CITY FISCAL YEAR 2025

VEHICLE(S) PURCHASE 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

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 the vehicle purchase Project for which capital funding is being requested.

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: ☐

The City is aware of many instances where organizations have been funded for the acquisition of large specialty motor vehicles, multi-passenger vehicles and ambulettes, but ultimately have lacked the capacity to operate and secure such vehicles on a regular and continuous basis. Due to a lack of funds, properly employed licensed drivers, a secure parking location and/or deficient policies and procedures, organizations have had to replace stolen City-funded vehicles or have volunteered or been asked to relinquish their City-funded vehicles to the City.

Does the Organization understand and agree to review the Organization's needs and capacity to sustain the vehicle(s) for at least five years?

Yes ☐ **No** ☐

*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://www.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 vehicle(s) to be purchased (e.g., mini bus to transport people to a community center).

B. Please describe how the vehicle(s) will serve a City Purpose, and how the vehicle(s) 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 vehicle(s), and the number of persons served in each category. Insert the projected number of people to be served directly as passengers or indirectly if the vehicle is used for the delivery of goods and services (e.g., education, recreation, home care, meal delivery).

Service/Program	No. of People Served in City FY 2023	No. of People Served in City FY2024 (Projected)	No. of People Served in City FY 2025(Projected)
Total	0	0	0

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

Frequency	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Provide additional information about how often the vehicle(s) will be used. In addition, if, for any reason, the vehicle(s) will not be operated or otherwise used on a regular or consistent basis every week, please explain why below:

E. If the vehicle(s) will be used to transport passengers, what is the expected number of passengers to be transported by each vehicle?

Frequency	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Weekly					
Monthly					

F. What is the minimum number of days per year that the vehicle(s) will actually be used for a City Purpose?

Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5

G. Specify the number of expected trips to be made:

Frequency	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Weekly					
Monthly					

H. Will the services that will be supported or served by the vehicle(s) 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.

I. Will the vehicle(s) be used to directly provide services to the public?

Yes ☐ No ☐

If YES, will the vehicle(s), including the services to be provided within the vehicle, be accessible to individuals with disabilities?

Yes ☐ No ☐

If YES, please explain how the vehicle(s) will be accessible.
If NO, please explain why the vehicle(s) not be accessible.

J. Will the Organization charge a fee for the services supported by the vehicle(s)?

Yes ☐ No ☐

If YES, please identify the fee to be charged:

K. Include the location(s)/area(s) and/or destinations to be served by the vehicle(s) and the expected frequency of service at each location. For example, if the vehicle is a mobile dental van, the description should reference the neighborhoods/boroughs served and the specific locations or vicinity of service (e.g., PS 234, Local 1199 office, Drury Lane Senior Center).

L. Other than for maintenance, will the vehicle(s) ever leave the City, and if so, what is the reason for and frequency of such instances, and for how long in each instance?

M. Additional Vehicle(s)

Does the Organization currently own or lease vehicle(s) that provide a similar function to the vehicle(s) requested herein?

Yes ☐ No ☐

If YES, complete the remaining questions (a)-(e) below.

a. Specify:

(i) the quantity of vehicles owned/ operated that perform a similar function to the vehicle(s) requested herein: _____

(ii) the average number of years such vehicles have been in use: _____

b. Were any of those vehicle(s) purchased with City funding?

Yes ☐ No ☐

If YES, specify each City-funded vehicle, its purchase date and its order date.

c. Specify the frequency of use (minimum days per year, days per week, and hours per day) of each vehicle owned/operated that performs a similar function to the vehicle(s) requested herein, and describe how vehicle use is assigned and monitored by the Organization:

d. Will the vehicle(s) requested herein be used in addition to the existing vehicle(s) or to replace the existing vehicle(s)?

e. Explain the need for additional vehicle(s) to augment or replace the existing ones, as applicable:

2) **Type of Vehicle(s) to be purchased** (check all that apply, provide detail in question 6 below):

Passenger Van/Bus ___– specify seating capacity:_____ (Must be at least 10)

Ambulance ___

Maintenance Vehicle ___ - describe: _____

Wheelchair Accessible Van / Ambulette ___specify seating capacity in intended configuration (see note below):____

Other ___ - describe: _____

Please note that cars and passenger vehicles that hold fewer than 10 people are not capitally eligible. Notwithstanding the foregoing, wheelchair accessible vans/ambulettes may be capitally eligible even if they hold fewer than ten people if such vehicle, in a different standard configuration, can legally accommodate ten or more people. If requesting funding for a wheelchair accessible van/ambulette with seating capacity in intended configuration of less than ten people, please provide the number of wheelchair slots and number of seats for ambulatory persons in intended configuration, and please explain how the vehicle is consistent with this requirement:

3) **Total Cost for Vehicle Project: $ _____**

Include:

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

4) Location of Vehicle(s):

A. *Location Ownership*

Does the Organization currently own or lease Real Property where the vehicle(s) will be garaged or otherwise parked when not in operation? Check one or more of the boxes below (if applicable in the case of multiple locations).

Own: ☐

Lease private property: ☐
Attach lease & any amendments as **Attachment D.1 Lease – Private Property**.

Lease City-owned property: ☐
Attach lease & any amendments as **Attachment D.2 Lease – City-owned Property**.

Other: ☐
Provide an explanation below.

B. *Location Address*

Specify below where the vehicle(s) will be garaged or otherwise parked when not in operation. If more than one garage/parking location is involved, provide this information for each such vehicle or location as **Attachment D.3 Additional Locations.**

Facility: _____

Street: _____ City: _____

State: _____ Zip Code: _____

Borough: _____

Block: _____

Lot: _____

Community Board #:_____

Council Member/District #:_____

Please note that the vehicles must be parked in New York City.

In addition, the City will not fund vehicles that do not have secured, dedicated off-street parking.

Does the location address above meet this requirement?
Yes ☐ No ☐

If NO, the City will not provide funding.

C. *Location Description*

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

5) Projected Funding Sources for the Vehicle Project:

A. *City Funding*

In your response below, do not include any City funding for construction or renovation costs or other items of Moveable Property besides the vehicle(s) requested herein.

Please read all the definitions and fill out this question 5(A) carefully. In the past, many Organizations have not inserted the correct amounts.

Total Funding Sources Currently Available for the Vehicle(s)

Total Project Cost:	$0
LESS the following available funds:	
i. City Funding in Executed Funding Agreements for the Vehicle(s):	
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

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 vehicle costs, complete questions 5(B)(1) and 5(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 D.4 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 D.5 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: ☐

6) Vehicle List:

A. A comprehensive list of each vehicle for which funding is being requested *must* be attached, substantially in the form of the table below, as **Attachment D.6 Vehicle List.**

- The list must include:
  - each vehicle to be purchased,
  - the make/model (projected),
  - the quantity to be purchased of each type of vehicle,
  - the unit cost per vehicle (i.e., no lump sums),
  - the total cost, and
  - the anticipated date of purchase (cannot be prior to July 1, 2024).

    If the Organization purchases any vehicles or vehicle-related 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 the vehicle(s) will be parked when not in use at multiple locations, the list must be further broken out by location.

- **Training: Do NOT include any training costs** in the Vehicle List, as training costs are capitally ineligible. Even if training costs are included or bundled in the total cost of the vehicle, 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.

- **Other ineligible items**: Do NOT include the following costs in the Vehicle List, as such costs are capitally ineligible: disposable consumable supplies, spare parts, or items that are specific to the entity such as entity-specific signage and decals. Even if such costs are included or bundled in the total cost of the vehicle, the 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 such costs would be required.

[ATTACHMENT D.6]					
TYPE OF VEHICLE TO BE PURCHASED	MAKE /MODEL (PROJECTED)	QUANTITY OF ITEM	UNIT COST	TOTAL COST	EXPECTED PURCHASE DATE
SOFT COSTS					
Delivery					
Consultant or design fees					
Other soft costs: [Specify]:					
Other soft costs: [Specify]					
TOTAL OF HARD AND SOFT COSTS:					

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

C. What is the basis for the above cost breakdown?

Please provide backup for the cost breakdown (e.g., quotes and/or advertised costs) from third-party vendors, manufacturers or suppliers. Attach the response as **Attachment D.7 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).

D. Attach manufacturer's or vendor's vehicle specifications which include the indicated information:

(i) manufacturer (e.g., Ford, GM, Toyota),
(ii) model or name (e.g., Tundra, F-150, etc.), and
(iii) capacity (e.g., number of passengers).

Specifications and additional narrative should be attached as **Attachment D.8 Vehicle Specifications.**

E. Have the vehicle(s) already been ordered?

Yes ☐ No ☐

If YES, the City will not provide funding.

7) Contemplated Uses/Purposes:

A. City capital funds may only be applied to vehicle(s) used by the Organization for Front Line Services for a majority of the time that such vehicle(s) are used.

Please explain how the vehicle(s) will be used for Front Line Services for a majority of the time that such vehicle(s) are used.

If less than 50% of the time such vehicle(s) are used for Front Line Services, the City will not fund this Project.

B. Will the vehicle(s) be used for new services or programs not previously offered by the Organization?
Yes ☐ No ☐

If YES, the City will not provide funding.

C. *Staffing*

1. Check off the correct option below.

   In order to operate the vehicle(s), the Organization will:

   a) contract drivers on a per diem basis ☐,
   b) employ drivers on the Organization's payroll ☐, or
   c) both employ drivers on the Organization's payroll and contract drivers on a per diem basis ☐.

2. Does the Organization currently employ or contract a sufficient number of drivers with the required license(s) to operate the proposed vehicles?
   Yes ☐ No ☐

If YES, specify the type of license(s) required and the number of employed or contracted drivers with such license(s). If NO, please specify the number of drivers the Organization plans to hire or contract with to operate the requested vehicles.

3. Does the Organization obtain and review driving records or motor vehicle records for employed drivers?
   Yes ☐ No ☐

   If YES, please describe. If NO, please describe how the Organization verifies drivers' qualifications.

4. Does the Organization employ salaried employees to provide the services supported by the vehicle(s)?
   Yes ☐ No ☐
   If YES, specify the number of such salaried employees: _____

5. Explain who will provide the services related to the vehicle(s). 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 D.9 Staffing.**

D. *Operating Costs*

1. What are the monthly projected carrying costs including parking, drivers, insurance, gas, etc.?

2. *Project's impact on operating costs and operating revenues* - Please explain how the vehicle(s) will have an impact on the Organization's operating budget, revenues and ability to provide services. Please explain how the Organization will fund such operating costs for a minimum of five years. Be specific. Address insurance and vehicle garaging or storage or parking costs, specifying the type of insurance coverage and vehicle garaging and corresponding costs.

E. *Maintenance and Security*

1. Describe the policy and procedures for operation, use and maintenance of the vehicle(s):

2. Has the Organization experienced a vehicle theft or major damage, or been subject to litigation related to the use of the vehicle(s), during the past three (3) years?
   Yes ☐ No ☐

   If YES, please describe.

3. Please provide an explanation of the Organization's procedures for securing vehicles. Such procedures should cover (a) how the use and location of vehicles are monitored; (b) access to/ control over car keys; (c) whether the organization uses the LoJack Care or alternative security system for existing vehicles and (d) reporting procedures for vehicle accident/loss/damage events.

F. Are the services to be performed or the programs to be provided by the Organization using the vehicle(s) regulated by any federal, New York State or City agency?
   Yes ☐ No ☐

   If YES, does the Organization have all required licenses for vehicles and drivers, 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.

G. Will any of the services or programs to be provided using the vehicle(s) 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.

8) Sectarian Use:

Religious or sectarian activity that should be disclosed includes worship, prayer and/or proselytization, regardless of the duration, the frequency and the sponsor of such activity. In addition, it includes administration of and transportation to or from 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: ☐

Will the vehicle(s) be used to plan, organize or implement any religious or sectarian activity (see Organization Form, Section II, questions 1(N)-1(P))? For example, if requesting a passenger van, will the van be used to transport people to 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, attach additional narrative as **Attachment D.10 Religious Use.**

If the requested vehicle(s) are for the provision of medical services, complete questions 9 and 10.

9) Health Care Provider Licenses and Certifications:

A. Does the Organization possess operating certificate(s) issued by the New York State Department of Health to operate and use the requested vehicle(s) for the purposes described herein?

Yes ☐ No ☐

If YES, upload evidence of such operating certificate(s) as **Attachment D.11 Health Care Provider Licenses and Certificates**.*

*If requesting funding for ambulances, upload (1) a copy of the valid operating certificate(s) issued by the New York State Department of Health, and (2) proof of participation in a continuous quality improvement program as **Attachment D.11 Health Care Provider Licenses and Certificates**.

If NO, describe the status of securing operating certificate(s) issued by the New York State Department of Health for the proposed vehicle(s), or explain why such certificate(s) are not required.

B. Will the Organization (i) bill Medicare and/or New York State Medicaid for the services related to the use of such vehicle(s), and/or (ii) receive non-City government grants for costs related to the operation and use of such vehicle(s)?

Yes ☐ No ☐

If NO to (i) or (ii), please explain:

10) Ambulances/Mobile Medical Units:

A. If requesting funding for ambulances, is the Organization a designated 911 receiving entity with contracts with the City's Fire Department (FDNY) to provide emergency medical services (EMS)?
Yes ☐ No ☐

If YES, specify the number of ambulances operated under direction and operation of the FDNY-EMS: _____

If NO, please describe dispatch protocol, procedures for handling of emergency and non-emergency calls and coordination with hospitals for patient care and staff training programs.

B. If the Organization owns ambulances or other mobile medical units that perform a similar function to the vehicle(s) requested herein, and such vehicle(s) are City-funded, complete the table on the following page.

If not applicable, please check here: ☐

City-Funded Ambulances/Mobile Medical Units Already Owned	Vehicle Identification No., Make and Model Year	Date of Purchase	No. of Years Already in Use	No. of Years of Expected Use	FDNY-EMS contract or private use? (for Ambulances)	Will this Existing City-Funded Vehicle be Replaced by a Vehicle Requested Herein? (Y/N)
Vehicle 1					Pls select	Pls select
Vehicle 2					Pls select	Pls select
Vehicle 3					Pls select	Pls select
Vehicle 4					Pls select	Pls select
Vehicle 5					Pls select	Pls select
Vehicle 6					Pls select	Pls select
Vehicle 7					Pls select	Pls select
Vehicle 8					Pls select	Pls select
Vehicle 9					Pls select	Pls select
Vehicle 10					Pls select	Pls select
Vehicle 11					Pls select	Pls select
Vehicle 12					Pls select	Pls select
Vehicle 13					Pls select	Pls select
Vehicle 14					Pls select	Pls select
Vehicle 15					Pls select	Pls select

11) **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

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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 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 vehicle(s), 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 DMV Lien. There may be no other liens on the vehicle(s); any creditors, mortgagees, and other lienholders must exclude the vehicle(s) from their liens.

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. Does the Organization understand that it cannot dispose of the vehicle(s) requested herein before the end of their 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 13A: ☐

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 D.12 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 Vehicle(s) Purchase 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 Vehicle(s) Purchase Application:

Name: _____ Phone: _____

Title: _____

E-Mail Address: _____

List of Attachments

THESE ATTACHMENTS MUST BE SUBMITTED ELECTRONICALLY WITH THE FORM.

Required Attachments for this Application**:**

D.6 Vehicle List

D.7 Cost Breakdown Basis

D.8 Vehicle Specifications

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

D.1 Lease – Private Property

D.2 Lease – City-owned Property

D.3 Additional Locations

D.4 Status of Pledged Non-City Funds

D.5 Funding Gap

D.9 Staffing

D.10 Religious Use

D.11 Health Care Provider Licenses and Certificates

D.12 Restricted Funds Consent