CITY FISCAL YEAR 2025

DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT APPLICATION

_____

LEGAL NAME OF ORGANIZATION

NOTE: THIS APPLICATION IS FOR HOUSING -RELATED FUNDING ONLY. IF THE FUNDING IS BEING REQUESTED FOR A NON-HOUSING RELATED USE (E.G., COMMUNITY CENTER OR RETAIL SPACE) IN A HOUSING PROJECT (OTHER THAN THE CORE AND SHELL OF SUCH SPACE), COMPLETE THE CONSTRUCTION/RENOVATION APPLICATION INSTEAD OF THIS APPLICATION.

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		$ 0.00

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. **DO NOT INCLUDE ANY MAYORAL FUNDING.**

NOTE: All housing projects other than NYCHA projects <u>must</u> be identified with an HPD Program and associated Loan Authority. Some loans can be provided for as 'forgivable' and, as such, are not repayable.

Has the Organization been instructed to submit this application in order to "repurpose" previously appropriated funds for a new or revised project?

Yes ☐ No ☐

If Yes, please provide details regarding who instructed the Organization to do so and for what reason(s):

INTRODUCTION

Note that questions in this Application relate ONLY to the specific Department of Housing Preservation and Development Project for which funding is being requested.

NOTE: All housing projects other than NYCHA projects must be identified with an HPD Program and associated Loan Authority. Some loans can be provided for as 'forgivable' and, as such, are not repayable.

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.**

I. PROJECT INFORMATION

1. Project Description:

A. Provide a brief description of the proposed Project.

B. Please describe precisely what the City Capital funds will be used for. Please be specific.

C. Is the proposed Project New Construction or Rehabilitation of an existing building?

New Construction ☐ Rehabilitation ☐

D. If REHABILITATION, is the building Vacant, Occupied or Mixed?

Vacant ☐ Occupied ☐ Mixed ☐

Specify number of units of each:

TOTAL: _____ VACANT:_____ OCCUPIED:_____

E. If NEW CONSTRUCTION, is the land vacant? Yes ☐ No ☐

If NO, will the existing structure be demolished? Yes ☐ No ☐

F. Will the Project provide Rental or Homeownership Housing?

Rental ☐ Homeownership ☐

G. Is the Project expected to close within City FY 2025? Yes ☐ No ☐

Indicate anticipated closing date or date Project closed: _____

What is the basis for determining the projected closing date? Please explain how such closing date was determined.

NOTE: City funds for Projects must be appropriated within or prior to the City Fiscal Year the Project closes. Additional funding cannot be appropriated in City Fiscal Years after the date that a Project has closed.

H. If you know, indicate the HPD Program, NYCHA development, and/or HDC Program this Project will fall under: _____

Otherwise, check DON'T KNOW: ☐

NB: All housing projects other than NYCHA projects **must** be identified with an HPD Program and associated Loan Authority. Some loans can be provided for as 'forgivable' and, as such, are not repayable.

2. Property Ownership

A. Is the site City-owned? Yes ☐ No ☐

If YES, has the site received UDAAP and/or ULURP approval? Yes ☐ No ☐

If YES, please provide the Mayoral UDAAP approval date: _____

If UDAAP has not yet been approved, indicate anticipated UDAAP approval date: _____

B. Does the Organization currently own the Real Property where the housing construction or renovation will take place or is already underway?

Own: ☐ Other: ☐

If OTHER, note describe circumstances as **Attachment F.1 Property Ownership - Other**.

C. Project Address:

Street: _____ City: _____

State: _____ Zip Code: _____

Borough: _____

Block/Lot _____

Community Board #:_____

Council Member / District #:_____

D. Will a Housing Development Fund Corporation (HDFC) be involved in the development of this Project? Yes ☐ No ☐

If YES, provide name of the HDFC and describe the relationship with the owner nature of the HDFC's involvement.

HDFC Name: _____ Website: _____

Contact Person: _____ Email: _____

Phone: _____ Fax: _____

If YES, and the HDFC has not yet been created, please provide the timeline for the creation of the HDFC.

3. Estimated Total Cost of Acquisition, Construction or Renovation (Hard & Soft Costs):

Acquisition: **$**_____

Hard Costs: **$**_____

Soft Costs: **$**_____

TOTAL **$** 0.00

4. Projected Funding Sources for Project:

A. *City Funding Sources* – Complete table below. Note that there are two columns of "Prior City Funding." The first column relates to funds for which a Funding or other agreement has been executed with the City and under which funds have been or will be disbursed. The second column relates to funds appropriated to date but for which a Funding or other agreement has not yet been executed.

SOURCE	PRIOR CITY FUNDING (EXECUTED FUNDING AGREEMENTS TO DATE)	PRIOR CITY FUNDING (Appropriations for which no Funding Agreement has been executed)	FUNDING REQUESTED IN THIS APPLICATION	TOTAL (PRIOR + REQUEST)
CITY COUNCIL	$			0
BOROUGH PRESIDENT	$			0
HPD CAPITAL	$			0
TOTALS	$ 0	0	0	0

B. *Non-City Funding Sources* – Complete table below & specify each source (e.g., banks, other government sources, HDC Funds, Federal HOME funds, Federal LIHTC (tax credits), private foundations, NYS funding, capital campaign, bank financing; include specific names where possible). If more rows are needed, attach a table in this format for additional sources. Label the attachment **Attachment F.2 Non-City Funding Sources Table**.

SOURCE OF NON-CITY FUNDS	AMOUNT IN HAND	AMOUNT PLEDGED	AMOUNT REQUESTED	TOTALS
				0
				0
				0
				0
				0
				0
	0	0	0	0

C. ~~*Total*~~ *Funding Sources Currently Available for the Project*:

City Funding in Executed Funding Agreements: $ 0

City Funding Appropriated (not yet executed): $ 0

Non-City Funding already spent on Project: $ _____

Non-City Funding in hand: $ 0

TOTAL: $ 0

D. *Status of other Funding Sources* – Describe the status of securing other funding sources. If additional space is needed, please attach as **Attachment F.3 Other Funding Sources**.

5. Appraisal: Has an Appraisal of the site been requested or completed? Yes ☐ No ☐

Date of Appraisal: _____ Appraised Value: _____

6. Scope of Work:

A. Have you hired an architect or engineer? Yes ☐ No ☐

If YES, identify below.

Firm Name: _____ Website: _____

Contact Person: _____ Email: _____

Phone: _____ Fax: _____

B. Has an architect or engineer prepared a detailed scope of work? Yes ☐ No ☐
If YES, attach such scope as **Attachment F.4 Scope of Work.**

C. Identify the general categories of work involved in your Project by marking 'x' in the right column:

Renovation	
A. Exterior or envelope of the building	☐
B. Infrastructure (plumbing, HVAC, electrical, etc.)	☐
C. Interior space	☐
Construction	
A. Demolition of current structure or portion of current structure in order to build new space. In this case please explain what will be demolished and why, what will be built in its place and how is it different than the old demolished space.	☐
B. New addition either adjacent to its current building or adding floors to the current building.	☐
C. Construction of new building or structure	☐

D. Provide a breakdown of the major aspects of the Project. If the Project is a renovation, please describe the major Project components, steps in the renovation, etc. If the Project is new construction, please provide information on the size, make-up, and cost of the new facility.

7. Proposed Project Timeline and Budget:

A. Has an architect or engineer prepared a Project timeline? Yes ☐ No ☐

If YES, generally describe below and attach a copy of the Project timeline as **Attachment F.5 Project Timeline**. If NO, describe your Project timeline below and indicate your current Project phase (e.g., Project closing date, scope development, design or construction)?

B. Has an architect, engineer or Project manager prepared a cost estimate of the Project?
Yes ☐ No ☐

If YES, attach a copy of the cost estimate as **Attachment F.6 Cost Estimate**.

C. Complete the summary budget below for the proposed Project and provide for 15% contingency on Design, Construction and Construction Management Costs to the extent such relate to unexpended contract amounts:

USE	AMOUNT	FUNDING SOURCE (CITY/OTHER)
DESIGN COSTS		
CONSTRUCTION MANAGER		
CONSTRUCTION COSTS		
CONTINGENCY		
OWNERS REPRESENTATIVE		
OTHER:		
TOTAL	0	

8. Project Management:

A. Describe your Project management chain of command. List both internal and external staff involved in the Project and describe their responsibilities.

B. Have you hired a Project manager? Yes ☐ No ☐

If YES, identify below.

Firm Name: _____ Website: _____

Contact Person: _____ Email: _____

Phone: _____ Fax: _____

9. Purposes of Project:

A. Generally describe the population served, including number of dwelling units per income band (if applicable) and square footage of communal space (for use of building residents - not including hallways), community space (for use of persons from outside the building) and commercial space, if applicable.

B. Complete the table below indicating the type of units in the building, the number of such units, the SF of such units, and if there is communal, community or commercial space or if parking is included as part of construction. If the room type is not indicated in the table, add the type in one of the blank rows. If more space is needed, provide additional information in the form of a table or describe the property in an attachment labeled **Attachment F.7 Room Type Table.**

ROOM TYPE	#	SF	USE/INCOME BAND(S)
Studio – OBR			
1 BR			
2 BR			
3 BR			
4 BR			
Communal Space			
Community Space			
Commercial Space			
Parking (indoor)			
Parking (outdoor)			
Total:	0	0	

C. If this is a Special Needs Project, will any of the services or programs to be provided by the Project be services or programs *not currently offered* by the Organization? Yes ☐ No ☐

D. Project's operating costs: please explain how this Project, once it is completed, will impact the Organization's operating budget (i.e., energy costs; security costs; maintenance costs; insurance costs; etc.). Explain how the Organization will fund any increased operational costs and/or maintain the site after the Project is completed.

E. Are the services to be performed or the programs to be provided by the Organization in the building regulated by any federal, State or City agency? Yes ☐ No ☐

If YES, does the Organization have all required licenses, permits, etc. for the planned uses? Yes ☐ No ☐

If NO, provide explanation of how the Organization anticipates securing the required regulatory permits or licenses. (**Attachment F.8 Regulatory Permits**)

F. Will any of the services or programs to be provided by the Project be provided pursuant to operating contract(s) with a City agency? 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, services covered. Attach the description as **Attachment F.9 City Operating Contracts - Terms.**

10. Zoning, Land, Approval and Environmental Considerations

A. Complete the following and attach the current Certificate of Occupancy as **Attachment F.10 Current Certificate of Occupancy.**

Zoning of Building: _____

Zoning District: _____

Department of Finance Building Classification: _____

B. Is the Project use in accordance with the current "as of right" zoning and the Certificate of Occupancy? Yes ☐ No ☐

If NO, has there been an opinion rendered by the Department of Buildings (DOB), Department of City Planning (DCP), the Board of Standards & Appeals (BSA) or other regulatory agency regarding the contemplated use? Yes ☐ No ☐

If NO, provide explanation in an attachment labeled **Attachment F.11 Zoning**.

C. Please indicate below by marking 'x' if the Project's building/site has been designated or is pending designation as part of one of the below. Please also indicate if the relevant office has issued an approval for the Project:

	Designated or Pending Designation	Approved
NYC Landmark	☐	☐
NYC historic district	☐	☐
NYC special natural area	☐	☐
NYC Design Commission	☐	☐
National register of historic places	☐	☐
National historic landmark	☐	☐

D. Is the ULURP process required for your Project? Yes ☐ No ☐

E. Is environmental review (CEQR/SEQRA) required for your Project[2]

Yes ☐ No ☐

If YES, indicate what type of review and whether such review is complete below, and provide copies of all relevant documents as an attachment labeled **Attachment F.12 Environmental Review.**

(For more information on environmental reviews, please visit NYC's Office of Environmental Coordination's website (https://www1.nyc.gov/site/oec/environmental-quality-review/environmental-quality-review.page.)

F. Will the Project include the removal or containment or other remediation of any hazardous materials or pollutants, such as lead paint, asbestos, mold, oil, other petroleum products, or other contaminants (including containment or remediation related to a roof or boiler replacement)?

Yes ☐ No ☐

If YES, please describe.

[2] Despite the Organization's answer to this question, the determination as to whether or not CEQR or SEQRA is required for the Project will be made by New York City or State, and is subject to the review of the City managing agency.

12. **Green building standards law:** The green building standards law, Local Law 86 (New York City Charter section 224.1 and chapter 10 of title 43 of the Rules of the City of New York) applies to certain construction or reconstruction projects receiving City funds. (Information on Local Law 86 can be found on the web at http://www.nyc.gov/oec.)

A. Does the Green buildings standards law apply to your Project?[3]
Yes ☐ No ☐

If NO, explain why not below. If YES, explain why below. In each case, be specific and include references to the relevant sections of the law.

If YES, will your Project comply with the green buildings law? Yes ☐ No ☐

[3] Despite the Organization's answer to this question, the determination as to whether or not the Project is required to comply with the green building standards law will be made by the City and is subject to the review of the City managing agency.

II. 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 Department of Housing Preservation and Development 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 Department of Housing Preservation and Development Application:

Name: _____ Phone: _____

Title: _____

E-Mail Address: _____

List of Attachments

Please label each attachment by its FULL title (e.g., label Attachment F.4 Scope of Work as "Attachment F.4 Scope of Work").

THESE ATTACHMENTS MUST BE SUBMITTED ELECTRONICALLY WITH THE FORM.

Required Attachments for this Application**:**

F.10 Current Certificate of Occupancy

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

F.1 Property Ownership - Other

F.2 Non-City Funding Sources Table

F.3 Other Funding Sources

F.4 Scope of Work

F.5 Project Timeline

F.6 Cost Estimate

F.7 Room Type Table

F.8 Regulatory Permits

F.9 City Operating Contracts - Terms

F.11 Zoning

F.12 Environmental Review