Initial Outfitting Affirmation

Newly Acquired, Constructed, Reconstructed or Leased Space

Funding Recipient's Full Name (as indicated on its Certificate of Incorporation):			
Address	s where City funded equipment will be located:		
the City Comptro defined betterme	Recipient hereby affirms that it has read all of the provisions provided in the Funding and Security Agreements of of New York ("City" or "NYC") and acknowledges its obligation to abide by the terms and requirements of the NYC oller's Internal Control and Accountability Directive No. 10, which defines Initial Outfitting as the outfitting of a area that (i) has been newly acquired, leased or constructed or (ii) is the subject of a comprehensive upgrade or ent. Directive No. 10 further states that orders for initial outfitting must be placed within six (6) months of the date building, structure, facility or other Capital Asset is placed into service.		
	ngly, Funding Recipient recognizes that an initial outfitting designation requires a newly purchased, constructed, ructed or leased space. A space that has a renewed and/or amended lease does not qualify for initial outfitting.		
project (ion, the Funding Recipient hereby acknowledges that <u>all equipment</u> purchased pursuant to an initial outfitting (i) must be ordered within six (6) months of date the premises is placed into service, and (ii) <u>must remain at the s</u> indicated in the City's Funding and Security Agreements for a <u>period of five (5) years without exception</u> .		
	also provide the following information regarding the initial outfitting project, as provided below (please fill out all s that are applicable):		
• Spa	ce information:		
0	Property newly purchased?		
	Yes No		
	If yes, then provide:		
	Date of purchase:		
	Move-in date:		
	Please provide a copy of the purchase contract.		
0	Newly leased space?		
	Yes No		
	If yes, then provide:		
	Lease term: yrs.		
	Date lease term begins:		
	Date lease term ends:		
	Move-in Date:		
	Please provide a copy of the lease.		
0	Property newly constructed?		
	Yes No		
	If yes, then provide:		
	Start date of the project:		
	Date of completion:		

Please provide a copy of the certificate of occupancy.



0	Comprehensive ren	ovation / upgrade of Property?		
	Yes No			
	If yes, then provide:			
	Start date of the pro	oject:		
	Date of completion:			
	Move-in date:			
For r and and affect treat	delineation of the affectionstruction work whated areas, the spec	ected space(s) must be provided nich involves at least three trades sific work undertaken by trade a eting, painting, other finishes).	a detailed scope of work of such reconstruction or In general, a comprehensive upgrade involves do Thus, the detailed scope must include delineation and work type and cost (including breakouts for Please note that surface treatments on their own	emolitior on of the r surface
0	Scope of Work (pre	pared by an architect/engineer) :	Please Attach	
0	Floor Plan of Space	attached?		
	Yes No (N	Must be provided in order for this	affirmation to be complete.)	
Equi o	pment purchase infor Order date(s), purch	rmation: hase date(s) and installation date	(s) of equipment:	
	- Please provide cop	pies of quotations/invoices and a	n equipment list (Exhibit A to the Funding Agreeme	nt).
		f equipment on the equipment separate columns in the equipme	list, please provide the order date, purchase dat list.	ate, and
			SIGNATURE OF FUNDING RECIPIENT'S DULY AUTHORIZED REPRESENTATIVE:	
			By: Name: Title: Date:	
State	e of New York)			
	nty of)	SS:		
On t (Nan	his day of ne), who being by m	, 20 ne duly sworn, did depose and (Name of Fundir	before me personally came (Po-	sition) o
		xecuted the foregoing instrument	and s/he duly acknowledged to me that s/he exec corporation for the uses and purposes mentioned the	cuted the
			Notary Public (Stamp or Seal)	