

# NON-PROFIT REIMBURSEMENT PROGRAM HANDBOOK

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June 2026

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# PART I: INTRODUCTION

## Introduction & Overview

The NYC Department of Design and Construction’s (“DDC”) Law Unit administers the City’s Non-Profit Reimbursement Program (“Program”). Under this Program, New York City’s (the City) Borough Presidents and/or City Council members (“Elected Official(s)”) award from the City’s capital budget, purchases made by 501(c)(3) not-for-profit organizations and public benefit corporations on a reimbursement basis. Eligible organizations must be organized under New York State law or registered to do business in New York State. Since this is a reimbursement program and not a grant, funding is never advanced to your organization towards the purchase of capital items.

Funds for the reimbursement of eligible capital purchases are generated through the sale of New York City bonds. [Click here](#) for more information on bond sales. Eligible organizations are invited to apply for capital reimbursement funding by submitting their project ideas to their Elected Official(s). Once the Elected Official(s) have reviewed and awarded funding for the specific project, the New York City’s Office of Management and Budget (“OMB”) will review the application to ensure that the project is capitably eligible. This review process is done through the CapGrants application portal. DDC is not involved in the CapGrants application review process. Contact your elected officials if you have any questions regarding the application submission. The CapGrants application period begins in the December prior to the FY of the upcoming award cycle (E.g. December 2025 for an FY 27 application, as the FY 27 begins on July 1, 2026) and the submission deadline is in late February (request from the Borough President or a combination of Borough President and the City Council) or late March (request from the City Council), depending on the elected officials from which you are requesting funding.

Notification to submit initial documentation towards the creation of a funding agreement, which outlines the terms towards reimbursement, is sent by DDC in the late summer/early fall of the award’s FY, after the budget allocations are placed. Reimbursement for the city funded equipment/vehicles consists of several documentation submission packages, broken down into phases, which are reviewed and approved by DDC, OMB, and the Comptroller’s Office. Reimbursement takes at least one year from the date of the award notification from DDC.

Your organization must commit to using the purchases for a “City Purpose”, which are front line services made directly available to City residents during normal business hours (that are typical of an organization considering the services provided) without discrimination, for a performance term of five years after receiving reimbursement, and give the City a first priority security interest on the items for the duration of the performance term.

This handbook provides a step-by-step guide on how to navigate each stage of the capital award process. The sections in this handbook contain checklists and corresponding attachments which may be used as an aid in preparing submissions for each stage. The checklists outline the documents groups must submit, and the corresponding attachments are sample, blank, or template documents which will be completed by your organization. These items, which are available on the Program website at this link [Click here](#), are subject to periodic updates. Please note that for some sample documents in this handbook, you will need to zoom in to view them with clarity.

If you have any questions throughout the award process, contact your assigned DDC Project Manager or use the following link to set up an appointment via Microsoft Teams. DDC Law Non-Profit Reimbursement Program Appointment [Click here](#).

**Note:** This handbook contains web links that provide information to assist you throughout the capital award process. These links may become outdated over time. Please notify the DDC Law unit at [NRP@ddc.nyc.gov](mailto:NRP@ddc.nyc.gov) if this happens, so that they can be updated.

## Glossary of Acronyms

Below are some acronyms you will find in this handbook or in correspondence throughout the capital award process. Additional acronyms and terms are available in the Glossary of Terms document of your CapGrants application package.

CP – Certificate to Proceed

DASNY – Dormitory Authority of the State of New York

DDC – Department of Design & Construction

DLS – Division of Labor Services

DMV—New York State Department of Motor Vehicles

ECB – Environmental Control Board

EULA – End User License Agreement

FMS – Financial Management System

FR – Funding Recipient

FY – Fiscal Year (July 1 to June 30)

HUD – U.S. Department of Housing and Urban Development

IO – Initial Outfitting

ISM – Information Systems Management

MOCS – Mayor’s Office of Contract Services

MOPD – Mayor’s Office for People with Disabilities

NYSDOS – New York State Department of State

OMB – Office of Management and Budget

PASSPort – Procurement and Sourcing Solutions Portal

PIP – Payee Information Portal

PM – Project Manager

SBS – Department of Small Business Services

UCC – Uniform Commercial Code

# PART II: AWARD TYPES & ELIGIBILITY REQUIREMENTS

## Award Types & Eligibility Overview

DDC administers three types of projects under this Program: **Vehicles, Equipment, and Initial Outfitting**. While general eligibility requirements for all awards are listed below, please note that other capital eligibility requirements vary for each award type. Your organization will need to work closely with their DDC Project Manager during the capital award process to ensure capital eligibility, pursuant to OMB's approval.

### General Information for all awards

- The minimum eligible award amount under this program is \$50,000. Awards containing items that are minimally attached to the premises require at least \$250,000 in overall eligible items, for minimally attached items to be reimbursable.
- Minimally attached items are screwed, bolted, or nailed to a wall, floor, or ceiling of the premises and are easily removable while causing a negligible amount of damage to the site during installation or removal. Connections to water or gas lines and items with wiring that run through the walls are considered fixtures and are ineligible.
- Purchases should be consistent with the moveable property list from the CapGrants application. Notify DDC of any changes in the proposed items, **prior** to placing any orders. Initial Outfitting awards allow more leeway with purchases that differ from the CapGrants application. Changes to the proposed items after a budget is approved, may result in re-submission of the budget.
- Prior to purchasing any equipment/vehicles, you must obtain bids from at least three vendors and select from the lowest bidder, if possible.
- Equipment and vehicle orders cannot be placed prior to the FY of your award. The City's fiscal year runs from July 1 to June 30. For example, you cannot place orders for items under an FY 27 award prior to July 1, 2026.
- Items must have a useful life of at least 5 years from the date of reimbursement, though eligible IT awards may proceed with a 3-year useful life.
- Items with embedded software or purchases of software licenses, require transferability to the City and/or the City's designee.
- Personalty (non-fixture) agreements from your landlord and/or lender are required for minimally attached items.
- Reimbursement amount will be the lesser between the total eligible costs or the award allocation. Excess dollars after registration and reimbursement are returned to the City's capital budget.

Refer to the Comptroller's Directive #10 for more information on the eligibility criteria at this link [Click here](#). Some eligibility requirements for this program may differ from the Comptroller's Directive #10.

## Ineligible Items

Not all items or features for capital award purchases are eligible for reimbursement. Below is a list of such items, which are derived from the CapGrants application files. This list is not intended to be exhaustive, as there are other types of items that are ineligible, based on varying criteria. Your DDC Project Manager will assist your organization in identifying such items.

### List of Ineligible Items

- Cars or passenger vehicles that hold fewer than 10 people\*
- Used items or vehicles
- Luxury or unique items
- Entity specific signage (e.g., graphics on vehicles). Custom made items/custom fabricated items (including custom fabricated furniture)/unique items
- Training
- Maintenance/support services
- Extended warranties
- Laptops, tablets, iPads, cellphones, USB flash drives
- Disposable/consumable items, including toner, paper, CDs, DVDs, badges, IDs, key fobs, batteries, light bulbs
- Spares/inventory/supplies/backup items
- Items with an estimated useful life of less than 5 years (except eligible purchases for IT awards)
- Maintenance equipment including floor buffers, vacuum cleaners, snow and leaf blowing machines
- Carrying cases/storage cases (when included with an Equipment System)
- Software subscriptions

\*Wheelchair accessible vans/ambulettes may be capially eligible even if they hold fewer than ten people, if such a vehicle, in a different standard configuration, can legally accommodate ten or more people. If you requested funding for a wheelchair accessible vehicle with seating capacity in intended configuration of less than ten people, provide the number of wheelchair slots and number of seats for ambulatory persons in intended configuration and explain how the vehicle is consistent with this requirement.

## Vehicle Awards

These awards provide services such as transporting senior citizens, patients, and children to nursing, medical, and recreational facilities, also patient care, and food delivery. Common vehicle purchases include ambulances, passenger vehicles, mobile medical units, and food delivery vehicles.

### Notes

- If purchasing multiple vehicles, each one must have at least \$50,000 in eligible costs.
- Passenger vehicles require minimum seating of 10 people, which includes the driver. See [Page 10](#) for seating capacity for wheelchair accessible vehicles.
- Sales orders/quotes must contain full specifications, including a seating diagram for passenger vehicles, if the passenger count is not noted.
- If a vehicle includes moveable property, such items must be mounted to the vehicle, in order to be eligible.
- Vehicles must be parked in a secured area, to avoid theft or damage, and be within New York City limits. Streetside parking is not allowed.
- Organizations are responsible for the replacement and repair of vehicles that are stolen or damaged.
- Vehicles parked in facilities not owned by your organization, require a lease agreement.
- Purchases of used vehicles are not allowed, due to the difficulty of determining its useful life.
- Passenger trips and/or mobile services provided must be within New York City limits.



**Wheelchair Accessible Passenger Vehicle - Bay Ridge Center**

- Common ineligible items include spare keys, extended warranties, spare tires, fire extinguishers, first aid kits, and custom graphics.
- Passenger vehicles or vehicles that provide services to clients inside the vehicle should be wheelchair accessible. If a vehicle is not wheelchair accessible, then your organization must provide a statement confirming alternate transportation arrangements or services for such clients.

## Equipment Awards

Equipment awards are used to purchase equipment for facilities such as schools, hospitals, clinics, community centers, and support groups. Common equipment purchases include computer network systems, audio and video systems, CT scanners, X-ray machines, surgical robots, musical and theatre equipment.

### Notes

- Purchases may be an equipment system composed of a group of related elements working together or a standalone piece of equipment.
- If an award consists of multiple systems, each one must have a collective amount of at least \$50,000 in eligible items. A stand-alone piece of equipment would be eligible if it meets this minimum amount threshold.
- Items that are part of a system must be mutually dependent upon each other, and physically connected or connected through a wireless network.
- Components that function independently from the system or are not connected to the main piece of hardware when it's in use, are ineligible.
- Purchases of components must be made within a year between the first and last purchase for each equipment system. This timeframe does not apply if purchasing separate systems (e.g. a CT scanner and a C-arm) that do not interact with each other.
- Common ineligible items include extended warranties, storage cases, training, monthly or annual subscription software, support services, spare or interchangeable parts, and consumable or disposable items.



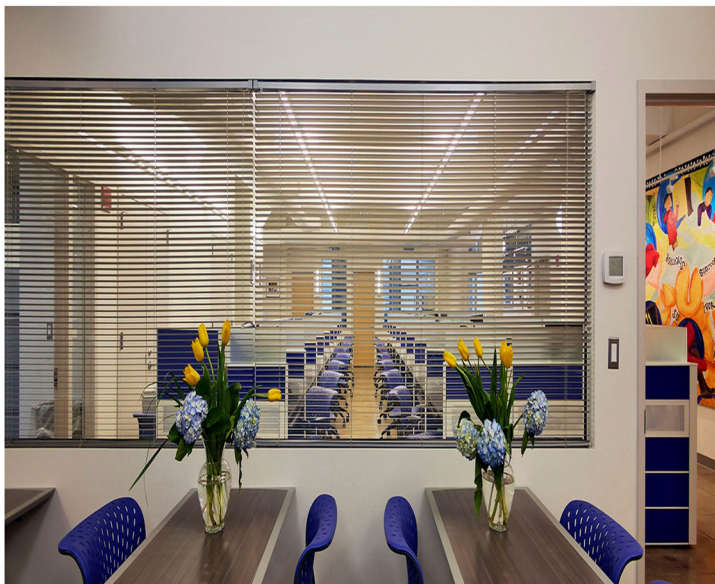
**Da Vinci Surgical Robot - Mount Sinai Queens**

## Initial Outfitting Awards

These awards are used to purchase equipment and furniture for a newly occupied or renovated facility. Common purchased items include desktop computers, workstations, conference tables, filing cabinets, and chairs. These purchases are made by organizations such as charter schools, clinics, community centers, & support groups.

### Notes

- Facilities covering lease renewals are not eligible.
- Minimum unit cost for each item is \$165, unless an item is a component for a larger piece of equipment or forms a functional unit which costs at least \$165, and such item cannot function on its own. This does not apply to shipping costs or hourly rates for labor.
- Items cannot be ordered earlier than 6 months before (with exceptions, see [Page 46](#)) or 6 months after (no exceptions) the move-in date. The move-in date is when the facility is first occupied for business use.
- If a facility is opened in stages, the Initial Outfitting equipment for each stage must be ordered within six months of the first use of that stage.
- Items minimally attached to the property require personalty (non-fixture) agreements from the landlord, lender, or lienholder, stating that these items are not part of the real property.
- Appliances connected to utility lines, such as water and gas, are ineligible for reimbursement.
- Installation and delivery costs are ineligible, if there is less than 5 years remaining on a facility's lease.



**Harlem Service Center Initial Outfitting**

# PART III: PROJECT PHASES

## Overview of Project Phases

The capital award process consists of five phases: **Budget & Pre-CP Review** (CP=Certificate to Proceed), **CP Request, Registration, Lien Clearance**, and **Reimbursement**. The amount of time to complete all phases takes at least a year, but it varies based on the complexity of the award, document package preparation, and response time from all parties (organization, DDC, OMB, & Comptroller's Office) involved.

The Budget & Pre-CP Review phase begins after OMB approves your organization's CapGrants award application and a DDC Project Manager (PM) notifies you of its acceptance, which is in the late summer/early fall of the award's FY. In this phase, you will provide a budget based on the proposed purchases, along with supporting materials such as quotes/invoices, confirmation of usage of the item(s), useful life estimates, connectivity of the items, and use of software. Once these items are compiled, a DDC attorney drafts a funding and security agreement, which dictates the terms and conditions of use and reimbursement of the equipment, and the Budget & Pre-CP package is forwarded to OMB for review and approval.

Upon OMB's approval of the Budget & Pre-CP package, the PM will submit a CP Request to OMB, which apportions the funding for reimbursement upon approval. At the same time, the CP Request takes place, the DDC attorney prepares the final funding and security agreements and forwards them to you, along with a checklist of items required for Registration. Additional registration items include insurance certificates, employee data reports, and an opinion of counsel.

Once a CP is issued, and the Registration package is forwarded to DDC, the agreements are executed and registered with the Comptroller's Office. Prior to registration, you should clear any potential outstanding liens, judgments, and violations, which clears the way for DDC to issue Reimbursement, upon registration of the funding agreement.

DDC will notify you to submit a Reimbursement package upon registration of the funding agreement. These items include copies of invoices, invoice proofs of payment, insurance certificates, and evidence of lien placement and clearance. Once these items are received and accepted, the PM will submit the reimbursement package for final approval and funds are disbursed to your account. Your organization is required to use any reimbursed equipment/vehicles for a minimum of five years after receiving reimbursement.

DDC recommends that purchases are not made prior to registration of the funding agreement, except for Initial Outfitting awards, which have strict timeframes for purchases (see [Page 13](#)). **If you decide to order equipment/vehicles prior to registration (as long as it's within the FY of your appropriation or later), it is done at your own risk, due to eligibility and useful life requirements.**

If your organization has an award in the early stages where the project site needs to be relocated, notify DDC **prior** to the move, so that the information can be relayed to OMB to determine if the award can proceed. During this time, do **not** place any orders, as it could jeopardize the eligibility of the purchases. Any eligible re-locations must be within the 5 boroughs of New York City.

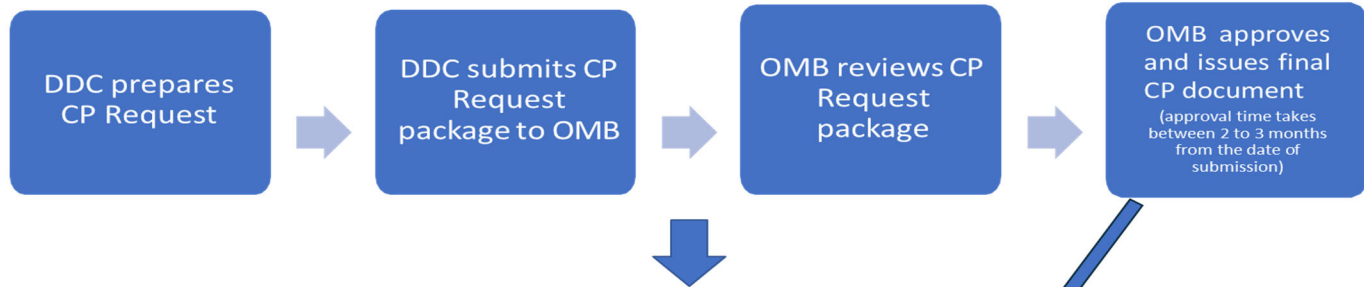
The next page details the workflow of each stage in the capital award process.

# Workflow Charts

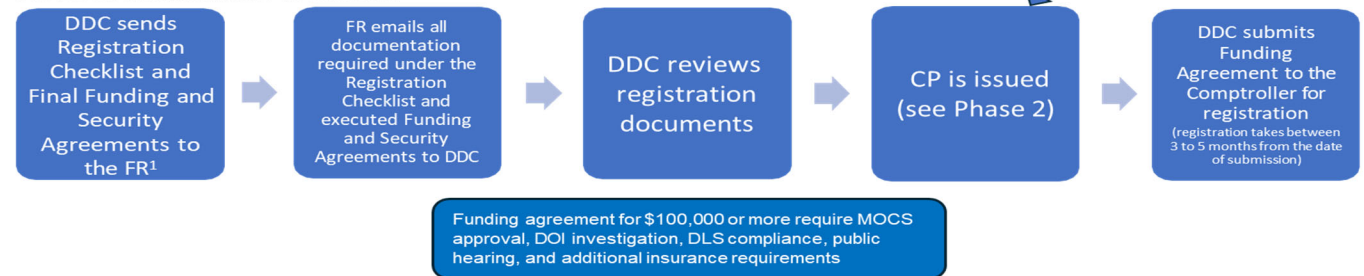
## PHASE 1: BUDGET REVIEW AND PRE-CERTIFICATE TO PROCEED (CP) WORKFLOW



## PHASE 2: CERTIFICATE TO PROCEED (CP) REQUEST WORKFLOW



## PHASE 3: REGISTRATION WORKFLOW



## PHASE 4: LIEN CLEARANCE WORKFLOW

PLEASE REFER TO THE UCC GUIDELINES FOUND IN THE DDC NOT-FOR-PROFIT HANDBOOK FOR DETAILED INSTRUCTIONS.

## PHASE 5: REIMBURSEMENT REQUEST WORKFLOW



\*PLEASE NOTE: FRs MUST MAKE COMPLETE AND ACCURATE REPRESENTATIONS IN ALL SUBMITTED DOCUMENTS, DURING ALL PHASES OF THE CAPITAL AWARD PROCESS. DDC'S PMs WILL WORK WITH THE FRs FOR CLARIFICATION IF THERE ARE INACCURACIES OR ISSUES IN FR'S SUBMISSIONS.

ESTIMATES FOR REVIEW AND APPROVAL FOR EACH STAGE DO NOT ACCOUNT FOR THE TIME IT TAKES THE FR TO COMPILE THE DOCUMENT PACKAGES OR DDC INTERNAL REVIEWS, EXCEPT FOR THE PAYMENT APPROVAL.

<sup>1</sup>REGISTRATION CHECKLIST AND FINAL FUNDING AND SECURITY AGREEMENTS ARE SENT TO THE FR PRIOR TO THE SUBMISSION OF THE CP REQUEST.

## Phase 1: Budget & Pre-Certificate to Proceed (CP) Review

DDC receives a list of project awards from OMB at the beginning of each fiscal year (July 1 through June 30). Once the Project IDs are created and the allocations are placed in the City’s budget management system (between late summer and early fall), the **Budget & Pre-CP Review** phase begins. The DDC Project Manager (PM) email’s your organization of the award’s acceptance, which includes details on the award as noted in the example below. This information is used on documentation throughout the award process.

| Project ID | CapGrants ID   | Funding Recipient Name       | Project Title                         | Award Amount | Award Type |
|------------|----------------|------------------------------|---------------------------------------|--------------|------------|
| PWDNABCNY  | 1312345 G-6789 | ABC Center of New York, Inc. | Passenger Vehicle for Senior Citizens | \$100,000    | Vehicle    |

You will receive a **Budget & Pre-CP Checklist**, listing all the required documents and information needed for the proposed purchase of the vehicles/equipment. Once the PM receives, reviews, and accepts these items, they are forwarded to a DDC attorney, who conducts a legal review and then drafts the funding and security agreements. These draft agreements along with the other package items, are submitted to OMB for Pre-CP approval. Approval time from the date of submission to OMB ranges from as little as two weeks to at least 2 months, depending of the complexity of the award and accuracy of the submission package. Passenger vehicle awards have the shortest review times, while awards with hundreds of line items, purchases of equipment with embedded software or that is minimally attached to the premises, have the longest review times.

Once the Pre-CP is approved, the final funding and security agreements are prepared by the DDC attorney and the DDC PM will submit a CP request to OMB, apportioning the funding for eventual reimbursement.

Please see the following pages for the Budget & Pre-CP Checklist, with accompanying notes and sample and template documents.

## Budget & Pre-CP Checklist Overview

Below is the list of items that are on the Budget & Pre-CP Checklist. The items on the left apply to all projects, no matter what is being purchased. The DDC Project Manager will let you know which items, if any, you will need to provide from the If Applicable list on the right. Blanks and templates for many of these items are available on the DDC Not-for-Profit page at this link [Click here](#), in the **Step 1: Forms Required for the Budget & Pre-CP Review** section. See the next three pages for the checklist and notes related to each checklist item.


### Required for all Projects

- Schedule A Budget Spreadsheet
- Price Quotes or Invoices
- Organization’s Hours of Operation & Frequency of Use of the Equipment/ Vehicles
- Useful Life Statement
- Non-Discrimination Affirmation

### If Applicable

- Parking Facility Lease
- Information Systems Management (ISM) Questionnaire for Equipment, IT, & Medical Systems
- Initial Outfitting Affirmation
- Major Medical Systems Letter
- Software Checklist
- Preliminary Approval Letter of the NYC Software License Agreement
- Minimally Attached Moveable Property Questionnaire
- Personalty Agreements
- DASNY & HUD-Related Liens

# Budget & Pre-CP Checklist

|    |   |
|---|---|
| Budget & Pre-CP Checklist   |   |
| Funding Recipient:<br>(Insert Full Corporate Name)  |   |
| <p><b>NOTE:</b> Additional documents will be required in the later phases of the award process. The information provided must be consistent with the CapGrants application. Written justifications are required for any differences. Please include this checklist as a cover sheet with all the below-requested documents included as attachments (incomplete submissions will not be accepted.) Items marked with an * have templates that are available at <a href="https://www.nyc.gov/site/ddc/contracts/not-for-profit-forms_page">https://www.nyc.gov/site/ddc/contracts/not-for-profit-forms_page</a></p> |   |
| Part A: Required Items for all Awards   |   |
| <input type="checkbox"/> Schedule A Budget Spreadsheet*   | <ul style="list-style-type: none"> <li>List all items purchased with their corresponding quantities and costs, based on the price quotes/invoices.</li> <li>For the order dates, enter the actual or expected dates that the items will be ordered in the <b>Actual/Estimated Order Date</b> column of the <b>Schedule A Budget Spreadsheet</b>. Entering TBD is not acceptable.</li> <li>See the <b>Notes on Schedule A Budget</b> tab on the spreadsheet for more information on completing the budget.</li> </ul>  |
| <input type="checkbox"/> Current Price Quotes/Invoices  | <ul style="list-style-type: none"> <li>Quotes or invoices must clearly identify the item type, make, model, quantity, and cost of items to be purchased. Quotations should not be more than 6 months old.</li> <li>Vehicle quotes/invoices must contain full specifications, to include the passenger count for transportation vehicles.</li> <li><b>Note:</b> Prior to placing any orders, you must obtain bids from three vendors and select from the lowest bidder, if possible. You must retain your bid records.</li> </ul>  |
| <input type="checkbox"/> Organization's Hours of Operation & Frequency of Use of the Equipment/Vehicles*  | <ul style="list-style-type: none"> <li>Provide the range of hours and days of the week when the organization is open for business.</li> <li>Provide the range of hours and days of the week, along with the minimum number of days in the year, in which the equipment/vehicles will be used.</li> <li>Vehicle/equipment usage should be consistent with the application. If there are any differences, then provide an explanation in the statement as an additional bullet point.</li> </ul>  |
| <input type="checkbox"/> Useful Life Statement*   | <ul style="list-style-type: none"> <li>Different template letters are available depending on if the purchases include IT equipment or have varying degrees of useful life.</li> <li>If the purchases have varying useful life expectancies, then attach a spreadsheet listing each item and their applicable useful life period.</li> <li>Statement must be signed by the CEO or equivalent and a staff member (e.g., CIO for IT Projects) who is <b>employed</b> by the organization and is familiar with the items being purchased. Additional signatures are required for IT purchases.</li> </ul> |
| <input type="checkbox"/> Non-Discrimination Affirmation*  | <ul style="list-style-type: none"> <li>Organization name must be the exact full legal name as per the Articles and Certificate of Incorporation.</li> </ul>   |
| Part B: Applicable Items for Specific Awards  |   |
| DDC will notify the organization which items, if any, applies to their award.   |   |
| <input type="checkbox"/> Parking Facility Lease   | <ul style="list-style-type: none"> <li>If a vehicle is parked at a leased location (sidewalk parking is not allowed), then provide a lease agreement for the facility.</li> </ul>   |
| <input type="checkbox"/> Information Systems Management (ISM) Questionnaire for Equipment, IT, & Medical Systems*   | <ul style="list-style-type: none"> <li><b>Note:</b> Applicable only for Equipment awards</li> <li>Questions are based on the functionality and connectivity of equipment systems.</li> <li>Include the <b>Equipment Systems Diagram</b>, which is a visual presentation of how the system components are connected.</li> </ul>  |
| <input type="checkbox"/> Initial Outfitting Affirmation*  | <ul style="list-style-type: none"> <li>Applies to awards for the outfitting a newly occupied facility.</li> <li>Include all applicable attachments as stated on the form.</li> </ul>  |
| <input type="checkbox"/> Major Medical Systems Letter*  | <ul style="list-style-type: none"> <li>Affirmation that the medical equipment to be purchased, meets specific eligibility requirements by the City.</li> </ul>  |
| <input type="checkbox"/> Software Checklist*  | <ul style="list-style-type: none"> <li>List each software product associated with the equipment purchase and identify if the license is transferable by its terms, as per the licensor's end-user license agreement.</li> <li>Provide copies of each licensor's End-User License Agreement.</li> </ul>  |
| <input type="checkbox"/> Preliminary Approval Letter of the NYC Software License Agreement*   | <ul style="list-style-type: none"> <li>If a software license is not transferable by its terms, then the licensor must provide a preliminary approval letter agreeing to sign the Assignment of Software License Agreement, prior to reimbursement.</li> </ul>   |
| <input type="checkbox"/> Minimally Attached Moveable Property Questionnaire*  | <ul style="list-style-type: none"> <li>Complete, if your award contains equipment that is minimally attached to the premises and whose total eligible amount is at least \$250,000.</li> <li>Questions are based on the ease and cost of transportability of the equipment, method of attachment to the property, ownership of the premises, and potential lienholders.</li> </ul>  |
| <input type="checkbox"/> Personalty Agreements*   | <ul style="list-style-type: none"> <li>Required, if you completed the <b>Minimally Attached Moveable Property Questionnaire</b>.</li> <li>Include agreements from your landlord and/or lender, acknowledging that none of the attached equipment are deemed to be fixtures.</li> </ul>  |
| <input type="checkbox"/> DASNY & HUD-Related Liens  | <ul style="list-style-type: none"> <li>An acknowledgement letter is required from private HUD-insured lenders, agreeing to submit the Subordination Agreement.</li> <li>List all relevant and applicable DASNY and HUD-insured security interests/liens.</li> <li>For more information, see the DDC UCC Guidelines</li> </ul>   |
| Please refer to DDC's Not-for Profit Reimbursement Program page at <a href="https://www.nyc.gov/site/ddc/contracts/not-for-profit-forms_page">https://www.nyc.gov/site/ddc/contracts/not-for-profit-forms_page</a> for more information.  |   |

## Budget & Pre-CP Checklist Notes

### Part A Items Required for All Awards

**Schedule A Budget Spreadsheet:** List all items (description, make, and model), quantities, and costs, that will be purchased under the award, along with where the items will be used and the dates in which they will be or were ordered. Entering TBD for non-purchased items is not acceptable. See [Page 15](#) on purchasing items prior to registration.

**Current Price Quotes/Invoices:** Price quotes or invoices must itemize costs for each item purchased. Labor costs must be broken down by hours, rates and job titles. For Vehicle Projects, full specifications must be provided, to include a seating diagram for passenger vehicles, if the passenger count is not noted on the quote. Purchases of medical systems require the invoice, purchase order, and quote. Non-purchased medical systems only require the quote.

**Organization's Hours of Operation and Frequency of Use of the Equipment/Vehicles:** Operating Hours are the daily hours your organization is open for business. Frequency of Use are the days and hours in which the vehicle/equipment will be used during the week and the minimum number of days in the year in which the vehicle/equipment will be used.

**Useful Life Statement:** This statement affirms that all vehicle/equipment purchases will have a specified minimum useful life from the date of acquisition through 5 years from the date of reimbursement. Eligible purchases for IT awards may only require a 3-year useful life estimate. Purchases of IT equipment require a certification signed by your organization's CFO and CIO certifying that the useful life of the equipment is tied to its replacement cycle. If equipment has varying degrees of useful life, then attach a spreadsheet to the statement listing each item and their respectful usefulness.

**Non-Discrimination Affirmation:** Affirmation acknowledges that your organization will abide by the mandates of all Federal, State and City non-discrimination laws. Failure to abide by these laws, could result in forfeiture of equipment to the City. Organizational name must match its legal name as registered with New York State's Department of State, as well as the Articles and Certificate of Incorporation.

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### Part B Items Required for Specific Awards

**Parking Facility Lease:** Required for vehicles parked in a leased facility.

**Information Systems Management (ISM) Questionnaire for Equipment, IT, & Medical Systems:** Only applicable to Equipment System awards. This form inquires about the use and connectivity of the system and its components. Include the Equipment System Diagram and other applicable documents, as noted on the form. If necessary for larger systems and medical devices, include a list of components and their means of connectivity to the other system items.

## Budget & Pre-CP Checklist Notes (continued)

### Part B Items Required for Specific Awards (continued)

**Initial Outfitting Affirmation:** Applicable to projects for the outfitting of a newly occupied or renovated facility. The form contains questions about the acquisition, construction/renovation, and move-in date of the site. Supporting documents such as a copy of the lease/deed, certificate of occupancy, floor plan, and statement of work for construction/renovation must be submitted with this form.

**Major Medical Systems Letter:** Applicable only for medical equipment system awards. The letter acknowledges that the medical device meets the requirements for connectivity and useful life.

**Software Checklist:** Required for purchases of equipment with embedded software and firmware or software applications. Licenses must have a term of at least 5 years. List all applicable products and answer questions about their transferability. End-User License Agreements from the licensor(s) must also be provided, except for products with firmware. For non-transferable licenses, the licensor must execute a Software License Agreement.

**Preliminary Approval Letter of the Software License Agreement:** If software licenses are not freely transferrable, a preliminary software license agreement letter is required from the licensor. This letter acknowledges that the licensor will execute a Software License Assignment agreement prior to reimbursement, granting the City and/or the City's designee a transferable license, if the City were to repossess the equipment with the software, due to an Event of Default.

**Minimally Attached Moveable Property Questionnaire:** For awards \$250,000 and greater, with minimally attached equipment, you will answer questions based on the ease of removal and re-installation, and method of attachment of the property, along with ownership and lienholder status of the premises where the equipment is attached. Additional supporting materials must be provided, based on your responses.

**Personalty Agreement:** Required from your Landlord and/or Lender for awards with equipment minimally attached to the property. This letter(s) acknowledges that such equipment is not a fixture and is easily removable and transportable. The letter(s) will include a list of all attached equipment. For leased facilities, the lease term must have at least 5 years remaining from the date reimbursement is issued. If your organization owns the property and has no mortgages, then the Personalty Agreement is not required.

**DASNY and HUD-Related Liens:** For HUD and private HUD-insured lenders, an acknowledgment letter is required agreeing to submit the Personalty Agreement and Subordination Agreement, along with an amended financing statement (UCC-3 Amendment Statement), prior to reimbursement. For DASNY only liens, just the UCC-3 is required prior to reimbursement. Refer to the UCC Guidelines, beginning on [Page 63](#) for more information.

See Pages 22 through 45 for samples and templates on these items, along with additional notes.

# Schedule A Budget Spreadsheet & Price Quotes/Invoices

The budget spreadsheet (see sample below) lists all items that will be purchased, based on the price quotes/invoices. Quotes/invoices should clearly identify the description, make, & model of each item. Quotes should not be older than 6 months from the time the budget review is submitted to OMB. Items and quantities purchased should be consistent with the Moveable Property List in the CapGrants application. See the next two pages on entering information for each field and column and [Page 25](#) for information on the quotes/invoices.

**Note:** For awards classified as Vehicles or Equipment, if there are any differences in the proposed item (e.g. make and model, quantities, etc.), provide a written justification for the change(s) to DDC prior to submission of the Budget & Pre-CP review package, so that OMB is aware of the changes. **Never** place orders for equipment/vehicles that differ from the application proposed items without notifying the City in advance. There is leeway for changes in equipment for Initial Outfitting awards, as long as the changes fit within the scope of the services provided under the award.

| Funding Recipient Name:           |   | ABC Medical Center |           | FR HQ Address:   |                 | 123 W 45th St. New York, NY 10001 |                             |                   |                                       |                         |                         |                               |   |  |  |  |  |  |
|-----------------------------------|---|--------------------|-----------|------------------|-----------------|-----------------------------------|-----------------------------|-------------------|---------------------------------------|-------------------------|-------------------------|-------------------------------|---|--|--|--|--|--|
| CapGrants ID:                     |   | 11-123456-W6789    |           |                  |                 |                                   |                             |                   |                                       |                         |                         |                               |   |  |  |  |  |  |
| Project ID:                       |   | HLMNABCDE          |           |                  |                 |                                   |                             |                   |                                       |                         |                         |                               |   |  |  |  |  |  |
| Award Amount:                     |   | \$500,000          |           |                  |                 |                                   |                             |                   |                                       |                         |                         |                               |   |  |  |  |  |  |
| Item Type                         | Make, Model, & Description                          | Quantity           | Unit Cost | City Funded      | Non-City Funded | TOTAL                             | Actual/Estimated Order Date | Date of First Use | Vehicle Parking/Equipment Use Address | Minimally Attached? Y/N | Software Licensing? Y/N | Vendor & Quote/Invoice Number | Notes   |  |  |  |  |  |
| Laser Scalpel                     | Lumenis Pulse 50H                                   | 1                  | \$75,000  | \$75,000         |                 | \$75,000                          | 6/1/2025                    | 8/1/2025          | 123 W 45th St. New York, NY 10001     | N                       | Y                       | Lumenis Inv. 12345            |   |  |  |  |  |  |
| Ultrasound System                 | GE Logiq Fortis HDU Console for USA                 | 2                  | \$90,100  | \$180,200        |                 | \$180,200                         | 7/2/2025                    | 9/15/2025         | 123 W 45th St. New York, NY 10001     | N                       | Y                       | GE Inv. 903512345             |   |  |  |  |  |  |
| Ultrasound System Discount        | Logiq Compassionate Purple Discount                 | 2                  | (\$5,000) | (\$10,000)       |                 | (\$10,000)                        | 7/2/2025                    | 9/15/2025         | 123 W 45th St. New York, NY 10001     | N/A                     | N/A                     | GE Inv. 903512345             |   |  |  |  |  |  |
| X-Ray System                      | GE Definium Tempo Pro                               | 1                  | \$265,000 | \$265,000        |                 | \$265,000                         | 8/1/2025                    | 10/15/2025        | 123 W 45th St. New York, NY 10001     | Y                       | Y                       | GE Inv. 903567890             |   |  |  |  |  |  |
| X-Ray System Training             | Definium Tempo Launch Classic Applications Training | 1                  | \$0       | (\$15,000)       | \$15,000        | \$0                               | 8/1/2025                    | 10/15/2025        | 123 W 45th St. New York, NY 10001     | N/A                     | N/A                     | GE Inv. 903567890             | Training was listed at no cost, but is valued at \$15,000 |  |  |  |  |  |
| <b>Total</b>                      |   |                    |           | <b>\$495,200</b> | <b>\$15,000</b> | <b>\$510,200</b>                  |                             |                   |                                       |                         |                         |                               |   |  |  |  |  |  |
| DDC Contract Not to Exceed Amount |   |                    |           | <b>\$495,200</b> |                 |                                   |                             |                   |                                       |                         |                         |                               |   |  |  |  |  |  |
| Funding Sources                   |   |                    |           |                  |                 |                                   |                             |                   |                                       |                         |                         |                               |   |  |  |  |  |  |
| Budget Line                       | Amount  |                    |           |                  |                 |                                   |                             |                   |                                       |                         |                         |                               |   |  |  |  |  |  |
| Manhattan BP (HL-MN501)           | \$495,200   |                    |           |                  |                 |                                   |                             |                   |                                       |                         |                         |                               |   |  |  |  |  |  |
| Funding Recipient                 | \$15,000  |                    |           |                  |                 |                                   |                             |                   |                                       |                         |                         |                               |   |  |  |  |  |  |
| Total                             | \$510,200   |                    |           |                  |                 |                                   |                             |                   |                                       |                         |                         |                               |   |  |  |  |  |  |

## Schedule A Budget Spreadsheet Notes

**Funding Recipient (FR) Name** must match its legal name as registered with New York State's Department of State, as well as the Articles and Certificate of Incorporation.

**FR HQ Address** is the address of the your organization's headquarters. This must match the address registered with New York State Department of State, as well as the Organization Form in CapGrants.

The **CapGrants ID**, **Project ID**, and **Award Amount** are provided by the DDC PM upon notification of your award.

The **Item Type** column should be brief (no more than a few words) and clearly identify what type of product is being purchased (e.g., Desktop computers). For passenger vehicle awards, include the number of passengers the vehicle seats and if it's wheelchair accessible (e.g., 15-passenger, wheelchair accessible van).

The **Make, Model, & Description** column identifies the item's manufacturer, model name, and specs (e.g., Dell OptiPlex 5090: Win 11,1TB HD,16GB DDR5 RAM and 2022 Ford T350 XLT).

The amount to enter in the **Total** column is the product between the **Quantity** and **Unit Cost** columns, which must be entered as a formula. Eligible line items will have the extended amount entered in the **City Funded** column. If a line item is ineligible for reimbursement or the total dollar amount of an eligible item(s) exceeds the **Award Amount**, then the relevant or excess amount is placed in the **Non-City Funded** column.

In the **Actual/Estimated Order Date** column, enter the actual or estimated date of when the order will be or was placed for the equipment/vehicle(s). Entering TBD is not acceptable.

In the **Date of First Use** column, enter the date of when the purchased item was or will be put into use. If an item has not been ordered, then leave it blank.

**Vehicle Parking/Equipment Use Address** refers to the address where the equipment will be used or the vehicle(s) will be parked, when not in use. For initial outfitting awards, include the room or floor number. This address must match what was stated in the CapGrants application. If this address differs from the original application, then provide a signed statement justifying the change. See [Page 15](#) for more details.

For the **Minimally Attached? Y/N** column, enter Y if an item is minimally attached to the premises (i.e., nailed, bolted, or screwed to a wall, floor, or ceiling). If an item is minimally attached, then a Personalty Agreement may be required.

For the **Software Licensing? Y/N** column, enter Y if an item (only if it's City Funded) is for a software product or a piece of equipment with embedded software or firmware that has a transferable or non-transferable license, as stated in the licensor's End User License Agreement, which must be provided.

For budgets with multiple invoices/quotes, list the appropriate vendor and invoice/quote number for each line item in the **Vendor & Quote/Invoice Number** column.

Any additional pertinent information about a line item such as ineligible features, connectivity to other items, etc., should be entered in the **Notes** column.

**DDC Contract Not to Exceed Amount** is the sum of the **City Funded** items. The dollar amount in this field is based on a formula and cannot be altered.

In the **Funding Sources** section, the **City** amount is the **DDC Contract Not to Exceed Amount**. The **Funding Recipient** amount is the sum of the **Non-City Funded** items. The dollar amounts in these fields are based on a formula and cannot be altered. The **Insert FMS Budget Line** field name will be filled in by the DDC PM.

## Schedule A Budget Spreadsheet Notes (continued)

If an item description includes ineligible features such as an extended warranty or training at “no additional cost”, but has a value associated with it, if offered separately, then deduct the value of the feature from the cost of the product in the City Funded column and place it in the Non-City Funded column. Such costs must be provided by the vendor via email or in writing. This would not apply to a feature such as a standard warranty, which requires a vendor confirmation stating that such a feature is provided to all customers at no additional charge. In the Notes column, provide an explanation for the Non-City Funded amount (e.g. a \$75,000 Laser Scalpel, which includes training valued at \$2,000).

| Item Type     | Make, Model, & Description | Quantity | Unit Cost | City Funded | Non-City Funded | TOTAL    | Notes   |
|---------------|----------------------------|----------|-----------|-------------|-----------------|----------|---|
| Laser Scalpel | Lumenis Pulse 50H          | 1        | \$75,000  | \$73,000    | \$2,000         | \$75,000 | \$2,000 Non-City Funded amount consists of training costs |

As per the example above, if an ineligible feature appears on a quote or invoice as a separate \$0 line item, then enter \$0 as the unit cost, the itemized value of the feature as a negative amount in the City Funded column, and the positive amount in the Non-City Funded column. See example below.

| Item Type     | Make, Model, & Description                      | Quantity | Unit Cost | City Funded | Non-City Funded | TOTAL    | Notes   |
|---------------|---|----------|-----------|-------------|-----------------|----------|---|
| Laser Scalpel | Lumenis Pulse 50H                               | 1        | \$75,000  | \$75,000    |                 | \$75,000 |   |
| Training      | 2 Days Training for Lumenis Pulse Laser Scalpel | 1        | \$0.00    | (\$2,000)   | \$2,000         | \$0      | \$2,000 Non-City Funded amount consists of training costs |

Eligible items whose cost exceeds the Award Amount, will have the overflow amount placed in the Non-City Funded column (e.g. Purchasing a \$55,000 piece of equipment for a \$50,000 award). See example below.

**Award Amount:** \$50,000

| Item Type      | Make, Model, & Description   | Quantity | Unit Cost | City Funded | Non-City Funded | TOTAL    | Notes  |
|----------------|--|----------|-----------|-------------|-----------------|----------|--|
| Surgical Table | Skytron 6702 Hercules battery/line powered electro-hydraulic table | 1        | \$55,000  | \$50,000    | \$5,000         | \$55,000 | \$5,000 Non-City Funded amount consists of award allocation overflow |

If a budget consists of multiple quotes/invoices, enter the vendor and invoice/quote number in the **Vendor & Quote/Invoice Number** column for each line item. For quotes/invoices with multiple line items, the order of items listed on the budget must be consistent with the order of items listed on the quotes/invoices.

For initial outfitting awards, if an invoice contains line items that have a unit price of less than \$165, but serves as a component for a larger item that has a unit price of \$165 or more, or forms a function unit that costs at least \$165 per unit, then enter the amount of the item in the City Funded column and in the **Notes** column, identify the specific budget line item the component is connected to. Independently functioning initial outfitting items with a unit price less than \$165, are ineligible for reimbursement (excluding shipping).

As reminder from the Eligibility Requirements section of this handbook ([Page 9](#)), orders cannot be placed prior to the FY your award, even if the item is paid for and delivered during the FY of the award or later.

## Notes on the Quotes/Invoices

**If you are not purchasing any equipment/vehicles during this stage, then submit only one set of quotes.** If you are purchasing equipment/vehicles in this stage, you must obtain bids from at least three vendors and select from the lowest bidder (if possible) prior to placing the orders. Only provide the invoice(s) based on the selected bid(s) and list the item(s) from the selected vendor(s) on the Schedule A Budget Spreadsheet. For purchased items, submission of the quotes for the non-selected items are not required during this stage, but if you submit them, please do so as separate files. You are required to retain your bid records and proofs of payment for the purchases and present them prior to reimbursement. See the Procurement Affirmation on [Page 99](#) and Proofs of Payment on [Page 106](#) for more information.

For awards with large numbers of invoices, submit the invoices as a bookmarked file with each bookmark referencing the vendor's name and invoice number. The order of the invoices in the bookmarked file must be consistent with how they are listed on the budget.

Shipping addresses on invoices/quotes should be consistent with the address of where the equipment will be used, as per the budget. For any inconsistencies, provide a confirmation letter acknowledging that all items for the award will be used at the site noted in the budget.

If an quote/invoice is for a vehicle which includes equipment (e.g. mobile medical vehicle), all equipment must be mounted to the vehicle, in order for them to be eligible for reimbursement. Free standing items will not be reimbursed. You may need to obtain confirmation from the vendor on the mounting for any or all items the DDC Project Manager flags.

Invoices with milestone payments (e.g., 50% Initial deposit & 50% final balance due) must include **all** invoices from that order. For furniture milestone billing, list the items on the budget only once, based on the **final** invoice, but you can reference all the invoice numbers in the **Vendor & Quote/Invoice Number** column.

Quotes from online vendors are acceptable, as long as the vendor and printout date are visible.

Passenger vehicle quotes/orders must include a seating diagram, if the passenger count is not noted.

As mentioned on [Page 20](#), purchases of medical systems require the invoice, purchase order, and quote, as the quote will include detailed descriptions of each feature. The DDC Project Manager and OMB must review the feature descriptions to determine if any are ineligible for reimbursement (e.g., interchangeable or consumable parts, software subscriptions, and training). Make sure the invoice, purchase order, and quote numbers all tie to each other.

Invoices/quotes with vague line item descriptions require additional information from the vendor such as detailed specifications. Detailed specs are required for purchases of desktop computers.

Invoice/quote line items with negative dollar amounts such as discounts or trade-ins, must be listed on the budget with their values entered in the City Funded column.

Costs for installation or labor must detail the work performed, along with a cost breakdown by hours, rates, and job titles, which must be provided by the vendor in writing.

## Organization's Operating Hours and Frequency of Use of the Equipment and/or Vehicles

Organizations will provide a memo (see sample below) stating the hours and days during the week in which their facilities are in operation and the equipment/vehicles will be used, along with the minimum number of days in the year in which the equipment/vehicles will be used.

### Organization's Hours of Operation & Frequency of Use of the Vehicles/Equipment

[To be completed on organizational letterhead]

May 1, 2025

Attn: John Doe  
NYC Department of Design and Construction  
30-30 Thomson Avenue, 4<sup>th</sup> Floor  
Long Island City, NY 11101

Re: Organization's Hours of Operation & Frequency of Use of the Vehicles/Equipment Related to FY 2025 Project ID: PWDNABCVH

Dear Mr. Doe:

Further to our earlier communication regarding the transportation vehicle purchase, I am hereby confirming the following details:

1. The operating hours of the ABC Center of New York, Inc. are Monday through Friday from 9am to 5pm.
2. The transportation vehicle the ABC Center of New York, Inc. is seeking to purchase under the award, will be used Monday through Friday from 9am to 5pm.
3. The transportation vehicle will be used for a minimum of 250 days per year.

Sincerely,



Jack Smith  
Executive Director  
ABC Center of New York, Inc.

## Organization’s Operating Hours and Frequency of Use of the Equipment and/or Vehicles Notes

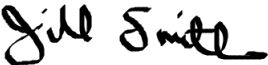

The hours and days of the week in which your organization is open for business and when the proposed equipment/vehicles will be used, should be expressed as a range (e.g., 8am to 5pm, Monday through Friday), unless the item will be used 24 hours a day, seven days a week. Stating that the equipment/vehicles will be used “x times a day” or “on a daily basis” on its own, is not acceptable.

The basis for the minimum number of days in the year in which the equipment/vehicles will be used should come from the days of the week in which the equipment/vehicles will be used, less any holidays or weekends, if your organization is not open for business, or has no need to use the equipment on those days. Like the previous note, stating that equipment/vehicles will be used “approximately x times a year” or “serve x people per year” on its own, is not acceptable.

The daily, weekly, and annual usage of the equipment/vehicles is based on the information provided in **Part I: Project Information**, of the CapGrants application. If the hours and days provided in the statement differ from the application, then include a justification for the differences as an additional bullet point on the statement.

## Useful Life Statement

This statement (see sample below) is a signed confirmation by the organization stating that the equipment/vehicles will be used for a minimally specified amount of time, at least 5 years. Your organization is responsible for using these items on a consistent basis, as stated in the frequency of use, and for the upkeep of these items and their replacement, if damaged or stolen.

|   |
|---|
| <p><b>Useful Life Period Statement</b><br/><b>(Sample letter for Capital Funded Projects)</b></p> <p>[Note: This letter <u>must</u> be placed on your organization's official letterhead.]</p> <p>May 1, 2025</p> <p>Attn.: Jane Doe<br/>NYC Department of Design + Construction<br/>30-30 Thomson Avenue, Law Division, 4<sup>th</sup> Floor<br/>Long Island City, NY 11101</p> <p>Re: <u>Useful Life Period Statement</u> – FY 2025 Project ID PWDNABCVH</p> <p>Dear Ms. Doe:</p> <p>I, Jill Smith, am the Executive Director of the ABC Center of New York, Inc. which is seeking to receive capital funds from the City of New York for its transportation vehicle.</p> <p>I hereby certify that the expected useful life of the item(s) is 10 years from the date of acquisition. I arrived at this estimated useful life as follows: [Select one or more of the below-mentioned options.]</p> <p><input type="checkbox"/> The manufacturer provided a written statement of the expected useful life, which is attached;</p> <p><input checked="" type="checkbox"/> I reviewed the history of use of this type of item by our organization and determined that this type of item has historically been used, on average, for the period specified above; or</p> <p><input type="checkbox"/> Other: [explain] _____</p> <p>_____</p> <p>_____</p> <p>I further certify that our organization expects to use the item for at least the expected useful life identified above.</p> <p>Sincerely,</p> <p></p> <p>Jill Smith<br/>Executive Director<br/>5/1/2025</p> <p></p> <p>Jim Johnson<br/>Director of Fleet Management<br/>5/1/2025</p> |
|---|

## Useful Life Statement Notes

The Fiscal Year and Project ID for your award is provided by your assigned DDC Project Manager (DDC PM).

The description of the item(s) should be brief. (e.g., 14-passenger transportation vehicle, initial outfitting equipment for the ABC Center)

The minimum number of years for the useful life estimate must be 5, except for eligible IT systems which require a 3-year estimate. Do not include units of measurement such as hours or miles.

- If the proposed equipment/vehicles have been purchased, then the estimate will be based on how long the equipment/vehicles have been in use from the date of purchase to the date the useful life statement is prepared, plus the one-year estimate to register a funding agreement and issue reimbursement, plus the 5-year performance period after reimbursement is received.
- If items have varying degrees of useful life, you can provide separate statements for each item or groups of items with similar useful life expectancies (e.g. one statement listing 6 years for IT items and another listing 10 years for furniture), or use our useful life template for **Items with Different Useful Life Expectancies** and attach a spreadsheet listing each item and their respectful useful life estimates (see sample table below). The latter scenario is recommended for awards with large varieties of items.

|   | Item Type        | Make Model & Description                       | Quantity | Useful Life Estimate |
|---|------------------|--|----------|----------------------|
| 1 | Workstations     | Cityline Height Adjustable Workstation Typical | 10       | 15 years             |
| 2 | Conference Table | Bungee/B3060RES, 30D x 60W x 29H               | 3        | 12 years             |
| 3 | Chairs           | Torsion Air Task Chair                         | 10       | 8 years              |

It is possible for more than one source of the useful life estimate to be checked off.

- If the manufacturer’s statement is checked off, then attach a copy of the statement to the letter. The statement should be in their letterhead and signed by the manufacturer’s representative.


The signatures of the CEO/authorized representative and the staff member providing the useful life estimate must be employees of the organization. These signature blocks cannot be filled in by a consultant, vendor, or manufacturer. For the staff member providing the useful life estimate, it should be someone who is familiar with the proposed equipment/vehicles (e.g., facilities director, IT manager, etc.).

If your award contains IT equipment, use the useful life statement template **For Awards That Include IT Equipment**. This template has an additional section for the CFO and CIO Certification, which is an affirmation about the replacement cycle of the IT equipment. These signature blocks must be filled in by the organization’s staff members who have those titles, their equivalents, or perform duties of these titles. If these titles do not exist in your organization, then note it in the statement, but the certification still requires signatures.

Based on the type of vehicles/equipment proposed and their useful life estimates, it is possible that you may need to use multiple useful life statement templates. Your DDC PM will notify you on which templates to use.

## Non-Discrimination Affirmation

Your organization is obligated to abide by the mandates of all Federal, State, and City non-discrimination laws, which include not denying the benefits of its services to any person based on race, religion, creed, color, national origin, sex, age, disability, marital status, sexual orientation or political affiliation. Failure to abide by the non-discriminatory laws, could result in forfeiture of equipment to the City.



Non-Discrimination Affirmation

**Funding Recipient's Full Legal Name<sup>1</sup>** (as indicated on the Non-Profit organization's Certificate of Incorporation):

Funding Recipient hereby affirms that it has read all of the provisions included in the Funding and Security Agreements of the City of New York ("City" or "NYC") and acknowledges its obligation to abide by the terms of both agreements as well as the mandates of all Federal, State and City non-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1964 (also known as "Title VII"), the New York State and NYC Human Rights Laws, and the Americans with Disabilities Act of 1990 (commonly referred to as the "ADA").

Therefore, Funding Recipient understands, agrees and represents to the City of New York that it will not deny the benefits of its services to any person based on race, religion, creed, color, national origin, sex, age, disability, marital status, sexual orientation or political affiliation.

Funding Recipient further understands and agrees that this representation to make its services available to the people of New York on a non-discriminatory basis was a material consideration in the City's determination to make City funding available to Funding Recipient, and that Funding Recipient's failure to make its services available on a non-discriminatory basis will constitute an Event of Default, as defined in the City's Funding Agreement.

**SIGNATURE OF FUNDING RECIPIENT'S DULY AUTHORIZED REPRESENTATIVE:**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signatory must be a high ranking executive

State of New York    )    

ss:

County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me personally came \_\_\_\_\_ (Name), who being by me duly sworn, did depose and say that s/he is the \_\_\_\_\_ (Position) of \_\_\_\_\_ (Name of Funding Recipient), the non-profit organization / corporation described in and which executed the foregoing instrument, and s/he duly acknowledged to me that s/he executed the same for and in behalf of the said non-profit organization / corporation for the uses and purposes mentioned therein.

\_\_\_\_\_

Notary Public

(Stamp or Seal)

<sup>1</sup> The Funding Recipient's name must match the corporate name indicated on the Capital Funding Request form submitted to the City.

DDC Non-Discrimination Affirmation
January 2026 Form

## Parking Facility Leases

If your organization is purchasing a vehicle that will be parked in a leased facility that you operate or in a location that you do not operate, then a lease agreement must be provided.

Refer to the CapGrants Funding Application to determine if a vehicle will be housed in such a facility.

If your organization is utilizing a parking facility on a monthly or annual basis, then the facility must provide a letter confirming this. If a vehicle is parked in a leased facility that your organization operates, then there must be at least 5 years remaining on the agreement by the time the budget package is submitted. Agreements with less than 5 years remaining require an amendment to extend the lease term.

Notify DDC if you change parking facilities prior to receiving reimbursement or the OMB Compliance Officer, during the performance period of the funding agreement, after reimbursement is received.

As noted on [Page 11](#), the parking site must be in a secure area with features such as indoor parking, fencing, gates, and/or security cameras, and must be within New York City limits. You may need to provide a description of the security features of the site for the budget submission. Streetside parking is not allowed.



**Improper Parking Location**



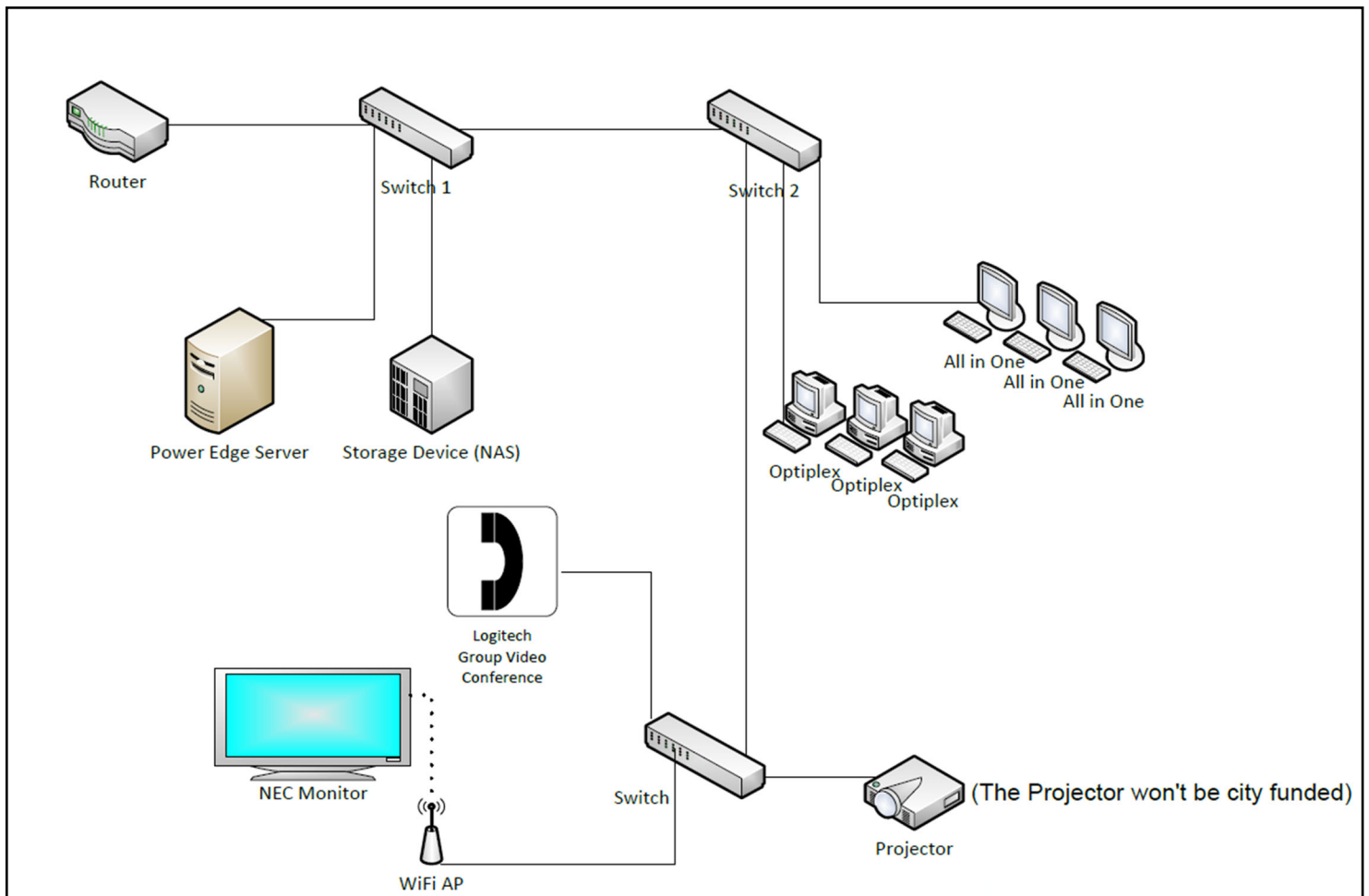
**Proper Parking Site**

## Information Systems Management (ISM) Questionnaire (Equipment Awards Only)

The ISM Questionnaire contains a series of questions pertaining to the connectivity of an equipment system's components, usage of software applications, accessibility of software applications, and function for medical treatment. Refer to Part I, Sections 11, 12, & 13 of your CapGrants application, as it also includes the questionnaire. If the information in the questionnaire from your application does not change when you submit the Budget & Pre-CP package, then you can re-use that data when filling out the questionnaire.

A diagram of all components of the equipment system, showing how they are physically and/or wirelessly connected and networked will be included with the questionnaire. See below for a sample diagram. System components should be clearly labeled. For large or complex IT systems or medical devices, a template spreadsheet is available on our website, where you list the components, identify if they are permanently connected to the system, what component or main device they are connected to, and method of connectivity (physical or wireless). Use multiple tables, if necessary. This list can be used to supplement the system diagram. Components that function independently from the system, excess or interchangeable parts, or consumables, are ineligible for reimbursement.

### Sample IT Network



## Information Systems Management (ISM) Questionnaire Notes

The questionnaire is **not** required for equipment purchases that are part of an Initial Outfitting award.

If a question does not apply to your award, then enter N/A as the response.

If there are soft costs for design, installation, or consulting, provide a scope of work detailing the type of work performed, along with hourly rates for each job title and total cost.

If the system is connected to hardware that your organization already owns, which is not part of the budget, then provide a list of such hardware, their date(s) of purchase, cost, and a written affirmation that these existing items will have a useful life of at least five years from disbursement of the City funds. See the sample letter below for this requirement.

Note: This letter must be placed on your organization's official letterhead.]

July 1, 2025

Attn: John Doe  
NYC Department of Design and Construction  
30-30 Thomson Avenue, 4th floor  
Long Island City, NY 11101

Re: Equipment Owned by the Organization in Relation to PWMNABCNY Project Award for **\$100,000**

Dear Mr. Doe:

The equipment purchased for the award referenced in the subject of this letter, is dependent on equipment the organization already owns.

Please find below, the requested information on the list of equipment the organization owns in relation to the capital award:

| Item Type        | Make and Model                      | Quantity | Purchase Date | Purchase Price |
|------------------|-------------------------------------|----------|---------------|----------------|
| Router           | Cisco Meraki MX68                   | 1        | 5/30/2025     | \$1,300        |
| Storage Device   | QNAP Systems Model TS-453B          | 1        | 5/30/2025     | \$1,000        |
| Network Switches | Netgear ProSafe 5 Port 10/100 FS105 | 1        | 5/30/2025     | \$70           |
|                  |                                     |          |               |                |

I hereby certify that the expected useful life of the item(s) listed above, is 5 years from the date we receive reimbursement for the equipment purchased for this award and we will replace any items that cease to function during this period, at our own expense.


Sincerely,

Jane Johnson

CIO

## Initial Outfitting Affirmation

If you are occupying a new or renovated facility, then the affirmation below (and the next page) must be completed. You will answer questions based on how the facility was acquired and means of how it was set up. Refer to the Timeline section of the CapGrants application to determine the Building Type that applies to your initial outfitting. Supporting documentation such as a deed, lease agreement, or certificate of occupancy must be provided, based on your responses. Deeds and leases must be under your organization's legal name. For any differences in names, provide in writing an explanation on the relationship between the name on the agreement and legal name. Additional documentation may be required for certain sites.



Initial Outfitting Affirmation

Newly Acquired, Constructed, Reconstructed or Leased Space

**Funding Recipient's Full Name (as indicated on its Certificate of Incorporation):**  
 ABC Center of New York, Inc. \_\_\_\_\_

**Address where City funded equipment will be located:**  
 1801 Avenue Q \_\_\_\_\_  
 Brooklyn, NY 11201 \_\_\_\_\_

Funding Recipient hereby affirms that it has read all of the provisions provided in the Funding and Security Agreements of the City of New York ("City" or "NYC") and acknowledges its obligation to abide by the terms and requirements of the NYC Comptroller's Internal Control and Accountability Directive No. 10, which defines Initial Outfitting as the outfitting of a defined area that (i) has been newly acquired, leased or constructed or (ii) is the subject of a comprehensive upgrade or betterment. Directive No. 10 further states that orders for initial outfitting must be placed within six (6) months of the date that the building, structure, facility or other Capital Asset is placed into service.

Accordingly, Funding Recipient recognizes that an initial outfitting designation requires a newly purchased, constructed, reconstructed or leased space. A space that has a renewed and/or amended lease does not qualify for initial outfitting.

In addition, the Funding Recipient hereby acknowledges that all equipment purchased pursuant to an initial outfitting project (i) must be ordered within six (6) months of date the premises is placed into service, and (ii) must remain at the premises indicated in the City's Funding and Security Agreements for a period of five (5) years without exception.


Please also provide the following information regarding the initial outfitting project, as provided below (please fill out all sections that are applicable):

- Space information:
  - Property newly purchased?  
 Yes  No   
 If yes, then provide:  
 Date of purchase: 06/01/2024  
 Move-in date: 12/01/2025  
 Please provide a copy of the purchase contract.
  - 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.
  - 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.

DDC Initial Outfitting Affirmation
Page 1 of 2
Jan. 2019 Form – OMB Approved


## Initial Outfitting Affirmation Notes

If the outfitting does not account for the entire building, then note the occupied floor(s) of the building in the address. Check Yes or No for each question. Fill in the applicable dates and include supporting documentation for each question where Yes was checked off. For newly constructed or renovated facilities, provide a Scope of Work from the architectural firm, which details the tasks performed, along with a cost breakdown of the construction/renovations. A copy of the floor plan must be provided for all outfitting awards. As noted on [Page 13](#), purchases cannot be made more than 6 months before (with exceptions, see [Page 46](#)) or after (no exceptions) the move-in date.



- o Comprehensive renovation / upgrade of Property?  
 Yes  No   
 If yes, then provide:  
 Start date of the project: 11/01/2024  
 Date of completion: 11/15/2025  
 Move-in date: 12/01/2025
  
- Construction information:  
 For reconstruction or comprehensive renovation/upgrade, a detailed scope of work of such reconstruction or upgrade and delineation of the affected space(s) must be provided. In general, a comprehensive upgrade involves demolition and construction work which involves at least three trades. Thus, the detailed scope must include delineation of the affected areas, the specific work undertaken by trade and work type and cost (including breakouts for surface treatments such as carpeting, painting, other finishes). Please note that surface treatments on their own do not qualify a space for initial outfitting.
  - o Scope of Work (prepared by an architect/engineer) : Please Attach
  - o Floor Plan of Space attached?  
 Yes  No  (Must be provided in order for this affirmation to be complete.)
  
- Equipment purchase information:
  - o Order date(s), purchase date(s) and installation date(s) of equipment:  
 - Please provide copies of quotations/invoices and an equipment list (Exhibit A to the Funding Agreement).  
 - For each item of equipment on the equipment list, please provide the order date, purchase date, and installation date in separate columns in the equipment list.

SIGNATURE OF FUNDING RECIPIENT'S  
DULY AUTHORIZED REPRESENTATIVE:

By:   
 Name: Jill Johnson  
 Title: Executive Director  
 Date: 12/10/2025

State of New York )  
 ) ss:  
 County of Kings )

On this 10 day of December, 2025 before me personally came Jill Johnson  
 (Name), who being by me duly sworn, did depose and say that s/he is the Executive Director (Position) of  
ABC Center of New York, Inc. (Name of Funding Recipient), the non-profit organization / corporation  
 described in and which executed the foregoing instrument, and s/he duly acknowledged to me that s/he executed the  
 same for and in behalf of the said non-profit organization / corporation for the uses and purposes mentioned therein.

Place Notary Stamp Here \_\_\_\_\_  
 Notary Public  
 (Stamp or Seal)

DDC Initial Outfitting Affirmation

Page 2 of 2

Jan. 2019 Form – OMB Approved

## Major Medical Systems Letter

The sample letter below is filled out by your hospital’s authorized representative, if you are purchasing a large medical device such as a mammography unit or a CT scanner under an Equipment award. This letter affirms eligibility requirements such as the connectivity of the parts, useful life of the machine, and that there are no spare items, disposable, or consumable items.

**Major Medical Systems Letter**  
**(Sample letter for Non-Profit Reimbursement Program Awards)**

[Note: This letter must be placed on your organization’s official letterhead.]

December 1, 2024

Attn.: John Doe  
NYC Department of Design + Construction  
30-30 Thomson Avenue, Law Division, 4<sup>th</sup> Floor  
Long Island City, NY 11101

Re: Major Medical Systems Letter: HLDNABCCT – Purchase of a CT Scanner

Dear Mr. Doe:

The ABC Medical Center of New York’s Radiology Department is requesting to purchase a Siemens SOMATOM Definition Edge CT Scanner (“Equipment System”).

This Equipment System is comprised of a group of related elements and/or components, which are mutually dependent upon each other and are physically connected. The Equipment System contains no consumable or disposable items, spare parts or supplies. The useful life of the Equipment System is at least 9 years.


If you should have any questions about the Equipment System, please contact Jack Johnson at 718-555-1234 or via email at [jajohnson@abcmedical.org](mailto:jajohnson@abcmedical.org)



Jack Johnson  
Director of Radiology  
12/1/2024

# Software Checklist

The Software Checklist is filled out if you are purchasing equipment with embedded software, firmware, or software products for use on hardware. List all applicable and eligible products (see the next page for more information) and review the licensor's End-User License Agreement (EULA) to determine the transferability of the license and provide a copy of the EULA.



**Software Checklist**

**Funding Recipient's Full Legal Name** (as indicated on the Non-Profit organization's Certificate of Incorporation):

ABC Center of New York, Inc.

Funding Recipient hereby acknowledges that: 1) it has read all of the provisions relating to software licenses in the City's "Guidelines for Capital Funding Requests for Not-For-Profit Organizations" found in Exhibit 1 of the City's "Capital Funding Request Form for Not-for-Profit Organizations" (the "Request Form"); 2) reviewed the City's template "Form of Assignment of Software License and Consent" in Exhibit 5 of the Request Form; and 3) answered all software-related questions in the applicable section of the Request Form and this Software Checklist.


Funding Recipient understands that any software license(s) associated with Moveable Property (i.e., Eligible Equipment) purchases will need to be purchased for a term of at least five (5) years up front. Funding Recipient also understands that any software license(s) for Moveable Property purchases must be transferable to the City and/or the City's designee, and the City's Assignment of Software License and Consent must be executed by the software licensor(s), if the license is not transferable by its terms.

Licenses for certain standard software may not need to be assigned to the City if the City already maintains a license with the software provider. For example, the City does not require a "Form of Assignment of Software License and Consent" from software providers such as 1) Microsoft Word, 2) McAfee, 3) Adobe, etc. Your organization should check with your assigned DDC Project Manager to confirm whether any standard software included in a reimbursement project may fall into this category. Software subscriptions are not eligible for reimbursement and should not be listed on the checklist. Purchases of hardware with embedded firmware, in lieu of a software license, must be listed on this checklist and require a confirmation letter from the licensor for eligibility.

Funding Recipient makes the following representations about any and all software associated with Moveable Property:

|    | LIST ALL SOFTWARE APPLICATIONS OR HARDWARE PRODUCTS WITH EMBEDDED SOFTWARE, TO INCLUDE FIRMWARE <sup>1</sup> | IS SOFTWARE, INCLUDING FIRMWARE, EMBEDDED IN THE EQUIPMENT?      | IS STAND-ALONE SOFTWARE INCLUDED?                                | IS THE LICENSE TRANSFERABLE BY ITS TERMS? <sup>2</sup>           | IF LICENSE IS NOT TRANSFERABLE BY ITS TERMS, HAS THE LICENSOR AGREED TO EXECUTE THE CITY'S FORM OF ASSIGNMENT OF SOFTWARE LICENSE AND CONSENT? <sup>3</sup> | IS LICENSOR'S LETTER AGREEING TO EXECUTE THE CITY'S ASSIGNMENT FORM ATTACHED? <sup>3</sup> |
|----|--|--|--|--|---|--|
|    |  |  |  | <u>ATTACH ALL END-USER LICENSE AGREEMENTS TO THIS CHECKLIST</u>  |   |  |
| 1  | HP LaserJet Pro 4001dw   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Y <input type="checkbox"/> N                                      |
| 2  | Logitech Rally Plus Video Conferencing   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Y <input type="checkbox"/> N                                      |
| 3  | Raise3D Pro3 3D Printer  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                           |
| 4  | Samsung RS95 Prestige Ultrasound   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                           |
| 5  |  | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Y <input type="checkbox"/> N                                      |
| 6  |  | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Y <input type="checkbox"/> N                                      |
| 7  |  | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Y <input type="checkbox"/> N                                      |
| 8  |  | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Y <input type="checkbox"/> N                                      |
| 9  |  | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Y <input type="checkbox"/> N                                      |
| 10 |  | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Y <input type="checkbox"/> N                                      |
| 11 |  | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Y <input type="checkbox"/> N                                      |
| 12 |  | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Y <input type="checkbox"/> N                                      |

SIGNATURE OF FUNDING RECIPIENT'S DULY AUTHORIZED REPRESENTATIVE OR IT SPECIALIST:

By: 

Name: Jack Smith

Title: Director of IT

Date: 07/01/2025

<sup>1</sup>Use additional checklists if more than 12 products are listed.  
<sup>2</sup>If Y is checked off, then do not answer the fourth and fifth questions.  
<sup>3</sup>If N is checked off for either question, then the software product will not be reimbursed by the City.

DDC Software Checklist
July 2024

## Software Checklist Notes

The checklist must be completed by an employee of your organization, who is knowledgeable of the software products.

List any software applications, along with hardware products with embedded software or firmware.

- Not all software products are required to be listed on the checklist. Do not include applications such as Windows, iOS, and Adobe. Consult with DDC to determine if an application or product should be listed on the checklist.

For hardware purchases, you must review the features of the device to determine if there is embedded software. You can go to the manufacturer's website or do an online search to review the End User License Agreement (EULA)/Terms and Conditions. Consult with your vendor or manufacturer if you need assistance in verifying this.

Software licenses are capitally eligible if they are valid with the initial purchase for at least 5 years from disbursement of City capital funds. Software subscriptions with ongoing monthly or annual fees are not eligible, thus they should not be included on the checklist.

If a product does not have a EULA, then a written confirmation (see [Page 41](#)) must be provided from the licensor, acknowledging that any embedded software automatically transfers to another user, if they were to take possession of the equipment.

If a license is transferable or is a firmware product, then do not answer Questions 4 & 5 on the checklist.

If the EULA states that a software license is non-transferable or is transferable via written permission from the licensor (see [Page 39](#)), then the licensor must complete the **Preliminary Approval Letter of the Software License Agreement** (see [Page 40](#)). This letter acknowledges that the licensor will execute the Software License Agreement, upon registration of the funding agreement, which grants the City and/or the City's designee a transferable license at no additional cost, if the City repossesses the equipment, due to an Event of Default under the terms of the funding agreement. This letter is not required for any transferable software licenses.

## Sample End-User License Agreements (EULA)

### EULA referencing a non-transferable license



GE Healthcare

GE Healthcare Terms & Conditions (Rev 01.30.20)

- 1. Definitions.** As identified in this Agreement, "Equipment" is hardware and embedded software that is licensed with the purchase of the hardware delivered to Customer in GE Healthcare's packaging and with its labeling; "Software" is software developed by GE Healthcare and/or delivered to Customer in GE Healthcare's packaging and with its labeling, and Documentation associated with the software; "Third Party Software" and "Third Party Equipment" are respectively software developed by a third party, and hardware and embedded software that is licensed with the purchase of the hardware, that is delivered to Customer in the third party's packaging and with its labeling (collectively, "Third Party Product"); "Product" is Equipment, Software and Third Party Product; and "Services" are Product support or professional services; "Subscription" is a limited-term, non-transferable license to access and use a Product (except Healthcare Digital Products), including any associated support Services; "Healthcare Digital Products" are: (i) Software identified in the Quotation as "Centricity"; (ii) Third Party Software licensed for use in connection with Centricity Software; (iii) hardware used to operate Centricity or Third Party Software; (iv) Services provided for implementation, installation or support and maintenance of Centricity or Third Party Software licensed for use in connection with Centricity Software; and/or (v) any Product or Service that is identified in a Healthcare Digital Quotation. "Specifications" are GE Healthcare's written specifications and manuals as of the date the Equipment shipped. "Documentation" is the online help functions, user instructions and manuals regarding the installation and operation of the Product as made available by GE Healthcare to Customer.
- 2. Term and Termination.** Software licenses, Services and/or Subscriptions will have individual term lengths identified in the Quotation. If there is a material breach of this Agreement and/or the Quotation that is not cured by the breaching party within 60 days from receipt of written notice, the non-breaching party can terminate the respective Agreement or Quotation. Other than as set forth in this Agreement, neither party can unilaterally terminate this Agreement or a Quotation. Any remaining undisputed, unpaid fees become immediately due and payable on expiration or termination. Expiration or termination of this Agreement will have no effect on Quotations executed prior to the date of expiration or termination.
- 3. Software License.** Other than as identified in a Quotation, **GE Healthcare grants Customer a non-exclusive, non-transferable, non-sublicensable, perpetual license to use the Software for Customer's internal business purposes only in the United States consistent with the terms of this Agreement.** Customer's independent contractors (except GE Healthcare competitors) may use the Software, but Customer is responsible for their compliance with this license, and additional license fees may apply. Customer cannot modify, reverse engineer, copy or create derivative works of the Software, except for making 1 backup copy, and cannot remove or modify labels or notices of proprietary rights of the Software or Documentation. If GE Healthcare provides Third Party Software, Customer will comply with third party license terms, and licensors are third-party beneficiaries of this Agreement.

### EULA referencing a transferable license with written permission for business entities

- 3. Transferability.** If You are an individual consumer, You may transfer the Software on a permanent basis as part of the sale or transfer of the hardware system on which the Software is loaded, provided that You retain no copies of any version of the Software. **If You are a business entity, You may not transfer the Software to another person or entity without the express written permission of Dell,** unless allowed by applicable law stating that transfer may not be restricted (note that a transfer fee may be charged by Dell).

### EULA referencing a transferable license

- 4. TRANSFER.** **You may transfer the Software Program to another end-user.** Any transfer must include all software components, media, printed materials, and this License Agreement and you may not retain copies of the Software Program or components thereof. The transfer may not be an indirect transfer, such as a consignment. Prior to the transfer, the end-user receiving the transferred Software Program must agree to all these License Agreement terms. Upon transfer of the Software Program, your license is automatically terminated. You may not rent, sublicense, or assign the Software Program except to the extent provided in this License Agreement, and any attempt to do so shall be void.

## Preliminary Approval Letter of the Software License Agreement

The preliminary agreement template below is completed by each licensor for purchases of items with non-transferable software licenses. One letter is required per invoice/quote, though multiple invoices/quotes may be referenced in one letter, if they cover the same product. There is also a template letter (not pictured) covering purchases through a third-party seller. This letter includes an Exhibit A for the actual agreement letter (see [Page 115](#)) which is not filled out until a funding agreement is executed. Substantive changes to the preliminary or final approval letters are not allowed. If the licensor refuses to sign the preliminary approval letter, then any affected items will not be reimbursed by the City.

**Note:** DDC recommends your organization hold off on placing orders or submitting quotes from a licensor or a vendor that distributes products from a licensor, until you receive confirmation that the licensor is willing to sign the letter for any products with non-transferable software.

**Preliminary Approval Letter of NYC Software License Assignment**  
[Note: This letter must be on the Licensor's letterhead.]

Date

Company Name [FUNDING RECIPIENT]  
Address  
City, State, ZIP

Re: [LICENSOR] Invoice/Quotation No. \_\_\_\_\_ dated \_\_\_\_\_, 20\_\_ (the "Invoice/Quotation")

Ladies and Gentlemen:

[LICENSOR] has provided the above-referenced Invoice/Quotation to \_\_\_\_\_ ("Customer"). [LICENSOR] understands that the New York City Form of Assignment of Software License and Consent (attached hereto as Exhibit A) must be executed in the event that the City of New York (the "City") provides funding for the purchase of a non-transferrable software license associated with [description of equipment.]

In the event that a funding agreement is executed between the City and Customer for the purchase of a non-transferrable software license that has been sold by [LICENSOR], and [LICENSOR] has been paid in full for the software license and associated equipment, [LICENSOR] shall execute the attached Assignment of Software License and Consent for that software license and associated equipment.

Regards,

[LICENSOR]

By: \_\_\_\_\_

Title: \_\_\_\_\_

## Confirmation Letter for Hardware with Embedded Firmware

If purchasing hardware with embedded firmware that does not have an end-user license agreement (EULA), then a confirmation letter (see template below) must be filled out by the manufacturer acknowledging that there is no EULA for the product and that use of the hardware with firmware automatically transfers over to another user.

**Confirmation of Firmware Letter**  
**(Sample letter for Non-Profit Reimbursement Projects)<sup>1</sup>**

[Note: This letter must be placed on licensor's official letterhead.]

[Insert date]

Attn.: [insert name of Agency Project Manager]  
NYC Department of Design + Construction  
30-30 Thomson Avenue, Law Division, 4<sup>th</sup> Floor  
Long Island City, NY 11101

From [insert name of representative & name of company]

Re: Confirmation of Firmware – FY [Enter FY] Project ID [Enter Project ID]

Dear [insert name of Agency Project Manager]:

Regarding your request to transfer firmware to another user, location, or facility, should the device be physically transferred.

- [insert Product name] is standalone equipment with firmware.
- [insert Product name] doesn't have an end-user license agreement. There are no terms and conditions or user license to review by NYC Department of Design and Construction.
- Use of the [insert Product name] and its firmware will automatically transfer to another user.

[Handwritten Signature of Licensor Representative]

[Printed Name]

[Title]

[Date of signature]

## Minimally Attached Moveable Property Questionnaire

If your eligible award amount is at least \$250,000 and contains equipment that is minimally attached to the premises, then the questionnaire below must be filled out. Such items are attached through the application of bolts, plaster, cement, nuts, screws or nails and are easily installed and removed while causing no more than a negligible amount of damage to the property.

**Minimally Attached Moveable Property Questionnaire**

Legal Name of the Organization: ABC Center of New York, Inc.

Project ID and Award Description: HLDNABCNY - Initial Outfitting of the ABC Center

Award Amount: \$ 500,000

Minimally Attached Moveable Property is moveable property that is attached to the Real Property in any manner. Such forms of attachment include but are not limited to attachment through the application of bolts, plaster, cement, nuts, screws or nails.

If any of the Moveable Property will be Minimally Attached Moveable Property and attached in ANY MANNER, please answer the following questions:

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

Yes  No

If Yes, complete the rest of the questionnaire.

Please provide the following information in relation to the property where the minimally attached equipment will be located:

Street Address: 1801 Avenue Q, Brooklyn, NY 11201

Block: 1234

Lot: 56

Is this property:

Owned by your organization (attach a copy of the deed)

Leased by your organization (attach a current copy of the lease agreement)

Is the property encumbered by any mortgage or financing? (provide a list of lenders)

2. If the Project involves Minimally Attached Moveable Property that will 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.

3. If the Project involves Minimally Attached Moveable Property that will 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? \$ 5,000

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

The minimally attached equipment is transportable and reusable at a minimal cost. The cost is based on removal and re-installation expenses provided by a vendor.

## Minimally Attached Moveable Property Questionnaire Notes

Supporting documentation must be provided for some questions where Yes was answered. Costs for uninstalling and re-installing at another location are estimates. Providing backup is not necessary, but the estimate should be a reasonable amount. Provide as much detail as you can for the description of the method of attachment. Include photos of the attached items, if possible.

4. If the Project involves Minimally Attached Moveable Property, describe in detail how such Moveable Property will be attached. Please provide a diagram or photo (on a separate page), if available, that clearly illustrates the nature and degree of attachment.

The unit will be bolted to the floor using nuts and bolts. See attached photos of how the units are installed.

5. If the Project involves Minimally Attached Moveable Property to be located in Real Property that the Organization leases, please provide a letter (use the Personalty Letter for Landlords from the DDC NRP website) from the owner of such Real Property that states 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.

If the Project includes Minimally Attached Moveable Property to be located in Real Property that the Organization leases, and no such letter is provided, the City will not provide funding.

6. 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.

Is the remaining lease term at least 5 years (or 3 years for projects solely consisting of computer hardware, software, networks, and information technology systems)?

Yes  No  N/A

If Yes, please provide the lease. If No, provide an acknowledgment agreeing to a lease extension.

7. If there are any mortgage holders and other lienholders on the building, have they provided a letter (use the Personalty Letter for Lenders from the DDC NRP website) 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?

Yes  No  N/A

If Yes, please provide such current acknowledgment(s).


If No, the City will not provide funding.

8. Are there any loans directly or indirectly financed by HUD? 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).

Yes  No  N/A

On behalf of the above-mentioned organization, I hereby affirm that the information and attachments included with this form are accurate and up-to-date.

**SIGNATURE OF FUNDING RECIPIENT'S  
DULY AUTHORIZED REPRESENTATIVE:**

By:   
Name: Jim J. Jackson  
Title: CFO  
Date: 12/01/2025

Note: If your organization has any questions about the completion of this form, please reach out to the DDC project manager assigned to your organization's DDC NRP project.

## Personalty Agreements

For awards with minimally attached equipment, the personalty agreements are filled out if your facility is leased and/or has an outstanding mortgage. Your CapGrants application identifies the ownership status of the facility along with any lienholders. These agreements acknowledge that any minimally attached items are not fixtures and thus are not part of the real property. A list of such items will be attached to the agreement(s) (see Exhibit A list on the right). Template letters (landlord letter is on the left) are available for landlords and lenders. You may need to provide one or both letters, depending on the ownership & lienholder status of your facility. These letters are not required if your facility is owned and has no outstanding mortgages.

**For the Landlord:**

The undersigned are parties to the Lease Agreement dated \_\_\_\_\_ (the "Lease") by and between \_\_\_\_\_ (the "Landlord") and \_\_\_\_\_ (the "Tenant"), for the premises: \_\_\_\_\_ (the "Premises").

The undersigned agree that the equipment (the "Equipment") funded by the City of New York (the "City"), as specified in an exhibit to the Funding Agreement between the Tenant and the City, attached as Exhibit A hereto, and installed in the Premises, shall be deemed solely items of personalty which may be removed, altered or modified by the Tenant at the expiration or earlier termination of the Lease or at any time as otherwise determined by the Tenant in its sole and absolute discretion. Notwithstanding any provision of the Lease, the Equipment shall remain the property of the Tenant, and shall not be deemed to be so affixed to the Premises as to become the property of the Landlord.

Notwithstanding the Lease, the undersigned agree that the Tenant shall grant the City a first priority security lien on the Equipment.

The undersigned agree that, notwithstanding the Lease and/or any failure of the Tenant to remove the Equipment upon a termination of the Lease term (as set forth in the Lease), the Equipment shall not become the property of the Landlord nor be disposed by the Landlord.

In Witness Whereof, the undersigned does hereby agree this \_\_\_\_\_ [Date].

\_\_\_\_\_  
[Landlord]

\_\_\_\_\_  
[Tenant]

By: \_\_\_\_\_  
Name:  
Title:

By: \_\_\_\_\_  
Name:  
Title:

**EXHIBIT A**  
**LIST OF MINIMALLY ATTACHED EQUIPMENT**

| Item Type                       | Make, Model, & Description  | Quantity | Equipment Use Address           | Minimally Attached? Y/N |
|---------------------------------|-----------------------------|----------|---------------------------------|-------------------------|
| Flush Mount Flow Meter          | Porter - MXRD               | 10       | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Dry Vacuum                      | Midmark - PowerVac G        | 3        | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| X Rays                          | Midmark - Progeny           | 20       | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Wallmounts on Desk              | Candex - WD20               | 14       | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| DELL CTO Server                 | R440 4214 48GB              | 2        | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Computers                       | Dell - OptiPlex 3090        | 123      | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Monitors 24"                    | HP - HP24MH                 | 123      | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Computer mount - Wall Track     | Ergotron - 31-017-182       | 34       | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Computer mount - Combo Arm      | Ergotron - 45-266-026       | 34       | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Computer mount - Extender Arm   | Ergotron - 97-858-026       | 34       | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Computer mount - Screws         | Ergotron - 60-156           | 34       | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Computer mount - CPU Holder     | Ergotron - 80-063-200       | 34       | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Computer mount - Mounting Kit   | Ergotron - 97-531           | 34       | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Rack IT                         | APC - APC NetShelter SX 48U | 1        | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Battery IT                      | APC UPS - SRT6KRMXLT        | 1        | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Battery IT - add'l add on       | APC UPS - SRT192RMBP        | 1        | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Power Unit                      | APC UPS - AP8831            | 2        | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Juniper 48 Port Switch          | Juniper - EX2300-48P        | 4        | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Juniper Rack                    | Juniper - EX2300-48T        | 6        | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Juniper 48 Port Ethernet Switch | Juniper - EX3400-48P        | 1        | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Juniper Rack                    | Juniper - EX3400-48T        | 2        | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Juniper Trans Module            | Juniper - EX-SFP-10GE-SR    | 9        | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Juniper Cable                   | Juniper - EX-QSFP-40GE      | 3        | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Juniper Power Cable             | Juniper - CBL               | 2        | 1801 Avenue Q Brooklyn NY 11201 | Y                       |
| Juniper Power Cord              | Juniper - 2.5M              | 1        | 1801 Avenue Q Brooklyn NY 11201 | Y                       |

## **DASNY and HUD-Related Liens and Private Lenders with Broad Liens**

If your organization has liens with the Dormitory Authority of the State of New York (“DASNY”), the United States Department of Housing and Urban Development (“HUD”), HUD-insured lenders, or private lenders, then each lien must be addressed to ensure that any competing liens exclude the City-funded equipment.

During the Budget & Pre-CP Review, your organization needs to verify whether all relevant lienholders were listed in the organization’s CapGrants application. If not, then your organization must advise if there are any new Uniform Commercial Code (“UCC”) liens pending with DASNY, HUD, HUD-insured lenders and private lenders that are filed with the New York State Department of State (“NYS DOS”), which are broad in nature and may conflict with the City’s lien over the City-funded equipment. (This information can be found on the NYSDOS’ website using this link [Click here](#)) A list of any such lienholders must be provided to DDC to ensure that your organization will address these liens before its submission for reimbursement.

DDC requires an acknowledgment letter from private HUD-insured lenders that affirmatively notes that the lender will agree to either subordinate or delete its lien(s) over the City-funded equipment.

DDC does not need acknowledgment letters from DASNY and HUD regarding the subordination of these types of liens, because DASNY and HUD typically approve the City’s request for subordination of these liens to protect the City’s lien over equipment funded by the City. However, if such liens apply, then your organization should immediately reach out to DASNY, HUD, HUD-insured lenders and/or private lenders to ensure that any competing liens are either subordinated or deleted before the organization submits its equipment project for reimbursement from DDC. For more information on how to subordinate or delete UCC liens, please refer to the UCC Guidelines beginning on [Page 63](#) for more information on the legal steps necessary.

If an award contains minimally attached items, a personalty agreement may also be required from lenders that have a lien interest on the property where the equipment is located (only if the equipment is minimally attached at the location that may have a mortgage tied to that particular property.) Refer to the section on personalty agreements on [Page 44](#).

Your organization should seek assistance from your legal counsel in relation to these matters.

## Final Notes on the Budget & Pre-CP Review Phase

If your organization must purchase any vehicles/equipment prior to the Budget & Pre-CP Review approval, it is done at your own risk, as not all items or features are guaranteed to be reimbursable (see [Page 10](#)). Budgets with ineligible purchases/features may greatly impact awards whose allocations are at or slightly above the minimum thresholds for general award eligibility (\$50,000) or awards with minimally attached equipment (\$250,000).

If your award's eligibility amount falls below \$50,000, then the award cannot proceed. If your award has minimally attached equipment and the eligible amount falls below \$250,000, then all minimally attached items become ineligible, which may significantly reduce your reimbursement amount.

Items located in leased facilities, whose lease agreement expires in less than 5 years from the date of the Budget & Pre-CP submission, require a lease amendment to extend the lease term.

DDC recommends that all purchases for Initial Outfitting awards be made **prior** to submission of the Budget & Pre-CP package. This is to avoid any possibility of your organization making changes to the proposed equipment, which requires additional review from DDC and OMB, delaying the approval process, as Initial Outfitting awards have higher quantities of budget line items than other awards.

For initial outfitting orders placed more than 6 months **prior** to the move-in date, provide a written justification for the time gap between the orders and move-in date. Construction delays are a common reason for such gaps. Initial outfitting orders placed before the 6 month limit **after** the move-in date, but are received after the 6 month period, will still be eligible for reimbursement, as the costs are incurred when the orders are placed, not when the items are received or when payment is made.

If none of the items have been purchased, delays in submitting the Budget & Pre-CP package can lead to the proposed items being no longer available for purchase or substantial price increases for existing items. As noted on [Page 24](#), you will not be reimbursed for any dollars in excess of your award amount. For purchased items, long term delays will negatively impact their useful life.

Once a budget is approved for non-purchased items, make all efforts to commit to buying the specific makes and models, as any major changes after the Pre-CP is approved, may result in re-submission of the budget package from the beginning.

DDC and OMB may have questions and comments on the Budget & Pre-CP documentation provided. Respond to any inquiries quickly, as prolonged delays may require re-submission of some or all budget items, as the information in those items may change over time. The signature dates for the hours of operation & frequency of use, useful life statement, and non-discrimination affirmation should not be more that **6 months** prior to the date of submission to OMB.

## Phases 2 & 3: Certificate to Proceed (CP) Request & Registration

The **CP Request** and **Registration** phases occur concurrently.

After OMB approves the Budget & Pre-CP Review package, the DDC attorney prepares the final funding and security agreements, while the DDC Project Manager (PM) prepares a CP Request, which includes those agreements, along with other internal documents and some of the **Budget & Pre-CP Review** items, which are submitted to DDC's Budget unit for review, before it is forwarded to OMB for final review and approval.

**Note:** If the Budget & Pre-CP items listed below, which are part of the CP Request package, were signed over six months ago by the time the CP Request is prepared, you must re-submit them with current signature dates, as it is possible that the information in those items may change over time. This may also apply to quotes.

- Useful Life Statement
- Initial Outfitting Affirmation

CP Request approval time varies, but it usually takes between 2 to 3 months for approval, once the CP Request is sent to OMB. Approval of a Certificate to Proceed (see next page) authorizes the allocation of funds from the City's capital budget towards your capital project. This does not mean that an award has been registered nor reimbursement is ready to commence.

Once the final funding and security agreements are prepared, the DDC attorney will forward them to your organization, along with a list of other items required for registration. After the CP is approved and DDC receives all registration items, they are submitted to DDC's Contracts unit for review and then uploaded to the **Procurement and Sourcing Solutions Portal** (PASSPort, see [Page 54](#)). Afterwards, the registration package is forwarded to the Comptroller's Office for registration. The timeframe between submission of the registration package and Comptroller's registration ranges from 3 to 5 months.

See Pages 49 through 60 for the **Registration Checklist**, with accompanying notes, sample, and template documents for each checklist item.

# Sample Certificate to Proceed (Redacted)



The City of New York  
**Office of Management and Budget**  
255 Greenwich Street, New York, New York 10007 - 2146

*Approval Date*  
*October 23, 2023*

**Record Number:** 120840  
**Certificate Number:** 74071  
**Capital Project:** 850 [REDACTED]

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**Hon. Ashwin Vasan, Commissioner, Department of Health and Mental Hygiene**  
**Hon. Thomas Foley, Commissioner, Department of Design and Construction**  
**Hon. Brad Lander, Comptroller, City of New York**  
**Hon. Donovan Richards, Queens Borough President**

*Section 219 of the New York City Charter and directives of the Mayor authorized thereunder require that prior to the initiation of design or advancement of any Capital Project, a scope defining services to be incorporated in contracts for the services of architects, engineers, landscape architects, etc., or for departmental employees and amounts for structures, works, furnishings and equipment, program of requirements and scope or range of operations shall be submitted for approval of the Director of Management and Budget or his duly authorized representative. Initially, preliminary scope approval and subsequently final scope approval incorporating preliminary plans and cost limitations shall be submitted for approval of the Director of Management and Budget or his duly authorized representative. In addition, the final design incorporating final contract documents must also be submitted for approval of the Director of Management and Budget or his duly authorized representative. Your request for approval pursuant to the above is approved as follows:*

## DESCRIPTION OF APPROVAL HEREBY GRANTED

### **850 [REDACTED] – Two (2) 11-Passenger Transportation Vehicles**

The Department of Design and Construction, on behalf of NYC Department of Health and Mental Hygiene, is requesting a cost limitation in the amount of \$134,000 for the purchase of two (2) 11-passenger transportation vehicles for [REDACTED], a not-for-profit organization in the borough of Queens, to be located at [REDACTED].

The project is currently funded in the Department of Health and Mental Hygiene's Capital Commitment Plan, Capital Project ID 850 [REDACTED], Budget Line [REDACTED], Unit of Appropriations [REDACTED], and Budget Code [REDACTED]. The total cost to the city is not to exceed \$134,000. This cost limitation is a grant to [REDACTED], contingent upon the filing of a DMV lien and security agreement against the vehicles, requiring operation for a City-purpose for 5 years. The CapGrants ID for this project is [REDACTED].


Approved,

[REDACTED]  
[REDACTED]

FY24 850 [REDACTED] CP# 74071

## Registration Checklist

The DDC attorney will send your organization a Registration Checklist (see below) that lists all required documents for the registration of your award. The last two checklist items may not be applicable to your award. Blanks and templates for some of these items are available using this link [Click here](#), in the **Step 2: Forms Required for Registration** section.

|   |   |
|---|---|
|    |   |
| <b>REGISTRATION CHECKLIST:</b>  |   |
| Funding Recipient:<br>(Insert Full Corporate Name)  |   |
| <p><b>Note:</b> These documents must be <b>emailed</b> directly to the <b>DDC Project Manager</b> handling your organization's project. <u>Please include this checklist as a cover sheet with all of the below-requested documents included as attachments (incomplete submissions will not be accepted.)</u> DDC cannot register your project with the New York City Comptroller's Office without these submissions. Payments cannot be made prior to registration.</p>   |   |
| <b><input type="checkbox"/> Fully Executed Funding &amp; Security Agreements</b>  |   |
| <ul style="list-style-type: none"> <li>The DDC Attorney assigned to your project will email your organization PDF copies of the necessary agreements. Please review the pages and insert the budget, opinion of counsel, and tax affirmation into the funding and security agreements in the noted areas. Please date the agreements in the noted areas when you complete your review. Forward the completed agreements to the DDC Project Manager and attorney for review. Once approved, upload them to PASSPort.</li> </ul>  | <div style="background-color: #0056b3; color: white; padding: 2px 5px;"><b><input type="checkbox"/> Opinion of Counsel Letter</b></div> <ul style="list-style-type: none"> <li>Please note that this letter <b>MAY NOT BE MODIFIED</b>. For a Word version of this document, please see the City's template letter under the "Legal Documents" section available at <a href="https://www.nyc.gov/site/ddc/contracts/not-for-profit-forms.page">https://www.nyc.gov/site/ddc/contracts/not-for-profit-forms.page</a></li> <li>This letter must be placed on your counsel's letterhead and <b>cannot</b> be completed by an attorney who is a member of your organization's Board of Directors.</li> <li>The agreement dates referenced in the letter should refer to the date when the funding and security agreements are compiled and reviewed by your organization and sent to the DDC team for review.</li> <li>Please include the signed letter within <b>Exhibit C</b> of the Funding Agreement.</li> </ul> <div style="background-color: #0056b3; color: white; padding: 2px 5px;"><b><input type="checkbox"/> Tax Affirmation Form</b></div> <ul style="list-style-type: none"> <li>Please fill out, sign, and notarize the affirmation within <b>Exhibit F</b> of the Funding Agreement.</li> </ul> |
| <b><input type="checkbox"/> Certificates of Insurance</b>   |   |
| <ul style="list-style-type: none"> <li>The provided checklist (see next page) outlines the required insurance documents such as Workers' Compensation, Disability Coverage, Commercial General Liability (Acord 25), &amp; Certification by Insurance Broker or Agent. Please see the checklist for further instructions.</li> <li>Please see Exhibit B of the Funding Agreement for further information about the required policies and details.</li> <li>City must be listed as: The City of New York Department of Design and Construction, in the Certificate Holder box on all insurance documents.</li> <li>"The City of New York, together with its officials and employees, are listed as additional insured on a primary and non-contributory basis", along with the Project ID and award description, must be entered in the Description of Operations box in the Commercial General Liability Certificate.</li> </ul>  |   |
| <b><input type="checkbox"/> Enrollment in Procurement and Sourcing Solutions Portal (PASSPort)</b>  |   |
| <ul style="list-style-type: none"> <li>All non-profit organizations must set up a PASSPort account. To create an account and learn more information about PASSPort, visit the Mayor's Office of Contract Services at: <a href="https://www.nyc.gov/site/mocs/passport/about-passport.page">https://www.nyc.gov/site/mocs/passport/about-passport.page</a></li> <li>Once the DDC Contracts unit receives the registration package, you will be notified to complete several tasks in PASSPort such as the Certification of No Change and the Contract Signature Page. These tasks may be performed by different members of your organization. Tips on completing these tasks are available at <a href="https://www.nyc.gov/assets/nonprofits/downloads/pdf/Discretionary_Contracting_Provider_Tips.pdf">https://www.nyc.gov/assets/nonprofits/downloads/pdf/Discretionary_Contracting_Provider_Tips.pdf</a>. Upon completion of these tasks, the registration package is forwarded to the Comptroller's Office for review and approval.</li> </ul>   |   |
| <b><input type="checkbox"/> Doing Business Data Form</b>  |   |
| <ul style="list-style-type: none"> <li>Please see the City's template Doing Business Data Form online at the Mayor's Office of Contract Services site at: <a href="https://www.nyc.gov/site/mocs/opportunities/dba.page">https://www.nyc.gov/site/mocs/opportunities/dba.page</a></li> <li>The form's signature date is valid for three (3) months.</li> </ul>  |   |
| <b><input type="checkbox"/> Division of Labor Services (DLS) Employment Report &amp; Certification (if applicable)</b>  |   |
| <ul style="list-style-type: none"> <li>Please see DLS' website at: <a href="https://www.nyc.gov/site/sbs/businesses/contract-compliance.page">https://www.nyc.gov/site/sbs/businesses/contract-compliance.page</a>, and go to the "Supply and Services Contractors" section. Specific forms must be submitted to DLS for contracts that are for \$100,000 or more, depending on whether your non-profit organization has more or less than 50 employees. If your organization has never filed with DLS, then you must complete and submit to DLS, the entire employment report and provide the required supporting documentation (for 50 or more employees). If your organization has less than 50 employees, you will instead complete an online DLS form for approval. <b>Note:</b> If within the last three years your organization received the DLS Certification, the DLS Report does not need to be completed again during the duration of the certification period. The current certification will be used for the registration package.</li> <li>The DLS Employment Report report (for 50 or more employees) and supporting documentation must be uploaded to the Equal Employment Opportunity section in PASSPort and copies are emailed to the DDC Project Manager. The Project Manager will forward the documentation to the Department of Small Business Services (SBS) for approval.</li> <li>SBS will issue a Certificate of Approval (valid for 3 years) or Conditional Approval (valid for 3 months). If your organization receives the latter, then you must take the necessary actions as stated in the certificate, in order to comply with The City's nondiscriminatory hiring and employment practices.</li> </ul> |   |
| <b><input type="checkbox"/> Clearance of Liens and Environmental Control Board (ECB) Violations (if applicable)</b>   |   |
| <ul style="list-style-type: none"> <li>Once the registration package is received by the DDC Contracts unit, they may notify your organization if there are any outstanding property or tax liens and ECB violations. Go to <a href="https://www.nyc.gov/site/finance/index.page">https://www.nyc.gov/site/finance/index.page</a> for information on making payments and <a href="https://a836-citypay.nyc.gov/">https://a836-citypay.nyc.gov/</a> to make any payments.</li> <li>Outstanding liens and/or violations must be cleared prior to registration of the funding agreement, with proof of payment provided from the NYC Department of Finance.</li> </ul>  |   |

## Funding & Security Agreements

The **Funding & Security Agreements** outline the terms and conditions for use and reimbursement of city-funded equipment/vehicles. There are different agreement templates based on the type of award (Vehicles, Equipment, & Vehicles & Equipment), each with varying criteria. Funding agreements using the Vehicles & Equipment template are used for vehicle purchases with mounted moveable property that is easily removable, such as a mobile medical unit with an exam table. Templates for these agreements are available at this link [Click here](#), in the **Legal Documents** section.

There are exhibits and schedules within the Funding & Security Agreements that require insertion or completion. This includes Exhibit A (Project Budget), Exhibit C (Opinion of Counsel), and Exhibit F (Tax Affirmation) of the funding agreement and Schedule I List of Equipment/Vehicles (Project Budget) of the security agreement. The Project Budget is included in the Registration Checklist notification, while the other two items are templates or blanks that are included in the agreements. Replace the blank and template pages for the Opinion of Counsel and Tax Affirmation with the completed ones. Once you complete the review of the agreements, enter the funding and security agreement dates in the noted sections (cover page for both agreements and the Recitals page of the funding agreement), which will be the dates the review was completed. Notify the DDC attorney of any changes to the language in the funding and security agreements, as they must review them for acceptance.

The **Opinion of Counsel** may be prepared by an in-house or outside counsel, but it cannot be prepared by an attorney who is on your organization's Board of Directors, nor can the letter have any substantive changes.


The name of your organization in the **Tax Affirmation** must be consistent with the legal name noted in the Articles and Certificate of Incorporation. This form must be signed and notarized, which acknowledges that your organization is not in arrears with the City of New York for taxes or other debts.

The attachments provided within Funding Agreement Schedules I through VIII or Schedules I through V, depending on the type of agreement, are applicable during the reimbursement phase and the performance period of the funding agreement, which takes place after reimbursement is issued. These schedules are **not** to be filled out at this time nor their pages removed from the agreement.

Completed funding and security agreements are submitted to DDC for review. Upon acceptance, these agreements are uploaded in *PASSPort* for DocuSign e-signature.

## Insurance Responsiveness Checklist

The checklist below, which is included with the Registration Checklist, outlines the required insurance certificates such as Disability, General Liability, & Workers' Compensation, so that the appropriate insurance coverage is in place.

|    |  |   |
|---|--|---|
| INSURANCE RESPONSIVENESS CHECKLIST  |  |   |
| Funding Recipient:<br>(Insert full corporate name)  |  |   |
| <p><b>Note:</b> These documents must be sent directly to the DDC Project Manager handling your organization's project. Please include this checklist as a cover sheet with all of the below-requested documents included as attachments (incomplete submissions will not be accepted.) DDC cannot register your project with the New York City Comptroller's Office without these submissions. Payments cannot be made prior to registration.</p> |  |   |
| <p><b>Certificate Holder:</b><br/>City of New York, Department of Design and Construction<br/>30-30 Thomson Avenue,<br/>Long Island City, NY 11101</p>  |  |   |
| Insurance Type  | Required Form  | Contract Specific Instructions  |
| Workers Compensation and Employer's Liability   | <input type="checkbox"/> Must be provided on C-105.2 or U.26 FORMS. (see attached samples) | <input type="checkbox"/> Include NAIC# of Insurer next to Name of Insurer in box 3a of C-105.2.   |
| Disability Coverage   | <input type="checkbox"/> Must be provided on DBL-120.1 FORM. (see attached sample).        | <input type="checkbox"/> Include NAIC# of Insurer next to Name of Insurer in box 3a.  |
| Commercial General Liability  | <input type="checkbox"/> On Acord 25   | <input type="checkbox"/> Include NAIC# for Insurers listed.<br><input type="checkbox"/> Description box must list as additional insured for Commercial General Liability the "City of New York, together with its officials and employees, on a primary and non-contributory basis".<br><input type="checkbox"/> Description box must state that <u>Commercial General Liability is as broad as the (Insert applicable Additional Insured form); ISO CG0001 or CG2010 or CG2026 or CG2037 or brokers equivalent.</u><br><input type="checkbox"/> Description box must include the following: <u>"Project: [FMS ID], [Description of Project]"</u> |
| ISO   | FORM CG 00 01, CG 20 10, CG 20 26, CG 20 37 <u>OR</u> EQUIVALENT                           | <input type="checkbox"/> Included with insurance package.   |
| <input type="checkbox"/> 2018 Certification by Insurance Broker or Agent  |  |   |
| <input type="checkbox"/> Commercial General Liability should be accompanied by a completed "Certification by Insurance Broker or Agent" Form. A copy of this form is attached.<br><input type="checkbox"/> This form should be notarized with the same or later date as the Certificate of Insurance issued date.   |  |   |

## Certificates of Insurance

The name of the Policy Holder/Insured for each certificate should be consistent with the organization name noted in the Articles and Certificate of Incorporation.

Make sure that the policies listed on all certificates are current and the appropriate fields and blocks are filled in and boxes checked off. Liability certificates (Acord 25) for Vehicle awards must list policy information for Automobile Liability. Certificates with expired policies are not acceptable, even if the other policies noted on the certificate are active, as with the case of the Acord 25. Certificates with policies that expire after the registration package is submitted, but before the funding agreement is registered, require submission of renewals.

Insurance certificates must include the National Association of Insurance Commissioners (NAIC) number next to the name of each insurance carrier. You can search for NAIC numbers using this link [Click here](#).

The City of New York Department of Design and Construction, with our address (30-30 Thomson Ave. Long Island City, NY 11101), must be listed in the Certificate Holder box of each applicable certificate, as DDC occasionally receives certificates showing other City agencies as the Certificate Holder or DDC listed as the certificate holder, but with our street name misspelled (e.g. Thompson Ave.).

The Description of Operations box of the Acord 25 must note that The City of New York, along with its officials and employees, are listed as additional insured on a primary and non-contributory basis, along with the Project ID and project title. If you have multiple awards in the registration phase, you will need to submit separate Acord 25 certificates for each award, as this certificate is project specific. See the Contract Specific Instructions section of the insurance checklist for more information and the sample certificate in the next page.

The notary date of the Insurance Broker's Certification must be on or after the date of the Certificate of Liability Insurance, which is noted in the upper right portion of the form.

# Sample Certificate of Liability Insurance (Acord 25)

|  |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
|--|---|--|---|---|--|-------------------------------------|-------------|--|--|---|------------------------|---|-------|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
|  | <h2 style="margin: 0;">CERTIFICATE OF LIABILITY INSURANCE</h2>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">DATE (MM/DD/YYYY)</td> </tr> <tr> <td style="text-align: center;">7/1/2024</td> </tr> </table> | DATE (MM/DD/YYYY)                                     | 7/1/2024                                  |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| DATE (MM/DD/YYYY)  |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| 7/1/2024   |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <p><b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</b></p>  |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <p><b>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</b></p>  |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <b>PRODUCER</b><br>EFG Insurance Brokers<br>123 Main Street<br>Morristown, NJ 07960  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Jim Johnson</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 718-555-3705</td> <td><b>FAX (A/C, No):</b> 718-555-2855</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> info@efg.com</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A:</b> XYZ Insurance Company</td> <td style="text-align: right;"><b>NAIC #</b><br/>12345</td> </tr> <tr> <td><b>INSURER B:</b> All-American Insurers</td> <td style="text-align: right;">67890</td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table> | <b>CONTACT NAME:</b> Jim Johnson   |   | <b>PHONE (A/C, No, Ext):</b> 718-555-3705 | <b>FAX (A/C, No):</b> 718-555-2855   | <b>E-MAIL ADDRESS:</b> info@efg.com |             | <b>INSURER(S) AFFORDING COVERAGE</b>   |  | <b>INSURER A:</b> XYZ Insurance Company | <b>NAIC #</b><br>12345 | <b>INSURER B:</b> All-American Insurers | 67890 | <b>INSURER C:</b> |  | <b>INSURER D:</b> |  | <b>INSURER E:</b> |  | <b>INSURER F:</b> |  |
| <b>CONTACT NAME:</b> Jim Johnson   |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <b>PHONE (A/C, No, Ext):</b> 718-555-3705  | <b>FAX (A/C, No):</b> 718-555-2855  |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <b>E-MAIL ADDRESS:</b> info@efg.com  |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER A:</b> XYZ Insurance Company  | <b>NAIC #</b><br>12345  |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER B:</b> All-American Insurers  | 67890   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER C:</b>  |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER D:</b>  |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER E:</b>  |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER F:</b>  |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <b>INSURED</b><br>ABC Center of New York, Inc.<br>1801 Avenue Q<br>Brooklyn, NY 11201  |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <p><b>COVERAGES</b> <span style="float: right;"><b>CERTIFICATE NUMBER:</b> 933707518 <b>REVISION NUMBER:</b></span></p>  |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p> |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| INSR LTR   | TYPE OF INSURANCE   | ADDL INSP  | SUBR WVD  | POLICY NUMBER                             | POLICY EFF (MM/DD/YYYY)  | POLICY EXP (MM/DD/YYYY)             |             | LIMITS   |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| A  | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:   |  |   | XYZ20254297-001                           | 7/1/2024   | 7/1/2025                            |             | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 20,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000<br>PROFESSIONAL L \$ 1,000,000 |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| A  | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><br><input type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY   |  |   | XYZ20254297-001                           | 7/1/2024   | 7/1/2025                            |             | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| A  | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |  |   | XYZ20254297-001                           | 7/1/2024   | 7/1/2025                            |             | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$<br>\$   |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| B  | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N  | N/A   | 9797979                                   | 7/1/2024   | 7/1/2025                            | PER STATUTE | E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| A  | Pro General Liability   |  |   | XYZ20254297-001                           | 7/1/2024   | 7/1/2025                            | 1,000,000/  | 3,000,000  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)<br/>                 The City of New York, together with its officials and employees, are listed as additional insured on a primary and non-contributory bases.<br/>                 Project ID: PWDNABCVH - Purchase of a Transportation Vehicle</p>  |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| <b>CERTIFICATE HOLDER</b>  |   |  |   |   | <b>CANCELLATION</b>  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| NYC Department of Design and Construction<br>30-30 Thomson Avenue<br>Long Island City NY 11101   |   |  |   |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
|  |   |  |   |   | AUTHORIZED REPRESENTATIVE<br>  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| © 1988-2015 ACORD CORPORATION. All rights reserved.  |   |  |   |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |
| ACORD 25 (2016/03)   |   |  | The ACORD name and logo are registered marks of ACORD |   |  |                                     |             |  |  |   |                        |   |       |                   |  |                   |  |                   |  |                   |  |

## Enrollment in the Procurement and Sourcing Solutions Portal (PASSPort)

The **P**rocurement **a**nd **S**ourcing **S**olutions **P**ortal (PASSPort) is the City's online procurement platform for management and registration of your organization's awards.

### Notes:

All organizations must create a PASSPort account using this link [Click here](#).

After the DDC Contracts unit receives the registration package, they will notify your organization to complete a series of PASSPort tasks such as the Certification of No Change, Vendor Final Review, and Vendor Contract Signature.

PASSPort tasks may be performed by different members of your organization.

Quick tips on completing PASSPort tasks are available at this link [Click here](#).

For further PASSPort assistance, you can set up an online appointment with the Mayor's Office of Contract Services at this link [Click here](#).

# PASSPort

## Procurement and Sourcing Solutions Portal

PASSPort makes it easier to complete procurement tasks and will improve your experience of competing for contracts. Manage your online profile by keeping information updated and filing critical disclosure forms which are required to do business with the City.

If you need assistance, please visit the [MOCS Help](#) page.

Thank you for partnering with us to deliver vital goods and services to New Yorkers.

NYC Mayor's Office of Contract Services

# Doing Business Data Form

The Doing Business Data Form (see below and next page) requires information to be provided on your organization's principal officers, owners, and senior managers. The name, employer, and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York.


|  |  |   |   |
|--|--|---|---|
| <b>NYC</b> Mayor's Office of Contract Services   |  | <b>Doing Business Data Form</b>   |   |
| To be completed by the City agency prior to distribution   |  | Agency _____  | Transaction ID _____                                  |
| <b>Check One</b> <b>Transaction Type (check one)</b><br><input type="checkbox"/> Proposal <input type="checkbox"/> Award <input type="checkbox"/> Concession <input type="checkbox"/> Economic Development Agreement <input type="checkbox"/> Franchise <input type="checkbox"/> Grant <input type="checkbox"/> Pension Investment Contract <input type="checkbox"/> Contract  |  |   |   |
| <p>Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&amp;A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. <b>Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.</b></p> <p>This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York, as will the organizations that own 10% or more of the entity. No other information reported on this form will be disclosed to the public. <b>This Data Form is not related to the City's PASSPort registration or VENDEX requirements.</b></p> <p><b>Please return the completed Data Form to the City office that supplied it.</b> Please contact the Doing Business Accountability Project at <a href="mailto:DoingBusiness@mocs.nyc.gov">DoingBusiness@mocs.nyc.gov</a> or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.</p> |  |   |   |
| <b>Entity Information</b>  |  | <i>If you are completing this form by hand, please print clearly.</i>   |   |
| Entity EIN/TIN <u>13-1234567</u>   |  | Entity Name <u>ABC Center of New York, Inc.</u>   |   |
| <b>Filing Status</b>   |  | <b>(Select One)</b>   |   |
| <p><b>NEW:</b> Data Forms submitted now must include the listing of <b>organizations</b>, as well as individuals, with 10% or more ownership of the entity. Until such certification of ownership is submitted through a change, new or update form, a no change form will not be accepted.</p>  |  | <input checked="" type="checkbox"/> Entity has never completed a Doing Business Data Form. Fill out the entire form.<br><input type="checkbox"/> Change from previous Data Form dated _____ Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.<br><input type="checkbox"/> No Change from previous Data Form dated _____ Skip to the bottom of the last page. |   |
| Entity is a Non-Profit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |   |
| Entity Type <input checked="" type="checkbox"/> Corporation (any type) <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Partnership (any type) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (specify) _____   |  |   |   |
| Address <u>1801 Avenue Q</u>   |  |   |   |
| City <u>Brooklyn</u>   |  | State <u>NY</u> Zip <u>11201</u>  |   |
| Phone <u>718-555-1234</u>  |  | E-mail <u>https://abccny.org</u>  |   |
| <small>Provide your e-mail address in order to receive notices regarding this form by e-mail.</small>  |  |   |   |
| <b>Principal Officers</b>  |  |   |   |
| Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the <i>Doing Business Database</i> , and indicate the date that the change became effective.   |  |   |   |
| <b>Chief Executive Officer (CEO) or equivalent officer</b><br><small>The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.</small>   |  |   | <input type="checkbox"/> This position does not exist |
| First Name <u>Jim</u> MI <u>J</u> Last <u>Jackson</u> Birth Date (mm/dd/yy) <u>1/1/1977</u>  |  |   |   |
| Office Title <u>Executive Director</u> Employer (if not employed by entity) _____  |  |   |   |
| Home Address <u>123 Broadway, New York, NY 10001</u>   |  |   |   |
| <input type="checkbox"/> This person replaced former CEO _____ on date _____   |  |   |   |
| <b>Chief Financial Officer (CFO) or equivalent officer</b><br><small>The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.</small>  |  |   | <input type="checkbox"/> This position does not exist |
| First Name <u>Jill</u> MI <u>J</u> Last <u>Johnson</u> Birth Date (mm/dd/yy) <u>1/1/1978</u>   |  |   |   |
| Office Title <u>Chief Financial Officer</u> Employer (if not employed by entity) _____   |  |   |   |
| Home Address <u>456 Main Street, Flushing, NY 11354</u>  |  |   |   |
| <input type="checkbox"/> This person replaced former CFO _____ on date _____   |  |   |   |
| <b>Chief Operating Officer (COO) or equivalent officer</b><br><small>The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.</small>   |  |   | <input type="checkbox"/> This position does not exist |
| First Name <u>John</u> MI <u>J</u> Last <u>Jefferson</u> Birth Date (mm/dd/yy) <u>1/1/1979</u>   |  |   |   |
| Office Title <u>Chief Operating Officer</u> Employer (if not employed by entity) _____   |  |   |   |
| Home Address <u>789 14th Ave., New York, NY 10002</u>  |  |   |   |
| <input type="checkbox"/> This person replaced former COO _____ on date _____   |  |   |   |
| 1/2018      For information or assistance, please contact the Doing Business Accountability Project at <a href="mailto:DoingBusiness@mocs.nyc.gov">DoingBusiness@mocs.nyc.gov</a> or 212-788-8104.   |  |   |   |

## Doing Business Data Form Notes

If your organization is completing this form for the first time or there have been changes to the principal officers, since the last time the form was filed with the City, then the applicable information on these individuals is required.

If there are no changes to your organization's principal officers since the last time the form was filed, then note it on the form and skip to the signature block.

The signature on the form is valid for 90 days.

|   |  |
|---|--|
| <p><b>Principal Owners</b><br/>Please fill in the required identification information for all individuals or organizations that, through stock shares, partnership agreements or other means, own or control 10% or more of the entity. If no individual or organization owners exist, please check the appropriate box to indicate why and skip to the <b>Senior Managers</b> section. If the entity is owned by other companies that control 10% or more of the entity, those companies must be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals or organizations that are no longer owners at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Owners."</p> <p><b>There are no owners listed because (select one):</b><br/> <input checked="" type="checkbox"/> The entity is not-for-profit      <input type="checkbox"/> The entity is an individual      <input type="checkbox"/> No individual or organization owns 10% or more of the entity</p> <p>Other (explain) _____</p> |  |
| <p><b>Individual Owners (who own or control 10% or more of the entity)</b></p> <p>First Name _____ MI _____ Last _____ Birth Date (mm/dd/yyyy) _____<br/>         Office Title _____ Employer (if not employed by entity) _____<br/>         Home Address _____</p> <p>First Name _____ MI _____ Last _____ Birth Date (mm/dd/yyyy) _____<br/>         Office Title _____ Employer (if not employed by entity) _____<br/>         Home Address _____</p>  |  |
| <p><b>Organization Owners (that own or control 10% or more of the entity)</b></p> <p>Organization Name _____<br/>         Organization Name _____<br/>         Organization Name _____</p>  |  |
| <p><b>Remove the following previously-reported Principal Owners</b></p> <p>Name _____ Removal Date _____<br/>         Name _____ Removal Date _____<br/>         Name _____ Removal Date _____</p>  |  |
| <p><b>Senior Managers</b><br/>Please fill in the required identification information for all senior managers who oversee any of the entity's relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant, etc.). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. At least one senior manager must be listed, or the Data Form will be considered incomplete. If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."</p>   |  |
| <p><b>Senior Managers</b></p> <p>First Name <u>Albert</u> MI <u>A</u> Last <u>Anderson</u> Birth Date (mm/dd/yyyy) <u>1/1/1980</u><br/>         Office Title <u>Grants Manager</u> Employer (if not employed by entity) _____<br/>         Home Address <u>987 Queens Blvd, Forest Hills, NY 11375</u></p> <p>First Name <u>Jill</u> MI <u>J</u> Last <u>Johnson</u> Birth Date (mm/dd/yyyy) _____<br/>         Office Title <u>"see above"</u> Employer (if not employed by entity) _____<br/>         Home Address _____</p> <p>First Name <u>John</u> MI <u>J</u> Last <u>Jefferson</u> Birth Date (mm/dd/yyyy) _____<br/>         Office Title <u>"see above"</u> Employer (if not employed by entity) _____<br/>         Home Address _____</p>  |  |
| <p><b>Remove the following previously-reported Senior Managers</b></p> <p>Name _____ removal date _____<br/>         Name _____ removal date _____</p>  |  |
| <p><b>Certification</b><br/>I certify that the information submitted on these two pages and <u>0</u> additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.</p> <p>Name <u>Jim J Jackson</u> Title <u>Executive Director</u><br/>         Entity Name <u>ABC Center of New York, Inc.</u> Work Phone # <u>718-555-1234</u><br/>         Signature  Date <u>12/1/2025</u></p>  |  |
| <p>Please return this form to the City agency that supplied it to you, not to the Doing Business Accountability Project. <span style="float: right;">Standard Form</span></p>   |  |

## Division of Labor Services (DLS) Employment Report & Certification

If your organization's contract is for at least \$100,000, then you must complete the DLS Employment Report. You will provide information such as personnel headcount and policies regarding leave, benefits, hiring, evaluations, and EEO. This report is sent to the DDC Project Manager for review and then is forwarded to the Department of Small Business Services (SBS), where they will review the report and issue a Certificate of Approval (see [Page 59](#)), which certifies that your organization is compliant with the City's non-discriminatory hiring and employment practices. See the next page for information on completing the report.

### Notes:

DLS Employment Report documentation must also be uploaded in *PASSPort* in the Vendor Profile tab.

If your organization has multiple awards in the registration phase that would require a DLS Employment Report, then you only need to complete one report. The DDC Project Manager will notify you on which project you should complete the report.

The type of report to complete depends on whether your organization overall employs 50 or more or less than 50 individuals. Organizations that employ less than 50 individuals must complete an online form. For organizations that employ 50 or more persons, they must complete the DLS Employment Report questionnaire and provide supporting documentation for each question on the report, where applicable.

Employee Data Tables which detail employee data for incumbents, hirings, and terminations, must be provided if your organization employs 150 or more individuals, regardless of the employee count at the project site.

The DLS Certification is valid for three years, though a Conditional Approval (valid for three months) may be issued, if your organization is not in full compliance of the practices mentioned at the top of this page. You must make the noted corrections on the conditional approval, to receive full certification.

If your organization received a DLS Certification within the last three years, then you do not need to fill out another report during the certification period. The prior certification is acceptable for any current or future registration packages during that time.

The DLS Employment Report forms, instructions, and additional resources are available in the DDC website in the **Step 2: Forms Required for Registration** section and in the link below from the Dept. of Small Business Services in the **Supply and Services Contractors** section.

SBS link for the DLS Employment Reports and instructions [Click here](#)

## Division of Labor Services (DLS) Employment Report Notes

The DLS Employment Report should be completed by your HR representative. Answer all questions on the report. Questions 3 & 35 may be left blank or have N/A entered, if they do not apply to your organization. Below is additional information on filling out specific questions on the report.

For Question 1, the contractual relationship is for the prime contractor.

For Question 2, the employment report will be on your organization's headquarters.

If Yes is answered for Question 5, then list all the local affiliates and provide the applicable collective bargaining agreements (see Question 23g), which must be current.

The employee count for Question 13a is based on the facility noted in Question 9. Enter the employee count across your entire organization for Question 13b.

For Question 14, Industry code, a list of codes are available in the DDC Law Not-for-Profit site or upon request.

Project specific information is entered for Questions 15a through g. See below on what to enter for each sub-question.

15a. Contracting Agency: NYC DDC

15b. Contract Amount: Funding agreement amount (do not literally enter the words you see here)

15c. through f.: TBD (the information for these fields are not available for contracts that have not been registered)

15g. Description of contract: Enter a brief description of your award (E.g. Purchase of a 15-passenger vehicle)

For Question 16, only list the facilities and employee counts where the project will be performed.

If Yes was checked for Questions 17-19, 21-23, 26, 29-33, provide the applicable supporting documentation. These items must reference the question number and document type in the file name (e.g. 23c Employee Policy Handbook.pdf). For the policies listed in Question 23, only check the boxes for which a policy is available for your organization. For any questions that require supporting documentation, but are not available, make a note next to the question explaining why. For Question 23g, if CBAs are provided, they must be current. For Questions 30 & 31, refer to the SBS instructions (see previous page for the link) on how to complete the complaint logs.

If filling out the Employee Data Tables, you must complete a table for each occupational category (MGRS, PROF, TECH, etc.) and facility for the Job Classification & Incumbents table. A list of Occupational Codes is available (see DDC Law website) for the Census Code column of the incumbents and new hires tables. For each job title in the incumbents table, enter the number of individuals employed in that title by the noted demographics (gender and race). For each incumbents table, double check to see that tallies for the demographics for all titles total the employee count noted in the table header. If completing more than one incumbents table, make sure that the employee count across all tables totals the employee count noted in Question 13b. For the new hires and terminations tables, a table must be completed for each facility, and must only include the employee data going back three years. Employee data tables must be submitted as Excel files.

When you complete the DLS Employment Report and compile the supporting documentation, compress these items into a zip file and forward it to the DDC Project Manager (PM). The PM will review the package for completeness and accuracy and forward it to the Department of Small Business Services (SBS) for the DLS Certification. It will take several weeks for SBS to review and issue the certification. If SBS has comments on the DLS package, please respond quickly. If you have a question that DDC cannot answer, please contact the SBS DLS division at [dls@sbs.nyc.gov](mailto:dls@sbs.nyc.gov).

## Sample Division of Labor Services Certification (redacted)



careers  
businesses  
neighborhoods

**Dynishal Gross**  
Commissioner

1 Liberty Plaza  
11<sup>th</sup> Floor  
New York, NY 10006

212.513.6300 tel  
212.618.8891 fax  
711 NY Relay

### Certificate of Approval

**Issue Date:** October 11, 2024

**Expiration Date:** October 10, 2027

**Name of Contracting Agency:** Department of Design & Construction

**Business Name:** [REDACTED]

**Business Address:** [REDACTED]

**DLS File #:** [REDACTED]

**Contract #:** [REDACTED]

**Contract Value:** \$230,000.00

The Department of Small Business Services/Division of Labor Services (DLS) has reviewed the employment report and concluded that [REDACTED] has met the equal employment opportunity requirements of the City of New York, as stated in Executive Order No. 50 (1980).

Contingent upon [REDACTED] ongoing compliance with E.O. 50 this approval shall be effective for the three (3) year period. **You are exempted to submit an employment report for each new contract during this approval period.** Please be advised that the Monthly Workforce Utilization data tables must be maintained. The DLS reserves the right to perform an audit of your payroll records and any other information submitted concerning compliance with EO50.

If you have any questions, please email [REDACTED] at [REDACTED].

Sincerely,

[REDACTED]  
Chief Vendor Compliance Officer  
SBS/DEFO/DLS

## Clearance of Environmental Control Board (ECB) Violations and Tax Liens

Before a Funding Agreement is registered, DDC may receive notifications from *PASSPort* if your organization has any outstanding ECB violations or tax liens. If there are outstanding violations or liens, you must pay them and provide proof of payment via an email confirmation from the NYC Department of Finance. You can go to the Finance and Tax section of your organization’s Vendor page in *PASSPort* to see if you are in compliance with tax liens and ECB violations.

Payments should be made as quickly as possible, to avoid additional fees or violations that may show up in a future report, which delays registration of your Funding Agreement.

Organizations can go to NYC CityPay to search and pay for outstanding violations.

NYC CityPay [Click here](#)

The screenshot shows the NYC CityPay website. At the top left is the NYC CityPay logo. To its right is a search bar with the placeholder text "What do you want to pay for?". Below the logo and search bar is a red-bordered warning box with the text: "Beware of scams and fraud! If you receive a text message claiming to be from 'CityPay', please delete it. We will never send you an unsolicited text message reminding you to make a payment. Do not click any links sent to you in a text claiming to be from CityPay, as this is a scam." Below the warning box is a horizontal navigation menu with the following items: "Tickets & Violations", "Property & Business Taxes", "Permits", "Licenses", "Inspection Fees", "Courses & Certifications", "Bills & Services", and "Other Payments". The main content area is titled "Common payments and forms" and contains a grid of six payment categories, each with an icon, a title, and a brief description:

- Parking Tickets**: Pay parking tickets and camera violations. Icon: 'P'.
- Property Taxes (User ID and Password Required)**: Pay by wire or eCheck. Icon: House with dollar sign.
- Property Taxes (Pay as a Guest)**: Pay by Credit Card or eCheck. Icon: House with dollar sign.
- Business & Excise Taxes**: Pay through the portal. Icon: Storefront.
- Violations**: Pay an ECB violation. Icon: Scales of justice.
- Fire Permits & Inspections**: Apply and pay. Icon: Flame.

## Final Notes on the Certificate to Proceed (CP) Request & Registration Phases

Compile the registration package prior to the approval of the CP (see [Page 47](#) on the approval timeframe), as the package would be ready for submission once the CP is approved. Always ask your DDC Project Manager (DDC PM) for assistance on questions you have on any registration items. As noted on [Page 49](#), not all Registration Checklist items are required. If you are unsure that a specific item needs to be provided, ask your DDC PM.

Timing of the compiling of the registration items is important, as several items have expiration dates and these dates vary. Delays in completing the registration package may cause previously valid items to expire, requiring re-submission. Delays in re-submission could lead to other items expiring. OMB may have comments on the CP package, thus any replies must be done quickly, to avoid the expiration of any registration items, if they have been submitted.

If your organization has multiple awards in the registration phase, then the items below can be used across them, as long as they are not expired, as their information is not project specific.

- Disability Certificate
- Workers' Compensation Certificate
- Doing Business Data Form

Prior to the submission of the registration package, DDC may ask for the names and titles of your organization's three principal officers. If this information is noted in the Doing Business Data Form, then DDC will use that data.

If there are changes in the proposed vehicles/equipment prior to the approval of a CP or after, then your organization will notify DDC with a written justification of these changes prior to ordering. This information is forwarded to OMB for review. If the changes are significant (e.g. change in make for a medical system), you will need to submit an updated budget for a Certificate to Proceed amendment. If the changes are minimal (e.g. change in make or model of a desktop computer or passenger vehicle) and accepted by OMB, then a budget amendment is not required. **Note:** Using the above examples for substitutions, medical systems require an intensive review compared to simpler products like desktops and passenger vehicles.

If your organization has purchased the budgeted items when the registration package is submitted, then your DDC PM will notify you to submit a portion of the reimbursement request package based on the payment checklist items on [Pages 97](#) and [98](#) (depending on the type of your award). The DDC PM will let you know which items to send, along with detailed instructions. Please note that reimbursement will not be issued until after the funding agreement is registered and all remaining reimbursement items are received and accepted.

Awards that are for at least \$100,000 require a Public Hearing, prior to registration by the Comptroller's Office.

## Phase 4: Lien Clearance

The City's template Funding and Security Agreements for the reimbursement of capially eligible equipment purchases require Funding Recipients that receive discretionary City funding for such projects from elected officials to secure the City's financial interests in the City-funded equipment before the City may make any reimbursements on a project.

This legal process requires the Funding Recipient's attorney to take certain steps to ensure the perfection of the City's security interest in the City-funded equipment, as defined by Article 9 of the Uniform Commercial Code (UCC). The City's requirements for this purpose are delineated in the UCC Guidelines on Pages 63 through 94. Basic background information regarding the UCC and secured transactions can be found in Attachment 1 of the UCC Guidelines.

Lien clearance steps are performed before and after the funding agreement is registered. For any questions on these steps, contact the DDC attorney that was assigned to your award.

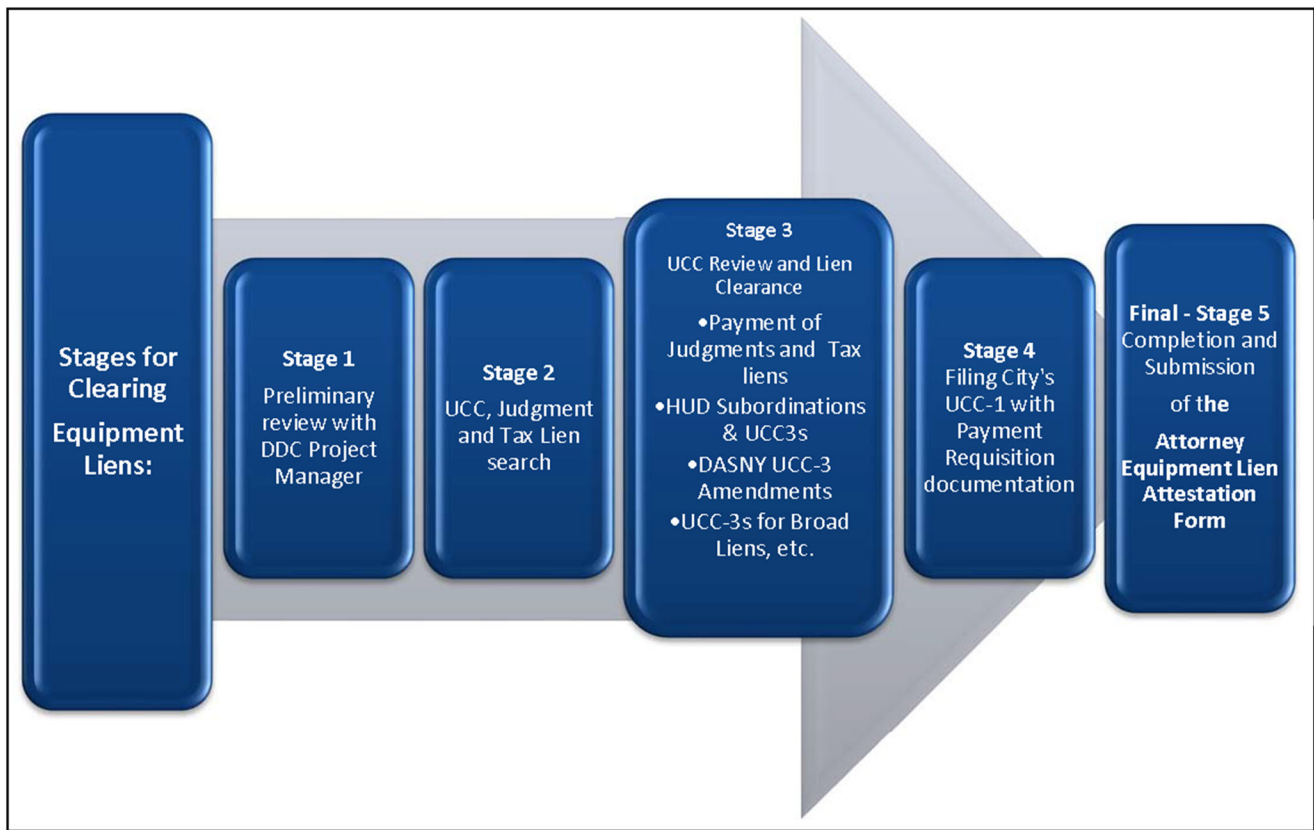
# Uniform Commercial Code (UCC) Guidelines

NEW YORK CITY DEPARTMENT OF DESIGN AND CONSTRUCTION (“DDC”)  
EQUIPMENT LIEN CLEARANCE GUIDELINES FOR SECURING THE  
CITY’S FINANCIAL INTEREST IN DISCRETIONARY FUNDED EQUIPMENT PURCHASES PURSUANT TO THE CITY’S  
FUNDING / SECURITY AGREEMENTS AND ARTICLE 9 OF THE UNIFORM COMMERCIAL CODE (“UCC”)  
(THE “UCC GUIDELINES”)

The City’s template Funding and Security Agreements for the reimbursement of capially eligible equipment purchases require Funding Recipients that receive discretionary City funding for such projects from elected officials to secure the City’s financial interests in the City-funded equipment before the City may make any reimbursements on a project.<sup>1</sup>

This legal process requires the Funding Recipient’s attorney to take certain steps to ensure the perfection of the City’s security interest in the City-funded equipment, as defined by Article 9 of the UCC. The City’s requirements for this purpose are delineated in these [UCC Guidelines](#). Basic background information regarding the UCC and secured transactions can be found in [Attachment 1](#) of the [UCC Guidelines](#).

**Overview of the Lien Review & UCC Process for DDC Discretionary Funded Equipment Projects:**



<sup>1</sup> Capitalized terms included in the UCC Guidelines are defined in the City’s Funding and Security Agreement.

### Legal Requirements

To comply with the City’s legal requirements, as delineated in the City’s Funding and Security Agreements, DDC requires the following steps before the City may make any payments on a discretionary funded equipment project:

**STAGE 1: PROVIDE ADVANCE NOTICE TO DDC PROJECT MANAGER REGARDING SPECIAL CIRCUMSTANCES:**

Prior to commencing the equipment UCC / Lien review process, **the Funding Recipient and its attorney must determine whether there are any issues that may require additional review and/or attention by the City.**

**Please immediately advise your DDC Project Manager if the equipment reimbursement project includes or may include any of the following three (3) preliminary items of concern:**

**1. Fixtures:**

Fixtures are not capitally eligible for reimbursement as items of equipment. A “fixture” consists of a piece of equipment that is attached to real property and cannot be removed without causing a non-negligible amount of damage to the property.

- (a) If it is unclear whether an item of equipment falls under the category of a “fixture,”** then the City will need to review the details of such equipment item(s) to determine whether such an item(s) will be eligible for City reimbursement.
- (b) If “fixture-like” equipment are included in a project’s budget,** then please let your DDC Project manager know from the onset, because the City will need more information in order to make a determination on the matter.

**If the City concludes that the “fixture-like” equipment in question does not actually consist of a fixture,** then the Funding Recipient and its attorney will need to inform DDC’s Project Manager at the onset of an equipment project about any and all applicable landlord(s) and/or mortgagee(s) that may have a legal interest in the specific property where the “fixture-like” City-funded equipment will be located.

- **This information must be determined based on:** 1) the legal entity that owns the property where the “fixture-like” City-funded equipment will be located (e.g., if the Funding Recipient leases the property where the “fixture-like” equipment will be located, then the lessor’s information will be relevant); and/or 2) whether there are any mortgages for that particular property on file with the Office of the New York City Register in the County where the property is located.
- **The Funding Recipient and its attorney will need to provide DDC’s Project Manager with two (2) submissions when a project involves “fixture-like” equipment:**

- (1) **A listing of any and all applicable landlord(s) or mortgagee(s)** that may have a legal interest in the specific property where the “fixture-like” equipment will be located. This information will be necessary for a required attachment that will be included in the Funding Recipient’s Funding Agreement with the City for the City-funded equipment project.
- (2) **“Personalty Agreement letter” (i.e., a Non-Fixture Agreement Letter)** to ensure that the applicable landlord(s) and/or mortgagee(s) also agree, in writing, with the City’s determination that the City-funded “fixture-like” equipment do not actually consist of fixtures.

The City’s template letters for such matters can be found in the exhibit section of the City’s Capital Funding Application, and consist of the following:

- (i) Exhibit 6A Form -- Landlord Letter regarding Attached Moveable Property; and/or
- (ii) Exhibit 6B Form -- Mortgagee or Creditor Letter regarding Attached Moveable Property.

## 2. **Complex Lien(s):**

Additional documentation may be required for Liens that relate to loan arrangements with:

- (a) **Private lender loans insured by the U.S. Department of Housing and Urban Development (“HUD”); or**
- (b) **Liens based on financing arrangements with the Dormitory Authority of the State of New York (“DASNY”).**

If your organization has any such Liens on file with the New York State Department of State (“**NYSDOS**”), then please refer to Stage 3 of these UCC Guidelines for the next steps necessary.

## 3. **Vehicle Reimbursement Projects and Vehicle-related Equipment / Attachment(s):**

**The UCC (and these UCC Guidelines) do not apply to vehicle reimbursement projects.** However, if your organization seeks reimbursement for both vehicle(s) and *unattached* equipment to be included within the City-funded vehicle(s), then these UCC Guidelines may apply to the equipment portion of the project.

- (a) If, however, your organization has a vehicle reimbursement project that will include will certain items of equipment that will be *permanently attached to the City-funded vehicle(s)*, please let DDC’s Project Manager know, and the City will advise whether a UCC lien will be necessary.

**STAGE 2 - ORDER A UCC, JUDGMENT  
AND TAX LIEN SEARCH REPORT:**

The attorney that represents the Funding Recipient must order an up-to-date UCC, judgment and tax lien search report (the "Lien Search Report") from a reputable title search company.

1. **When obtaining a Lien Search Report** for the preparation and completion of DDC's Attorney Equipment Lien Attestation Form (as provided in Attachment 6 of the UCC Guidelines), **the Funding Recipient's attorney must ensure that the Lien Search Report:**
  - (a) **Covers the complete and official corporate name of the Funding Recipient, as found on file with the New York State Department of State ("NYS DOS").** (This information is specifically listed on the Funding Recipient's Certificate of Incorporation or on official corporate amendments filed with the NYSDOS.)
  - (b) **Includes a chronological list of all active financing statements on file with the NYSDOS** (this list must reference each financing statement's lapse date and UCC file number); and
  - (c) **Provides clear and readable copies of all active financing statements, continuation statements and amendments statements** found on file with the NYSDOS regarding the Funding Recipient.

Note: The City is only concerned about active UCC liens, as UCC financing statements automatically lapse after five (5) years from the date of their filing unless a continuation financing statement is filed.

**STAGE 3 - CLEAR ANY AND ALL LIENS:**

The Funding Recipient's attorney must ensure that all competing liens found on the Funding Recipient's Lien Search Report are cleared by the Funding Recipient.

**Step 1**

- The Funding Recipient must **pay any and all outstanding tax liens** and obtain proof of such payment, if applicable.

**Step 2**

- The Funding Recipient must **resolve and pay any and all judgment liens** and submit proof of such payment, if applicable.

**Step 3**

- The Funding Recipient's attorney must determine **whether there are any other secured parties on file with the NYSDOS that have UCC liens that may compete with the City's lien over the City-funded equipment** with respect to the Funding Recipient's equipment project with DDC.
- **The below-listed UCC Liens pose concern for the City and must be addressed by the Funding Recipient and its attorney -- before -- the preparation of the Attorney Equipment Lien Attestation Form** (as included in Attachment 6 attached hereto).

There are **four (4) types of UCC-related Liens that require extra action by the Funding Recipient's attorney, and these UCC Liens are as follows:**

**1. HUD Liens:**

The Funding Recipient's attorney must ensure that **any and all Liens that relate to loan arrangements with the HUD and HUD-approved private lenders are formally subordinated and that UCC-3 amendment statements are filed** to indicate the subordination agreement arrangements with the City.

- For the City's detailed procedures for such Liens, please see Attachment 2 entitled "Procedures for Liens Insured by HUD" within these UCC Guidelines.

**2. DASNY Liens:**

The Funding Recipient's attorney must ensure that DASNY terminates its security interest over the City-funded equipment, unless the DASNY lien relates to a loan insured by HUD.

- **If the DASNY lien is insured by HUD, please see Attachment 2** entitled "Procedures for Liens Insured by HUD" within these UCC Guidelines.)

- **If DASNY has a lien that is not HUD-insured** and that may somehow relate to the City-funded equipment (e.g., covers “any and all equipment,” etc.), **then two (2) steps are required:**

- 1) **Step 1:** As previously noted in Stage 1 of the UCC Guidelines, at the beginning of the equipment project, the Funding Recipient must inform DDC’s project manager about any and all applicable DASNY lien(s).

The Funding Recipient must also submit a letter to DDC from DASNY whereby DASNY agrees, in writing, to terminate its security interest over the City-funded equipment, and also agrees to allow the Funding Recipient’s attorney to file a UCC-3 amendment statement in the City’s favor with the NYSDOS.

- 2) **Step 2: The Funding Recipient’s attorney must ensure that any and all competing DASNY lien(s) are amended with UCC-3 amendment statements** to carve-out the City’s security interest in the City-funded equipment.

- The procedures on how to file UCC-3 amendment statements are delineated in Attachment 3 of the UCC Guidelines.

### 3. **Broad UCC liens:**

Liens that cover “**any and all equipment**” typically relate to mortgages, bond-related financing and/or loans that may have overreaching security interests in a Funding Recipient’s assets and, as such, can potentially include the City-funded equipment.

- Any such Liens require that **the Funding Recipient’s attorney file a UCC-3 amendment statement** to carve-out the City’s security interest in the City-funded equipment.
- The procedures on how to file UCC-3 amendment statements are delineated in Attachment 3 of the UCC Guidelines.

### 4. **Miscellaneous Equipment Financing Arrangements:**

**UCC financing statements on file with the NYSDOS that relate to financing arrangements with vendors, distributors or manufacturers** that sell commercial, medical or office-related equipment must be reviewed individually. The Funding Recipient’s attorney must address equipment listings for these types of UCC financing statements **based on the following categories:**

- **Equipment listings completely different than the City-funded equipment:**  
If the UCC lien on file with the NYSDOS includes equipment that does not relate to the Funding Recipient’s City-funded equipment project, then no further action is necessary with respect to that particular UCC-1 financing statement.
- **Equipment listings identical to the City-funded equipment:**  
If the UCC Lien(s) cover the **same equipment as those included in the Funding Recipient’s City-funded equipment reimbursement project, please note that the City**

does **NOT** allow for financing arrangements where other creditors have a superior security interest over the equipment paid for with City funds. These Liens require that the Funding Recipient’s attorney file a UCC-3 amendment statement.

- The procedures on how to file UCC-3 amendment statements are delineated in Attachment 3 of the UCC Guidelines.

- **Equipment listings similar to the City-funded equipment, but distinguishable:**

If the UCC lien(s) consist of different items of equipment that are not in any way related to the City-funded equipment and do not consist of replacements or attachments and can somehow be distinguished from the City-funded equipment (either with different model types or serial numbers, etc.), then a written acknowledgement letter that the equipment is distinguishable may suffice from any such secured parties or equipment lessors.

- **DDC’s template Secured Party Disclaimer letter is available in Attachment 4 of the UCC Guidelines.**

(Note: The Funding Recipient’s attorney must have this information on file before completing the Attorney Equipment Lien Attestation form.)

- **Equipment listings that relate to true equipment lease arrangements that do not relate to the City-funded equipment:**

If the UCC filing(s) consist of true equipment lease(s) filed solely for precautionary reasons and do not relate to the City-funded equipment, (as the City does not allow for the financing or reimbursement of leased equipment, etc.), then a written acknowledgement letter may suffice from secured parties or equipment lessors to provide, in writing, that the equipment differentiates from the City-funded equipment.

- **DDC’s template Secured Party Disclaimer letter is available in Attachment 4 of the UCC Guidelines.**

(Note: The Funding Recipient’s attorney must have this information on file before completing the Attorney Equipment Lien Attestation form.)

**STAGE 4 – FILE THE CITY’S UCC-1  
FINANCING STATEMENT:**

The Funding Recipient’s attorney must file the City’s UCC-1 Financing Statement with the NYSDOS along with a copy of the Funding Recipient’s payment requisition.

**1. The Filing of the City’s UCC-1 financing statement:**

Once all of the Liens mentioned in Stage 3 of the UCC Guidelines are addressed by the Funding Recipient and its attorney, the Funding Recipient’s attorney must prepare and file a UCC-1 financing statement with the NYSDOS on behalf of the City/DDC.

- For detailed instructions on how to file the City’s UCC-1 financing statement, please see Attachment 5 of the UCC Guidelines.

**FINAL STAGE 5 – SUBMIT ATTORNEY  
EQUIPMENT LIEN ATTESTATION FORM:**

The Funding Recipient’s attorney must prepare and submit the Attorney Equipment Lien Attestation form.

**1. Completion of the DDC Attorney Equipment Lien Attestation form.**

When Stages 1-4 of the UCC Guidelines are completed by the Funding Recipient and its attorney, the Funding Recipient’s attorney must complete and sign DDC’s Attorney Equipment Lien Attestation form.

- The Funding Recipient’s attorney may only complete the DDC’s Attorney Equipment Lien Attestation form once the City’s UCC-1 financing statement and all the UCC-3 amendment statements, as applicable, have been filed with the NYSDOS. The Funding Recipient’s attorney must either:
  - Receive official confirmation from the NYSDOS that the City’s UCC-1 financing statement and UCC-3 amendment statements, as applicable, have been filed with the NYSDOS; and/or
  - The City’s UCC-1 financing statement and UCC-3 amendment statements, as applicable, must be viewable online on the NYSDOS’ website as UCCs on file with the Funding Recipient.
- For a copy of DDC’s Attorney Equipment Lien Attestation form, please see Attachment 6 of the UCC Guidelines.

## Attachment 1

### Basic UCC Background Information

The term “UCC” is short for Uniform Commercial Code. The Uniform Commercial Code consists of a uniform set of rules that govern commercial transactions. Pursuant to the City’s Standard Funding/Security Agreements and Article 9 of the UCC, Funding Recipients of City Discretionary capital funding for equipment projects need to submit certain lien information and documentation to DDC prior to receiving any funding reimbursement from the City. As such, the attorneys that represent Funding Recipients specifically need to: 1) perform a UCC lien search, 2) address any competing UCC liens (if applicable), and 3) file a UCC lien to protect the City’s interests in the City-funded equipment.

The reason for this legal requirement is that prior to the City’s reimbursement of the equipment, DDC must obtain a security interest in the City-funded equipment. A “security interest” is a legal term used to describe the right a “secured party” has to pledged assets (i.e., in this case the City-funded equipment) or to the proceeds of the pledged assets if the debtor fails to perform its obligations to the secured party. A “secured party” is a creditor, seller or lender who holds a security interest in the pledged assets of a debtor. DDC’s Security Agreement grants the City such a security interest over the equipment paid for with City funds. The Security Agreement establishes what will happen to the equipment if the funding is not spent as directed in the Funding Agreement, or if the equipment not used in the manner described therein. DDC must obtain a lien on the equipment (also referred to as “collateral” in UCC terms), so that if a Funding Recipient *does not properly use the City funding, or does not use the City-funded equipment as stated in its Funding Agreement with the City*, then the City will be legally able to initiate a legal process to retrieve any such City-funded equipment.

In order for a UCC lien to have legal force, a secured party’s security interest must be “perfected” to protect against other possible creditors and lienholders. “Perfection” consists of a legal UCC term for recording a lien that has first priority over all other creditors pursuant to Article 9 of the UCC. Under the UCC, the standard way to perfect a lien for equipment is to first address any competing liens by searching and recording UCC-3 amendment statements against conflicting liens and then to file a UCC-1 Financing Statement with the NYSDOS for the collateral / equipment covered by the secured party’s security interest. Accordingly, UCC-3 amendment statements apply, and are filed, whenever UCC-1 financing statement(s) already on file with the NYSDOS need to be modified, amended, subordinated or terminated to protect another secured party’s security interests. The UCC-1 financing statement gives a description of the secured party’s UCC lien, and serves to notify all other creditors of the secured party’s interest in the collateral covered under the UCC-1 lien. UCC-1 financing statements have an effective duration of five (5) years.

- All NYSDOS UCC forms are available online at: <http://www.dos.ny.gov/corps/uccforms.html>.
- The financing statement consists of a public record that is publically available online on the NYSDOS’ website at: [http://appext20.dos.ny.gov/pls/ucc\\_public/web\\_search.main\\_frame](http://appext20.dos.ny.gov/pls/ucc_public/web_search.main_frame).
- The costs associated with the filing of the documents with the NYSDOS are provided at: [http://www.dos.ny.gov/corps/fees\\_ucc.html](http://www.dos.ny.gov/corps/fees_ucc.html).
- To view the necessary DDC template agreements and UCC-related documents, please see DDC’s web pages for non-profit reimbursement projects at: <https://www1.nyc.gov/site/ddc/contracts/not-for-profit-forms.page>.

For more information on the UCC, please contact DDC or an attorney familiar with secured transactions.

## Attachment 2

### Procedures for UCC Liens that Relate to Loans Insured by the U.S. Department of Housing and Urban Development (“HUD”)

#### 1. Liens relating to loan arrangements with HUD and HUD-approved lenders:

##### a. **Background:**

- HUD-related UCC liens typically relate to hospitals, medical centers, and residential care facilities that have financing arrangements with private lenders insured by HUD. These types of loans usually require broad security interests in any and all of the Funding Recipient’s property and collateral, which often also includes equipment, etc.
- The City requires that HUD and HUD-insured private lenders subordinate their security interests over City-funded equipment for duration of the Funding Agreement’s Performance Term (i.e., 5 years.)
- For this reason, if there are any HUD-related liens on file with the NYSDOS, then the Funding Recipient must submit evidence to DDC that the HUD UCC lien(s) will be subordinated to the City’s UCC lien over the City-funded equipment.

##### b. There are three (3) steps necessary to address HUD-related UCC liens:

- 1<sup>st</sup> Step:

- At the onset of the project, the Funding Recipient must provide DDC’s project manager two submissions:

(1) **A brief listing of any and all HUD-related Liens, as applicable.** This preliminary information is necessary, because this listing will consist of a required exhibit within the City’s Funding Agreement with the Funding Recipient for the equipment project.

(2) **Letter(s) of subordination approval from HUD and the HUD-insured private lender.**

- This letter needs to indicate HUD and the HUD-insured private lender’s approval to execute a subordination agreement to formally subordinate their security interests over the City-funded equipment for the duration of the Funding Agreement’s Performance Term.<sup>2</sup>

- 2<sup>nd</sup> Step:

- Prior to receiving any reimbursement funds from the City, the Funding Recipient’s attorney will need to get HUD and the HUD-insured private lender(s) to **execute the City/HUD approved template subordination agreement for equipment projects.**
- Note: The City/HUD approved **subordination agreement template is attached hereto** for reference purposes and may also be obtained on DDC’s webpages for Non-Profits.

- 3<sup>rd</sup> Step:

- Once the City/HUD approved template subordination agreement is signed by both HUD and the HUD-insured private lender(s), then the **Funding Recipient’s attorney must file a UCC-3**

<sup>2</sup> Please note this requirement is also indicated in the City’s “Capital Funding Request Form for Not-for-Profit Organizations” within the sections that relate to: “Standalone Equipment and/or Equipment System Application” (see Question 5A and B on pages 9 and 10), the “Initial Outfitting Application” (see Question 6A and B on page 11) and the “City Requirements & Covenants” section of each application (see Question 1D).

**amendment statement against the applicable HUD-related UCC financing statement(s).** This UCC-3 amendment statement will simply need to be filed for information purposes.

- **Important Note:** The UCC-3 amendment statement for HUD-related UCC liens differ from the UCC-3 amendment statements noted in Attachment 3 of the UCC Guidelines for broad UCC financing statements, because the HUD-related UCC-3 amendment statement simply serves to inform other creditors about the executed subordination agreement. The UCC-3 amendment statement for HUD-related liens subordinates, but does not -- delete -- the City-funded equipment from the HUD-related lien on file with the NYSDOS.

**c. HUD Contacts:**

- **Hospitals and medical centers:** Funding Recipients that are hospitals and medical centers should direct all of their initial requests and inquiries regarding HUD-related liens to Steven Wang at the HUD Office of Hospital Facilities, NY Division, who may be reached at 212-542-7875.
- **Residential care facilities:** Funding Recipients that are residential care facilities, such as nursing homes or assisted living facilities, should direct all of their initial requests and inquiries regarding HUD liens to the HUD Office of Residential Care Facilities, NY Division.

**d. Important notices:**

- **The Funding Recipient's attorney must have all HUD-related liens subordinated and the applicable UCC-3 amendment statement(s) filed with the NYSDOS, as above delineated, before finalizing and signing DDC's Attorney Equipment Lien Attestation form.**
- Please note that obtaining both the letter agreeing to lien subordination and the lien subordination agreement from HUD and the HUD-insured private lenders consists of a very lengthy and time consuming process. Accordingly, DDC advises the attorneys that represent Funding Recipients begin to work with HUD and the HUD-insured lender(s) at the onset of a discretionary City-funded equipment project to help ensure that their client obtains the necessary paperwork in a timely manner.

## SUBORDINATION AGREEMENT

This **SUBORDINATION AGREEMENT** (the “**Agreement**”) is made as of \_\_\_\_\_, 20\_\_\_, by [INSERT NAME OF MORTGAGEE], a [Delaware] Corporation having its office and place of business at [INSERT ADDRESS] and the SECRETARY OF THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT of Washington D.C. (collectively, the “**Federal Secured Parties**”) and THE CITY OF NEW YORK, a New York municipal corporation acting by and under its DEPARTMENT OF DESIGN AND CONSTRUCTION having an office at 30-30 Thomson Avenue, Long Island City, New York 11101.

### PRELIMINARY STATEMENT

1. The Federal Secured Parties and [INSERT NAME OF FUNDING RECIPIENT] (“**Debtor**”) entered into a Security Agreement dated as of [\_\_\_\_\_] (the “**Federal Security Agreement**”) pursuant to which Debtor granted to the Federal Secured Parties a security interest (“**Federal Security Interest**”) in certain collateral (as more fully described in Exhibit A hereto, the “**Federal Collateral**”) as security for certain obligations of Debtor to the Federal Secured Parties more fully described in said Federal Security Agreement.

2. The Federal Secured Parties perfected their Federal Security Interest under Article 9 of the Uniform Commercial Code in New York by filing a Uniform Commercial Code Financing Statement (Form UCC-1) with each of the New York Secretary of State and the Office of the City Register for [\_\_\_\_\_] County (the “**Federal UCC-1s**”).

3. Debtor has applied to the City of New York (“**City**”) for City Capital funds (“**Funding**”) to reimburse Debtor for costs and expenses incurred by Debtor for the acquisition of certain items of machinery and equipment that Debtor will use in connection with the operation of [INSERT NAME OF FUNDING RECIPIENT] (as more fully described in Exhibit B hereto, the “**City Collateral**”).

4. The Federal Collateral includes a broad scope of the Debtor’s assets, including, without limitation, certain assets of the Debtor “now owned or hereafter from time to time acquired,” and, by definition, the Federal Collateral comprises the assets of the Debtor that constitute the City Collateral.

5. It is a condition of the Funding that, among other things, Debtor dedicate the City Collateral to a bona fide City purpose determined by the City and that Debtor execute and deliver to the City a Security Agreement (“**City Security Agreement**”) granting the City a first priority security interest in the City Collateral (“**City Security Interest**”) as security for the obligations of Debtor to the City in connection with the Funding.

6. The City intends to perfect its City Security Interest in the City Collateral under Article 9 of the Uniform Commercial Code in New York by filing a Uniform Commercial Code Financing Statement (Form UCC-1) with each of the New York Secretary of State and the Office of the City Register for [\_\_\_\_\_] County (the “**City UCC-1s**”).

7. It is also a condition of the Funding that the Federal Secured Parties subordinate their Federal Security Interest in the City Collateral to the City Security Interest.

8. To facilitate the grant of the Funding by the City to Debtor, the Federal Secured Parties are willing to subordinate the Federal Security Interest in the City Collateral to the City pursuant to this Agreement.

NOW, THEREFORE, in consideration of the premises and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Federal Secured Parties agree as follows:

1. The Federal Security Interest in those items of the City Collateral shall be subject and subordinate to City Security Interest in the City Collateral irrespective of the order in which the Federal Security Agreement and the City Security Agreement may have been executed and delivered by the Debtor, the Federal Security Interest and the City Security Interest may have been granted by the Debtor, and the Federal UCC-1s and the City UCC-1s may have been filed with the New York Secretary of State and the Office of the City Register for [ ] County.

2. The Federal Secured Parties agree that the City Security Interest shall have the same validity, priority, and effect as if Debtor had executed and delivered the City Security Agreement, granted the City Security Interest to the City and filed or caused to be filed the City UCC-1s with the New York Secretary of State and the Office of the City Register for [ ] County prior to the date that Debtor executed and delivered the Federal Security Agreement, granted the Federal Security Interest to the Federal Parties and filed or caused to be filed the Federal UCC-1s with the New York Secretary of State and the Office of the City Register for [ ] County.

3. The Federal Secured Parties acknowledge that the City is relying on this instrument in its determination to make the Funding available to Debtor.

4. The City understands and agrees that nothing in this instrument shall in any way alter, change, or modify the terms and conditions of the Federal Security Agreement, or in any way release or affect the attachment, validity, perfection, or priority of the Federal Security Interest, except with respect to the City Security Interest as provided herein.

5. The terms, covenants, and agreements of this Agreement shall inure to the benefit of the City and its successors, assigns and transferees and shall be binding upon the Federal Secured Parties and their respective successors, assigns and transferees.

[INSERT NAME[S] OF MORTGAGEE[S]]

U.S. DEPARTMENT OF HOUSING AND  
URBAN DEVELOPMENT

By: \_\_\_\_\_  
Name:  
Title:

By: \_\_\_\_\_  
Name:  
Title:



EXHIBIT A  
FEDERAL COLLATERAL  
(SEPARATE ATTACHMENT)

[All building materials, equipment, furniture, furnishings, accounts receivable or other property installed or to be installed or used in and about the building or buildings now erected or hereafter to be erected upon the lands secured by the FHA Mortgage from Debtor to Secured party dated as of [\_\_\_\_\_] herewith situated in the Borough of [\_\_\_\_\_] , County of [\_\_\_\_\_] and State of New York, being FHA Project No. [\_\_\_\_\_] (the "Project") which are necessary to complete the comfortable use and occupancy of such building or buildings for the purposes for which they were or are to be erected, including, but not limited to, all gas and electric appliances and fixtures; all engines, motors, dynamos, elevators, and machinery; all boilers, radiators, heaters, furnaces, stoves, heating equipment; all stoves, ranges, and cooking equipment; all bathtubs, sinks, basins, pipes, hot-water boilers, faucets, and other plumbing fixtures; all mantels; cabinets; all washing machines, laundry tubs, and ironers; all lighting, air-conditioning and ventilating equipment; all awnings, shades, screens and venetian blinds; and all incinerating equipment, together with appurtenances thereto; all equipment used in the diagnosis and treatment of patients; and all building material and equipment now or hereafter delivered to the premises and intended to be installed therein, such goods, equipment, chattels and personal property as are commonly used in the fully furnishing of and the equipping of a hospital, whether personal property, inventory or fixtures, whether now owned or hereafter from time to time acquired by the Debtor, together with all substitutions, replacements, additions, attachments, accessories, accretions, their component parts thereto or thereof, all other items of like property installed or to be installed or used therein and any and all proceeds thereof whether now in existence or hereafter arising.

EXCEPTING AND EXCLUDING THEREFROM any property or fixtures as described above which are now subject to security interests, but only so long as such security interests remain outstanding, and further excepting any personal property or fixtures now or hereafter held or used by Debtor as lessee, but only so long as the Debtor is the lessee, and further excepting and excluding, any property as described above acquired or to be acquired by Debtor, other than items in replacement of those covered by the Security Agreement of which this Schedule is a part, during the time when said items are covered by purchase money security interests in third parties as evidenced by the filing of Uniform Commercial Code Financing Statements in the appropriate filing offices.

Nothing in this Schedule "A" shall relieve Debtor of its obligations under the Regulatory Agreement between Debtor and the Secretary of Housing and Urban Development as the same may be amended from time to time.]

EXHIBIT B  
CITY COLLATERAL  
(SEPARATE ATTACHMENT)

### Attachment 3

#### UCC-3 Amendment Statements for Competing Liens on file with the NYSDOS

This attachment serves to delineate the specific steps that are required by Stage 3 of the UCC Guidelines.

If another creditor holds a UCC security interest / Lien that may impact the City-funded equipment, then the Funding Recipient's attorney must file a UCC amendment statement (also referred to as "UCC-3") to address each potential competing UCC lien. The UCC-3 amendment statement filed with the NYSDOS for each competing UCC financing statement helps ensure that the City's lien on the City-funded Equipment has a first priority lien.

All creditors, mortgagees and other lien holders must exclude (i.e., "carve-out") the City-funded equipment from their Liens if their UCC financing statements in any way may impact the City's lien over the City-funded equipment.

- The Funding Recipient's attorney may either get conflicting UCC lien-holders to:
  - file the UCC-3 amendment statement(s) on their own on behalf of the Funding Recipient; or
  - provide permission to the Funding Recipient's attorney to directly file the necessary UCC-3 amendment statements with the NYSDOS (in order to help expedite the process.)
- **The UCC-3 amendment statement(s) filed with the NYSDOS with respect to the City-funded equipment must attach:**
  - 1) The most up-to-date **UCC-3 amendment statement form** as provided by the NYSDOS:
    - Note: The UCC-3 form should be completed in the same manner as provided in the sample UCC-3 amendment statement attached hereto;
  - 2) **DDC's "UCC-3 Exhibit A"**<sup>3</sup> (which defines the term "deleted Collateral"):
    - DDC's UCC-3 Exhibit A attachment is available on DDC's website at: <https://www1.nyc.gov/site/ddc/contracts/not-for-profit-forms.page>; and
  - 3) **The equipment budget found in Schedule I of the Funding Recipient's Security Agreement with the City.**
- For more information on how to file UCC amendment statements with the NYSDOS, please see the NYSDOS' website at: <http://www.dos.ny.gov/corps/uccforms.html>.

<sup>3</sup> Please be careful to use the appropriate UCC Exhibit A. The UCC-1 Exhibit A provides for the definition of "collateral" and the UCC-3 Exhibit A is almost identical, but it instead refers to the "deleted" collateral.

**INFORMATION ONLY**

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

---

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Duval & Stachenfeld LLP  
Third Floor  
300 East 42nd Street  
New York, NY 10017

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
**200301290204901 Dated January 29, 2003 (the "Financing Statement")**

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2.  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3.  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects  Debtor  Secured Party of record. Check only one of these two boxes.  
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.  DELETE name: Give record name to be deleted in item 6a or 6b.  ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME  
**The Young Women's Christian Association of the City of New York**

OR

|                            |            |             |        |
|----------------------------|------------|-------------|--------|
| 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

|                            |            |             |        |
|----------------------------|------------|-------------|--------|
| 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---------------------|------|-------|-------------|---------|

|  |                                   |                          |                                  |  |
|--|-----------------------------------|--------------------------|----------------------------------|--|
| 7d. SEE INSTRUCTIONS<br>Not Applicable | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |
|--|-----------------------------------|--------------------------|----------------------------------|--|

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

See Exhibit A and Schedule I attached hereto

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here  and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME  
**CIT Technology Financing Services, Inc.**

OR

|                            |            |             |        |
|----------------------------|------------|-------------|--------|
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

10. OPTIONAL FILER REFERENCE DATA

EXHIBIT A

**COLLATERAL DELETED**

The **deleted** collateral (“Collateral”) shall include each and every one of the following:

1. All machinery, equipment, furniture and fixtures listed in Schedule I attached hereto, and all machinery, equipment, furniture and fixtures purchased, or paid for, or financed with the proceeds of certain funding (“Funding”) made available or intended to be made available by the City of New York, acting by and through its Department of Design and Construction, (the “City”) to Debtor pursuant to that certain Funding Agreement by and between the City and Debtor, including, without limitation, any such machinery, equipment, furniture and fixtures paid for by the City or for which Debtor was reimbursed with the proceeds of the Funding, wherever located and whenever acquired, whether now owned or existing or hereafter acquired or created, together with all accessions thereto and all substitutions and replacements thereof and parts therefor;

2. All ledger sheets, files, records, documents, and instruments (including, but not limited to, computer programs, tapes, and related electronic data processing software) relating to any Collateral; and

3. All cash or non-cash proceeds of the sale or other disposition of any Collateral and, to the extent not otherwise included, all amounts paid or payable under any policy of insurance (whether or not the City is named as a loss payee thereof), or any indemnity, warranty or guaranty, payable by reason of loss or damage, or otherwise with respect, to any Collateral.

SCHEDULE I

LIST OF CERTAIN ITEMS OF  
MACHINERY, EQUIPMENT, FURNITURE AND FIXTURES

(SEPARATE ATTACHMENT)

Sheet  
No: 1

DISCRETIONARY CAPITAL AWARD

PAYMENT REQUISITION: Part A

TITLE OF AWARD: Discretionary Equipment NAME OF ORGANIZATION: ABC Center, Inc.

ORGANIZATION'S ADDRESS: 123 West 11th St., New York, NY 10008

AWARD REGISTRATION NO.: 20181110123 FMS ID: 850AB467CDEF AWARD REGISTRATION DATE: 1/1/17

REQUISITION NO.: 1 PAY PERIOD: FROM: 9/29/16 TO: 3/5/18 AWARD AMOUNT \$125,711.00 PAYMENT TYPE: PARTIAL    FINAL X

| Item No. | DESCRIPTION                             | TOTAL SCHEDULED VALUE* | ADJUSTED VALUE**     | WORK COMPLETED             |                      | TOTAL COMPLETED TO DATE (E+F) | % (G/D)     | BALANCE TO FINISH |
|----------|---|------------------------|----------------------|----------------------------|----------------------|-------------------------------|-------------|-------------------|
|          |   |                        |                      | FROM PREVIOUS APPLICATIONS | THIS PERIOD          |                               |             |                   |
| 1        | NVT EXTERIOR BOX STYLE CAMERA           | \$1,372.50             | \$1,372.50           |                            | \$ 1,372.50          | \$ 1,372.50                   | 100%        | \$ -              |
| 2        | NVT EXTERIOR CAMERA-DOME                | \$6,822.00             | \$6,822.00           |                            | \$ 6,822.00          | \$ 6,822.00                   | 100%        | \$ -              |
| 3        | NVT INTERIOR CAMERA-MEGA PIXEL          | \$11,067.00            | \$11,594.00          |                            | \$ 11,594.00         | \$ 11,594.00                  | 100%        | \$ -              |
| 4        | NVT NETWORK VIDEO RECORDER (NVR)        | \$4,350.00             | \$4,350.00           |                            | \$ 4,350.00          | \$ 4,350.00                   | 100%        | \$ -              |
| 5        | NVT CLEER POE SWITCH                    | \$8,646.00             | \$8,646.00           |                            | \$ 8,646.00          | \$ 8,646.00                   | 100%        | \$ -              |
| 6        | NVT 48 PORT PATCH PANEL AND PATCH CORDS | \$366.00               | \$366.00             |                            | \$ 366.00            | \$ 366.00                     | 100%        | \$ -              |
| 7        | NVT ELEVATOR INSTALLATION               | \$2,800.00             | \$2,800.00           |                            | \$ 2,800.00          | \$ 2,800.00                   | 100%        | \$ -              |
| 8        | NVT EXACQ VISION 8 STORAGE BOX          | \$19,395.50            | \$19,395.50          |                            | \$ 19,395.50         | \$ 19,395.50                  | 100%        | \$ -              |
| 9        | SB EXTERIOR BOX STYLE CAMERA            | \$2,745.00             | \$2,745.00           |                            | \$ 2,745.00          | \$ 2,745.00                   | 100%        | \$ -              |
| 10       | SB EXTERIOR CAMERA-DOME                 | \$5,685.00             | \$5,685.00           |                            | \$ 5,685.00          | \$ 5,685.00                   | 100%        | \$ -              |
| 11       | SB INTERIOR CAMERA-MEGA PIXEL           | \$16,864.00            | \$16,337.00          |                            | \$ 16,337.00         | \$ 16,337.00                  | 100%        | \$ -              |
| 12       | SB NETWORK VIDEO RECORDER (NVR)         | \$4,350.00             | \$4,350.00           |                            | \$ 4,350.00          | \$ 4,350.00                   | 100%        | \$ -              |
| 13       | SB CLEER POE SWITCH                     | \$8,646.00             | \$8,646.00           |                            | \$ 8,646.00          | \$ 8,646.00                   | 100%        | \$ -              |
| 14       | SB 48 PORT PATCH PANEL AND PATCH CORDS  | \$366.00               | \$366.00             |                            | \$ 366.00            | \$ 366.00                     | 100%        | \$ -              |
| 15       | SB ELEVATOR INSTALLATION                | \$2,800.00             | \$2,800.00           |                            | \$ 2,800.00          | \$ 2,800.00                   | 100%        | \$ -              |
| 16       | INSTALLATION MATERIALS                  | \$4,436.00             | \$4,436.00           |                            | \$ 4,436.00          | \$ 4,436.00                   | 100%        | \$ -              |
| 17       | LABOR                                   | \$25,000.00            | \$25,000.00          |                            | \$ 25,000.00         | \$ 25,000.00                  | 100%        | \$ -              |
|          | <b>SUBTOTALS (THIS SHEET)</b>           | <b>\$ 125,711.00</b>   | <b>\$ 125,711.00</b> | <b>\$ -</b>                | <b>\$ 125,711.00</b> | <b>\$ 125,711.00</b>          | <b>100%</b> | <b>\$ -</b>       |
|          | <b>TOTALS (LAST SHEET)</b>              | <b>\$ 125,711.00</b>   | <b>\$ 125,711.00</b> | <b>\$ -</b>                | <b>\$ 125,711.00</b> | <b>\$ 125,711.00</b>          | <b>100%</b> | <b>\$ -</b>       |

RECEIVED FROM CONTRACTOR BY: \_\_\_\_\_ [DDC CONTRACT MANAGER] DATE: \_\_\_\_\_

\* Funding Agreement Amount \*\* Invoice Amount

**Commented [LJ(1):** All the information on this payment requisition form will need to be filled out by your organization, before the UCC-3 amendment may be filed with the NYS Department of State.

Please also remember to first confirm with the Project Manager assigned to your organization's project that the payment requisition form has been reviewed for sufficiency by DDC.

**Commented [LJ(2):** The address noted on this section of the payment requisition form should reflect the specific location of the equipment.

If multiple locations relate to your organization's equipment project, then please use multiple payment requisition forms and note the multiple sheets in the form's above-right corner.

**Commented [LJ(3):** Please note that the City's Funding Agreement only allows for the submission of one (1) payment requisition to the agency for each discretionary funded project. Accordingly, please make sure to include all of the eligible equipment within one Payment Requisition request. Your organizations may use multiple sheets, if necessary, depending on the amount of equipment covered under the project.)

**Attachment 4**

**Secured Party Disclaimer Letter**

(Template letter for secured parties or lessors of equipment  
that have security or lease interests in equipment similar  
but distinguishable to the City-funded equipment)

(Please see documentation attached.)

**[Template Secured Party Disclaimer Letter]**

[Note: This letter must be on the Funding Recipient's Letterhead]

[date]

[name of authorized representative]  
[creditor's/lender's name]  
[address]  
[address]

Re: [name of funding recipient/debtor] ("Funding Recipient")

Dear [authorized representative]:

The City of New York has financed the equipment, goods or personal property (the "Equipment") listed on the attached Attachment A by way of a capital funding agreement for the above-referenced Funding Recipient.

The City of New York will have a security interest in the Equipment.

This letter is to serve as your confirmation and agreement that (1) you do not claim any lien, claim, title or security interest in or to the Equipment, (2) you will not in the future claim any lien, claim, title or security interest in or to the Equipment that is or will be perfected pursuant to any financing statement currently on file, and (3) no other person has any lien, claim, title or security interest in or to the Equipment which such person has acquired or claims through you. Copies of your financing statements relating to Funding Recipient are also attached.

Please sign below to acknowledge your disclaimer of interest in the Equipment, and return to my attention at \_\_\_\_\_, or by fax to \_\_\_\_\_, or by e-mail to \_\_\_\_\_ as soon as possible, or call me with questions at \_\_\_\_\_. This disclaimer shall be binding on and inure to the benefit of you, the City of New York, and each party's respective successors and assigns.

Thank you.

**[FUNDING RECIPIENT]**

\_\_\_\_\_, [Title]

ACKNOWLEDGED AND AGREED BY THE UNDERSIGNED (through an authorized representative)

**[LENDER/CREDITOR/SECURED PARTY]**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Attachment (Equipment List)

## Attachment 5

### Procedures on How to File the City's UCC-1 Financing Statement for the City-Funded Equipment

This attachment serves to delineate the specific steps that are required by Stage 4 of the UCC Guidelines.

**The Funding Recipient's attorney must prepare and file a UCC-1 financing statement ("UCC-1") with the NYSDOS on behalf of the City/DDC.** Once all competing Liens are addressed (as delineated in Stage 3 of the UCC Guidelines), the filing of the UCC-1 financing statement serves to grant the City with a first priority interest in the City-funded equipment.

- **The UCC-1 financing statement filed on behalf of the City with respect to the City-funded equipment MUST include:**
  - 1) The most up-to-date **UCC-1 financing statement form**, as provided by the NYSDOS.
    - Note: The UCC-1 form should be completed in the same manner as provided in the sample UCC-1 amendment statement attached hereto.
  - 2) **DDC's "UCC-1 Exhibit A" attachment** (which serves to define the term "Collateral").
    - DDC's UCC-1 Exhibit A attachment is available on DDC's website at: <https://www1.nyc.gov/site/ddc/contracts/not-for-profit-forms.page>.
  - 3) **A copy of the payment requisition** that lists the *exact* equipment that the Funding Recipient purchased and submitted to DDC for reimbursement.
    - Note: The items listed in the payment requisition form should match the items of equipment listed in Schedule I of the Funding Recipient's Security Agreement with the City for the equipment project.
- **Important Notices:**
  - Please keep in mind that pursuant to the Funding Agreement, **Funding Recipients may only seek reimbursement for the City-funded equipment** covered under a specific Funding and Security Agreement **within twelve (12) months of the date when the Funding Agreement is registered with the New York City Comptroller's Office.**
  - Once the Funding Recipient's attorney files the necessary UCC-1 financing statements and clears any and all competing liens, then **the Funding Recipient's attorney will need to complete and sign DDC's Attorney Equipment Lien Attestation form before the agency may begin the reimbursement process** for equipment purchases made by the Funding Recipient.
  - A copy of DDC's Attorney Equipment Lien Attestation form is available in Attachment 6 of the UCC Guidelines.

**SAMPLE**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**John Doe, Esq.  
Doe & Doe LLP  
123 West 34th Street  
4th Floor  
New York, NY 10001**

The filing attorney's contact information is entered in Box B.

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1. DEBTOR'S EXACT FULL LEGAL NAME** - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME  
**Your organization's full legal corporate name**

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

**123 Broadway, 4th Floor New York NY 10004 USA**

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any

Not Applicable Corporation New York  NONE

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any

Not Applicable  NONE

**3. SECURED PARTY'S NAME** (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME  
**The City of New York, acting by and through its Department of Design and Construction\***

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

**30-30 Thomson Avenue\* Long Island City\* NY\* 11101\* USA\***

**4. This FINANCING STATEMENT covers the following collateral:**

**See Exhibit A and Schedule I attached hereto\***

**\*Must use this information as shown.**

5. ALTERNATIVE DESIGNATION [if applicable]:  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  AG. LIEN  NON-UCC FILING

6.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum  [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)  All Debtors  Debtor 1  Debtor 2  [optional] (ADDITIONAL FEE)

8. OPTIONAL FILER REFERENCE DATA

EXHIBIT A  
COLLATERAL

The collateral (“Collateral”) shall include each and every one of the following:

1. All machinery, equipment, furniture, and fixtures listed in Schedule I attached hereto, and all machinery, equipment, furniture, and fixtures purchased, or paid for, or financed with the proceeds of certain funding (“Funding”) made available or intended to be made available by Secured Party to Debtor pursuant to that certain Funding Agreement by and between Secured Party and Debtor, including without limitation, any such machinery, equipment, furniture, and fixtures paid for by Secured Party or for which Debtor was reimbursed with the proceeds of the Funding, wherever located and whenever acquired, whether now owned or existing or hereafter acquired or created, together with all accessions thereto and all substitutions and replacements thereof and parts thereof;
2. All ledger sheets, files, records, documents, and instruments (including, but not limited to, computer programs, tapes, and related electronic data processing software) relating to any Collateral; and
3. All cash or non-cash proceeds of the sale or other disposition of any Collateral and, to the extent not otherwise included, all amounts paid or payable under any policy of insurance (whether or not Secured Party is named as a loss payee thereof), or any indemnity, warranty, or guaranty, payable by reason of loss or damage, or otherwise with respect to any Collateral.

SCHEDULE I

LIST OF CERTAIN ITEMS OF  
MACHINERY, EQUIPMENT, FURNITURE, AND FIXTURES

(SEPARATE ATTACHMENT)

Sheet  
No: 1

DISCRETIONARY CAPITAL AWARD

PAYMENT REQUISITION: Part A

TITLE OF AWARD: Discretionary Equipment NAME OF ORGANIZATION: ABC Center, Inc.

ORGANIZATION'S ADDRESS: 123 West 11th St., New York, NY 10008

AWARD REGISTRATION NO.: 20181110123 FMS ID: 850AB467CDEF AWARD REGISTRATION DATE: 1/1/17

REQUISITION NO.: 1 PAY PERIOD: FROM: 9/29/16 TO 3/5/18 AWARD AMOUNT \$125,711.00 PAYMENT TYPE: PARTIAL    FINAL X

| Item No. | DESCRIPTION                             | TOTAL SCHEDULED VALUE* | ADJUSTED VALUE**     | WORK COMPLETED             |                      | TOTAL COMPLETED TO DATE (E+F) | % (G/D)     | BALANCE TO FINISH |
|----------|---|------------------------|----------------------|----------------------------|----------------------|-------------------------------|-------------|-------------------|
|          |   |                        |                      | FROM PREVIOUS APPLICATIONS | THIS PERIOD          |                               |             |                   |
| 1        | NVT EXTERIOR BOX STYLE CAMERA           | \$1,372.50             | \$1,372.50           |                            | \$ 1,372.50          | \$ 1,372.50                   | 100%        | \$ -              |
| 2        | NVT EXTERIOR CAMERA-DOME                | \$6,822.00             | \$6,822.00           |                            | \$ 6,822.00          | \$ 6,822.00                   | 100%        | \$ -              |
| 3        | NVT INTERIOR CAMERA-MEGA PIXEL          | \$11,067.00            | \$11,594.00          |                            | \$ 11,594.00         | \$ 11,594.00                  | 100%        | \$ -              |
| 4        | NVT NETWORK VIDEO RECORDER (NVR)        | \$4,350.00             | \$4,350.00           |                            | \$ 4,350.00          | \$ 4,350.00                   | 100%        | \$ -              |
| 5        | NVT CLEER POE SWITCH                    | \$8,646.00             | \$8,646.00           |                            | \$ 8,646.00          | \$ 8,646.00                   | 100%        | \$ -              |
| 6        | NVT 48 PORT PATCH PANEL AND PATCH CORDS | \$366.00               | \$366.00             |                            | \$ 366.00            | \$ 366.00                     | 100%        | \$ -              |
| 7        | NVT ELEVATOR INSTALLATION               | \$2,800.00             | \$2,800.00           |                            | \$ 2,800.00          | \$ 2,800.00                   | 100%        | \$ -              |
| 8        | NVT EXACQ VISION 8 STORAGE BOX          | \$19,395.50            | \$19,395.50          |                            | \$ 19,395.50         | \$ 19,395.50                  | 100%        | \$ -              |
| 9        | SB EXTERIOR BOX STYLE CAMERA            | \$2,745.00             | \$2,745.00           |                            | \$ 2,745.00          | \$ 2,745.00                   | 100%        | \$ -              |
| 10       | SB EXTERIOR CAMERA-DOME                 | \$5,685.00             | \$5,685.00           |                            | \$ 5,685.00          | \$ 5,685.00                   | 100%        | \$ -              |
| 11       | SB INTERIOR CAMERA-MEGA PIXEL           | \$16,864.00            | \$16,337.00          |                            | \$ 16,337.00         | \$ 16,337.00                  | 100%        | \$ -              |
| 12       | SB NETWORK VIDEO RECORDER (NVR)         | \$4,350.00             | \$4,350.00           |                            | \$ 4,350.00          | \$ 4,350.00                   | 100%        | \$ -              |
| 13       | SB CLEER POE SWITCH                     | \$8,646.00             | \$8,646.00           |                            | \$ 8,646.00          | \$ 8,646.00                   | 100%        | \$ -              |
| 14       | SB 48 PORT PATCH PANEL AND PATCH CORDS  | \$366.00               | \$366.00             |                            | \$ 366.00            | \$ 366.00                     | 100%        | \$ -              |
| 15       | SB ELEVATOR INSTALLATION                | \$2,800.00             | \$2,800.00           |                            | \$ 2,800.00          | \$ 2,800.00                   | 100%        | \$ -              |
| 16       | INSTALLATION MATERIALS                  | \$4,436.00             | \$4,436.00           |                            | \$ 4,436.00          | \$ 4,436.00                   | 100%        | \$ -              |
| 17       | LABOR                                   | \$25,000.00            | \$25,000.00          |                            | \$ 25,000.00         | \$ 25,000.00                  | 100%        | \$ -              |
|          | <b>SUBTOTALS (THIS SHEET)</b>           | <b>\$ 125,711.00</b>   | <b>\$ 125,711.00</b> | <b>\$ -</b>                | <b>\$ 125,711.00</b> | <b>\$ 125,711.00</b>          | <b>100%</b> | <b>\$ -</b>       |
|          | <b>TOTALS (LAST SHEET)</b>              | <b>\$125,711.00</b>    | <b>\$125,711.00</b>  | <b>\$ -</b>                | <b>\$ 125,711.00</b> | <b>\$ 125,711.00</b>          | <b>100%</b> | <b>\$ -</b>       |

RECEIVED FROM CONTRACTOR BY: \_\_\_\_\_ [DDC CONTRACT MANAGER] DATE: \_\_\_\_\_

\* Funding Agreement Amount \*\* Invoice Amount

**Commented [L](1):** All the information on this payment requisition form will need to be filled out by your organization, before the UCC-1 financing statement may be filed with the NYS Department of State.

Please also remember to first confirm with the Project Manager assigned to your organization's project that the payment requisition form has been reviewed for sufficiency by DDC.

**Commented [L](2):** The address noted on this section of the payment requisition form should reflect the specific location of the equipment.

If multiple locations relate to your organization's equipment project, then please use multiple payment requisition forms and note the multiple sheets in the form's above-right corner.

**Commented [L](3):** Please note that the City's Funding Agreement only allows for the submission of one (1) payment requisition to the agency for each discretionary funded project. Accordingly, please make sure to include all of the eligible equipment within one Payment Requisition request. Your organizations may use multiple sheets, if necessary, depending on the amount of equipment covered under the project.)

**Attachment 6**

**DDC's Attorney Equipment Lien Attestation Form**

(Please see documentation attached.)



**ATTORNEY EQUIPMENT LIEN ATTESTATION FORM**  
 RE: RECORDATION AND PERFECTION OF THE CITY'S SECURITY INTEREST IN CITY-FUNDED EQUIPMENT  
 PURSUANT TO DDC'S FUNDING / SECURITY AGREEMENTS & ARTICLE 9 OF THE UNIFORM COMMERCIAL CODE ("UCC")

**PROJECT / CLIENT INFORMATION:**

FUNDING RECIPIENT: \_\_\_\_\_

FUNDING AGREEMENT DATED AS OF \_\_\_\_\_, 20\_\_ / SECURITY AGREEMENT DATED AS OF \_\_\_\_\_, 20\_\_

EQUIPMENT FUNDING AMOUNT: \$ \_\_\_\_\_

**FORM INSTRUCTIONS:**

This form requires the Funding Recipient's attorney to attest that the Funding Recipient has complied with the requirements set forth in DDC's Funding and Security Agreement in order to secure a perfected security interest for the City pursuant to Article 9 of the UCC with respect to the City-Funded Equipment and other Collateral covered by the Security Agreement.

- The City's UCC-related requirements that apply to the completion of this form are specified in DDC's UCC Guidelines attached to this form.
- (Note: Capitalized terms included in this form are defined in the City's Funding and Security Agreement.)

**FUNDING RECIPIENT'S ATTORNEY INFORMATION:**

ATTORNEY NAME: \_\_\_\_\_  
First Name Last Name

Work as:  In-house Counsel for the Funding Recipient  Law Firm Representing Client

Law Firm or Company Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Telephone Number Email Address

**LIEN SEARCH REPORT:**

- **Attach Lien Search Report:** Please attach to this form a copy of the UCC, judgment and tax lien search conducted by a reputable title company or other established lien search company reasonably satisfactory to the City. The lien search report should evidence that there are no liens on the City-Funded Equipment and other Collateral covered by the Security Agreement except liens in favor of the City and permitted HUD liens.
- This lien search should specifically use the full legal name of the Funding Recipient as delineated in the Funding Agreement.

**ATTESTATION:**

As the attorney that is representing the above-mentioned Funding Recipient with the compliance of the UCC condition precedent requirements to the City's disbursement of City Funding pursuant to Section 6.02 of DDC's Funding Agreement, I attest, in reliance on the accuracy of the UCC, tax and judgment lien search report by a reputable title company or other established lien search company performed under the Funding Recipient's complete and official corporate name as found on file with the New York State Department of State and the Funding Recipient's representations relating to its UCC liens, tax liens and judgments, that: (Check all applicable.)

Judgments and Tax Liens, as applicable:



**ATTORNEY EQUIPMENT LIEN ATTESTATION FORM**  
 RE: RECORDATION AND PERFECTION OF THE CITY'S SECURITY INTEREST IN CITY-FUNDED EQUIPMENT  
 PURSUANT TO DDC'S FUNDING / SECURITY AGREEMENTS & ARTICLE 9 OF THE UNIFORM COMMERCIAL CODE ("UCC")

- The Funding Recipient has addressed and satisfied any and all pending judgments and tax liens, and has properly filed the necessary paperwork to remove any such Liens with the court and/or has submitted the requisite payment(s) to the appropriate Federal, State and/or City government offices.

**UCC-3 Amendment Statement(s), as applicable:**

- The Funding Recipient has properly filed with the appropriate office of the New York State Department of State ("NYS DOS") the necessary UCC amendment financing statement form(s) ("UCC-3") required to terminate or record any Liens on the City-Funded Equipment and other Collateral covered by the Security Agreement, except Liens in favor of the City and Permitted HUD Liens.
- The amendment statement(s) utilized the City's required provisions and template exhibit (as noted in DDC's UCC Guidelines), and will serve to carve-out the City's security interest in the City-Funded Equipment and ensure the perfection of the City's security interest.
- Moreover, any and all competing liens with the Dormitory Authority of the State of New York ("DASNY") have also been amended with UCC-3 amendment statements.
- **Attach a copy of each UCC-3 Amendment Statement(s) filed with the NYSDOS.** The copy must include the filing acknowledgment from NYSDOS and the complete filing. If the file is not available to view online, please complete the UCC-3 Filing Acknowledgment Letter or request a copy of the complete filing from NYSDOS.

**Permitted HUD Lien Subordination Agreement(s), as applicable:**

- The Funding Recipient has executed the template HUD and City approved subordination agreement with HUD and the HUD-insured lender(s) as listed in Schedule V of the Funding Agreement for the project (and as explained in DDC's UCC Guidelines.)
- The Funding Recipient has also ensured that the subordination agreement(s) has/have been properly filed as an UCC-3 amendment statement(s) against the competing HUD-related UCC lien(s) on file with the NYSDOS.
- **Attach a copy of each UCC-3 amendment statement(s) filed with the NYSDOS.** (see above info for submitting UCC-3 filings)

**Mandatory UCC-1 Financing Statement:**

- Upon first clearing any and all competing Lien interests (as listed above on this form), the Funding Recipient has properly filed with the appropriate office of the NYSDOS a Financing Statement Form ("UCC-1") with respect to City-Funded Equipment covered by the Reimbursement Request and other Collateral covered by the Security Agreement. Pursuant to the requirements of the City's Funding and Security Agreements, this UCC-1 filing will serve to perfect the City's security interest in the City-Funded Equipment, as any and all competing Liens on file with the NYSDOS have either been satisfied, amended or subordinated as above-noted.
- The UCC-1 financing statement must:
  - use the City's required provisions and template exhibit language (as shown in the sample provided in DDC's UCC Guidelines); and
  - include a DDC-approved equipment exhibit from DDC's Project Manager based on the payment requisition for the equipment reimbursement submitted to DDC by the Funding Recipient.
- **Attach a copy of each UCC-1 Financing Statement filed with the NYSDOS.** The copy must include the filing acknowledgment from NYSDOS and the complete filing. If the file is not available to view online, please complete the UCC-1 Filing Acknowledgment Letter or request a copy of the complete filing from NYSDOS.

As checked-off above, I hereby attest that, in my opinion, the following items have been properly addressed, recorded and/or validly executed: the UCC-1 financing statement; satisfaction of judgment(s) (as applicable); release or withdrawal of tax lien(s) (as applicable); Permitted HUD Lien subordination agreement(s) (as applicable); and/or UCC-3 amendment statement(s) (as applicable). I certify under penalty of perjury that the foregoing information is true and correct.

SIGNATURE

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Date

## Phase 5: Reimbursement

Upon registration of a funding agreement with the Comptroller's Office, the DDC Project Manager will notify your organization that the agreement was registered and will provide a list of items required to complete the Reimbursement Request (See [Page 61](#) on partial reimbursement request submissions prior to registration). The reimbursement items vary, based on the project type. To receive reimbursement, the items must be purchased, paid in full, and put into use, liens are applied to the items without any competing lienholders, and the items have the appropriate insurance coverage in the event of loss, theft, or damage.

Once the Reimbursement Request is signed off by the DDC Law unit, it is uploaded in the agency's internal payment system for final approval. Final approval takes between one to two weeks. EFT is released 5 to 10 days after final approval.

DDC issues only **one** reimbursement per funding agreement, thus the organization must complete all purchases prior to submitting reimbursement documentation. The reimbursement package must be submitted within **one year** of the contract registration date.

**Note:** If your organization cannot meet this deadline, then provide a justification to DDC in writing, as we may allow an extension. If the justification for the delay is not provided, then your award may be flagged for de-registration and rescindment, as the capital monies can be freed up for other purposes.

## Payment Checklist Overview

Your DDC Project Manager will send you either the Payment Checklist for Equipment or Payment Checklist for Vehicles, depending on the funding agreement type. For funding agreements classified as Vehicles & Equipment (See [Page 50](#)), **both** checklists will be sent, due to separate lien coverage for the vehicle and its fixtures (DMV Certificate of Title), plus the moveable property mounted inside it (UCC-1 Financing Statement). Each checklist contains common items, along with items exclusive to each award, as noted below. Blanks and templates for many of these items are available on the DDC Not-for-Profit Forms page at this link [Click here](#), in the **Step 3: Forms Required for Reimbursement** section. See Pages 97 through 120 for the Payment Checklists and information for each checklist item.

## Required Reimbursement Items

### All Projects

- Procurement Affirmation
- Enrollment in the Payee Information Portal (PIP)
- Payment Requisition Forms A & C
- Invoices and Proofs of Payment

### Equipment/Initial Outfitting Projects

- Attorney Equipment Lien Attestation Form Package
- Certificates of Insurance
- Software License Agreements (if applicable)

### Vehicle Projects

- Judgment and Tax Lien Search
- DMV Certificate of Title, showing DDC as the lienholder
- DMV Vehicle Registration
- NYS Insurance Identification Card

# Payment Checklist for Equipment

## PAYMENT CHECKLIST FOR EQUIPMENT: Documents Must Be Provided within One (1) Year of Registration

Funding Recipient:  
(Insert Full Corporate Name)

**All items listed below must be e-mailed to the DDC Project Manager assigned to your organization's project in order to receive reimbursement. Include this checklist as a cover sheet with all the below-requested documents included as attachments -- incomplete submissions will not be accepted.**

### Payment Reimbursement Forms

DDC's Payment Reimbursement Forms listed below are found under the "Payment Requisition Forms" section at:  
<https://www.nyc.gov/site/ddc/contracts/not-for-profit-forms.page>

#### Procurement Affirmation

- Answer all questions and include any attachments, based on each response. The form must be notarized by your organization's CFO or equivalent.

#### Enrollment in Payee Information Portal (PIP) and Confirmation of EFT Status

- Enrollment is required, to receive payments. PIP Enrollment information is available at <https://www.nyc.gov/site/mocs/opportunities/PIP.page>
- To view EFT eligibility, go to the Account Information's Summary tab and scroll down to the EFT Information section. Forward the DDC Project Manager a screen capture showing the active EFT status.

#### Payment Requisition Forms, Invoices, & Proofs of Payment

- Complete both DDC Payment Requisition Forms A & C. The DDC Project Manager will assist you on what needs to be filled out for these forms.
- These forms must be accompanied with copies of all invoices, packing slips, and proof(s) of payment.

### Legal Documents

The legal documents listed below are found under the "Legal, Insurance, & Licensing Forms" section at:  
<https://www.nyc.gov/site/ddc/contracts/not-for-profit-forms.page>

#### Attorney Equipment Lien Attestation Form Package\*

- Review the DDC UCC Guidelines for a detailed explanation of the agency's lien review and UCC filing requirements.
- The UCC, Judgment & Tax Lien search results, to include ECB violations, must be done on your organization's legal name, come from a reputable lien search company, and should not be more than three months old.
- UCC searches must list all active filings with the New York State Department of State (NYS DOS) and include complete copies of the filings, including all pages. UCC filings with competing collateral require filings of UCC-3 amendment statements.
- Judgment search results must be done statewide and for each county within New York City (Kings, Queens, New York, Richmond, Bronx).
- Tax lien search results must be provided for both Federal and New York State Tax Liens.
- Provide proof of payment or evidence of satisfaction of any outstanding judgements, liens, or violations, as per the search results.
- Once all requirements mentioned in DDC's UCC Guidelines are complete, then the Funding Recipient's attorney must prepare and sign-off on DDC's Attorney Equipment Lien Attestation Form, after the necessary UCC-1 financing statement and any UCC-3 amendment statements, as applicable, are filed with the NYSDOS. See the attestation form for more information on submitting the UCC filings.

#### Certificates of Insurance

- Complete the Acord 25 (Certificate of General Liability Insurance) and the Property Insurance Certificate Acord 27 (Evidence of Property Insurance for equipment mounted in vehicles) or Acord 28 (Evidence of Commercial Property Insurance for equipment located in buildings).
- Acord 25 (General Liability Insurance) must list DDC as the Certificate Holder and Additional Insured. The Acord 27 or 28 (Property Insurance) must state the property that is insured, along with its location and list DDC as the Loss Payee.
- Include a notarized Certification by Insurance Broker with the Acord certificates.

#### Software License Agreement(s), (if applicable)

- Submit the final versions of all applicable software license assignment agreement(s) for each licensor. See Schedule VI of the funding agreement for the list of licensors.

**\* The Attorney Equipment Lien Attestation Form Package will be the last reimbursement item to submit, after all other items on this checklist are received and accepted. Your DDC Project Manager will notify you when to complete this and provide further instructions.**

### Compliance and Inventory Reporting

**Note: Pursuant to the Equipment Funding Agreement, all Funding Recipients that receive reimbursement from the City must submit a yearly Compliance Report (see Schedule IV) and an Inventory (see Schedule III) of the City-funded Equipment to the OMB Compliance Officer at the following email address:**

[complianceofficer@omb.nyc.gov](mailto:complianceofficer@omb.nyc.gov)

11-2025

# Payment Checklist for Vehicles

## PAYMENT CHECKLIST FOR VEHICLES: Documents Must Be Provided within **One (1) Year** of Registration

Funding Recipient  
(Insert Full Corporate Name)

All items listed below must be e-mailed to the **DDC Project Manager** assigned to your organization's project in order to receive reimbursement. Include this checklist as a cover sheet with all of the below-requested documents included as attachments -- incomplete submissions will not be accepted.

### Payment Reimbursement Forms

DDC's Payment Reimbursement Forms are found under the "Payment Requisition Forms" section at:  
<https://www.nyc.gov/site/ddc/contracts/not-for-profit-forms.page>

|  |
|--|
| <input type="checkbox"/> <b>Procurement Affirmation</b>  |
| <ul style="list-style-type: none"> <li>Answer all questions and include any attachments, based on each response. The form must be notarized by your organization's CFO or equivalent.</li> </ul>   |
| <input type="checkbox"/> <b>Enrollment in Payee Information Portal (PIP) and Confirmation of EFT Status</b>  |
| <ul style="list-style-type: none"> <li>Enrollment is required to receive payments. PIP Enrollment information is available at <a href="https://www.nyc.gov/site/mocs/opportunities/PIP.page">https://www.nyc.gov/site/mocs/opportunities/PIP.page</a></li> <li>To view EFT eligibility, go to the Account Information's Summary tab and scroll down to the EFT Information section. Forward the DDC Project Manager a screen capture showing the active EFT status.</li> </ul> |
| <input type="checkbox"/> <b>Payment Requisition Forms, Invoices, &amp; Proofs of Payment</b>   |
| <ul style="list-style-type: none"> <li>Complete both DDC Payment Requisition Forms A &amp; C. The DDC Project Manager will assist you on what needs to be filled out for these forms.</li> <li>These forms must be accompanied with <u>copies</u> of all invoices showing the VIN for each vehicle and proof(s) of payment.</li> </ul>   |

### DMV Documentation\* & Judgement and Tax Lien Search

\*The DMV Title Forms are found under the "Lien Recording Documents" section at:  
<https://www.nyc.gov/site/ddc/contracts/not-for-profit-forms.page>

| <input type="checkbox"/> <b>Judgment and Tax Lien Search*</b>  |  |             |   |  |
|--|--|-------------|---|--|
| <ul style="list-style-type: none"> <li>Search results (judgments, tax liens, &amp; ECB violations) must be done on your organization's legal name, come from a reputable lien search company, and should not be more than three months old.</li> <li>Judgment search results must be done statewide and for each county within New York City (Kings, Queens, New York, Richmond, Bronx).</li> <li>Tax lien search results must be provided for both Federal and New York State Tax Liens.</li> <li>Provide proof of payment or evidence of satisfaction of any outstanding judgements, liens, or violations, as per the search results.</li> </ul>   |  |             |   |  |
| <input type="checkbox"/> <b>NYS Department of Motor Vehicles Certificate of Title showing DDC as the Sole Lienholder</b>   |  |             |   |  |
| <ul style="list-style-type: none"> <li>There are two approaches for filing the City's lien on a vehicle to be reimbursed by the agency:</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #0070C0; color: white; text-align: center;">Approach #1:<br/>(Recommended)</th> <th style="background-color: #0070C0; color: white; text-align: center;">Approach #2</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>Request that the dealership and/or manufacturer of each vehicle include the City's lien on the vehicle's certificate of title upon purchase. <u>DDC's Lien Filing code is: 67975.</u></li> <li>The lienholder listed on the title certificate must state: "NYC Dept. of Design &amp; Construction."</li> <li>Your organization will submit copies of each title certificate issued by New York State, showing the above lienholder as the only one listed.</li> <li>DMV Certificate of Title or lien status is searchable at: <a href="https://process.dmv.ny.gov/titlestatus/">https://process.dmv.ny.gov/titlestatus/</a></li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>Provide DDC with the original certificate of title (no liens must be present) for each vehicle to DDC's Project Manager and retain a copy of the certificate.</li> <li>Complete New York State Department of Motor Vehicles ("DMV") form MV-900 for each vehicle and submit an original signed copy to DDC (DMV will not accept photocopies or faxes of this document.)</li> <li>The DMV MV-900 form can be found on the DMV's website at <a href="https://dmv.ny.gov/forms/mv900.pdf">https://dmv.ny.gov/forms/mv900.pdf</a> or on DDC's NRP website under the "Lien Recording Documents" section.</li> <li>DDC will sign the original MV-900 Form and submit that and the title certificate to the DMV. Once the DMV files the City's lien on the certificate of title for each vehicle, your organization will receive the new title certificate and will email DDC any copies.</li> <li>For more info on the lien filing, go to <a href="https://www.nyc.gov/assets/ddc/downloads/not-for-profit/New2/56%20-%20DDC%20Lien%20Application%20Process.pdf">https://www.nyc.gov/assets/ddc/downloads/not-for-profit/New2/56%20-%20DDC%20Lien%20Application%20Process.pdf</a>.</li> </ul> </td> </tr> </tbody> </table> | Approach #1:<br>(Recommended)  | Approach #2 | <ul style="list-style-type: none"> <li>Request that the dealership and/or manufacturer of each vehicle include the City's lien on the vehicle's certificate of title upon purchase. <u>DDC's Lien Filing code is: 67975.</u></li> <li>The lienholder listed on the title certificate must state: "NYC Dept. of Design &amp; Construction."</li> <li>Your organization will submit copies of each title certificate issued by New York State, showing the above lienholder as the only one listed.</li> <li>DMV Certificate of Title or lien status is searchable at: <a href="https://process.dmv.ny.gov/titlestatus/">https://process.dmv.ny.gov/titlestatus/</a></li> </ul> | <ul style="list-style-type: none"> <li>Provide DDC with the original certificate of title (no liens must be present) for each vehicle to DDC's Project Manager and retain a copy of the certificate.</li> <li>Complete New York State Department of Motor Vehicles ("DMV") form MV-900 for each vehicle and submit an original signed copy to DDC (DMV will not accept photocopies or faxes of this document.)</li> <li>The DMV MV-900 form can be found on the DMV's website at <a href="https://dmv.ny.gov/forms/mv900.pdf">https://dmv.ny.gov/forms/mv900.pdf</a> or on DDC's NRP website under the "Lien Recording Documents" section.</li> <li>DDC will sign the original MV-900 Form and submit that and the title certificate to the DMV. Once the DMV files the City's lien on the certificate of title for each vehicle, your organization will receive the new title certificate and will email DDC any copies.</li> <li>For more info on the lien filing, go to <a href="https://www.nyc.gov/assets/ddc/downloads/not-for-profit/New2/56%20-%20DDC%20Lien%20Application%20Process.pdf">https://www.nyc.gov/assets/ddc/downloads/not-for-profit/New2/56%20-%20DDC%20Lien%20Application%20Process.pdf</a>.</li> </ul> |
| Approach #1:<br>(Recommended)  | Approach #2  |             |   |  |
| <ul style="list-style-type: none"> <li>Request that the dealership and/or manufacturer of each vehicle include the City's lien on the vehicle's certificate of title upon purchase. <u>DDC's Lien Filing code is: 67975.</u></li> <li>The lienholder listed on the title certificate must state: "NYC Dept. of Design &amp; Construction."</li> <li>Your organization will submit copies of each title certificate issued by New York State, showing the above lienholder as the only one listed.</li> <li>DMV Certificate of Title or lien status is searchable at: <a href="https://process.dmv.ny.gov/titlestatus/">https://process.dmv.ny.gov/titlestatus/</a></li> </ul>  | <ul style="list-style-type: none"> <li>Provide DDC with the original certificate of title (no liens must be present) for each vehicle to DDC's Project Manager and retain a copy of the certificate.</li> <li>Complete New York State Department of Motor Vehicles ("DMV") form MV-900 for each vehicle and submit an original signed copy to DDC (DMV will not accept photocopies or faxes of this document.)</li> <li>The DMV MV-900 form can be found on the DMV's website at <a href="https://dmv.ny.gov/forms/mv900.pdf">https://dmv.ny.gov/forms/mv900.pdf</a> or on DDC's NRP website under the "Lien Recording Documents" section.</li> <li>DDC will sign the original MV-900 Form and submit that and the title certificate to the DMV. Once the DMV files the City's lien on the certificate of title for each vehicle, your organization will receive the new title certificate and will email DDC any copies.</li> <li>For more info on the lien filing, go to <a href="https://www.nyc.gov/assets/ddc/downloads/not-for-profit/New2/56%20-%20DDC%20Lien%20Application%20Process.pdf">https://www.nyc.gov/assets/ddc/downloads/not-for-profit/New2/56%20-%20DDC%20Lien%20Application%20Process.pdf</a>.</li> </ul> |             |   |  |
| <input type="checkbox"/> <b>New York State Department of Motor Vehicles Registration</b>   |  |             |   |  |
| <ul style="list-style-type: none"> <li>Registration must be current. Year, Make, &amp; VIN of the vehicle must match the DMV Certificate of Title.</li> </ul>  |  |             |   |  |
| <input type="checkbox"/> <b>New York State Insurance Identification Card</b>   |  |             |   |  |
| <ul style="list-style-type: none"> <li>Insurance policy must be current. Year, Make, &amp; VIN of the vehicle must match the DMV Registration &amp; Certificate of Title.</li> </ul>   |  |             |   |  |

\* The Judgment and Tax Lien Search will be the last reimbursement item to submit, after all other items on this checklist are received and accepted. Your DDC Project Manager will notify you when to order the search and provide further instructions.

### Compliance and Inventory Reporting

Note: Pursuant to the Vehicles Funding Agreement, all Funding Recipients that receive reimbursement from the City must submit a yearly Compliance Report (see Schedule IV) and an Inventory (see Schedule III) of the City-funded Equipment to the OMB Compliance Officer at the following email address: [complianceofficer@omb.nyc.gov](mailto:complianceofficer@omb.nyc.gov)

## Procurement Affirmation

This affirmation acknowledges that your organization made a reasonable effort to obtain bids from at least three (3) vendors and accepted the lowest bid for all items to be reimbursed by the City. Your organization must retain all bid records, consisting of vendors and quoted prices for each item or item packages. Responses to each question require supporting attachments, as noted on the form.

**\*\*NOTE: THIS FORM MUST BE SUBMITTED TO DDC ALONG WITH ALL PAYMENT REQUISITIONS FOR CITY REIMBURSEMENT OF DISCRETIONARY FUNDED EQUIPMENT AND/OR VEHICLE PURCHASE PROJECTS.\*\***



### Procurement Affirmation

Insert Funding Recipient's Full Corporate Name Here:

Funding Recipient hereby affirms that it has read all of the provisions provided in the Funding and Security Agreements (the "Agreements") of the City of New York (the "City"), and acknowledges its obligation to abide by the terms and requirements set forth in the Agreements with respect to the procurement of the City-Funded Equipment and/or Vehicles.

Funding Recipient shall purchase City-Funded Equipment, Vehicles and/or procure other services for the costs of which Funding Recipient intends to seek reimbursement from the City from the vendor(s) whose bid(s) provide the most advantageous combination of price, quality and fitness for the intended purpose. Before purchasing the City-Funded Equipment or procuring services for the costs of which Funding Recipient intends to seek reimbursement from the City, as authorized by the Project Budget approved by the City, Funding Recipient shall make a reasonable effort to obtain bids from three (3) vendors and shall accept the lowest bid for all items to be reimbursed by the City.

- 1) **Bid Requirement:** Has your organization received bids from at least three (3) vendors with respect to all of the City-Funded Equipment and/or Vehicles noted in the Project Budget?  
Yes \_\_\_ No \_\_\_
  - a. If Yes, please attach a list with the names of at least three (3) vendors and prices. (Please label as Attachment 1.)
  - b. If No, please attach a written explanation why your organization does not have three (3) vendors.
  
- 2) **Vendor Selection Rationale:** Has your organization accepted the lowest bid with respect to all of the City-Funded Equipment and/or Vehicles noted in the Project Budget?  
Yes \_\_\_ No \_\_\_
  - a. If No, please select the reason below that best matches your organization's rationale and also attach a written explanation why your organization did not choose the lowest bidder. (Please label as Attachment 2.)
    - \_\_\_ Product specification(s) best met organization's needs.
    - \_\_\_ Needed to match compatibility with existing equipment and/or vehicles.
    - \_\_\_ Sole provider or manufacturer of necessary item.
    - \_\_\_ Pursuant to a City, State or National Purchasing Contract.
    - \_\_\_ Other reason: \_\_\_\_\_
  
- 3) **Vendor Identification:** Please identify the vendors that your organization has chosen or intends to select for the project.
  - a. **Note: Must attach a list of all the vendors** your organization has chosen to use with this affirmation. (Please label as Attachment 3.)
  
- 4) **Vendor Affiliation:** Are the selected vendors affiliated to your organization and/or any of your organization's staff?  
Yes \_\_\_ No \_\_\_
  - a. If Yes, did you first obtain the City's written approval? If so, please explain how the transaction consists of an arms-length transaction. (Please label as Attachment 4.)

I solemnly declare and affirm under penalties of perjury that the contents of this affirmation and its attachments are true and correct to the best of my knowledge and information. I also hereby affirm that I am the Chief Financial Officer of the Funding Recipient and that I possess the legal authority to make this affirmation on behalf of the Funding Recipient.

FUNDING RECIPIENT'S  
CHIEF FINANCIAL OFFICER:

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Subscribed and sworn to before me:

This \_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Notary Public

Commission Expires: \_\_\_\_\_ 20\_\_

## Procurement Affirmation Notes

All supporting documents for the Procurement Affirmation must note the Attachment number and subject on the pages, based on their respective questions on the form.

The list of bids consists of the vendor names and bid amounts (Attachment #1), with a separate attachment noting the selected vendor(s) (Attachment #3) (see the examples to your right). For purchases of large quantities of line items, a bids listing template is available on the DDC Not-for-Profit Forms website, so that you can list the vendors and bids received for each line item, identify the selected vendors and bids, and any specific details about the bids received (see below). Quoted items should be consistent across the board with each vendor. Quoted prices must be reasonable and are subject to audit. If there are differences in the equipment lists for the bids, such as bid packages for furniture, then note the vendors and bid package amounts in a format like the top-right example of this page. Separate lists can be provided for each bid package.

|  |
|--|
| Attachment 1   |
| Project ID# HLDNABCNY  |
| Three vendors and prices   |
| Vehicle #1   |
| <ul style="list-style-type: none"> <li>1) National Van Builders - \$81,100</li> <li>2) United Access (BraunAbility) - \$81,859</li> <li>3) Carpenter - \$91,300</li> </ul> |
| Vehicle #2   |
| <ul style="list-style-type: none"> <li>1) National Van Builders - \$ 88,079.76</li> <li>2) Carpenter - \$91,300</li> <li>3) Rohrer - \$110,000</li> </ul>                  |

|  |
|--|
| Attachment #3  |
| Project ID# HLDNABCNY  |
| Vendor Selection   |
| <ul style="list-style-type: none"> <li>1) National Van Builders (vendor selected for both vehicles)</li> </ul> |

| Item Type            | Make, Model, & Description | Bid #1        |             | Bid #2     |             | Bid #3     |             | Selected Bid  |             | Bid Reference | Notes |
|----------------------|----------------------------|---------------|-------------|------------|-------------|------------|-------------|---------------|-------------|---------------|-------|
|                      |                            | Vendor        | Price       | Vendor     | Price       | Vendor     | Price       | Vendor        | Price       |               |       |
| Dental chairs        | A-Dec - 511B               | Equip Brokers | \$35,220.00 | Patterson  | \$35,955.00 | Alpine     | \$37,490.00 | Equip Brokers | \$35,220.00 | Bid Group A   |       |
| Dry Vacuum           | Midmark - PowerVac G       | Equip Brokers | \$39,716.67 | Pro Dental | \$42,553.33 | Alpine     | \$41,490.00 | Equip Brokers | \$39,716.67 | Bid Group B   |       |
| X Ray Sensors Size 1 | Midmark - ClearVision      | Equip Brokers | \$3,850.00  | Patterson  | \$4,758.08  | Pro Dental | \$5,070.00  | Equip Brokers | \$3,850.00  | Bid Group C   |       |

If three bids were not received or if the lowest bid was not accepted, then provide an explanation (Attachment #2). Examples include sole source provider, meeting compatibility requirements with existing equipment, and product specifications best meeting the needs of the organization. These reasons must include a detailed narrative.

If a selected vendor is affiliated with your non-profit organization, then written approval from the City is required (Attachment #4).


The affirmation must be signed by your organization’s CFO or equivalent and notarized.

# Enrollment in the Payee Information Portal (PIP) and Confirmation of EFT Status

Your organization must enroll in PIP, in order to receive payments from the City. PIP enrollment information is available at this link [Click here](#). Provide a screen capture of the PIP page showing your EFT eligibility status (see example below).

Self Service ApplicationNYC.gov

ComptrollerDOE

 Payee Information Portal[Home](#) | [Help](#) | [Accessible Help](#) | [Site Map](#) | [Privacy Report](#) | [Logout](#)

Account InformationFinancial TransactionsSubcontract Information

SummaryBusiness InfoAddresses & ContactsUsersEFT Enrollment

## EFT Enrollment

Enroll in the City of New York's Electronic Funds Transfer (EFT)/Direct Deposit program for Vendor payments or modify your bank account information within the "Update EFT Information" section below.

Click the buttons to:

- Continue - Go to the next step to attach required bank account documentation.
- View Pending Changes - Display the EFT updates awaiting approval.

To guide you in entering your bank account information use [Check Info](#).

Contact the [City of New York's Department of Finance](#) for assistance with your enrollment or if you need to delete your account.

After you enroll for EFT your account information is displayed in the "Current EFT Information" section. When the EFT Status is "Prenote Pending" no changes are allowed. You must wait up to 10 business days for the bank to validate your account. This status is then updated to either "Prenote Rejected" or "Eligible for EFT." [EFT Status](#) defines your current enrollment stage.

**Current EFT Information**

|                       |   |                      |                      |
|-----------------------|---|----------------------|----------------------|
| Vendor Name:          | <input type="text"/>                          | Bank Account Number: | <input type="text"/> |
| Name on Bank Account: | <input type="text"/>                          |                      |                      |
| EFT Status:           | <input type="text" value="Eligible for EFT"/> |                      |                      |

**Update EFT Information** 2

|                        |                      |                        |                      |                                       |
|------------------------|----------------------|------------------------|----------------------|---------------------------------------|
| *Name on Bank Account: | <input type="text"/> | *ABA (Routing) Number: | <input type="text"/> | <input type="button" value="Lookup"/> |
| *Bank Account Number:  | <input type="text"/> | <input type="text"/>   |                      |                                       |
| *Bank Account Type:    | <input type="text"/> |                        |                      |                                       |

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# Payment Requisition Form A

This spreadsheet lists the purchased items and their costs, based on the City Funded budget items from Exhibit A of your funding agreement. For non-purchased budget approved items, there may be changes in their availability (e.g., change in model number, item discontinued) by the time the items are purchased. If this happens, your organization will provide DDC a written justification of these changes prior to ordering. This will be forwarded to OMB for eligibility review (see [Page 61](#)). If the changes are significant, you will need to submit an updated budget for a Certificate to Proceed amendment, which delays reimbursement. For minimal changes of items accepted by OMB, a budget amendment is not required. See the next page for information on listing approved substitutions. DDC typically does not reimburse for items that exceed the quantities listed in the approved budget. There are circumstances where this is allowable (see [Page 121](#)).

DISCRETIONARY CAPITAL AWARD  
PAYMENT REQUISITION: Part A

Sheet No: 1 of 1

TITLE OF AWARD: IT Computer System Purchase NAME OF ORGANIZATION: ABC Community Center, Inc.

ORGANIZATION'S ADDRESS: 123 Main Street, New York, NY 10001

AWARD REGISTRATION NO.: CT1 850 20241234567 FMS ID: PWDNABCCC AWARD REGISTRATION DATE: 9/14/2023

REQUISITION NO.: 1 PAY PERIOD: FROM: 10/22/2023 TO 10/22/2023 AWARD AMOUNT: \$ 69,000 PAYMENT TYPE: PARTIAL   FINAL X

| A<br>Item No. | B<br>DESCRIPTION   | C<br>TOTAL SCHEDULED VALUE* | D<br>ADJUSTED VALUE** | E<br>WORK COMPLETED        |               | G<br>TOTAL COMPLETED TO DATE (E+F) | H<br>% (G/D) | I<br>BALANCE TO FINISH |
|---------------|--|-----------------------------|-----------------------|----------------------------|---------------|------------------------------------|--------------|------------------------|
|               |  |                             |                       | FROM PREVIOUS APPLICATIONS | THIS PERIOD   |                                    |              |                        |
| 1             | Dell All In One 7760 W. Hard Drive Updated 27", 16G, 512HD, i7, Win10Pro, Qty. 25            | \$ 38,097.00                | \$ 38,097.00          |                            | \$ 38,097.00  | \$ 38,097.00                       | 100%         | \$ -                   |
| 2             | Optiplex 5060 w. 2x22" Monitors 3YR Pro Support 16G, 256G HD, i7, Win10Pro, Qty. 5           | \$ 6,261.95                 | \$ 6,261.95           |                            | \$ 6,261.95   | \$ 6,261.95                        | 100%         | \$ -                   |
| 3             | PC Setup & Migration, Qty. 30  | \$ 6,000.00                 | \$ 6,000.00           |                            | \$ 6,000.00   | \$ 6,000.00                        | 100%         | \$ -                   |
| 4             | 55" NEC Screen Monitor, Qty. 1   | \$ 1,415.05                 | \$ 1,415.05           |                            | \$ 1,415.05   | \$ 1,415.05                        | 100%         | \$ -                   |
| 5             | Logitech Meetup Conference Camera, Qty. 1  | \$ 899.99                   | \$ 899.99             |                            | \$ 899.99     | \$ 899.99                          | 100%         | \$ -                   |
| 6             | Poweredge Server 128G Memory, 8x600g 15krpm Drives 2 Intel Xeon Quad Core Processors, Qty. 1 | \$ 10,638.00                | \$ 10,638.00          |                            | \$ 10,638.00  | \$ 10,638.00                       | 100%         | \$ -                   |
| 7             | Senior Engineer Special Project Rate, Qty. 50  | \$ 8,000.00                 | \$ 8,000.00           |                            | \$ 8,000.00   | \$ 8,000.00                        | 100%         | \$ -                   |
| 8             | Labor Credit-MSP Customer Discount, Qty. 50  | \$ (1,000.00)               | \$ (1,000.00)         |                            | \$ (1,000.00) | \$ (1,000.00)                      | 100%         | \$ -                   |
| 9             | Hardware Credit-Dell New Customer Discount, Qty. 1   | \$ (1,312.00)               | \$ (1,312.00)         |                            | \$ (1,312.00) | \$ (1,312.00)                      | 100%         | \$ -                   |
| 10            |  |                             |                       |                            |               |                                    |              |                        |
| 11            |  |                             |                       |                            |               |                                    |              |                        |
| 12            |  |                             |                       |                            |               |                                    |              |                        |
| 13            |  |                             |                       |                            |               |                                    |              |                        |
| 14            |  |                             |                       |                            |               |                                    |              |                        |
| 15            |  |                             |                       |                            |               |                                    |              |                        |
| 16            |  |                             |                       |                            |               |                                    |              |                        |
| 17            |  |                             |                       |                            |               |                                    |              |                        |
| 18            |  |                             |                       |                            |               |                                    |              |                        |
| 19            |  |                             |                       |                            |               |                                    |              |                        |
| 20            |  |                             |                       |                            |               |                                    |              |                        |
|               | <b>SUBTOTALS (THIS SHEET)</b>  | \$ 69,000                   | \$ 69,000             | \$ -                       | \$ 69,000     | \$ 69,000                          | 100%         | \$ -                   |
|               | <b>TOTALS (LAST SHEET)</b>   | \$ 69,000                   | \$ 69,000             | \$ -                       | \$ 69,000     | \$ 69,000                          | 100%         |                        |

RECEIVED FROM CONTRACTOR BY: \_\_\_\_\_ [DDC CONTRACT MANAGER] DATE: \_\_\_\_\_

\* Funding Agreement Amount \*\* Invoice Amount

## Payment Requisition Form A Notes

Submit this document as an Excel file.

Enter your organization’s legal name and headquarters address in the **Name of Organization** and **Organization's Address** fields. Other header information such as **Title of Award, Award Registration No., FMS ID, Award Registration Date,** and **Requisition No.,** is provided by DDC, upon notification of your award’s registration.

**Pay Period From** and **To Dates** is the date the payment was cleared, thus you will enter the same date in each field. If the reimbursement request contains multiple payments, then the pay period will be the latest payment cleared date.

**Payment Type** must be checked Final, as only one Reimbursement Request is allowed per award.

In the **Description** column, enter the type, make, model, and quantity of each item, based on the Schedule A Budget in the Funding Agreement (additional pages are provided) and/or invoices. Only include items from the approved budget that have **City Funded** amounts. If a purchased item (e.g. HP Pavilion TP01-2255t Desktop Computer) is an OMB approved substitution from a budgeted item (e.g. Dell OptiPlex 7050), then enter the details of the purchased item and after that, in parenthesis within the same cell, enter the details of the budgeted item it replaced. See below for an example:

| DESCRIPTION   | TOTAL SCHEDULED VALUE* | ADJUSTED VALUE** |
|---|------------------------|------------------|
| HP Pavilion TP01-2255t Desktop Computer Qty 50<br>(replaces Dell Optiplex 7050 Desktop Computer Qty 50) | \$62,500.00            | \$60,000.00      |

The **Total Scheduled Value** is the dollar amount of each budgeted item from the City Funded column of the Schedule A Budget Spreadsheet in the Funding Agreement.

The **Adjusted Value** is the invoiced amount of each purchased item.

The **From Previous Applications** is left blank, as there will be only one Reimbursement Request per award.

The amount entered for the **This Period** column will be equal to the **Adjusted Value** for each item.

The amounts in the **Total Completed to Date** column will be equal to the **This Period** amount for each item.

The percentage entered in the **% Complete** column will be based on the **Total Completed to Date** amount divided by the **Adjusted Value** amount, which is always 100%.

The amount entered in the **Balance to Finish** column will be the **Adjusted Value** amount subtracted by the **Total Completed to Date** amount, which is always \$0.00.

If the **Adjusted Value** total exceeds the **Award Amount**, the DDC Project Manager will make an adjustment to the **Adjusted Value** total, so that it equals the **Award Amount**. If the **Adjusted Value** total is less than the **Award Amount**, then you will receive reimbursement for the lesser dollar figure.

This form is signed and dated by the DDC Project Manager.

# Payment Requisition Form C

This requisition form acknowledges the amount that will be reimbursed. Some of the information to enter in this form is provided to you upon notification of the funding agreement registration. As per the form's highlighted instructions, not all fields are filled out by your organization. The below sample shows what fields you are to complete. The unfilled sections are filled in by DDC.

**Notes:** Barring any changes in the value of the funding agreement due to an amendment (which is very rare), the amounts entered in Lines 1 & 3 (in dollars and cents) will be the same, and \$0.00 is entered in Line 2. The amounts entered in Lines 4 & 6 (in dollars and cents) will be the same, as only one reimbursement is issued per funding agreement. \$0.00 is always entered for Line 5, as there would be no prior payment requests issued.

| DEPARTMENT OF DESIGN AND CONSTRUCTION<br>DISCRETIONARY CAPITAL AWARD  |   |
|---|---|
| <b>PAYMENT REQUISITION: FORM C</b>  |   |
| Title of Award Agreement: <u>Purchase of a Transportation Vehicle</u>   | Payment No. <u>1</u>  |
| Award Registration No. <u>CT1 850 20258801234</u>   | FMS ID: <u>PWDNABCVH</u>                                    |
| (Organization to complete the header, Lines 1-6, and the Organization's Certificate)  |   |
| 1. ORIGINAL FUNDING AGREEMENT AWARD AMOUNT .....  | \$ <u>100,000.00</u>  |
| 2. ANY NET CHANGE .....   | \$ <u>0.00</u>  |
| 3. AWARD AGREEMENT AMOUNT TO DATE (1 + or - 2) .....  | \$ <u>100,000.00</u>  |
| 4. TOTAL COMPLETED (Column G from Payment Requisition Form A*) .....  | \$ <u>100,000.00</u>  |
| <small>* Total Completed amount cannot exceed the Award Agreement Amount from Line 3.</small>   |   |
| 5. LESS TOTAL OF ALL PREVIOUSLY APPROVED PAYMENT REQUISITIONS .....   | \$ <u>0.00</u>  |
| 6. CURRENT PAYMENT DUE .....  | \$ <u>100,000.00</u>  |
| 7. AMOUNT WITHHELD BY RE/PM .....   | \$ <input style="width: 100px; height: 20px;" type="text"/> |
| <b>REASONS:</b>   |   |
| 8. PAYMENT DUE .....  | \$ _____  |
| 9. AMOUNT WITHHELD BY EAO .....   | \$ <input style="width: 100px; height: 20px;" type="text"/> |
| <b>REASONS:</b>   |   |
| 10. PAYMENT AMOUNT APPROVED BY EAO .....  | \$ _____  |
| 11. AMOUNT WITHHELD BY CFO .....  | \$ <input style="width: 100px; height: 20px;" type="text"/> |
| <b>REASONS:</b>   |   |
| 12. PAYMENT AMOUNT APPROVED BY CFO .....  | \$ _____  |
| ORGANIZATION'S CERTIFICATE  |   |
| <small>The undersigned Organization certifies that all items, units, quantities and material shown on this requisition is correct; that all work has been performed and material supplied in full accordance with the terms and conditions of the Funding Agreement between the Department of Design and Construction of the City of New York and ABC Center of New York, Inc. (Organization) dated December 1, 2024 and all authorized changes thereto; that all Funding Agreement reports are attached; and that the above is a true and correct statement of the Funding Agreement account up to and including the last day of the period covered by this requisition and that no part of the "Current Payment Due" has been received.</small> |   |
| Signature <u></u>   | Federal taxpayer I.D. # <u>12-3456789</u>                   |
| Name (Print) <u>Jack Smith</u>  | Date <u>05/01/2025</u>                                      |
| Title (Print) <u>Executive Director</u>   |   |
| PROJECT MANAGER'S CERTIFICATE   |   |
| <small>I certify that I have verified this requisition and that to the best of my knowledge and belief it is a true and correct statement of the materials supplied by the Organization and that all work and material included in this estimate has been inspected by me or my duly authorized assistants and has been found to comply with the terms and conditions of the corresponding Funding Agreement and authorized changes thereto.</small>  |   |
| Signature _____   | Date: _____   |
| Name (Print) _____  |   |
| Title (Print) _____   |   |

## Invoices and Proofs of Payment Overview

Your organization will provide all invoices associated with the funding agreement purchases, along with proofs of payment, showing that all amounts due were paid in full. Proofs of payment can vary, with each type having specific requirements as noted in the next page.

### Invoice Notes

Only include invoices for budget approved items or their equivalent, if the original items are no longer available for purchase.

Some equipment purchases are billed in milestone payments. Include all invoices and payments for such purchases.

Online orders must include all pages and include information such as the payee, item descriptions, order date, and shipping address.

If items were purchased through a contractor, then provide all contractor and vendor invoices that tie to the contractor's billing, along with proof of payments made to the contractor, regardless of the number of milestone invoices submitted by the contractor.

Purchases of major medical devices under equipment awards must include the invoice(s), purchase order, and quote.

Vehicle sales orders must include the Vehicle Identification Number (VIN). This is essential in verifying that the DMV documentation lines up with the invoice(s) associated with the reimbursement, so that DDC places the lien on the correct vehicle(s).

As previously mentioned on [Page 25](#), shipping addresses on invoices should be consistent with the addresses of where the equipment will be used based on the approved budget. For shipping address inconsistencies, provide a confirmation letter acknowledging that any affected items were sent to and are in use at the site noted in the approved budget.

## Proofs of Payment

Your organization will provide documentation proving that the invoices/sales orders were paid in full. Below is a list of acceptable proofs of payment.

| Payment Type                                    | Notes   |
|---|---|
| Cancelled Check                                 | Both the front and back of the check must be scanned, along with the financial institution's stamp on the back of the check, showing that the check was cleared. See the example below.   |
| Electronic Wire Transfer/ACH/Debit Card Payment | Provide a copy of the bank statement highlighting the transaction (s). The transaction must identify the payee. Redact any sensitive information from these statements, such as the account numbers, except for the last 5 digits.          |
| Credit Card                                     | Provide a copy of the credit card statement highlighting the transaction(s), along with a copy of the cancelled check or EFT transaction showing that the statement balance was paid in full. Any sensitive information should be redacted. |
| Credit Memo                                     | Provide the credit memo, along with the invoice for which the credit was issued, with proof of payment for that invoice. The vendor must confirm in writing, all invoices the credit memo was applied to.                                   |

### Sample Cancelled Check



## **Proofs of Payment Additional Notes**

If the payment amount(s) does not match the invoice amount (e.g., \$70,000 check for a \$50,000 invoice), then you must provide a full list of invoice numbers and amounts the payment covers, to ensure that the invoice in question is part of the payment. Your internal payment system should provide such a list or it may appear in the check stub.

If submitting proofs of payment for many invoices, also provide a spreadsheet listing each payment and the invoice(s) they correspond to.

Multiple credit card statements with proofs of payment, until any past balances are closed out, may be required if an outstanding card balance is not paid in full for the statement period in which the purchases were made. Make sure that the credit card statements include the cover page showing the card balance.

Screenshots from your organization's internal payment system showing that an invoice was paid, is not an acceptable primary means of proof of payment. All proofs of payment must come from your financial institutions. It is imperative that your organization safeguard all payment records for these purchases.

## Attorney Equipment Lien Attestation Form Package (For Equipment/Initial Outfitting Projects)

The DDC Project Manager will notify you to begin work on the Attorney Equipment Lien Attestation Form Package once all other reimbursement items are received and accepted. The notification will include detailed instructions on compiling the package. The attestation form (see Pages [93](#) and [94](#)) requires your organization’s attorney to attest that they have complied with the requirements set forth in DDC’s Funding and Security Agreement to secure a perfected security interest for the City pursuant to Article 9 of the Uniform Commercial Code (UCC) with respect to the City-Funded Equipment and other Collateral covered by the Security Agreement. The items listed below are required for this form. Refer to the **UCC Guidelines** within this handbook for more information on each item, along with Pages 110 & 111.

### UCC, Judgment, and Tax Lien Search

The attestation package begins with ordering the UCC, judgment, & tax lien search. The search results must be under your organization’s full legal corporate name (and any DBAs), based on the Articles and Certificate of Incorporation, and ordered from a reputable title search company. Search results must cover UCC filings, judgments, tax liens, & ECB violations. UCC searches must list all active filings with the New York State Department of State (NYS DOS) and include complete copies of the filings, including all pages. Judgment search results must be done statewide and for each county within New York City (Kings, Queens, New York, Richmond, Bronx). Tax lien search results must be provided for both Federal and New York State Tax Liens. All search results must include supporting files where applicable (e.g., pages for UCC filings, notices from jurisdictions for liens and judgments, etc.). If the search results list any judgments, ECB violations, or tax liens, then you must provide proof that they were paid and/or satisfied.

### UCC-3 Amendment Statements

If the search results include NYSDOS UCC-1 filings for creditors that hold a security interest/lien that impacts the City-funded equipment, including the Dormitory Authority of the State of New York (DASNY), then the creditor or your organization’s attorney, with the creditor’s approval, must file a UCC-3 Amendment Statement (UCC-3) with the NYSDOS to address each competing UCC lien. Competing UCC-1 filings will have language in the Collateral section such as “all inventory whether owned now or acquired later”. The UCC-3 carves out (excludes) the City-funded equipment from a creditor’s lien. The carve out attachments include the Exhibit A (Collateral Deleted) and Schedule I (List of Equipment) pages, along with Payment Requisition Form A, which lists the excluded equipment. The Exhibit A and Schedule I pages are available on the DDC Not-for-Profit Forms website. A sample UCC-3 for guidance will be provided upon notification of the attestation package.

## **Attorney Equipment Lien Attestation Form Package (For Equipment/ Initial Outfitting Projects) (continued)**

### **HUD Lien Subordination Agreements**


The Funding Recipient has executed the HUD and City approved subordination agreement with HUD and the HUD-insured lender(s) and have been properly filed as a UCC-3 amendment statement against the competing HUD-related UCC lien(s) on file with the NYSDOS.

### **UCC-1 Financing Statement**

Upon clearing all matters noted above, your organization will file a UCC-1 Financing Statement (UCC-1) with the NYSDOS, with respect to City-Funded Equipment covered by the Reimbursement Request and other Collateral covered by the Security Agreement. If your organization has UCC filings under a DBA, in addition to your legal name, then UCC-1s must be filed under each name. Attached to the UCC-1 will be the Exhibit A (Collateral) and Schedule I (List of Equipment) pages, along with Payment Requisition Form A, which lists the secured equipment. The UCC-1 filing places a DDC lien on the equipment for a period of 5 years. A sample UCC-1 for guidance will be provided upon notification of the attestation package. See the next page for information on UCC filing acknowledgments.

# Attorney Equipment Lien Attestation Form Package - UCC Filing Acknowledgments

Prior to filing any UCCs with the NYSDOS, draft copies must be sent to DDC for review and acceptance. For each filed UCC, you should receive a NYSDOS filing acknowledgment letter (see lower left sample redacted letter). This letter notes the filing number, filing date, number of pages in the filing. Each letter should be accompanied by the UCC filing with all pages, with the filing number printed on the first page. If the letter includes only the first page of the UCC filing, you can request the full copy from NYSDOS, or your attorney can fill out a UCC filing acknowledgment letter of their own (see lower right UCC-1 template letter), which will include the same information as the NYSDOS letter. Attached to the letter will be all pages used for the UCC filing, based on the accepted draft provided to DDC prior to filing, the NYSDOS filing acknowledgment letter, and the UCC page with the filing number. The NYSDOS UCC search website ([Click here](#)) may not always allow us to view the UCC filings, which necessitates the need for this letter. Template letters are available for UCC-1 and UCC-3 filings.



STATE OF NEW YORK  
DEPARTMENT OF STATE  
ONE COMMERCE PLAZA, 99 WASHINGTON AVENUE  
ALBANY, NY 12231-0001

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KATHY HOCHUL  
GOVERNOR

ROBERT J. RODRIGUEZ  
SECRETARY OF STATE

**FILING ACKNOWLEDGMENT**  
July 8, 2022

Attached is the acknowledgment copy of your recently submitted filing. This filing consists of a total of 4 pages; however, only the first page of the filed document is returned as part of this acknowledgment. This document has been filed with the New York State Department of State, Uniform Commercial Code Division.

The Financing Statement has been assigned Filing Number: [REDACTED] Filing Date: 06/30/2022 and is currently reflected in our automated database as follows:

Debtor's Name & Address

Secured Party's Name & Address

THE CITY OF NEW YORK, ACTING BY AND THROUGH ITS DEPARTMENT OF DESIGN AND CONSTRUCTION  
30-30 THOMSON AVENUE  
LONG ISLAND CITY NY 11101

This filing will lapse on 06/30/2027, unless continued. We encourage filers to take full advantage of the six-month window of opportunity in which to file a Financing Statement Amendment (Continuation). Submission of your documents at the onset of the six-month window will allow ample time to rectify potential filing errors and help to assure timely recording of your filing.

If you have any concerns regarding the way this document is recorded, please contact one of our Customer Service Representatives at (518) 473-2492, or respond in writing to the UCC Data Processing Unit at the address indicated above.

Sincerely,

Uniform Commercial Code Division  
Data Processing Unit

REF #: [REDACTED]

**UCC-1 Filing Acknowledgment Letter**

[Letter should be on the filing attorney's organizational letterhead]

[Date]

[Enter filing attorney's name, organization, address, city, state, & zip]

To whom it may concern,

This letter is to confirm that the enclosed UCC-1 between [Enter the name of the Non-Profit Organization] and the City of New York, acting by and through its Department of Design & Construction, was submitted to the New York State Department of State for filing. The UCC-1 filing included the attached UCC-1 Financing Statement Form, Exhibit A, Schedule I, and the Payment Requisition Form.

Per the Filing Acknowledgment received from New York State, Filing Number [Enter filing number], filed on [Enter filing date], consists of a total of [Enter number of pages] pages, however, only the first page of the document was returned as a part of the acknowledgment.

Should you have any questions or require additional information, please don't hesitate to contact me.

Thank you,

[Filing Attorney's Signature]

[Enter filing attorney's name, title, email, and phone number]

## Attorney Equipment Lien Attestation Form Package Notes

The attorney attestation package is the last reimbursement item to complete, to ensure that the search results and UCC filings are as current as possible before the reimbursement request is submitted for approval. The search results should not be more than three months in age, which is why we require this last, in the event your organization has difficulties in obtaining the other reimbursement items. Older search results may require a new search or a continuation search, which would cover the period from the end date of the last search through the present. While DDC cannot recommend which search companies to use for the UCC, judgment, & tax lien search, you can reach out to the firm that prepared your opinion of counsel for assistance on obtaining the search.

If your organization has multiple equipment/initial outfitting awards in the reimbursement phase, complete the reimbursement packages for each one (if possible) prior to ordering the UCC, judgment, & tax lien search, as the same search results can be used across each award. Multiple lists of collateral (Payment Requisition Form A) can be used in each UCC filing.

Your organization's name listed on all UCC filings must match the name noted in the Articles and Certificate of Incorporation. Be mindful of the spelling and grammar of your organization's name on the filings, as those with misspelled names will be difficult to search for in the NYSDOS site, if these errors are not caught. Such misfiled UCCs may require re-filing.

All UCCs are filed with the NYSDOS by mail. [Click here](#) for more information on submitting a UCC filing with the NYSDOS.

Once DDC gives your organization the green light to file any UCCs, you must file them as soon as possible. Filing delays may result in potential new UCC-1 filings, from a creditor listing all inventory as collateral, appearing in NYSDOS. Such filings will require a UCC-3 Amendment. These amendments must be filed, prior to the UCC-1, so that the City maintains its first-priority security interest in the City-funded equipment.

Once you receive and resolve all items on the Attorney Equipment Lien Attestation Form, you will complete the form and include all supporting files for submission to and review by the DDC attorney. This package should be submitted as single pdf with all documents bookmarked. If you are working on multiple awards at this stage, then separate attorney attestation form packages must be completed for each award. The information entered in the form is project specific, though these legal packages will contain the same supporting files, assuming that the reimbursement packages are completed at the same time.

## Certificates of Insurance

Your organization will provide DDC copies of your Certificates of Insurance, as proof that the appropriate property and liability coverages are in place. The following certificates are required:

- Certificate of Liability Insurance (Acord 25) and
- Evidence of Property Insurance (Acord 27) or
- Evidence of Commercial Property Insurance (Acord 28) and
- Insurance Broker's Certification

### Notes:

#### All Certificates

The legal name of your organization must listed as the policy holder in the Insured box.

The applicable boxes for insurance coverage and policy data must be checked off or filled in.

#### Acord 25

DDC's name and address (City of New York Department of Design & Construction, 30-30 Thomson Ave., Long Island City, NY 11101) must be listed as a Certificate Holder and the City of New York as an Additional Insured. Refer to the **Insurance Responsiveness Checklist** from the **Registration** phase and [Page 53](#) for a sample Acord 25 for more information.

If the Acord 25 certificate that was provided prior to registration, is still valid when the reimbursement request is submitted, then you don't need to re-send it. Your DDC Project Manager will notify you if you need to submit a renewal.



#### Acord 27 & 28

Acord 27 is used for small commercial properties such as equipment mounted in vehicles. Acord 28 is used for large commercial properties where the equipment is located inside buildings. In the **Location/Description** box for each certificate, enter the parking location and description of the vehicle (Acord 27), or the address of the covered property (Acord 28), and note that the vehicle/location contains the list of covered equipment identified by item type, make, model, and quantity. DDC will provide a list of covered property. Enter DDC's name and address (see the above Acord 25 notes) in the **Additional Interest** section and check off the **Loss Payee** box. Attach **Acord 101, Additional Remarks Schedule**, if you need more space than what is available in the Location/Description box. All Acord 101 pages must have the header information filled in, along with the reference to the Acord form number. See the next two pages for a sample Acord 28 and Acord 101.

#### Insurance Broker's Certification

The broker's certification must be notarized on or after the dates on all Acord certificates. Revisions to any Acord certificates require updated certifications.

# Sample Property Insurance Certificate (Acord 28)

|  |  |   |  |  |
|--|--|---|--|--|
|   |  | <b>EVIDENCE OF COMMERCIAL PROPERTY INSURANCE</b>      |  | DATE (MM/DD/YYYY)<br>03/18/2025  |
| THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.  |  |   |  |  |
| PRODUCER NAME, CONTACT PERSON AND ADDRESS<br>EFG Insurance Brokers<br>123 MAIN STREET<br>MORRISTOWN, NJ 07960-6454   |  | PHONE (A/C, No, Ext): 212-555-1234                    | COMPANY NAME AND ADDRESS<br>XYZ Insurance Company<br>New York, NY 10022<br>550 Madison Avenue                      |  |
| FAX (A/C, No): 212-555-6789  |  | E-MAIL ADDRESS: info@efg.com                          | NAIC NO: 12345   |  |
| CODE:<br>AGENCY CUSTOMER ID #: AB123456789   |  | SUB CODE:   | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH   |  |
| NAMED INSURED AND ADDRESS<br>ABC Center of New York, Inc.<br>1801 Avenue Q<br>BROOKLYN, NY 11201-1251  |  | POLICY TYPE<br>Property                               |  | POLICY NUMBER<br>1234-56-78  |
| ADDITIONAL NAMED INSURED(S)  |  | LOAN NUMBER   | EFFECTIVE DATE<br>02/28/2025   | EXPIRATION DATE<br>02/28/2026  |
|  |  | CONTINUED UNTIL TERMINATED IF CHECKED                 |  | THIS REPLACES PRIOR EVIDENCE DATED:  |
| <b>PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) <input checked="" type="checkbox"/> BUILDING OR <input checked="" type="checkbox"/> BUSINESS PERSONAL PROPERTY</b>   |  |   |  |  |
| LOCATION/DESCRIPTION:<br>1801 Avenue Q, Brooklyn, NY 11201 See attached Acord 101 for a list of equipment  |  |   |  |  |
| THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |  |   |  |  |
| <b>COVERAGE INFORMATION</b>  |  |   |  |  |
| PERILS INSURED   | BASIC  | BROAD   | <input checked="" type="checkbox"/> SPECIAL  |  |
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 500,000,000   |  |   |  | DED: 25,000  |
| <input checked="" type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |   | If YES, LIMIT: 28,000,000  | <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12 |
| BLANKET COVERAGE   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |   | If YES, indicate value(s) reported on property identified above: \$ 500,000  |  |
| TERRORISM COVERAGE   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |   | Attach Disclosure Notice / DEC   |  |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION?   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                              |   |  |  |
| IS DOMESTIC TERRORISM EXCLUDED?  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                              |   |  |  |
| LIMITED FUNGUS COVERAGE  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |   | If YES, LIMIT: 50,000  | DED:   |
| FUNGUS EXCLUSION (If "YES", specify organization's form used)  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                              |   |  |  |
| REPLACEMENT COST   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |   |  |  |
| AGREED VALUE   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |   |  |  |
| COINSURANCE  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A |   | If YES, %  |  |
| EQUIPMENT BREAKDOWN (If Applicable)  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |   | If YES, LIMIT: Included  | DED: Included  |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |   | If YES, LIMIT: Valuation   | DED:   |
| - Demolition Costs   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A |   | If YES, LIMIT:   | DED:   |
| - Incr. Cost of Construction   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A |   | If YES, LIMIT:   | DED:   |
| EARTH MOVEMENT (If Applicable)   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |   | If YES, LIMIT: 25,000,000  | DED: 50,000  |
| FLOOD (If Applicable)  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |   | If YES, LIMIT: 25,000,000  | DED: 50,000  |
| WIND / HAIL INCL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Subject to Different Provisions:  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |   | If YES, LIMIT:   | DED:   |
| NAMED STORM INCL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Subject to Different Provisions:  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A |   | If YES, LIMIT:   | DED:   |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |   |  |  |
| <b>CANCELLATION</b>  |  |   |  |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.   |  |   |  |  |
| <b>ADDITIONAL INTEREST</b> NYC-0123456-789   |  |   |  |  |
| CONTRACT OF SALE   | LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/>  | LOSS PAYEE  | LENDER SERVICING AGENT NAME AND ADDRESS  |  |
| MORTGAGEE  |  |   |  |  |
| NAME AND ADDRESS<br>City of New York Department of Design & Construction<br>30-30 Thomson Ave.<br>Long Island City, NY 11101   |  |   | AUTHORIZED REPRESENTATIVE<br> |  |
| © 2003-2016 ACORD CORPORATION. All rights reserved.  |  |   |  |  |
| ACORD 28 (2016/03)   |  | The ACORD name and logo are registered marks of ACORD |  |  |

# Sample Additional Remarks Schedule (Acord 101)

AGENCY CUSTOMER ID: AB123456789

LOC #: Morristown



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

|                                  |                    |   |  |
|----------------------------------|--------------------|---|--|
| AGENCY<br>EFG Insurance Brokers  |                    | NAMED INSURED<br>ABC Center of New York, Inc.<br>1801 Avenue Q<br>BROOKLYN, NY 11201-1251 |  |
| POLICY NUMBER<br>1234-56-78      |                    | EFFECTIVE DATE: 02/28/2025  |  |
| CARRIER<br>XYZ Insurance Company | NAIC CODE<br>12345 |   |  |

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 28 FORM TITLE: Evidence of Commercial Property Insurance**

Certificate holder is named as loss payee with respect to ownership, maintenance or use of that part of a premises that the person or organization leased to you.

Any additional Pages policy information such as Policy Number, Carrier, NAIC will be the same as the first page shown top right of this page.

ALL RISK OF DIRECT PHYSICAL LOSS OR DAMAGE TO REAL AND PERSONAL PROPERTY ON A REPLACEMENT COST BASIS, SUBJECT TO POLICY TERMS, CONDITIONS AND EXCLUSIONS. COVERAGE INCLUDES, BUT IS NOT LIMITED TO FIRE, EXTENDED PERILS SUCH AS VANDALISM, MALICIOUS MISCHIEF, FLOOD, EARTHQUAKE AND BOILER & MACHINERY.

CAPSA CareLink Mobile Cart, Qty. 20 - \$140260

Medical Computer, Target 24 in. Medical Grade All-In-One Medix 24 V 2 Screen, Qty. 20 - \$50580

Aver Cam520 Pro2 Conference Camera PT2, Qty. 20 - \$18740

Jabra Speaker 510UC, Qty. 20 - \$2180

Sennheiser HD 280 PRO headphones, Qty. 20 - \$1660

Seal Shield Waterproof Medical Grade Keyboard, Qty. 20 - \$1780

Seal Shield Waterproof Medical Grade Mouse, Qty. 20 - \$1180

JEDMED Horus Scope Series 1, Qty. 20 - \$25200

JEDMED Horus Scope Otoscope Lens, Qty. 20 - \$18700

JEDMED Horus Scope Derm Lens, Qty. 20 - \$18700

JEDMED Horus Scope General Viewing Lens, Qty. 20 - \$9400

JEDMED OMNI Steth Digital Stethoscope, Qty. 20 - \$11500

Cart Integration svcs-cart assembly, Qty. 20 - \$3900

Shipping Costs, Qty. 1 - \$8150

# Software License Agreement

Upon registration of the funding agreement, the licensor will execute the Software License Agreement for any non-transferable software licenses. This agreement grants a transferable license to the City and/or the City’s designee, allowing continued use of the equipment, if the City were to repossess it due to an Event of Default under the terms of the funding agreement.

**Notes:**

The list of applicable licensors, if any, are found in Schedule VI of your funding agreement.

- If a licensor changes from the one listed in the agreement, then an amendment to the budget and funding agreement must be done to reflect this change.

One letter is submitted per licensor, even if several preliminary letters were provided from a licensor during the Budget & Pre-CP Review.

The City will identify to the licensor the person(s) or entity that will make use of the software, if there is an Event of Default.

Licenses must be transferable to the City and/or the City’s designee at no additional cost.

Substantive changes to the Software License Agreement are not allowed.

[NYC TEMPLATE ASSIGNMENT OF SOFTWARE LICENSE AGREEMENT]  
[Note: This letter must be on the Licensor’s letterhead and all bracketed references must be removed to include the necessary information.]

\_\_\_\_\_, 20\_\_

The City of New York  
Department of Design and Construction  
30-30 Thomson Avenue  
Long Island City, New York 11101

Dear Sirs and Madams:

Re: Funding Agreement dated as of \_\_\_\_\_, 20\_\_ (“Funding Agreement”) by and between The City of New York acting by and through its Department of Design and Construction (the “City”) and \_\_\_\_\_ (“Funding Recipient”); Security Agreement dated as of \_\_\_\_\_, 20\_\_ (“Security Agreement”) by Funding Recipient in favor of the City; and License Agreement dated as of \_\_\_\_\_, 20\_\_ (the “License Agreement”) by and between the undersigned (“Licensor”) and Funding Recipient.

Funding Recipient has advised Licensor that the City has provided funding (“Funding”) to Funding Recipient pursuant to the Funding Agreement to finance the acquisition of certain equipment (“Equipment”) and software (“Software”) necessary to operate said Equipment. Licensor is the holder of all copyrights and trademarks and owns all rights, benefits and privileges appurtenant to the Software. Licensor has licensed the Software to Funding Recipient pursuant to the License Agreement.

Funding Recipient has further advised Licensor that it is a condition of the Funding that, among other things, for a period commencing on the date that the City makes the first disbursement of the Funding for the Equipment to Funding Recipient, and ending five (5) years from the date that the City makes the final disbursement of such Funding to Funding Recipient, Funding Recipient grant to the City a first priority lien on the Equipment, and that Funding Recipient collaterally pledge, transfer and assign to the City and/or the City’s designee the rights, benefits and privileges of Funding Recipient with respect to the Software under the License Agreement. Accordingly, upon the occurrence of an Event of Default under the Funding Agreement, the City may avail itself of all of its rights against the Equipment under the Security Agreement, and the City and/or its designee shall be vested with all of the rights, benefits and privileges of Funding Recipient with respect to the Software under the License Agreement.

At the request of Funding Recipient, Licensor hereby consents to the pledge, transfer and assignment to the City and/or the City’s designee of the rights, benefits and privileges of Funding Recipient with respect to the Software under the License Agreement for the remaining term of the License, provided that prior to exercising its rights with respect to the Software as collateral assignee of the License Agreement: (i) the City shall give notice to Licensor of the occurrence of an Event of Default under the Funding Agreement; and (ii) the City shall identify to Licensor the person or entity that will make use of the Software, including, name and address and such other information as Licensor shall reasonably request.

Licensor further agrees that the pledge, transfer and assignment to the City and/or the City’s designee of the rights, benefits and privileges of Funding Recipient with respect to the Software, and the use thereof by the City and/or the City’s designee during the Performance Term shall be at no cost whatsoever to the City and/or the City’s designee.

Very truly yours,  
[LICENSOR]

By: \_\_\_\_\_  
Name:  
Title:

Funding Recipient hereby collaterally pledges, transfers and assigns to the City and/or the City’s designee all the rights, benefits and privileges of Funding Recipient with respect to the Software under the License Agreement. Accordingly, upon the occurrence of an Event of Default under the Funding Agreement and notice of the occurrence thereof by the City to Licensor as provided above, the City and/or its designee shall be vested with all of the rights benefits and privileges of Funding Recipient with respect to the Software under the License Agreement.

[FUNDING RECIPIENT]

By: \_\_\_\_\_  
Name:  
Title:

## Judgment & Tax Lien Search (Vehicle Projects)

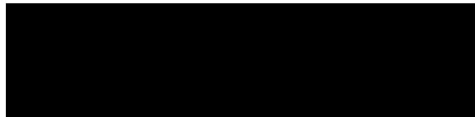
Your organization will obtain a judgment and tax lien search (see redacted sample below) from an independent lien search company to verify that any past unpaid taxes (federal, state, or local) and/or judgments against the organization have been cleared and that there are currently none outstanding.

### Notes:

The search is conducted on the organization's legal name. Search results must cover judgments, tax liens, & ECB violations. Judgment search results must be done statewide and for each county within New York City (Kings, Queens, New York, Richmond, Bronx). Tax lien search results must be provided for both Federal and New York State Tax Liens. Proofs of satisfaction of settled judgments, violations, and/or liens must be provided.


Search results should not be more than three months old, thus the search will be ordered after all other reimbursement items are received and accepted. The DDC PM will notify you on when to order the search.


If your organization has multiple vehicle awards in the reimbursement phase, complete the reimbursement packages for each one prior to ordering the judgment & tax lien search (if possible), as the same search results can be used for each award.

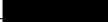


**DATE:** NOVEMBER 5, 2025

**AS OF DATE:** OCTOBER 27, 2025

**TO:** 


**ORDER #:** 

**TITLE #:** 

---

Dear Sir:

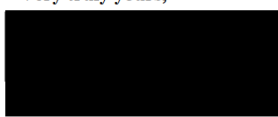
In connection with the above order, please be advised that we have caused searches to be run in the appropriate indices (Bronx County, Kings County, Queens County, New York County, Richmond County, New York State Department of State UCC Lien Filing System, NYS Department of State Tax Warrant and Child Support Enforcement Warrant Search System, Southern/Eastern District Bankruptcy Courts, and United States Department of Treasury Office of Foreign Asset Control (OFAC)) regarding:



1. UCC Searches – **SEE ATTACHED**
2. Federal Tax Lien(s) – **NOTHING FOUND**
3. Parking Violation Bureau Lien(s) – **NOTHING FOUND**
4. Transit Adjudication Bureau Lien(s) – **NOTHING FOUND**
5. Environmental Control Board Lien(s) – **SEE ATTACHED**
6. Judgment(s) – **NOTHING FOUND**
7. Bankruptcy Search – **NOTHING FOUND**
8. State Tax Warrants – **NOTHING FOUND**
9. Child Support Enforcement Warrants – **NOTHING FOUND**
10. Patriot Act Search – **NOTHING FOUND**

\* SEE NEW YORK STATE TAX WARRANT AND CHILD SUPPORT ENFORCEMENT WARRANT DISCLAIMER \*

Very truly yours,



## Department of Motor Vehicles (DMV) Documentation

Vehicle purchases require documentation from the DMV such as the Certificate of Title, Registration, and Insurance ID Card. See [Page 120](#) for sample documentation.

### Notes:

The Vehicle Identification Number (VIN), Make, and Model, & Year must be consistent across all DMV documents and match what appears on the invoice.

The organization will place the DDC lien on the vehicle, prior to completing the reimbursement package by filling out the DMV Form MV-900. See the next page for instructions on completing this form and submitting the lien request. Your DDC Project Manager will provide a memo on these instructions, which includes DMV links. This memo is also available on the DDC Not-for-Profit Forms website.

DDC will be listed as the only lienholder on the DMV Certificate of Title. No exceptions.

DMV Registration and NYS Insurance ID Cards must be current.

If after reimbursement is issued, your vehicle is stolen or damaged beyond repair, then your organization is required to replace the vehicle and notify DDC and OMB in writing about the incident, so that a new lien can be applied to the replacement vehicle. The 5-year performance period does not reset for a replacement vehicle. See the Contract Compliance section on [Page 124](#) for more information. Reimbursement for the damaged/stolen vehicle will not be issued if this occurs prior to submitting the reimbursement package, though you can purchase a replacement vehicle and seek reimbursement for that.

Once 5 years have passed from the date the DDC lien was placed on the Certificate of Title and the organization received reimbursement, a lien removal request is required for DDC to release the lien. See [Page 119](#) for instructions on removing a DDC lien.

## DMV Lien Filing Instructions

1. Your organization receives a Certificate of Title from the NYS Department of Motor Vehicles (DMV). The certificate must not list any lienholders. The certificate date must be current, as per the Check Title or Lien Status search engine results on the DMV's website.
2. Your organization's representative completes the DMV Form MV-900 - Notice of Lien (MV-900). All data in the Vehicle, Owner, and Lien Information sections must be typed in. The data entered in the first two sections mentioned above must match what is shown on the Certificate of Title. In the Lien Information Section, the following information is entered for the fields listed below. Check off Yes for the issuance of a Certificate of Title, located at the bottom of the form. You are not to sign the Lienholder's signature line or enter the date of the security agreement.
  - a. Lien Filing Code: To be provided by the DDC Project Manager
  - b. Lienholder's Name: NYC Dept. of Design & Construction
  - c. Mailing Address: 30-30 Thomson Ave.
  - d. City, State, & Zip Code: Long Island City, NY 11101
3. After typing in the applicable data in the MV-900, your organization emails the DDC Project Manager (DDC PM) a copy of the form, along with the Certificate of Title, for review. Once the DDC PM approves the form, they will provide the Lien Filing Code, which you will type in the noted section. Your organization's representative then types their name and title in the Owner's Statement section and then prints the MV-900. You will sign and date the form in the Owner(s) Sign Here line. The signature must be done in ink. E-signatures are not allowed. You will then, via physical mail, send the original signed MV-900 and original issued Certificate of Title to the DDC PM.
4. When the DDC PM receives the completed MV-900 and Certificate of Title, they sign the Lienholder's signature line and enter the date of the security agreement. The DDC PM prepares a vehicle lien recording request letter, which places DDC as the lienholder on the Certificate of Title. The letter also exempts DDC from paying the \$5 filing fee, as per the Lien Filing Code provided in the MV-900. The DDC PM mails out the MV-900, Certificate of Title, and lien recording request letter to the DMV. The DMV reviews the lien request package and upon acceptance, issues a new Certificate of Title to your organization, showing DDC as the sole lienholder on the vehicle. You will email a copy of the new title certificate to the DDC PM.

## DMV Lien Removal Instructions

1. Your organization will send an email request to the DDC Non-Profit Reimbursement Program at [NRP@ddc.nyc.gov](mailto:NRP@ddc.nyc.gov) to have the DDC lien removed from the vehicle(s). The request must include the following details: Vehicle Identification Number (VIN), year, make, & model. Also include copies of the NYS DMV Certificate(s) of Title showing DDC as the lienholder. For this request to be fulfilled, DDC will verify that their lien was placed on the vehicle(s) and reimbursement was issued to your organization at least 5 years ago, to comply with the performance term of your funding agreement.
2. Once DDC verifies that the funding agreement requirements of the vehicles are satisfied, they will prepare a lien release letter, addressing the New York State DMV Title Services, that your organization has fulfilled its obligations to DDC and DDC releases the lien on the vehicle. The letter will reference the vehicle details mentioned in Step #1. The letter is signed, notarized, and mailed to your organization.
3. When your organization receives the signed lien release letter(s), you will mail that letter along with the original NYS DMV Certificate(s) of Title, & a \$20 check or money order payable to "Commissioner of Motor Vehicles" for each lien removal, to the address below.  

Lien Release  
New York State DMV Title Services  
6 Empire State Plaza  
Albany, NY 12228-0331
4. Once the NYS DMV receives the documentation mentioned in Step #3, they will review it and when accepted, a new Certificate of Title is issued to your organization (in 60 to 90 days) with the DDC lien removed. You can confirm the lien removal, prior to receiving the new title certificate, by going to the NYS DMV Check Title or Lien Status page (see below) and entering the required vehicle information.

NYS DMV Check Title or Lien Status Page: [Click here](#)

Link for lien removals: [Click here](#)

# Department of Motor Vehicles (DMV) Documentation Samples

## NYS DMV Certificate of Title

000077

**CERTIFICATE OF TITLE**  
NEW YORK STATE dmv.ny.gov

|                              |               |      |            |                         |               |                               |  |
|------------------------------|---------------|------|------------|-------------------------|---------------|-------------------------------|--|
| Title and Identification No. |               | Year | Make       | Model Code              | Body/Hull     | *** LIENS ***<br>Document No. |  |
| [REDACTED]                   |               | 2019 | FORD       | N/A                     | SUBN          | [REDACTED]                    |  |
| Color                        | Wt./Sts./Lgh. | Fuel | Cyl./Prop. | New or Used             | Type of Title | Date Issued                   |  |
| WH                           | 9090          | GAS  | 10         | NEW                     | VEHICLE       | [REDACTED]                    |  |
| Name and Address of Owner(s) |               |      |            | ODOMETER READING: 00041 |               | ACTUAL MILEAGE: 00041         |  |
| [REDACTED]                   |               |      |            | [REDACTED]              |               | [REDACTED]                    |  |

This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.

Lienholder: [REDACTED]      Lienholder: [REDACTED]

NYC DEPT. OF DESIGN & CONSTRUCTION  
30-30 THOMSON AVE  
LONG ISLAND CITY NY 11101

Lienholder: [REDACTED]      Lienholder: [REDACTED]

\* ONE LIEN RECORDED \*      \* ONE LIEN RECORDED \*      \* ONE LIEN RECORDED \*

MV-999 (1/15)

DEPARTMENT OF MOTOR VEHICLES

## NYS DMV Registration

**STOP** DON'T PEEL STICKER FROM FRONT - SEE BACK! Keep this document to show to the police and courts.

NEW YORK STATE REGISTRATION DOCUMENT

G AMB  
15076EV  
2016 CHEVR NONTRANSFERABLE  
SUBN WH/BL [REDACTED]  
010064 D 8      DEC 01 2017  
Wt./Sts.      Fuel/Cyl      EDE HSBC1B      Expires 12/31/18

**12** 2016 CHEVR SUBN 15076EV AMB 6 G **18**

[REDACTED] EXEMPT

[REDACTED] ANNUAL CHG 0.00

[REDACTED] VOID IF ALTERED EXCEPT FOR ADDRESS

## NYS Insurance ID Card

**NEW YORK STATE INSURANCE IDENTIFICATION CARD**

888 NYS DMV TEST MUTUAL

Name & Address of Issuer: **DMV All Lines Agency  
6 Empire State Plaza  
Albany NY 12228**

Bond Number: **NYBOND12345**

Effective Date: **12/11/2000**      Expiration Date: **12/11/2001**  
12:01 a.m.      12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)  
Applicable with respect to the following Motor Vehicle:

**2001**      **FERRA**  
Year      Make  
**NYDMVVIN123456789**  
Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

**MOTORIST, MICHAEL, M  
123 SWAN STREET  
ALBANY NY 12228**

FS-43

## Final Notes on the Reimbursement Phase

While work on the legal requirements may take place prior to registration, DDC recommends that lien placements (UCC-1) on equipment be the last item completed in the Reimbursement Request. This is so that the lien period (5 years) overlaps the performance term of the funding agreement (5 years after reimbursement) as close as possible, in case there are delays in compiling the other reimbursement items. This does not apply to vehicle liens, as their lien periods have no automatic lapse dates.

It is possible for the reimbursement amount to be less than the funding agreement amount. If this happens, the reimbursement amount must meet the minimum award dollar figures noted in the **Award Types & Eligibility Overview** section on [Page 9](#).

As with the Registration phase, some reimbursement items, such as insurance certificates and registrations have expiration dates. You may need to provide renewals for such items if there are delays in completing the reimbursement package.

Delays of several years in the completion of an award, assuming that the equipment/vehicles have been purchased, may require your organization to submit inventory lists or take photos of the equipment/vehicles, or for DDC to make a site visit to inventory the city-funded equipment. These requirements are to verify that the items are still in use and will meet useful life requirements. For the latter, an updated useful life statement is required.

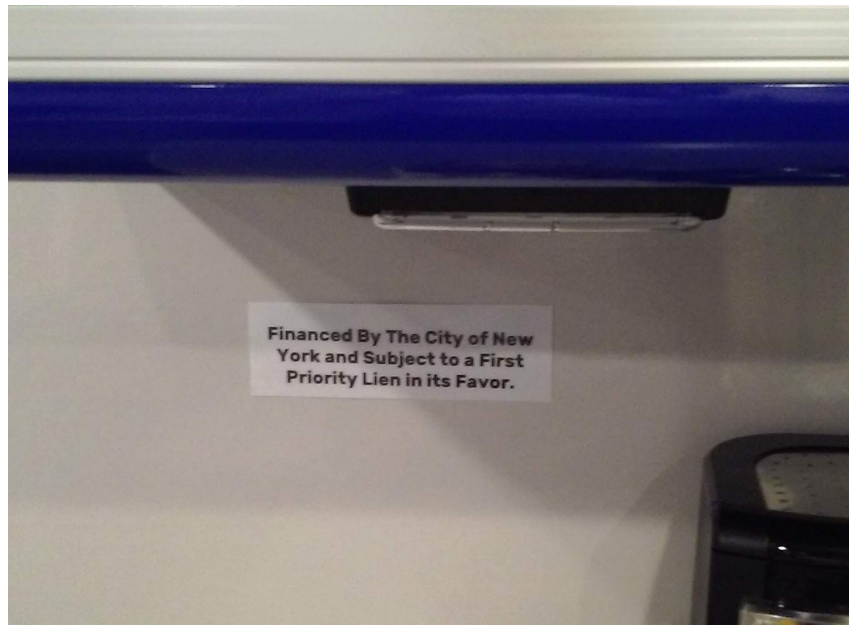
Purchasing city-funded equipment via a loan will create a competing lien on the item. The City cannot place its lien until the loan is paid off and the competing lien is cleared.

Notify DDC of any delays in delivery of equipment/vehicles and confirmation as to when they are delivered and put into use, as reimbursement cannot commence, even if the items are paid in full. Prolonged periods of inactivity may lead to your award being de-registered and rescinded, if you do not provide a reasonable justification for your award's delays.

If your organization wants to purchase increased quantities of a budget approved item, due to price decreases, notify DDC for the justification in writing before placing any orders. This applies to small scale items such as desktops and monitors. Large scale items such as vehicles and medical systems would require a Certificate to Proceed (CP) amendment. If approved, an Equipment Budget Amendment will be done, so that these items can be reimbursed. This will not require an amendment to the CP.

## Final Notes on the Reimbursement Phase (continued)

City-funded equipment and vehicles must have tags (see example below) indicating they were funded by the City of New York and that the City has a first-priority lien. These tags cannot be removed until the expiration of the performance term of the funding agreement, which is 5 years after receiving reimbursement, as per the City Purpose Covenant in Section 4.01a of your funding agreement.



# PART IV: CONTRACT COMPLIANCE

## Overview of Contract Compliance

Section 11.04 of your funding agreement states that a compliance report must be submitted to the OMB Compliance Officer at [complianceofficer@omb.nyc.gov](mailto:complianceofficer@omb.nyc.gov) within 18 months of the date the funding agreement is registered by the Comptroller's Office and on an annual basis afterwards until the first anniversary after the last year of the Performance Term (see Section 4.01 of the funding agreement).

Information on the compliance report and the report itself is available in the **Contract Compliance for Reimbursed Awards** section of the DDC Law Not-for-Profit website or **Schedule IV** of your funding agreement. The compliance report is an affirmation that your organization has used the city-funded equipment in accordance with the terms of the funding agreement. Such terms include availability and use of the equipment/vehicles, lien placement, location of the equipment/vehicles, non-discrimination practices, and insurance coverage. The compliance report must include an inventory of the City-Funded items (see **Schedule III** of the funding agreement).

During the performance term, the OMB Compliance Officer must be notified of any circumstances such as loss, theft, damage, change of use, re-assignment, or re-location of the equipment/vehicle(s). The OMB Compliance Officer will provide instructions on documentation to submit for any changes to the city funded equipment or vehicle(s). Such documentation includes the justification for the change of use, re-assignment, or relocation of the items, lease agreement for the new site, or an accident and police report. For the loss, theft, and damage of items, they must be replaced at your own expense, but are often funded through insurance proceeds from the loss of the prior items. Insurance claim checks are issued to the City, to be held in escrow, which are then disbursed to your organization, after the purchase of the replacement item. Replacement items do not reset the clock on the performance term period. For the theft or total damage of vehicles, a lien release request must be submitted (see [Page 119](#)) once the replacement vehicle is acquired. A new lien will be placed on the replacement vehicle. A UCC-3 amendment will be filed to re-state the collateral for replacement equipment. For the change of use, re-assignment, or re-location of the equipment/vehicles(s), an amendment to the funding agreement is required. If re-locating, you must notify OMB **prior** to the move, as soon as you are notified. Re-location may not be allowed for initial outfitting awards, due to the initial approval of the award being site specific.

## Final Notes on the Capital Award Process and Handbook

The information provided in this handbook covers the basics of the capital award process. All awards are handled differently, to include those with nearly identical purchases. There are circumstances that may arise during the process that require you to provide information or documentation to DDC or OMB that is not covered in this handbook. We have an FAQ section on our website that covers additional information not found in this handbook.

The timeframes mentioned in each phase are best case scenarios. They do not account for the time it takes your organization to compile the required phase documents or DDC internal reviews for some phases, as such estimates can vary greatly depending on the type of award and its complexity, or other assignments you or the DDC team may be working on.

There are circumstances that can delay submission and approval of documentation packages for each award phase, such as difficulty in obtaining documentation from outside sources, construction/renovation delays, change in legal name of the organization, outstanding tax warrants or ECB violations, or supply shortages of the proposed items. Always notify DDC of such obstacles, as we can assist you in resolving some of these matters.

DDC recommends that your organization have at least two individuals working on an award, as it keeps the communication of the award process moving, in case one staff member is away for an extended period or departs your organization. For the latter, try to transfer any knowledge of the award to the next staff member that takes on the award.

Throughout the capital award process, your organization will submit dozens of files. For ease of review, all files must have names that clearly identify what item is being submitted, along with the Project ID (E.g. PWDNABCVH Useful Life Statement). The DDC Project Manager will often re-name the files to simplify the review process for anyone that looks at these items. In most cases, try to submit document package items as separate files, as it is easier for us to review each checklist item. If submitting combined files in a single pdf, such as invoices, bookmark the pages for easy navigation.

Your organization may work on multiple capital awards at once. Each capital award is assigned a unique Project ID. This ID is provided upon notification of your award. All email correspondence for a specific award must reference its assigned Project ID in the email subject. For each award phase, try to maintain one email thread, as submitting multiple threads breaks the flow of communication, making it difficult to track the phase progress.

## Final Notes on the Capital Award Process and Handbook (continued)

Respond to any inquiries and comments from DDC or OMB in a timely manner. DDC reports the progress of all capital awards to OMB and this information is passed on to the elected officials. Prolonged inactivity without a valid reason may lead to the rescindment of your award, as the capital monies need to be reallocated towards other projects.

If your organization is unable to proceed with a capital award, notify DDC for the reason in a written memo. You may be able to repurpose the allocation towards a future award, if approved by your elected official(s), unless the items do not meet the eligibility requirements or have already been purchased. Repurposing is done when you apply for a future CapGrants award, by providing the repurposed award information in the Repurposing page (Page 2) of the CapGrants application. The timing of when you notify DDC of your intent to repurpose is crucial. Please see the Introduction and Overview on [Page 6](#) for the CapGrants application filing period.

# END OF HANDBOOK

For any questions, email us at [NRP@ddc.nyc.gov](mailto:NRP@ddc.nyc.gov)

[CLICK HERE TO RETURN TO THE TABLE OF CONTENTS](#)