

PON 5989 – EBC: Hospitals – FAQs

Updated May 14, 2026

Q. Can you specify any changes to this round from the previous round?

A. This round was launched with \$20 million in funding available, and the first round was launched with \$30 million in funding available. The only other changes are relatively minor; some language changes were made to clarify points of confusion. There was an update to the scoring criteria based on lessons learned from round one. On the PON webpage there is a summary of revisions document available for reference.

Q. Does NYSERDA share includes Design, Cx, filing fee?

A. No. There will be a small portion of the award paid out when the initial administrative steps are completed (submitting a project construction plan, handling SHPO and SEQRA requirements etc.). There is another small payment tied to the completion of the design documents, but it's not a cost share for the design. A majority of the award money will be given out as a reimbursement during construction or as a milestone payment when projects hit 100 % construction completion and after completion of M&V.

Q. Could you please re-send the link to the PON documents?

A. Yes, everyone who received the invitation email to the webinar will receive the follow up email, which will include a link to the program website including the PON page link, slide deck, the webinar recording and the FAQ.

Q. Is the funding amount tied to amount of carbon savings?

A. No, the funding is awarded based on the requested funding in the proposal, capped at \$5 million per project or 75% of project installation cost. The amount of carbon savings is considered when scoring the proposals. Awarded projects will receive the full amount of the award based on completion of the project tasks in the Statement of Work, regardless of ultimate savings realized.

Q. Under what scenario can PV and BESS be disqualified?

A. PV and energy storage have contingent eligibility, which means they can be included as part of a project that has primary eligible measures.

Q. How will decarbonization "make-ready" type projects be considered using these criteria? i.e. projects that enable decarbonization but do not necessarily result in significant/any Day 1 carbon reductions.

A. Project impact is 50% of the scoring criteria. If there are minimal “day 1” energy and carbon savings, it would negatively impact the scoring. However, there are scoring criteria associated with enabling electrification in the future that could improve the overall score. It would depend on how the project scores across all of the scoring criteria as well as how it compares to other projects proposed under this round of the solicitation.

Q. How are electrification readiness projects scored that will save energy/CO2 over time, but maybe part of a long-term phased approach toward electrification? I.e: enabling infrastructure

A. Please see the previous question for a more detailed response. Energy and carbon savings that are related to future work beyond the proposed project scope will not be considered in scoring the proposed project.

Q. Approximately how many awards do you expect to make?

A. It depends on the amount of each award. The program has \$20 million in funding to award, which would equate to four projects at the \$5 million per project cap. However, the previous round originally had \$30 million to award but ultimately received additional funding and awarded \$60 million.

Q. Can solar panels with a VRF system be proposed?

A. Yes. It can be proposed because the VRF system would be an eligible measure and solar panels would be a contingent eligible measure.

Q. Are building envelope upgrades considered for funding?

A. Yes, you can propose building envelope upgrade as a primary eligible measure.

Q. Can you share previous successful submissions with the group. In addition, if a project is design-build do we need to split out design costs?

A. We cannot share previous proposals. The only entity that can share that would be the hospital who submitted the proposal. NYSERDA will publish a press release after the first batch of round 1 projects are contracted, and case studies as all of the round 1 projects progress through construction.

Yes, please split out design costs as best you can in the proposal.

Q. Regarding the minor change to Section III Project Requirements, how would NYSERDA like to see applicants demonstrate that benefits are provided to existing hospital buildings?

A. The mention of benefits being provided to existing hospital buildings is to make clear that new construction projects are ineligible.

Q. Does an ambulatory care hospital (ie: outpatient ORS, imaging, etc) count as a hospital?

A. No, we do not consider ambulatory care facilities as inpatient hospitals. If you think the facility is different than typical and is more like an inpatient hospital, please reach out to discuss with us.

Q. What is considered to be a representative vs a consultant for the purpose of the contract?

A. NYSERDA will contract directly with the hospital, so unless a contractor is acting in a role where they are legally equivalent to the hospital then they would not be an authorized representative of the hospital. However, a consultant can help prepare the application and submit it.

Q. What if a hospital gives you legal authority to act on their behalf via a LOA?

A. We will only contract with the hospital. If it's very important for an additional entity other than the hospital to put their contact information as the primary contact on the proposal, we're not going to reject the proposal. Ultimately, we will ask for a hospital contact if it gets awarded, and will not move forward until the hospital contact is provided.

Q. If data collection is needed to validate the concept and results, will data collection costs be covered with funding provided?

A. No we are not providing extra funding for M&V. However, there will be a milestone payment after the construction milestone, and the hospital can put that payment towards M&V.

Q. Can a consultant also be the contractor?

A. Only the hospital will be considered the contractor in the relationship with NYSERDA. However, the hospital can work with any consultants or sub-contractors of their choosing to complete the work.

Q. Are battery storage projects eligible?

A. Battery storage projects have contingent eligibility, which means they are eligible only if part of a proposal including primary eligible measure(s).

Q. Does NYSERDA require the installation contractor to pay prevailing union wages and/or be a MWBE?

A. There are no program requirements for contractors selected by the hospital to have these characteristics.

Q. Are hospitals required to be located in a Disadvantaged Community or be considered Safety Net to be eligible for the program?

A. No, hospitals are not required to be located in a DAC or considered Safety Net. However, both of these impact scoring.

Q. Do solar projects qualify as comprehensive energy efficiency improvements under “Eligible Activities”?

A. No, solar projects have contingent eligibility, which means they are eligible only if part of a proposal including primary eligible measure(s).

Q. For electrification readiness projects, is there a preferred means for estimating the carbon reduction potential of the project so that all of the electrification readiness projects are evaluated using the same criteria? For instance, show a 20-year phasing of how this project will reduce CO2 emissions.

A. For the purposes of the program, carbon reduction impact of the project is based on annual energy reduction resulting from the installation.

Q. Is the ability to use the heat generated by the heat recovery chiller a prerequisite for the evaluation of the impact of these projects? Does the Hospital need an existing or proposed heat recovery loop?

A. There are no requirements for projects to install any specific technology. The eligibility requirements can be viewed in the PON and nothing beyond what is in the PON can be considered when scoring proposals. If a proposal includes the installation of a heat recovery chiller without the immediate use of the additional heat, there would be no penalty for that beyond the lower savings presented compared to the same project where the heat was being used.

Q. What if the Hospital is adjacent to (directly abuts), and serves a significant population who reside in a disadvantaged community, but by the strict definition of the map is not located in the disadvantaged community (by a quirk of the map, the Hospital is surrounded by a community classified as ‘disadvantaged’ but is itself, not considered to be located in the disadvantaged community)?

A. Maximum points for this category would be given if the hospital is located in a DAC per the map on our website. Partial points can be given for hospitals that border a DAC but are not located in it. If your hospital is adjacent to, or primarily serves a DAC but is not physically located in a DAC, please note this in the proposal.

Q. “Project design documents and/or construction documents are complete.” What level of design/construction documents are required to be completed (I.e, schematic design, design development, construction drawings?)

A. There is no requirement to have project design documents complete, but it is beneficial for scoring because it speaks to viability. Regarding level of design completed, the maximum points for the category would likely be given if construction documents are complete, the minimum if no design is complete at all, and something in between for intermediate levels of design completion.

Q. “Proposal demonstrates secured funding and/or financing mechanisms for the project. This does not include NYSERDA funding.” What level of demonstration of secured funding is required? What if funding is contingent upon the award of the grant?

A. No commitment is required but it is beneficial for scoring because it speaks to viability. If funding is secured contingent on receiving the award, we would consider this secured funding for the purposes of scoring.