

# 2012 Access to Home Community Development Online (CDOL) Application Instructions

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## **I. Community Development Online (CDOL) Application System**

Applications for Access to Home funding are submitted through the Community Development Online (CDOL) application system. Applicants may make a request, based on demonstrated need, to submit a paper application in lieu of using the CDOL. Requests for approval to submit a paper application must be sent to: NYS Homes and Community Renewal, Office of Community Renewal, Hampton Plaza, 9<sup>th</sup> Floor, 38-40 State Street, Albany, NY 12207.

**Access to Home program application exhibits and attachments must be submitted via the CDOL system by 4:00 PM, EST, Friday August 3, 2012.** Applications and supplemental materials received after the stated deadline will be considered a late submission and will not be accepted.

### **A. Registering Applicant & Security Manager**

Please review the following to be sure that your organization is prepared to use the CDOL system.

To use CDOL, applicants must: 1.) be registered in the New York State Homes and Community Renewal (HCR) Statewide Housing Activity Reporting System (SHARS), and 2.) have designated a Security Manager for their organization. The Security Manager will serve as the individual who authorizes and monitors access to CDOL for the applicant's organization, including which people have the ability to update the organization's applications. Security Managers may go into CDOL system, and add or remove users for their organization. Forms are available on HCR's website: <http://nysdhcr.gov/Apps/CDOnline/>

- **If your organization has not previously applied to HCR for funding:** Submit an Applicant Registration Form so that you may be registered as a SHARS Applicant. This form also contains a section where you may designate a Security Manager for your organization. HCR staff will register your organization and Security Manager and you will be e-mailed a USER ID and password to access CDOL.
- **If you are a registered SHARS applicant, but you have not registered to use CDOL:** Submit a Security Manager Registration Form to HCR, which will allow you access to CDOL. Complete and return the Security Manager Registration Form with an original authorized signature to the address specified on the form and you will be e-mailed a User ID and temporary password with which to access the CDOL system.
- **If your organization has previously used the CDOL system to apply to HCR for funding:** Applicants who used CDOL in the past will still be registered, and may use the user ID and password previously assigned to them. If you have forgotten your password, you may go to CDOL and enter your USER ID and e-mail address and you will be e-mailed a new password. If you have changed your e-mail address since you first registered as a CDOL user, and you cannot remember your password, or if you have forgotten your USER ID, please send an email to **msr@nyshcr.org** for assistance.

### **B. Identifying and Registering Organization's Electronic Signatory**

Applications submitted through the CDOL system must be electronically certified by an authorized representative of the applicant's organization. The person who will certify the application must be set up in CDOL as a user for your organization. The Security Manager (identified on the Security Manager Registration Form) may add the certifier by following these steps:

1. Log into CDOL and click on the User Administration link at the top of the page. The organization name will be displayed with a list of CDOL users.

2. To add your organization's authorized signatory, click 'Add New User', and enter their first and last name, and e-mail address.
3. Select their access level from the drop-down box. Applicant inquiry allows the user to view but not change the application. Applicant update allows the user to make changes to the application.
4. Click the box that reads 'Authorized to Sign Certification'.
5. Click the box next to the organization name. Then click 'Submit'.
6. CDOL will generate an e-mail providing the user with their User ID and temporary password. Later, when the application exhibits are complete, validated and ready to be submitted, the certifier must log-in to the CDOL, complete the certification, and submit the application exhibits. Required application attachments must also be certified prior to submission.

### **C. Verifying Applicant Information**

Prior to beginning a new application using the CDOL system, you should verify and update your organization information if necessary. To do so, login and from the CDOL Main Menu, select the 'View' button to the right of the organization's name, under the 'Organization' heading. A pop-up window will appear with the organization information HCR has on file. If any of the information displayed is incorrect or needs updating, close the pop-up window, and select the 'Edit' button to the right of the organization name. Please be sure to include the name and mailing address for the contact authorized to execute a contract with HTFC. It is important for HCR and HTFC to know where to mail potential award and contract materials.

**You may update your organization information in CDOL at any time, but you may not change the organization information on your application once it has been submitted.**

CDOL Applicant Information Fields to review and verify:

#### **A. General Applicant Information**

- If applicable, the applicant's Department of State (DOS) Charities Registration Number
- The month and day of the applicant's fiscal year end date (for example: 12/31)
- Any aliases or acronyms the organization is known as

#### **B. Type of Applicant**

- Select each applicable applicant type.
- If applicable, add or correct the date of the non-profit applicant's legal incorporation.

#### **C. Phone and Internet Data**

If necessary, edit the applicant's primary telephone and fax numbers, e-mail address and website or URL.

#### **D. Mailing Address(es)**

If necessary, edit the applicant's primary mailing address in D1. If the mailing address for correspondence related to this application differs from your primary address, add the address in Section D2. You will be able to select the address to which you would like award decision or contract correspondence mailed once you submit an application.

**E. Primary Contact**

If necessary, edit the name, title, phone number, extension, and e-mail address of the person who is the primary contact for the organization. This person must have the authority to legally represent the applicant.

**F. Other Principals**

If necessary, edit or add principal organizations or employees of the applicant organization. For example, the Executive Director, CEO, Board President, or general partner.

## **II. Application Overview**

### **A. Contents of Application**

A complete Access to Home program application includes five exhibits, an electronic certification, and three attachments.

Exhibit 1 – Application Summary  
Exhibit 2 – Evidence of Program Support  
Exhibit 3 – Program Needs  
Exhibit 4 – Relevant Experience  
Exhibit 5 – Program Budget

Electronic Application Certification

Attachment 1 – Administrative Plan (Required)  
Attachment 2 – Funding Commitment Letters (Optional)  
Attachment 3 - Supportive Services Agency Commitments (Optional)

### **B. Application Process**

The submission of an Access to Home program application via CDOL requires five steps:

- ✓ Completing five multi-question online application exhibits;
- ✓ Validating online application exhibits;
- ✓ Certifying and submitting online application exhibits;
- ✓ Uploading and submitting or omitting attachments; and
- ✓ Certifying attachments.

### **III. Completing Application Exhibits**

#### **A. Creating a New Application in CDOL**

- Log in to CDOL.
- Next to 'Start a New Application' under the 'Applications' heading, enter a brief, descriptive name for the proposed project, e.g., City of Sample 2012 Access to Home Program. If awarded, the Application Name entered here will be used to label contract materials and to describe the program throughout the contract term.
- Select 'Access to Home' from the 'Application Type' drop-down menu.
- Press 'Submit' button.

A table of contents will be displayed with a list of all Access to Home program application exhibits broken down by individual question screens in CDOL. Instructions for completing each exhibit follow.

#### **B. Application Exhibit Functions**

Complete the required fields for each Exhibit as explained in C. Application Exhibit Instructions below. Once the information is entered in each field, and the exhibit is complete, press 'Submit' at the bottom of the screen.

- If the Exhibit is complete and accurate, a message will appear at the top of the screen in green to notify you that the 'Updates have been successfully saved'.
- If errors are present in the Exhibit, a message will appear in yellow at the top of the screen, and individual error messages will appear under the fields causing the error message(s). Follow instructions to correct the error(s) and press 'submit' again.

Once you receive the message notifying you that the 'Updates have been successfully saved,' Press the 'Next' navigation button at the top right of the screen to move to the next application exhibit.

Do not enter zero '0' in exhibit fields. If you are not requesting funds for a particular activity, please leave the field blank.

#### **C. Instructions for Completing Application Exhibits**

##### **Exhibit 1 - Application Summary**

Select 'Edit' on the line of 1A. to begin completing the application fields.

##### **1A. Funds Requested**

- 1. Local Program Name:** The project name that was entered on the main menu when you began the new application will be displayed. You may change it here if you wish. Enter a brief, descriptive name. If awarded, the Local Program Name entered here will be used to label contract materials and to describe the program throughout the contract term. e.g., City of Sample 2012 Access to Home Program.
- 2. Total Access to Home Funds Requested:** Enter the total amount of Access to Home funds you are requesting for this project, rounded to the nearest dollar.

### 3. Co-Funding:

Applicants that require multiple sources of funding to address a comprehensive revitalization initiative are encouraged to apply for more than one OCR program to co-fund such initiatives. Applicants may use the resources of more than one OCR program to meet the match requirements for NYMS and AHC Programs and to fund comprehensive revitalization initiatives within an identified neighborhood, commercial district or a similar target area. A comprehensive revitalization initiative is a strategy that encompasses multiple community development activities that can be addressed through the use and coordination of OCR funding resources. HCR supports concentrated investments where a greater impact may be realized. For example, applicants may apply for AHC funds for the rehabilitation of housing stock within a target area; at the same time they can apply for CDBG funds for infrastructure improvements within the same target area to benefit the overall project.

Applicants seeking such funding must demonstrate the need for multiple funding sources and the administrative capacity to complete the program within the specified timeframe. Applicants seeking funding from more than one OCR program for the same activity are discouraged.

Applicants must submit a complete application for each OCR program according to each of the program's requirements by the stated application deadline.

**a. Indicate all the additional sources of OCR funding being applied for:** Please check the box next to any other OCR funding source that is being applied for. Please check the box next to 'No additional OCR source of funding' if no additional applications will be submitted for OCR sources.

**b. The OCR program funds requested will finance all or a portion of the project costs including:** If an additional source of OCR funds was selected in 4a, please indicate the intended use of those funds by selecting the required NYMS Program match, the required AHC program match, or leverage.

### 1B. Applicant Information

If you have already verified your organization information as instructed above, only a few fields on this screen must be completed. These may include:

- 5b. If applicable, indicate whether or not all required periodic or annual written reports have been filed in a timely manner (non-profit applicants only).
6. If you have multiple mailing addresses on file, select the address to which correspondence or materials related to awards or contracts should be mailed.
8. Complete this section for the individual who will be the primary contact person for correspondence related to this application.
9. If the contact selected as the primary contact is not authorized to execute a contract with NYS Housing Trust Fund Corporation (HTFC), complete the fields to identify a contact who is authorized. Please note: for City, County, Town or Village applicants only the Chief Elected Official is authorized to execute a contract with HTFC.

### 1C. Program Detail Information

#### 1C-1. Counties/Municipalities

1. Project County: Select the county from the drop-down menu.

2. Countywide: Indicate whether or not the project will serve the entire county.
3. If you answer 'yes' to the above question, click 'submit' and go on to the next page. If you answer 'no', select the first municipality to be served from the drop-down Municipality menu. Click 'submit'. The page will be redisplayed with the county name and selected municipality in a grid. To add another municipality, click the 'add' button at the bottom of the grid. The county and municipality drop-downs will become available again. Select the county and municipality and click 'submit'. Repeat this step until all project municipalities have been added.

If your project will serve multiple counties: Complete the steps outlined above. To add another county, click the 'add' button. When the page is redisplayed, select another county from the drop-down menu.

### **1C-2. Regional Council**

Select the Regional Council(s) associated with the region(s) in which your project is located. A map is available for reference here: <http://regionalcouncils.ny.gov/map>

### **1D. Political Districts**

Locate and click on the name(s) of the Assembly Member who represents the locality in which the project will be administered. Click on the top arrow to move the name into the box on the right. (You may remove a name by clicking on the bottom arrow). Repeat this as necessary for each Assembly, Senate and Congressional Representative who serves the project municipality(ies).

### **1E. Units Assisted**

Enter the projected total number of units to be assisted by Access to Home funds.

### **1F. Income Targets**

Enter the approximate number of units which are expected to be occupied by persons in each corresponding income group. The total units entered on this screen must be equal to the total units entered on screen 1E.

### **1G. Target Populations**

On this screen, you will record the number of units targeted to special population households. The total number of units entered on this screen must be equal to the total units entered on screen 1E.

In Section 1, click on a special population category (or categories if the household falls into more than one special population category, for example, persons who are frail elderly veterans) that the program will serve.

In Section 2, Proposed Units for the Targeted Population, enter the total number of households to be served from the selected special population category(ies). Click 'submit' and the screen will redisplay as a grid. To add another special population, click the 'add' button. Repeat steps 1 and 2 until all units are accounted for.

## **1H. Program Abstract**

Follow the sample text provided to provide a brief abstract applicable to the proposed program. **Please note, the abstract provided may be included in press materials.** This abstract should include, but not be limited to the following information: Organization name, Access to Home program request amount, estimated total project cost, other sources of funding, main goal(s) of the program, activities Access to Home funds will be used for, and any special emphasis of the program, such as special needs populations or areas/neighborhoods to be served, income ranges to be targeted, etc.

**Sample text:** As part of a community wide effort to keep persons with disabilities in their homes and out of institutional settings, the Sample Organization proposes to undertake a project using \$150,000 in Access to Home funds. This project will provide accessibility modifications to eight low-income households in the City of Sample. Other rehabilitation repairs to the homes that are necessary will be funded by \$100,000 from the City of Sample and \$50,000 from other grant sources (specify) for a total project cost of \$300,000. It is anticipated that two of the rehabilitation projects will be targeted to frail elderly households.

## **Exhibit 2 – Evidence of Program Support**

### **2A-1. Service Provider Agreements in Place**

For each service provider/program from which you have received a written commitment, provide the following information: service provider name, a brief description of the type of service, the date of the written commitment letter, and the name of the person who signed the commitment letter.

After you submit the first agreement, the page will be redisplayed as a grid. Click the ‘add’ button to list additional agreements.

Provide supporting documentation for each agreement in Attachment 2.

### **2A-2. Referral Agreements in Place**

For each referral source for which you have a written agreement in place, provide the following information: referral source name, the date of the written agreement, and the name of the person who signed the agreement.

After you submit the first agreement, the page will be redisplayed as a grid. Click the ‘add’ button to list additional agreements.

Provide supporting documentation for each agreement in Attachment 2.

### **2B. Program Staffing**

Provide the following information for all agency staff and consultants that will work on the program: name, title, the name of their employer, and a brief description of their experience, qualifications and of the work they will do. After you submit information for the first person, the page will be redisplayed as a grid. Click the ‘add’ button to list additional persons.

## **Exhibit 3 – Program Needs**

### **3A. Access Program Needs**

#### **A. Number & Percentage of Low-Income Disabled Persons in Service Area**

For the following two questions, use 2000 US Census data, dataset SF4, table PCT 148 (Poverty Status by Disability Status for persons aged 5 and over).

1. Provide the number of persons in the service area aged 5 and older with disabilities that are living in poverty households.
2. Provide the total number of persons living in the program service area.
3. CDOL will calculate the percentage of persons in the program service area aged 5 or older with a disability.

#### **B. Need for Transition and Diversion**

For the following two questions, use data from a reliable source, such as MDS (Minimum Data Set) assessment data, data collected by local partner or other service agencies, letters or statements from area offices of aging, or letters or statements from discharge planners or other staff of institutional settings.

1. Provide the estimated number of persons with disabilities in the service area that are likely to require institutionalization or nursing home care during the next 12 months, if accessibility modifications are not provided. Enter the source and date of the data.
2. Provide the estimated number of person with disabilities in the service area that are currently living in an institutional facility or a nursing home due to physical disability or mobility limitation, that would be able to return to their home or apartment during the next 12 months, if accessibility modifications are provided. Enter the source and date of the data.

## **Exhibit 4 – Relevant Experience**

Complete this Exhibit for each organization involved in the proposed local program, including the applicant, any organization that will administer the local program, and/or any consultant involved in the preparation of the application or in the administration of the local program.

This form should be completed to identify up to five housing programs that have been administered during the past three years, including those that are in progress, those they are currently administering, or those completed during that timeframe.

If you have no experience to report, check the ‘Not Applicable’ box at the top of the Exhibit and go on to Exhibit 5.

### **4A. Relevant Experience**

At the top of the page, select the role of the organization or person that the relevant experience is being reported for (applicant, consultant or administrator who is not the applicant).

Program Name: Enter a descriptive name for the project/program, such as *Valley Mills Home Repair Program 2010*.

Role: From the drop-down menu, choose the role that the organization assumed in the project/program.

Type: From the drop-down menu, select the type of activity that best describes the project/program.

Contract Start and End Dates and Pct. Completed: Enter the month and year (mm/yyyy) that work on the project/program began, the month it was completed, or that you expect it be completed, and the percentage of program completion.

Number of Units: Enter the total number of units or households assisted by the program.

Population Served: Enter a brief description of the target populations that were served by the program, for example, Frail Elderly.

Total Cost: Enter the total cost of the program, rounded to the nearest thousand.

Program Funding Source: Enter the name of the primary funding program that provided funding for the project/program.

Program Funding Agency: Enter the name of the agency that administers the funding source listed above.

Funding Source Contact Name and Phone Number: Enter the name and phone number of the primary contact person for the program listed in the spaces provided above.

When all required data has been entered, and you click ‘Submit’ the data will be redisplayed in a grid format. To add another record, click the ‘Add’ button at the bottom of the grid and repeat the steps listed above. Be sure to complete this Exhibit for each involved organization.

## **Exhibit 5 – Program Budget**

### **5A. Sources of Funds**

On this screen, you will add each source of financing for the project. The total sources must equal the Total Program Cost for all sources in Section 5B of this Exhibit. An entry for Access to Home Program funds must be added to complete your total project budget.

Source: Select the funding source name from the drop down list. Funding sources are listed according to source type (HCR/HTFC, Federal Government, Local Government, Non-HCR State Government, and Private). If you cannot locate a specific source, each source category has a generic source code that can be selected (for example, ‘Federal Program – Other’).

Specify Source: If any of the funding sources in the drop-down menu are followed by ‘Specify’, you must enter the source name, program, lender, etc. in this space.

Funds Requested: Enter the amount of funds to be contributed by the source.

Status: Select either ‘committed’ or ‘pending approval’ from the drop-down menu. Select committed only if the funds have been formally committed. If the funds are formally committed, please provide the date of the letter and the signatory and attach the commitment documentation as requested in Attachment 2.

When you click the ‘Submit’ button for the first source, the page will be redisplayed as a grid. To add another funding source, click the ‘Add’ button at the bottom of the grid and repeat the steps outlined above.

### **5B. Program Costs**

Provide a line-item breakdown of all costs associated with the proposed program as follows: Under the column titled ‘Access to Home funds’, enter the amount for each cost to be paid with Access to Home funds. If applicable, under the column titled ‘Other Funds’ enter the total amount to be paid with funds other than the Access to Home funds. Upon clicking the ‘submit’ button, CDOL will add the columns together and display the total in the column titled ‘Total Cost’.

#### ***Line Items:***

1. Architectural, Design and Engineering: Under the column entitled ‘Access to Home’, enter the amount of architectural, design, and engineering costs to be funded by the Access to Home Program. Under the column entitled ‘Other Funds’, enter the amount of these costs to be funded by sources other than Access to Home. Upon clicking the ‘submit’ button, CDOL will add the two columns together and display the total in the column entitled ‘Total Cost’
2. Testing and Other Professional Fees: Under the column entitled ‘Access to Home’, enter the amount of testing and other professional services costs to be funded by the Access to Home Program. Under the column entitled ‘Other Funds’, enter the amount of these costs to be funded by sources other than Access to Home. Upon clicking the ‘submit’ button, CDOL will add the two columns together and display the total in the column entitled ‘Total Cost’
3. Accessibility Modifications: Under the column entitled ‘Access to Home’, enter the amount of accessibility modification costs to be funded by the Access to Home Program. Under the column entitled ‘Other Funds’, enter the amount of these costs to be funded by sources other than Access

to Home. Upon clicking the 'submit' button, CDOL will add the two columns together and display the total in the column entitled 'Total Cost'

4. Other Construction: This is not an eligible Access to Home Program cost. Under the column entitled 'Other Funds', enter the amount of these costs to be funded by sources other than Access to Home. Upon clicking the 'submit' button, CDOL will display this amount in the column entitled 'Total Cost'
5. Program Delivery/Staff: Under the column entitled 'Access to Home', enter the amount of Program Delivery/Staff costs to be funded by the Access to Home Program. Under the column entitled 'Other Funds', enter the amount of these costs to be funded by sources other than Access to Home. Upon clicking the 'submit' button, CDOL will add the two columns together and display the total in the column entitled 'Total Cost'.
6. Total Project Costs: Upon clicking the 'submit' button, CDOL will calculate this line by adding together lines 1 through 5 for each column.
7. Salaries/Fringe: Under the column entitled 'Access to Home', enter the total salaries/fringe costs to be funded by the Access to Home Program. Under the column entitled 'Other Funds', enter the amount of these costs to be funded by sources other than Access to Home. Upon clicking the 'submit' button, CDOL will add the two columns together and display the total in the column entitled 'Total Cost'.
8. OTPS: Under the column entitled 'Access to Home Program', enter the total OTPS costs to be funded by the Access to Home Program. Under the column entitled 'Other Funds', enter the amount of these costs to be funded by sources other than Access to Home. Upon clicking the 'submit' button, CDOL will display this amount in the column entitled 'Total Cost'.
9. Total Administrative/Operating Costs: Upon clicking the 'submit' button, CDOL will calculate this line by adding together lines 7 and 8 for each column.
10. Total Program Costs: Upon clicking the 'submit' button, CDOL will calculate this line by adding together lines 6 and 9 for each column.

### **5C. Administrative & Operating Expenses**

In this section, detail the administrative and operating expenses for the proposed program that will be paid with Access to Home funds. Administrative and operating expenses will be limited to 7.5% of the award.

1. Staff Salaries: In the spaces provided under 'Staff Salaries, enter the job titles of all staff who will be paid with Access to Home funds. Enter the amount of Access to Home funds they will be paid in the corresponding spaces. If you need additional lines, click the 'add' button.
2. Fringe Benefits: Enter the total of all fringe benefits for the positions listed in line 1.
3. Total Personal Services Expenses: This line will be calculated by CDOL. The total of this line must equal the number entered under 'Access to Home funds' in Section 5B, line 7 of this Exhibit.
4. OTPS: In the spaces provided under 'OTPS', enter a description of each OTPS expense which will be paid with Access to Home funds. Enter the amount of Access to Home funds for each expense in the space provided.

5. Total OTPS Expenses: This line will be calculated by CDOL. The total of this line must equal the number entered under 'Access to Home funds' in Section 5B, line 8 of this Exhibit.
  
6. Total All Administrative and Operating Costs: This line will be calculated by CDOL. The total of this line must equal the number entered under 'Access to Home funds' in Section 5B, line 9 of this Exhibit.

#### **IV. Validating Application Exhibits**

Before you can certify and submit a completed application it must pass a series of validations. To validate the application, return to the Menu using the navigation links in the top left corner of the screen. Click 'validate' to the right of the application name.

The Validate Application screen will be displayed. Click 'Validate' again to begin the validation process. The validation process is done in 3 steps:

- Step 1 checks to make sure that all required Exhibits have been entered.
- Step 2 checks to make sure that all required Exhibits are complete.
- Step 3 checks to make sure that the information entered is consistent across Exhibits.

If any incomplete Exhibits, fields or inconsistencies are found, you will receive the message: "Validation failed, please make the necessary corrections." Below this message will be an explanation(s) of the problems found during the validation process. Return to the Exhibits identified and complete them and/or correct the inconsistencies found. Each problem listed will have a link that will return you to the applicable Exhibit. If there are a number of errors it is suggested that you select the 'Print' button in the Banner. This will open the error messages in a new window which you can refer back to as you make corrections. Continue the validation process until you get the message "Validation Successful."

## V. Applicant / Owner Certification

### A. Certifying Application Exhibits

**Please Note: Once you certify the application it cannot be changed.**

After successful validation the 'Certify' link will be made available to users with the authorization to certify the application. If the person completing the application is not the person authorized on the Security Manager Designation Form to electronically certify the application, the person who is authorized must sign into CDOL to complete this step. The only way to get the 'Certify' link is to run a successful validation. If you validate the application but do not certify it, the validation will have to be run again.

To electronically certify and submit the application exhibits, click the 'Certify' link on the Validation page. At the bottom of the Applicant/Owner Certification enter your password, your title and click the 'Submit' button. If the certification and submission was successful, CDOL will display a message acknowledging successful submission of the Exhibits or Step 1 of the CDOL Application Process. This message will also provide you with the application's SHARS ID number, which will be used to identify your application. An e-mail message will also be delivered to you confirming successful submission of the application exhibits.

A new window will open showing your completed application. **Please save a copy electronically and print a copy for you records.**

Return to the main menu using the navigation links in the top left corner of the screen. Now that the application exhibits are certified and submitted, click on the 'Attachments' link next to your application on the main menu. The 'Attachments' link will transfer you to the Upload Attachments process.

**Please Note:** An application will not be considered complete until all required attachments are uploaded, submitted and certified. **Any portion of the application exhibits or attachments that have not been submitted by the deadline specified will not be accepted.**

### B. Certification Text

I certify that I am authorized to file this submission with HCR/HTFC on behalf of the corporation/municipality/ person/firm/association/ partnership/limited liability corporation to execute all necessary documents for this application for funding; that the corporation/municipality/person/firm/association partnership/limited liability corporation is authorized to carry out the proposed activities and that the corporation/municipality/person/ firm/association/partnership/limited liability corporation is familiar with and will comply with all applicable statutes, rules and regulations established. I further authorize the agency receiving this application to forward it to any other State agency which administers a program for which a funding request is indicated in this application.

I certify that all the statements contained in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith, including data contained in Relevant Experience (Exhibit 4) and I agree to immediately inform HTFC of any change in circumstances. A false certification or failure to disclose information shall be grounds for termination of any award.

A. I certify that each of the following statements is true:

1. The Relevant Experience Exhibit (Exhibit 4) contains a listing of all similar activities that the Applicant has participated in during the past three years, including those that were in progress, operating or completed during that period.

2. For the period beginning 10 years prior to the date of this certification, and except as shown by me on the certificate:
  - a. No mortgage on a project listed in Exhibit 4 has ever been in default, assigned to the State or foreclosed, nor has mortgage relief by the mortgagee been given;
  - b. Neither the corporation/municipality/person/firm/ association/partnership/limited liability corporation nor its principals, partners, or officers have been found to be in default or non-compliance under any HUD, USDA, DHCR, HTFC, or other Federal, State and local government housing finance agency's project;
  - c. To the best of my knowledge, there are no unresolved findings raised as a result of HUD, DHCR, or HTFC audits, management reviews or other governmental investigations concerning me or my projects;
  - d. There has not been a suspension or termination of payment under any HUD, DHCR, USDA, HTFC and other Federal, State and local government housing finance agency assistance contracts in which any principal, partner, or officer of the corporation/municipality/person/firm/ association/partnership/ limited liability corporation has had a legal or beneficial interest attributable to a principal's, partner's, or officer's fault or negligence;
  - e. No principal, partner, officer of the corporation/ municipality/person/firm/association/ partnership/limited liability corporation has been convicted of a felony and is not presently, to my knowledge, the subject of a complaint or indictment charging a felony (a felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by imprisonment of two years or less);
  - f. No principal, partner, officer of the corporation/ municipality/person/firm/association/partnership/ limited liability corporation has been suspended, debarred or otherwise restricted by any department, agency or authority of the Federal government or any state or local government from doing business with such department, agency or authority; and,
  - g. No principal, partner, officer of the corporation/ municipality/person/firm/association/ partnership/limited liability corporation has defaulted on an obligation covered by a surety or performance bond and has not been the subject of a claim under an employee fidelity bond.
- B. Applicants that cannot certify that each of these statements is true cannot submit the application. Contact HTFC for assistance.

## **VI. Application Attachments**

Attachment 1 – Administrative Plan (Required)

Attachment 2 – Financial Commitment Letters (Optional)

Attachment 3 – Supportive Services Agency Commitments (Optional)

### **A. Attachment Instructions**

#### Attachment 1 - Administrative Plan (Required)

Submit an administrative plan that summarizes the operational plan for the proposed program. Provide all of the information requested in items 1 – 8 below in a concise manner. While you may provide clarifying information with regard to these items, do NOT provide information not specifically requested in these instructions.

Address each of the following items:

1. Program Activities and Scope:
  - a. Describe the type of accessibility modifications/installations which will be undertaken by the program. Estimate the number of persons you plan to assist, and outline the general type of accessibility improvements that will be made for the targeted units;
  - b. Describe the process for determining program participant eligibility.
  - c. Explain the proposed budget by identifying the use or activities associated with each source of funds including additional sources of administrative funds.
2. Selection Process for Assisted Units: Describe your application process and the procedures that will be used for selecting applications that will receive assistance and identify the specific criteria you will use to determine which participants will receive assistance.
3. Construction Management and Timely Completion: Explain the quality assurance methods you will employ to ensure that the program accessibility improvements will be completed on time, within budget, and with a high-quality standard of construction. Include in your response:
  - a. The number of contractors in the program service area who are available and qualified to make the accessibility improvements described in question 1 above (contractors must have adequate capacity, sufficient liability insurance and workers compensation);
  - b. The design specification and project development procedures to be employed, including the process for developing cost estimates and making financial feasibility determinations;
  - c. The bid solicitation and procurement procedures to be employed, including efforts to ensure that NYS certified Minority and Women-Owned Business Enterprises are afforded opportunities for meaningful participation;
  - d. The construction management and inspection procedures to be employed; and
  - e. The plan for identifying lead based paint hazards and working lead safe.

4. Service/Program Linkages: A major program goal is to allow physically-disabled persons to remain in, or return to their homes after accessibility improvements are made. Explain how you will coordinate and link the program with other related programs and services to ensure that residents' needs will be met both during and after construction.
5. Program Service Area Description: Describe the program's service area, including the commonly-used name of the area, if applicable, (for example, the Fourth Ward of the City of Clinton), and the area's geographic location and boundaries.
6. Public Outreach:
  - a. Describe the outreach and promotion activities planned for the program that will ensure that the public is aware of the program's purpose and the availability of funds.
  - b. Describe affirmative marketing plans that will promote the participation of minority households and contractors.
7. Staffing Plan: Describe the staffing plan that will be put in place to undertake all Access to Home program tasks. If identified partners in Exhibit 2B are to perform specific tasks provide some detail on partners' staff capacity to undertake the specified task(s).
8. Fiscal Management:
  - a. Describe the contract and payment procedures planned for the proposed program.
  - b. Describe fiscal management procedures including how the applicant will ensure appropriate internal controls, manage fiscal records and document reasonableness and allowability of costs.

Attachment 2 - Funding Commitment Letters (Optional)

Supporting documentation must be provided for each source of funds identified as 'Committed' in Exhibit 5A. To complete application, applicant must select 'omit' if attachments will not be uploaded.

Attachment 3 - Supportive Services Agency Commitments (Optional)

Supporting documentation should be provided for each Service Provider Agreement identified in Application Exhibit 2A-1 or Referral Agreement identified in Application Exhibit 2A-2. To complete application, applicant must select 'omit' if attachments will not be uploaded.

## VII. Uploading & Certifying Attachments

### A. Uploading Attachments

When you are ready to upload attachments, click on the 'Attachments' link to the right of the application name. When you click this link you will be transferred to the Upload Attachments process.

The Attachment Upload page lists the applicable attachments for the application.

To the right of each listed attachment is an 'Add' link. When the 'Add' link is clicked, you will be presented with the ability to select one (1) file for upload. Selecting the 'Browse' button will allow you to browse your computer for the file you want to upload. After locating and selecting the file, clicking the 'Upload' button will complete the transfer. A progress section will be displayed to show the progression of the upload. You will be brought back to the attachment list and will receive a message that the file has been successfully uploaded. The file name will be displayed under the attachment.

To the right of each uploaded file will be two links: 'View' and 'Delete'. 'View' allows you to view and optionally print the file so that you can verify that it is complete and satisfactory. 'Remove' allows you to delete the file prior to submission.

Attachments that are not required will have an 'Omit' link. **You must click the 'Omit' link if you chose not to upload these types of attachments.**

You may upload multiple files for each attachment. Please limit the uploaded files to those documents specifically requested in the Attachment Instructions. Whenever possible, combine multiple files into one. All required attachments must be uploaded before the group can be submitted.

### B. Submitting and Certifying Application Attachments

When all required application attachments have been uploaded, the organization's authorized signatory must log-in and click 'Submit' on the Attachment Upload page. CDOL will display an 'Attachment Receipt' then an 'Attachment Certification' which must both be clicked in order to complete the submission. Once complete, a message will appear at the top of the screen indicating that you have successfully submitted the application attachments, and that you have reached the conclusion of the Application process. Once the attachments have been submitted, the Access to Home Program Application is complete and may not be changed.

Return to the main menu using the navigation menu in the top left corner of the screen. Now that the application exhibits and attachments are complete, submitted and certified, the 'Application Status' next to your application name should indicate completed.

**Access to Home Program Application exhibits and attachments must be submitted via the CDOL system by 4:00 PM, EST, Friday August 3, 2012. Applications and supplemental materials will not be accepted after the stated deadline.**

## VIII. Application Exhibit Screenshots

### Access to Home – CDOL Table of Contents & Exhibit List

Exhibit 1 - Application Summary	<a href="#">view</a>
1A. Funds Requested	<a href="#">view</a>   <a href="#">edit</a>
1B. Applicant Information	<a href="#">view</a>   <a href="#">edit</a>
1C. Program Detail Information	---
1. Counties/Municipalities	<a href="#">view</a>   <a href="#">edit</a>
2. Regional Council	<a href="#">view</a>   <a href="#">edit</a>
1D. Political Districts	<a href="#">view</a>   <a href="#">edit</a>
1E. Units Assisted	<a href="#">view</a>   <a href="#">edit</a>
1F. Income Targets	<a href="#">view</a>   <a href="#">edit</a>
1G. Target Populations	<a href="#">view</a>   <a href="#">edit</a>
1H. Program Abstract	<a href="#">view</a>   <a href="#">edit</a>
Exhibit 2 - Evidence of Program Support	<a href="#">view</a>
2A-1. Service Provider Agreements in Place	<a href="#">view</a>   <a href="#">edit</a>
2A-2. Referral Agreements in Place	<a href="#">view</a>   <a href="#">edit</a>
2B. Program Staffing	<a href="#">view</a>   <a href="#">edit</a>
Exhibit 3 - Program Needs	<a href="#">view</a>
3A. ACCESS Program Needs	<a href="#">view</a>   <a href="#">edit</a>
Exhibit 4 - Relevant Experience	<a href="#">view</a>
4A. Relevant Experience	<a href="#">view</a>   <a href="#">edit</a>
Exhibit 5 - Program Budget	<a href="#">view</a>
5A. Sources of Funds	<a href="#">view</a>   <a href="#">edit</a>
5B. Program Uses	<a href="#">view</a>   <a href="#">edit</a>
5C. Administrative & Operating Expenses	<a href="#">view</a>   <a href="#">edit</a>

## Exhibit 1 – Application Summary

### 1A. Funds Requested

1. **Local Program Name:** \*   
Please enter a brief, descriptive name. If awarded, the Local Program Name entered here will be used to label contract materials and to describe the program throughout the contract term. e.g., City of Sample 2012 Access to Home Program

2. **Total Access to Home funds requested:** \*\$

3. **Co-Funding:**

Applicants that require multiple sources of funding to address a comprehensive revitalization initiative or need additional funds to meet OCR program match requirements are encouraged to apply for more than one OCR program to co-fund such initiatives and to meet the match requirements. Applicants seeking funding from more than one OCR program must ensure that the proposed project meets the requirements of each of the respective programs including applicant and activity eligibility.

Applicants requesting funds from more than one OCR program must respond to the following questions:

a. Indicate all of the additional sources of OCR funding being applied for: \*

- |   |   |
|---|---|
| <input type="checkbox"/> No additional OCR source of funding  | <input type="checkbox"/> Community Development Block Grant (CDBG) |
| <input type="checkbox"/> Access to Home                       | <input type="checkbox"/> HOME LPA                                 |
| <input type="checkbox"/> Affordable Housing Corporation (AHC) | <input type="checkbox"/> New York Main Street (NYMS)              |

b. The OCR program funds requested will finance all or a portion of the project costs including:

- the required NYMS program match
- the required AHC program match
- leverage

### 1B. Applicant Information

1. Applicant Name:
2. Federal EIN:
- 3a. DOS Charities Registration Number:
- 3b. Not-for-Profit Incorporation Date: 00/00/200
4. Fiscal Year End Date: 00/00
- 5a. Applicant Types:
- 5b. Have all required periodic or annual written reports been filed with the Attorney General's office in a timely

manner? \*

5c. DUNS Number:

6. Official Mailing Address:

Select the mailing address for Contract or Award Materials

- SAMPLE ADDRESS
- SAMPLE ADDRESS 2

7. Applicant Phone and Internet Data
- Phone Number:
- Phone Extension:
- Fax:
- Email Address:
- URL:

8. Primary Contact Person for Correspondence Related to this Application:

First Name: \*

Last Name: \*

Salutation:  ▼

Title:

Phone Number: \*  Example: 212-555-1212

Phone Extension:

Fax Number:  Example: 212-555-1212

Email Address: \*

Is this person authorized to execute an agreement with the HTFC should the proposal be funded? \*  ▼

9. Contact Authorized to Execute a Contract with HTFC:  
Please note: for City, County, Town or Village applicants only the Chief Elected Official is authorized to execute a contract with HTFC.

First Name: \*

Last Name: \*

Salutation:  ▼

Title:

Phone Number: \*  Example: 212-555-1212

Phone Extension:

Fax Number:  Example: 212-555-1212

Email Address:

**1C-1. Counties/Municipalities**

Project County: \*  ▼

Will the project be county wide? \*  ▼

Municipality: \*  ▼

**1C-2. Regional Council**

1. Regional Council(s): \*  
Select all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Capital Region   | <input type="checkbox"/> Mohawk Valley    |
| <input type="checkbox"/> Central New York | <input type="checkbox"/> New York City    |
| <input type="checkbox"/> Finger Lakes     | <input type="checkbox"/> North Country    |
| <input type="checkbox"/> Long Island      | <input type="checkbox"/> Southern Tier    |
| <input type="checkbox"/> Mid-Hudson       | <input type="checkbox"/> Western New York |

**1D. Political Districts**

1. New York State Assembly District(s):

	<input type="button" value="&gt;"/> <input type="button" value="&lt;"/>	
--	---	--

2. New York State Senate District(s):

	<input type="button" value="&gt;"/> <input type="button" value="&lt;"/>	
--	---	--

3. New York State Congressional District(s):

	<input type="button" value="&gt;"/> <input type="button" value="&lt;"/>	
--	---	--

**1E. Units Assisted**

Units to be assisted by Access to Home:

Residential - Existing/Rehab:

**1F. Income Targets**

Target Group	Units
Public Assistance <=30% of Median Income	<input style="width: 80px; height: 20px;" type="text"/>
31% through 40% of Median Income	<input style="width: 80px; height: 20px;" type="text"/>
41% through 50% of Median Income	<input style="width: 80px; height: 20px;" type="text"/>
51% through 60% of Median Income	<input style="width: 80px; height: 20px;" type="text"/>
61% through 70% of Median Income	<input style="width: 80px; height: 20px;" type="text"/>
71% through 80% of Median Income	<input style="width: 80px; height: 20px;" type="text"/>
81% through 90% of Median Income	<input style="width: 80px; height: 20px;" type="text"/>
91% through 120% of Median Income	<input style="width: 80px; height: 20px;" type="text"/>
<b>Total:</b>	<b>0</b>
<b>Total Residential Units to be assisted by Access to Home:</b>	<b>0</b>

**1G. Target Populations**

1. Select at least 1, but no more than 3 populations: \*

- No Target Population (or Unknown)
- Persons with Physical Disabilities
- Persons who are Veterans
- Persons with Developmental Disabilities
- Persons who are Frail Elderly

2. Proposed units for the targeted population: \*

Total Units identified for all Target Populations:

Total Residential Units to be assisted by Access to Home:

**1H. Program Abstract**

Provide a brief abstract of the proposed program. **Please note, the abstract provided may be included in press materials.** This abstract should include, but not be limited to the following information: Organization name, Access to Home request amount, estimated total project cost, other sources of funding, main goal(s) of the program, activities Access to Home funds will be used for, and any special emphasis of the program, such as special needs populations or areas/neighborhoods to be served, income ranges to be targeted, etc.

**Sample text:** As part of a community wide effort to keep persons with disabilities in their homes and out of institutional settings, the Sample Organization proposes to undertake a project using \$150,000 in Access to Home funds. This project will provide accessibility modifications to eight low-income households in the City of Sample. Other rehabilitation repairs to the homes that are necessary will be funded by \$100,000 from the City of Sample and \$50,000 from other grant sources (specify) for a total project cost of \$300,000. It is anticipated that two of the rehabilitation projects will be targeted to frail elderly households.

## Exhibit 2 – Evidence of Program Support

### 2A-1. Service Provider Agreements in Place

Service Provider: \*

Type of Service: \*

Type of Agreement: \*

Written Agreement Date: \*

Example: mm/dd/yyyy

Signatory: \*

### 2A-2. Referral Agreements in Place

Referral Source: \*

Written Agreement/Letter Date: \*

Example: mm/dd/yyyy

Signatory: \*

### 2B. Program Staffing

Staff/Consultant Name: \*

Title: \*

Employer: \*

Work to be performed: \*

## Exhibit 3 – Program Needs

### 3A. ACCESS Program Needs

#### A. Number & Percentage of Low-Income Disabled Households in Service Area

1. Total Number of Persons Age 5 and Older Below Poverty with a Disability: \*
2. Total Population of Service Area: \*
3. Total Number of Persons Age 5 and Older Below Poverty with a Disability as a Percentage of Total Population: 0%

#### B. Need for Transition and Diversion

1. Estimated Number of Persons in Service Area at Risk of Institutionalization if Accessibility Modifications are not

Available within 12 Months: \*

Source of Data: \*

Date of Data: \*  Example: mm/dd/yyyy

2. Estimated Number of Persons in Service Area Currently Institutionalized that can return home if Accessibility

Modifications Become Available within 12 Months: \*

Source of Data: \*

Date of Data: \*  Example: mm/dd/yyyy

## Exhibit 4 – Relevant Experience

### 4A. Relevant Experience

Please provide up to five entries for similar projects/programs completed by the applicant or related program administrator over the past three to five years.

Not Applicable:

Local Program Name: *	<input type="text"/>
Role: *	<input type="text"/>
Type: *	<input type="text"/>
Contract Start Date: *	<input type="text"/> Example: mm/yyyy
Contract End Date: *	<input type="text"/> Example: mm/yyyy
Percentage Complete: *	<input type="text"/> %
Number of Units: *	<input type="text"/>
Population Served: *	<input type="text"/>
Total Cost: * \$	<input type="text"/>
Program Funding Source: *	<input type="text"/>
Program Funding Agency: *	<input type="text"/>
Funding Source Contact Name: *	<input type="text"/>
Funding Source Contact Phone: *	<input type="text"/> Example: 212-555-1212

## Exhibit 5 – Program Budget

### 5A. Sources of Funds

Source: \*

Specify Source:

Funds Requested: \* \$

Status: \*

If Committed, enter the following information:

Date of Letter:  Example: mm/dd/yyyy

Signatory:

### 5B. Program Uses Budget/Financing Plan

Total Access to Home Funds Requested: \$0,000

#### Project Costs

	Access to Home Funds	Other Funds	Total Cost
1. Architectural, Design, and Engineering	<input type="text"/>	<input type="text"/>	\$0
2. Testing & Other Professional Fees	<input type="text"/>	<input type="text"/>	\$0
3. Accessibility Modifications	<input type="text"/>	<input type="text"/>	\$0
4. Other Construction	<input type="text"/>	<input type="text"/>	\$0
5. Program Delivery/Staff	<input type="text"/>	<input type="text"/>	\$0
<b>6. Total Project Costs (Lines 1 - 5)</b>	\$0	\$0	<b>\$0</b>

#### Administrative Costs

	Access to Home Funds	Other Funds	Total Cost
7. Salaries/Fringe	<input type="text"/>	<input type="text"/>	\$0
8. OTPS	<input type="text"/>	<input type="text"/>	\$0
<b>9. Total Administrative Costs (Lines 7 &amp; 8)</b>	\$0	\$0	<b>\$0</b>
<b>10. Total Program Costs (Lines 6 &amp; 9)</b>	\$0	\$0	<b>\$0</b>

### 5C. Administrative & Operating Expenses

#### Personal Services

	Access to Home Funds
1. Staff Salaries	<input type="text"/>

<input type="text"/>	<input type="text"/>
<a href="#">+ add</a>	
2. Fringe Benefits	<input type="text"/>
3. Total Personal Services Expenses (Line 1 & 2)	\$0
OTPS Services	
	<b>Access to Home Funds</b>
4. Other Than Personal Services	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<a href="#">+ add</a>	
5. Total OTPS Expenses (Line 4)	\$0
6. Total Administrative /Operating Expenses (Lines 3 & 5)	\$0

### Access to Home Attachment Upload Screen

Attachment Category	Options
1 - Administrative Plan [ required ]	<a href="#">add</a>
2 - Funding Commitment Letters	<a href="#">add</a>   <a href="#">omit</a>
3 - Supportive Services Agency Commitments (executed agreements, MOUs, letters of support)	<a href="#">add</a>   <a href="#">omit</a>