CAPITAL SUBPROJECT QUESTIONNAIRE (Please Print Clearly)

AGENCY CODE	PROJECT CODE	SUBPROJECT CODE	PROPOSED LFL/PPU	MODIFICATION NO.

I. General

A. Budget Line Number:

B. CAPIS Identification Number: PW 3261346

C. Project Manager / Program Officer (for DGS, EDC and HPD managed projects):
NAME: JOSEP DOMINGUEZ PHONE: 669-8087

D. Nature of Capital Improvement / Asset: ☐ Acquisition of Equipment or Vehicle(s) ☐ Provision of Grant (HPD Only) ■ Acquisition or Improvements to Real Property (i.e. buildings, land) ☐ Provision of Loan (HPD Only)

E. If other than an HPD loan or grant, describe capital project:

F. Scope of Work or Purchase: ☐ Scope of Work attached ☐ Equipment/System information attached

G. Economic Life Estimate:
1. Engineer's/Architect's estimate of the economic life of capital improvement/asset: 20 years.
2. Estimate provided by: NAME: J. DOMINGUEZ PHONE: 8087
TITLE: ASS'T DIRECTOR AGENCY: DCAS

H. If capital project involves a building, indicate whether: ■ Class A (Fireproof: No Wooden Structural Elements) ☐ Class B (Fire-Resistant: Outer Walls of No Wooden Elements) ☐ Class C (Non-Fireproof)

I. Environmental Review:
1. Has the project agency counsel determined if this project is subject to Environmental Review (i.e., CEQR, SEQRA, etc.)? ☐ Yes ☐ No
2. Is Environmental Review necessary? ☐ Yes ☐ No
3. Has Environmental Review been completed? ☐ Yes ☐ No
4. Name and Phone of person making determination: NAME: PHONE:

J. HPD and EDC ONLY: If this project is an urban renewal project, provide name of urban renewal area and plan:

K. HPD ONLY: If provision of loan or grant, cite underlying statutory authority along with name of attorney assigned to the project:
NAME: PHONE:

II. Ownership, Location and Use of Capital Improvement / Asset

A. Ownership: ☐ Owned by City ■ Leased by City Term of Lease (Actual Dates): 20YRS

B. If acquisition or improvement(s) to real property, or improvement to infrastructure or provision of housing grant or loan, indicate location:
Address: 7 WORLD TRADE CENTER, NY NY
Block and Lot Number: BLOCK 64 LOT 36 Park Number:

C. Does the City intend to dispose of the capital improvement/asset:? ☐ Yes ☐ No
If "Yes", attach specific information regarding disposition.

D. Is it anticipated that any portion of the capital improvement/asset may be leased, operated or otherwise used by a non-City entity? ☐ Yes ■ No
If "Yes", submit a copy of the proposed or executed agreement. Indicate below (or on a separate attached sheet) names of parties and type of agreement:
Parties to Agreement:
Type of Agreement:
☐ Agreement attached ☐ Agreement requested from agency

IMPORTANT: *OMB Counsel's Office must be notified as soon as possible if any proposal would result in a change of the above information.*

E. 1. If provision of loan or grant, indicate: ☐ Loan ☐ Grant
2. Name of borrower or grantee:
3. Purpose of loan or grant:
4. Terms and conditions of loan or grant:
5. If loan, is 9% low-income tax credit involved? ☐ Yes ☐ No

Name of OMB Capital Analyst (Please Print) Date