ACCESS TO HOME PROGRAM

2016 PROGRAM YEAR
APPLICATION INSTRUCTIONS

NEW YORK STATE OF OPPORTUNITY. | Homes and Community Renewal | Housing Trust Fund Corporation

OFFICE OF COMMUNITY RENEWAL

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2016 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, 4th 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, Wednesday, September 28, 2016. 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 confirm that the applicant 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://www.nyshcr.org/Apps/CDOnline/ .

- **If the organization has not previously applied to HCR for funding:** Submit an Applicant Registration Form to register as a SHARS Applicant. This form also contains a section to designate a Security Manager for the organization. HCR staff will register the organization and Security Manager and e-mail a USER ID and password to access CDOL.

- **If the organization is a registered SHARS applicant, but has not registered to use CDOL:** Submit a Security Manager Registration Form to HCR, which will allow access to CDOL. Complete and return the Security Manager Registration Form with an original authorized signature to the address specified on the form and HCR will e-mail a User ID and temporary password with which to access the CDOL system.

- **If the 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. To retrieve a forgotten password, go to CDOL and enter the USER ID and e-mail address a new password will be automatically e-mailed. If the email address associated with the USER ID has changed, and the password or USER ID has been lost, please send an email to **ocrinfo@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 the applicant 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 the 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, the applicant organization must verify and update the organization information. 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.

An organization may update its organization information in CDOL at any time, but may not change the organization information on the 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 the primary address, add the address in Section D2. The applicant will be able to select the address to which the award decision or contract correspondence should be mailed.

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 Need
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 2016 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.

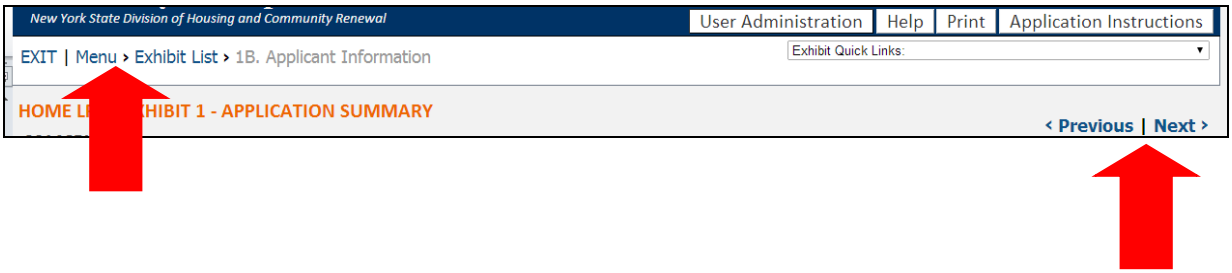
B. Application Exhibit Functions

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 the applicant 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 the message 'Updates have been successfully saved,' is displayed press the 'Next' navigation button at the top right of the screen to move to the next application exhibit.



DO NOT use the internet browser back and forward buttons to navigate in CDOL. Use the Previous and Next links in the top right of the screen, or the Menu and Exhibit List links in the top left of the screen. If an applicant uses the browser back and forward buttons, application information may be lost.

Do not enter zero '0' in exhibit fields. If funds are not requested 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. <u>Funds Requested</u>

1. **Local Program Name:** This field will display the project name that was entered on the main menu when the application was created. The name can be changed in this field. 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 2016 Access to Home Program.

2. **Total Access to Home Funds Requested:** Enter the total amount of Access to Home funds requested for this project, rounded to the nearest dollar.

1B. <u>Applicant Information</u>

Applicants must update several fields in Exhibit 1B.

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 multiple mailing addresses are on file for the applicant organization, 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 that 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. <u>Program Detail Information</u>

1C-1. Counties/Municipalities

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

2. Countywide: Indicate whether or not the project will serve the entire county.

3. If the project will be Countywide, click 'submit' and go on to the next page. If the response is '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 the 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 the project is located. A map is available for reference here: http://regionalcouncils.ny.gov/map

1C-3. Latitude & Longitude

Enter the Program Latitude and Longitude.

- For a Program proposing assistance to a single address, or property, use that address to obtain the latitude and longitude for the project.
- For a Program in a single municipality, select an address in a central location to obtain the latitude and longitude for the application.
- For a Program spanning a county, a multiple counties, select a central point, or use the address of the applicant organization's office if centrally located.

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. (A name can be removed 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, enter 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 or 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

Provide a one paragraph 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 that will be used for the Access to Home Program, 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 the applicant organization has 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 submitting 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

Each referral source for which a written agreement is in place, the following information must be included: referral source name, the date of the written agreement, and the name of the person who signed the agreement.

After submitting 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 requested 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 the work they will do. Describe specific staff experience or training relevant to the implementation of the proposed Access to Home program. Include qualifications, licenses and certifications. Provide an estimate of time to be committed in support of the proposed program.

After submitting information for the first person, the page will be redisplayed as a grid. Click the 'add' button to list additional persons.

2C. Procurement and Oversight of Subrecipients, Consultants & Contractors

Describe the selection and oversight process for consultants, subrecipients and contractors, if consultants, subrecipients or contractors will perform administrative functions for the program. Also, describe the controls the recipient will maintain over consultants and contractors to ensure compliance with things such as Access to Home program requirements, quality control, timeliness and cost-effectiveness.

If not applicable, select 'Not Applicable' in the upper-right corner.

Exhibit 3 – Program Needs

3A. Program Need

Follow the text prompts to provide a narrative response related to Program Need.

Applicants must demonstrate a need for an accessibility modification program in the proposed service areas.

a. Provide data to support the need such as:

- Number of Persons with Disabilities in the Poverty in the Service Area
- Percentage of Persons with Disabilities in Poverty in the Service Area
- Number of households in the service area that could be diverted from or transitioned out of institutional care with installation of accessibility modifications.
- Number of households in the service area that could be transitioned back to their homes as a result of the installation of accessibility modifications.
- Applicant may wish to utilize ACS 5 year file, Table S1811 Income by Disability or other credible source. Identify the source of the data provided.

b. Assisted units must be occupied as the permanent residence of a household with income at or below 80 percent of area median income (120 percent of the area median income for veterans who are certified by the U.S. Department of Veterans Affairs or the Department of Defense as entitled to receive disability payments for a disability incurred in time of war), and include individuals who have a disability or have substantial difficulty with daily living activities due to aging. The applicant must identify the number of eligible households identified, and explain how eligible households have been identified.

c. Explain the need for public investment, specifically Access to Home funds, to support an accessibility modification program. Describe how the proposed Access to Home program meets the needs identified.

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 to five years, including those that are in progress, those they are currently administering, or those completed during that timeframe.

If the applicant organization has 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 local project/program, such as *Valley Mills Home Repair Program 2013*.

Program Administrator/Contact Person Name: Enter the primary contact responsible for administration of the identified local program.

Role: Identify 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 the expected completion date, 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.

Detail: Provide brief description of project accomplishments; describe how this experience is relevant to the proposed program, and address grant administration problems, delays or monitoring findings.

When all required data has been entered, click 'Submit' and 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, applicants must add each source of financing for the project. The total sources identified must equal the Total Program Uses identified in Section 5B of this Exhibit. **An entry for Access to Home Program funds must be added to complete the 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 a specific funding source is not available, each source category has a generic source code that can be selected (for example, 'Federal Program – Other'). Please note that Access to Home for Medicaid funds and Access to Home for Veterans funds MAY NOT be used in conjunction with Access to Home funds.

Specify Source: If any of the funding sources in the drop-down menu are followed by 'Specify', the applicant 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.

Click the 'Submit' button for the first source, and then 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 labeled *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 labeled *Access to Home*, enter the amount of architectural, design, and engineering costs to be funded by the Access to Home Program. Under the column labeled *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 labeled *Total Cost.*

2. Testing and Other Professional Fees: Under the column labeled *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 labeled *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 labeled *Total Cost.*

3. Accessibility Modifications: Under the column labeled *Access to Home*, enter the amount of accessibility modification costs to be funded by the Access to Home Program. Under the column labeled *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 labeled *Total Cost.*

4. Other Construction: This is not an eligible Access to Home Program cost. Under the column labeled *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 labeled *Total Cost.*

5. Program Delivery/Staff: Under the column labeled *Access to Home*, enter the amount of Program Delivery/Staff costs to be funded by the Access to Home Program. Under the column labeled *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 labeled *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 labeled *Access to Home*, enter the total salaries/fringe costs to be funded by the Access to Home Program. Under the column labeled *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 labeled *Total Cost.*

8. OTPS: Under the column labeled *Access to Home*, enter the total OTPS costs to be funded by the Access to Home Program. Under the column labeled *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 labeled *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. Click the 'add' button to generate additional lines.

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 labeled *Access to Home Funds* in Section 5B, line 7 of this Exhibit.

4. Other Than Personal Services: 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 Administrative 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 9 of this Exhibit.

5E. Budget Narrative

An applicant must use this field to explain the project budget. Please be specific, and list each source in a consistent format. This explanation of the program budget must be consistent with the required Sources and Uses budget tables. If a source is identified as committed, the applicable commitment letter must be attached where requested in the application. Specifically:

- Identify the total project cost and identify each source of funds and proposed use(s);
- For each source identified, indicate whether the source is formally committed or pending approval;
- Explain how the proposed project will proceed if any pending sources of funds are not secured.
- If a source is identified as committed, the applicable commitment letter must be attached where requested in the application.

IV. Validating Application Exhibits

An application must pass a series of validations before the application exhibits can be certified and submitted. 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 confirm that all required Exhibits have been entered.
- Step 2 checks to confirm that all required Exhibits are complete.
- Step 3 checks to confirm that the information entered is consistent across Exhibits.

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

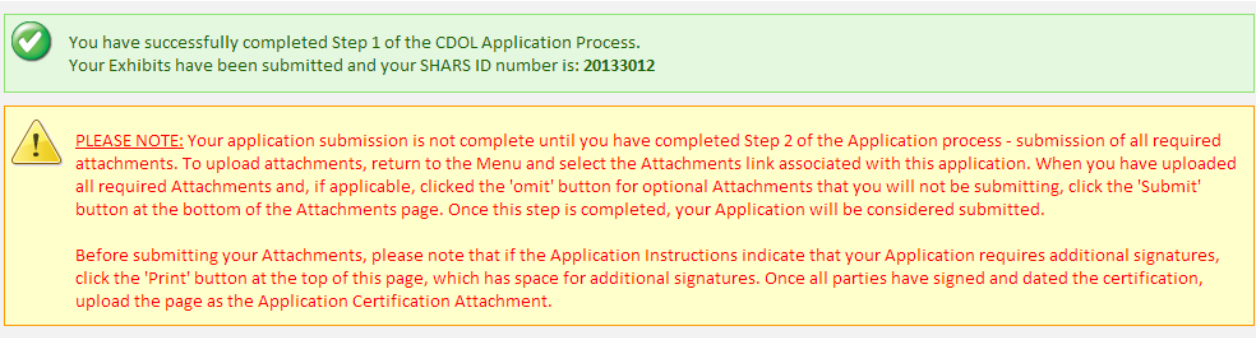
V. Applicant / Owner Certification

A. Certifying Application Exhibits

Please Note: Once the application is certified, 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 the validation is completed, but the application is not certified, 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 the password and 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 the application's SHARS ID number, which will be used to identify the application. An e-mail message will also be sent confirming successful submission of the application exhibits. This will change the application status from "In Progress" to "Certified." **Additional steps are required to complete and submit the application.**


You have successfully completed Step 1 of the CDOL Application Process.
Your Exhibits have been submitted and your SHARS ID number is: **20133012**

PLEASE NOTE: Your application submission is not complete until you have completed Step 2 of the Application process - submission of all required attachments. To upload attachments, return to the Menu and select the Attachments link associated with this application. When you have uploaded all required Attachments and, if applicable, clicked the 'omit' button for optional Attachments that you will not be submitting, click the 'Submit' button at the bottom of the Attachments page. Once this step is completed, your Application will be considered submitted.

Before submitting your Attachments, please note that if the Application Instructions indicate that your Application requires additional signatures, click the 'Print' button at the top of this page, which has space for additional signatures. Once all parties have signed and dated the certification, upload the page as the Application Certification Attachment.

A new window will open showing the completed application. Please save a copy electronically and print a copy for the applicant's 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 the application on the main menu. The 'Attachments' link will transfer the user 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.**

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. An applicant may provide clarifying information with regard to these items, but must 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 to be assisted, 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; including, though not necessarily limited to income verification, documenting the client's disability, and showing that the service provided to the client may result in returning to the home or ensures the client will not have to be placed in an institutional setting.

   c. Explain the proposed budget by identifying the use or activities associated with each source of funds including additional sources of administrative funds. **Please note: Access to Home for Medicaid funds are not eligible as leverage with Access to Home Program funds.** Other OCR programs traditionally utilized (such as HOME, AHC, RESTORE, etc) may still be offered as a source of leverage funds.

2. Selection Process for Assisted Units**:** Describe the application process and the procedures that will be used for selecting applications that will receive assistance and identify the specific criteria to be used to determine which participants will receive assistance.

3. Construction Management and Timely Completion**:** Explain the quality assurance methods to be employed to ensure that the program accessibility improvements will be completed on time, within budget, and with a high-quality standard of construction. Specifically address the following:

   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; this includes:

      - Provide the names of any community organizations, contractor groups, state and federal business assistance offices or other organizations that provide assistance in the recruitment and placement of MWBEs with whom the applicant organization has worked or will work to achieve MWBE compliance goals;

- List the names, dates, and locations of pre-bid, pre-award, or other meetings to inform minority and women business enterprises of contracting, subcontracting or supplier opportunities available that were attended in the past year;

- Describe how the applicant organization shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation for the applicant organization and its subcontractors or suppliers.

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 the applicant organization 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. Include what level of follow up will be provided to the client and/or other related programs and services.

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. Methods to Ensure Compliance: Describe activities for ensuring program compliance.
   a. Describe procedures for preventing and handling conflicts of interest.
   b. Describe plan for monitoring units during the five year regulatory period, including a plan for recapture of funds if the unit is sold or transferred to any person other than another eligible household.

8. 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).

9. 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. Documentation should show a two-way referral process between the applicant and other service agency. To complete application, applicant must select 'omit' if attachments will not be uploaded.

VII. Uploading & Certifying Attachments

A. Uploading Attachments

Return to the Menu, then click on the ‘Attachments’ link to the right of the application name. This link will access the Attachment Upload window.

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

To the right of each listed attachment is an 'Add' link. Click the 'Add' to begin to attach files. Select the 'Browse' button to browse for the file to be uploaded. After locating and selecting the file, click the 'Upload' button to begin the upload. A progress bar will display the progress of the upload. Once complete, the applicant will be redirected to the main Attachment Upload screen. The uploaded file name will be displayed under the attachment.

To the right of each uploaded file will be two links: 'View' and 'Delete'. 'View' allows the applicant to view and optionally print the file to verify that the correct document is attached. 'Remove' allows the applicant to delete the file prior to submission.

Attachments that are not required will have an 'Omit' link. **Applicants must click the 'Omit' link if an optional attachment will not be included.**

An applicant 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

C. 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 the application attachments have been successfully submitted, and the application process is complete. Once the attachments have been submitted, the Access to Home Program Application is complete and may not be changed.

D.

E. 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 the 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, Wednesday, September 28, 2016. 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	view
1A. Funds Requested	view | edit
1B. Applicant Information	view | edit
1C. Program Detail Information	---
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2. Regional Council	view | edit
3. Latitude & Longitude	view | edit
1D. Political Districts	view | edit
1E. Units Assisted	view | edit
1F. Income Targets	view | edit
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1H. Program Abstract	view | edit
Exhibit 2 - Evidence of Program Support	view
2A-1. Service Provider Agreements in Place	view | edit
2A-2. Referral Agreements in Place	view | edit
2B. Program Staffing	view | edit
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Exhibit 3 - Program Need	view
3A. Program Need	view | edit
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Exhibit 5 - Program Budget	view
5A. Sources of Funds	view | edit
5B. Program Uses	view | edit
5C. Administrative Expenses	view | edit
5D. Budget Narrative	view | edit

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 Access to Home Program

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

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

- ☐ Capital Region
- ☐ Central New York
- ☐ Finger Lakes
- ☐ Long Island
- ☐ Mid-Hudson
- ☐ Mohawk Valley
- ☐ New York City
- ☐ North Country
- ☐ Southern Tier
- ☐ Western New York

1C-3. Latitude & Longitude

Click HERE (http://itouchmap.com/latlong.html) to determine Latitude and Longitude. The latitude must be between 40.000000 and 49.999999. The longitude must be between -70.000000 and -79.999999. For Programs that span multiple locations, please enter the latitude/longitude of the applicant organization's home or central office in New York State or a central point for multi-county projects.

Project Latitude: *

Project Longitude: *

1D. Political Districts

1. New York State Assembly District(s):

> <

2. New York State Senate District(s):

> <

3. New York State Congressional District(s):

> <

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	
31% through 40% of Median Income	
41% through 50% of Median Income	
51% through 60% of Median Income	
61% through 70% of Median Income	
71% through 80% of Median Income	
81% through 90% of Median Income	
91% through 120% of Median Income	
Total:	0
Total Residential Units to be assisted by Access to Home:	0

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 one paragraph 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 that will be used for the Access to Home Program, 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 Name: *

Title: *

Employer: *

Describe specific staff experience or training relevant to the implementation of the proposed program. Include qualifications, licenses and certifications. Provide estimate of time to be committed in support of the proposed program.

Qualifications: *

Text will be limited to 1,000 characters and use of special characters is limited.

Activities: * Select all activities that apply:

- ☐ Fiscal Management & Tracking
- ☐ Lead Inspections
- ☐ Prepare Specs/Work Write-ups
- ☐ Construction Management
- ☐ Client Intake & Counseling
- ☐ Arrange Referrals to/from Agencies
- ☐ Prepare Cost Estimates
- ☐ Compliance Monitoring

Other Activities:

Use of special characters is limited to the following:

& * ; , . - $ " = / < > ( ) + % # ? : ' @ ! Text will be limited to 1,000 characters and use of special characters is limited.

Authorizations: Select all authorizations that apply:

☐ Enter into Contractual Agreement

☐ Request Disbursements

Paid with Program funds: *

2B-2a. Procurement & Oversight of Subrecipients, Consultants & Contractors

Describe the selection and oversight process for consultants, sub-recipients and contractors. Include a description of the oversight process for contracted services.

Not Applicable: ☐

Note: Text will be limited to 2,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

Exhibit 3 – Program Need

3A. Program Need

Applicants must demonstrate a need for an accessibility modification program in the proposed service areas.

a. Provide data to support the need such as:

- Number of Persons with Disabilities in the Poverty in the Service Area
- Percentage of Persons with Disabilities in Poverty in the Service Area
- Number of households in the service area that could be diverted from or transitioned out of institutional care with installation of accessibility modifications.
- Number of households in the service area that could be transitioned back to their homes as a result of the installation of accessibility modifications.
- Applicant may wish to utilize ACS 5 year file, Table S1811 Income by Disability or other credible source. Identify the source of the data provided.

b. Assisted units must be occupied as the permanent residence of a household with income at or below 80 percent of area median income (120 percent of the area median income for veterans who are certified by the U.S. Department of Veterans Affairs or the Department of Defense as entitled to receive disability payments for a disability incurred in time of war), and include individuals who have a disability or have substantial difficulty with daily living activities due to aging. The applicant must identify the number of eligible households identified, and explain how eligible households have been identified.

c. Explain the need for public investment, specifically Access to Home funds, to support an accessibility modification program. Describe how the proposed Access to Home program meets the needs identified.

Note: Text will be limited to 4,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

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:

Program Name: *

Program Administrator/Contact Person Name: *

Role: *

Type: *

Contract Start Date: * Example: mm/yyyy

Contract End Date: * Example: mm/yyyy

Percentage Complete: * %

Number of Units: *

Population Served: *

Total Cost: * $

Program Funding Source: *

Program Funding Agency: *

Funding Source Contact Name: *

Funding Source Contact Phone: * Example: 212-555-1212

- Provide brief description of project accomplishments.
- Describe how this experience is relevant to the proposed program.
- Address grant administration problems, delays or monitoring findings.

Detail:*

Text will be limited to 1,000 characters and use of special characters is limited.

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: $00,000

Project Costs

	Access to Home Funds	Other Funds	Total Cost
1. Architectural, Design, and Engineering			$0
2. Testing & Other Professional Fees			$0
3. Accessibility Modifications			$0
4. Other Construction			$0
5. Project Delivery			$0
6. Total Project Costs (Lines 1 - 5)	$0	$0	**$0**

Administrative Costs

	Access to Home Funds	Other Funds	Total Cost
7. Salaries/Fringe			$0
8. OTPS			$0
9. Total Administrative Costs (Lines 7 & 8)	**$0**	**$0**	**$0**
10. Total Program Costs (Lines 6 & 9)	**$0**	**$0**	**$0**

5C. Administrative Expenses

Personal Services

	Access to Home Funds
1. Staff Salaries	

+ add

2. Fringe Benefits	
3. Total Personal Services Expenses (Line 1 & 2)	$0

OTPS Services

	Access to Home Funds
4. Other Than Personal Services	
+ add	
5. Total OTPS Expenses (Line 4)	$0
6. Total Administrative Expenses (Lines 3 & 5)	$0

5E. Budget Narrative

Explain the project budget. Be specific, and list each source in a consistent format. This explanation of your program budget must be consistent with the required Sources and Uses budget tables.

- Identify the total project cost;
- Identify each source of funds and proposed use(s);
- For each source identified, indicate whether the source is formally committed or pending approval;
- Explain how the proposed project will proceed if any pending sources of funds are not secured.
- If a source is identified as committed, the applicable commitment letter must be attached where requested in the application.

Note: Text will be limited to 4,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

Certification and Submission

Applicant Certification

☐	Yes	☐	No	I certify that I am an authorized representative and have been specifically authorized to file this submission and required documents for the proposed project with HCR/HTFC on behalf of the **APPLICANT NAME**
☐	Yes	☐	No	I certify that the Applicant is authorized to carry out the proposed activities and that the Applicant is familiar with and will comply with all applicable statutes, rules and regulations established.
☐	Yes	☐	No	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.
☐	Yes	☐	No	I certify that I have reviewed the full application and attached documents, and 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 the Organization's 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.
				For the period beginning 10 (ten) years prior to the date of this certification:
☐	Yes	☐	No	The Applicant has not been a principal in a project in which a mortgage has ever been in default, assigned or foreclosed or for which relief by a lender has been granted.
☐	Yes	☐	No	The Applicant has not experienced a default or non-compliance under any HUD, USDA, ESDC, HFA, AHC, DHCR, HTFC or any other federal, state or local loan or grant.
☐	Yes	☐	No	There are no unresolved findings raised as a result of audits, management reviews or other investigations by federal, state or local government entities concerning the Applicant or projects in which the Applicant is a principal.
☐	Yes	☐	No	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 applicant organization has had a legal or beneficial interest attributable to a principal's, partner's, or officer's fault or negligence.
☐	Yes	☐	No	No principal, partner, or officer of the Applicant organization 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)
☐	Yes	☐	No	No principal, partner, or officer of the Applicant organization 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, no principal, partner, officer of the applicant organization 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.
☐	N/A	☐	Attached	If the answer to any question is NO, please provide a detailed explanation at the end of the Administrative Plan attachment.

CDOL User ID:

CDOL Password:*

Title:

Date of Electronic Signature:

Access to Home Attachment Upload Screen

Attachment Category	Options
1 - Administrative Plan [required]	add
2 - Funding Commitment Letters	add | omit
3 - Supportive Services Agency Commitments (executed agreements, MOUs, letters of support)	add | omit