



# STRATEGIC NEEDS CAPITAL MATCHING APPLICATION

Please refer to the Request for Applications and include any additional documentation as necessary.  
Note that incomplete answers to this application will affect the scoring of the requested project.

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## SECTION I – General Information

Project Title:
Applicant College/University:
Address:
Contact Name & Title:
Phone:
Phone (alternate):
Email:
Alternate Contact Name & Title:
Phone:
Phone (alternate):
Email:

Project Scope of Work: (Limit to 1/2 page.) See checklist for required scope elements.

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Project Schedule

Anticipated Project Design Start Date: (Month/Year)		
Anticipated Project Construction Start Date: (Month/Year)		
Anticipated Project Completion Date: (Month/Year):		
Is project designed and shovel ready?	Yes	No
If yes, when was design completed?		

## SECTION III – Project Budget

Uses of Funds	Sources			Total
	Campus Matching Funds	Requested State Match (2:1)	Other Funding Sources to Complete Project	
Design				
Construction				
Equipment				
Land Acquisition				
Total				

*Please provide an estimate or other documentation substantiating the budget above as a separate attachment.*

## SECTION IV – Project Funding

Total Project Cost	
State Matching Funds Requested	
Campus Match Funds – Source 1 (Identify Each Source Separately)	
Campus Match Funds - Source 2	
Campus Match Funds – Source 3	
Other Funds Not Part of Campus Match (Identify Source e.g., SUNY Critical Maintenance Appropriation)	

Is the Campus currently seeking or receiving other State funds for this project (e.g., REDC grant)? If so, please list each source of other State funds applied for or granted and the amount.

Source Name	Amount

## SECTION V – Campus Match Information

For each source of campus matching funds listed above, please indicate whether the funds are available to obligate contracts or if the funds are not currently available. If unavailable (e.g. reimbursement grant), provide an anticipated date when the funds will be available. Please note that pledges for future funding cannot be used to leverage the state matching share.

- {Source One} Available?      Yes      No      If No, Provide Date (Month, Year)
- {Source Two} Available?      Yes      No      If No, Provide Date (Month, Year)
- {Source Three} Available?      Yes      No      If No, Provide Date (Month, Year)


Provide any further explanation of when funds are anticipated to become available:

Are There Any Restrictions to the Match? If so, describe:

***Please provide commitment letters or other evidence that funds have been secured for each source of funding as an attachment to this application. If all funding sources have not yet been secured, please provide information to demonstrate the ability to access sufficient funds to fund and complete the project.***



## CERTIFICATION

I, \_\_\_\_\_, serving in the position of \_\_\_\_\_

at the referenced college/university, and as an Authorized Officer of said institution, do hereby certify that the information provided in this application is true and accurate to the best of my knowledge and that the project is eligible for the requested SUNY Strategic Needs Capital Matching Program funds. I also certify that operating funds are available to support the facility operations and maintenance for the project to be funded by the Strategic Needs Capital Matching Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Title