State & Municipal Facilities Capital Program (SAM) Eligibility Criteria

- Have secured or can demonstrate a reasonable expectation of securing total project funding;
- Have a clearly identified, recurring source of revenue to support facility operations and maintenance;
- Where applicable, have received all necessary regulatory approvals, or can demonstrate a reasonable expectation that such approvals will be secured;
- Funds shall not be used for projects that are already completed at the time of application;
- All projects must be approved by the Division of Budget and the Executive after completion of the due diligence review process is completed by the Dormitory Authority of the State of New York, (DASNY).

ELIGIBLE GRANTEES -- must be one of the following:

- New York State, (Agency, Authority or Public Benefit Corporations);
- Counties, Legally Incorporated Villages, Towns or Cities;
- > Metropolitan Transportation Authority;
- Public Housing Authorities
- Public Libraries and/or Public Library Systems;
- Public School Districts;
- > Water or Sewer Districts;
- State University & City University of New York, including Community Colleges;
- Not for profit Fire Districts, Fire Commissions, Fire Companies, Fire

Departments, Volunteer Rescue and Ambulance Squads;

- > Independent Not-for-Profit Higher Education Institutions; and
- Public Park Conservancies or not for profit corporations organized for the sole purpose of investing in parks owned by the State or local municipalities.
- PROJECTS ELIGIBLE FOR FUNDING must be for one or more of the following:
 - The acquisition, construction, demolition, or replacement of a fixed asset or assets;
 - The acquisition of capital assets with a useful life of not less than ten years purchased for the sole purpose of preserving or protecting infrastructure that is owned or controlled by eligible grantee, *including*:
 - Heavy Duty Road Maintenance and Construction Vehicles including pavers and snowplows; and
 - Heavy Duty Fire, Emergency Response and Law Enforcement Vehicles;
 - The major repair or renovation of a fixed asset, or assets which materially extend its useful life or materially improves or increase its capacity;
 - The planning or design of the acquisition, construction, demolition, replacement, major repair or renovation of a fixed asset(s), including the preparation and review of plans and specifications including engineering and other services, field surveys and related sub-surface investigations;

- Economic development projects sponsored by the State or municipal corporations that will create or retain jobs in New York State as certified by the Commissioner of the Department of Economic Development; and
- Environmental projects sponsored by the State or municipal corporations and certified by the Department of Environmental Conservation.
- PROJECTS INELIGIBLE FOR FUNDING these projects have been deemed ineligible by the Executive under the SAM Program and are **not eligible for funding**:
 - > Computers, laptops, tablets and smartboards;
 - > Furniture;
 - Security Cameras;
 - Non Heavy Duty Vehicles, ie Police Cruisers, School Buses and Passenger Vans; and
 - > Hand held equipment including, but not limited to:
 - Dash cameras,
 - Speed Control devices,
 - Thermal Imaging Devices,
 - Extraction Equipment;
 - Scott Air Packs;
 - Turn-out gear;
 - Radios:
 - Police Vests; and
 - Portable Electronic Signage.
- No funds from this program may be used as a required match or be considered a local share to other State programs or to leverage State aid or grants including, but not limited to, the apportionment of aid under the Education Law.

STATE AND MUNICIPAL FACILITIES PROGRAM PRELIMINARY APPLICATION

Project Category: () State and Municipal () Economic Development * () Environmental* * projects in these categories may require additional information and approval/certification							
SECTION 1: DATA SHEET / GENERAL INFORMATION							
A. Project Name:							
Project Location:							
B. Applicant Organization:							
Legally Incorporated Name:							
Street (not P.O. Box):	, s						
City:		Zip:	County:				
Phone:	Ext:	Fax:	E-mail:				
Contact Name & Title:							
Federal Taxpayer I.D./Charity Reg.# (Non-profits Only):							
Type of Organization: () Municipality							
() No () Yes	_		ner New York State assistance for this project?				
Name of project beneficiary if not applicant:							
SECTION 2: PROJECT	DESCRIPT	ION					
A. Project Description and Amount							
Please attach a detailed description of the specific capital project that will be undertaken and funded pursuant to this application.							
Please list the amount of funding anticipated to be received from the State and Municipal Facilities Program for this project. \$							
3. Project Start Date:		Antic	cipated Date of Project Completion:				
SECTION 3: PROJECT BUDGET, DISBURSEMENT SCHEDULE, & OPERATING COSTS							
A. Use of Funds							
Complete the following Project Budget detailing the proposed sources and uses of funds (attach additional sheets if necessary).							

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USE OF FUNDS		<u>TOTAL</u>				
1	State	In-Kind/ Equity/Sponsor Contribution	Other sources			
Direct Costs:	\$	\$	\$	\$		
				a		
Indirect/Soft Costs:						
			,	÷		
Total:	\$	\$	\$	\$		
B. Please describe other sources of funds and if they have been secured.						
C. Does the project require environmental or other regulatory permits? Have they been secured? () No () Yes () No () Yes () NA						
D. Has any State or local government agency reviewed the project under the State Environmental Quality Review Act (SEQRA) or is such review necessary to obtain any governmental approvals? () No () Yes () NA						
Please describe the ongoing operating costs required to maintain the proposed project and the sources of these funds.						
SECTION 4: ELIGIBILITY FOR TAX-EXEMPT FINANCING						
Do you believe your project is eligible for tax-exempt financing under the Federal Internal Revenue Service code? () No () Yes						
2. Has the applicant or proposed recipient of funds previously received financing from the sale of tax-exempt bonds? If yes, attach a schedule describing the details of such financing. () No () Yes						
Does the applicant or proposed recipient of funds anticipate applying for financing for this project from the sale of other tax-exempt bonds? () No () Yes						
4. Have any funds been expended or obligations incurred to date on that portion of the project for which this application is made? If yes, attach a schedule showing details of such disbursements (date, purpose, payee, etc.).						
5. Does the applicant or proposed recipient of funds plan to occupy 100% of the project facility? If no, attach a schedule explaining the planned occupancy.						
Signature of Applicant: Date:						