available to the general public.

C. Will any portion of the proposed Moveable Property Project not be used for Hospital or Clinic services?

Yes ☐ No ☐

If NO, please explain. Identify such Moveable Property items and describe how they will not be used for Hospital or Clinic services, and what they will be used for.

If the Organization does not have at a total of at least $25,000 of City Operating Contracts in City Fiscal Year 2023 (see question 1(L) in the Organization Form), then the City cannot fund any Moveable Property that will not be used for Hospital or Clinic services.

19) **Optional- Additional Relevant Information:** Provide in the space below any relevant information the Organization would like the City to take into consideration while considering the funding request:

II. CITY REQUIREMENTS & COVENANTS

1. CITY PURPOSE COVENANT

Prior to the distribution of City capital funds, the Organization must agree to a City Purpose Covenant which requires, among other things, that each Project financed with City capital funds be used for a defined City Purpose for its entire useful life, which will be no less than five (5) years (except where the Moveable Property consists of computer hardware, software, networks, and information technology systems, in which case the useful life of such items will be no less than three (3) years) and no longer than thirty (30) years, after the final disbursement of the City capital funds, depending on the type of Project that is funded. The required use of the Project pursuant to the City Purpose Covenant will be based on the particular City Purpose that is being served by the Project. Additionally, the Project's defined City purpose shall be consistent with the type and mission of the Organization and should support its principal services and activities. The Organization shall be required to make use of the Project for the provision of such services on a consistent, measurable and regular basis.

In instances in which the City funds are for acquisition of Moveable Property, the City Purpose Covenant will be in the form of a Use Agreement (for cultural projects only) or Security Agreement to be filed by a Form UCC-1. Except in the case of a lien held by HUD, there may be no other liens on the Moveable Property; any creditors, mortgagees, and other lienholders must exclude the Moveable Property from their liens. Note that in the case of a Form UCC-1, the Organization must make continuation filings every five years.

For additional information, please see the Guidelines (Exhibit 1).

1) CITY PURPOSE COVENANT

A. Does the Organization understand the requirements of the use of the Project for a defined City Purpose?
Yes ☐ No ☐

B. Does the Organization understand and agree to the recordation of a senior lien restricting the use of the City funded asset to the City Purpose for the required term?
Yes ☐ No ☐

C. Has the Organization secured the agreement of every prior lienholder and every potential lender to the exclusion[4] of the Moveable Property requested herein from their lien(s)?
Yes ☐ No ☐ N/A (if no prior lienholder or potential lenders) ☐

[4] Please note that if HUD has a lien on the property, please submit evidence that HUD's lien will be subordinated to the City's lien (rather than exclude the Moveable Property from HUD's lien) as **Attachment C.8 Lienholder Letter(s).**

If NO, please provide an explanation below:

D. Does the Organization understand that it cannot remove or destroy the Moveable Property requested herein before the end of its useful life?

Yes ☐ No ☐

2) OPINION OF COUNSEL LETTER

Please acknowledge that the Organization understands and agrees that prior to entering the Funding Agreement it will be required to obtain an Opinion of Counsel Letter substantially in the form of Exhibit 13B: ☐

3) REIMBURSEMENT BASIS OF CITY PAYMENTS

The City will reimburse the Organization only for payments made by the Organization after the date of the appropriation of City funds.

In addition, City funds will be paid to the Organization only on a reimbursement basis upon requisition by the Organization pursuant to an executed Funding Agreement. **Therefore, the Organization must pay the Project costs from its own sources and then provide proof of payment to the City in order to be reimbursed for eligible costs.** (See "Funding Process" and "Post-Funding Compliance" sections on pp. 9-10 of the Guidelines for the funds disbursement process.)

For further information on the process, see the Guidelines (Exhibit 1).

A. Does the Organization understand and agree that the City will reimburse only for payments incurred by the Organization after the date of appropriation of City funds?

Yes ☐ No ☐

B. Does the Organization understand the reimbursement basis of City payments pursuant to an executed Funding Agreement?

Yes ☐ No ☐

C. Does the Organization understand and agree that there shall be no more than one reimbursement request submitted for this Project?

Yes ☐ No ☐

D. What are the Organization's intended sources for advancing such funds?

If such intended sources include any restricted funds that require consent of any third parties (e.g., Dormitory Authority of the State of New York ("DASNY")) to be used, attach such written consent(s) as **Attachment C.22 Restricted Funds Consent.**

4) Please acknowledge that the Organization understands and agrees that if significant changes are made to the Project's scope or a significant amount of time has passed since the time of the application, then management of the Project may be suspended until the Organization submits a new application for OMB's review: ☐

5) ONGOING POST-FUNDING COMPLIANCE

OMB, on behalf of the City, conducts compliance reviews of Organizations that have received capital funding from the City under the City's discretionary capital grant program. The goal of the compliance review process is to verify that the Organization is complying with its obligations and responsibilities under the corresponding legal documents relating to the funding of the project and the use of any other City-owned Real Property or capital asset.

Does the Organization understand that it will have to participate in such compliance program?

Yes ☐ No ☐

III. REPRESENTATION FORM

The following statement must be executed by an authorized officer of the Organization (i.e., executive director, chief financial officer or the equivalent).

I, _____, as

_____ [Title] of the Organization listed above, have the authority to submit this Standalone Equipment and/or Equipment System Application on behalf of

_____
[Organization's Legal Name].

I hereby certify under penalties of perjury that all answers submitted herein (including in the Organization Form) are factual, accurate and complete to the fullest extent of my knowledge, and that this Application has been completed with the best efforts of the above named Organization.

_____
(Please Enter Your Initials)

_____
(Print Name)

_____
(Date)

Principal Contact for this Standalone Equipment and/or Equipment System Application:

Name: _____ Phone: _____

Title: _____

E-Mail Address: _____

List of Attachments

THESE ATTACHMENTS MUST BE SUBMITTED ELECTRONICALLY WITH THE FORM.

Required Attachments for this Application**:**

C.9 Moveable Property List

C.10 Cost Breakdown Basis

Attachments that **may be required** to be fully responsive to questions in this Section:

C.1 Multiple Locations Supplement - Location 2

C.2 Multiple Locations Supplement - Location 3

C.3 Multiple Locations Supplement - Location 4

C.4 Multiple Locations Supplement - Location 5

C.5 Lease - Private Property

C.6 Lease - City-owned Property

C.7 Existing Liens Table

C.8 Lienholder Letter(s)

C.11 Attached Moveable Property - Photo - Diagram

C.12 Attached Moveable Property - Owner Acknowledgment

C.13 Attached Moveable Property - Mortgage Holder - Lienholder Acknowledgment

C.14 Status of Pledged Non-City Funds

C.15 Funding Gap

C.16 Equipment System - Medical Equipment Diagram

C.17 Design, Installation and Other Soft Costs

C.18 Staffing

C.19 Religious Use

C.20 Use Policy

C.21 Certificate of Need Approval or Notice Submission

C.22 Restricted Funds Consent