

MOBILE AND MANUFACTURED HOME REPLACEMENT PROGRAM (MMHR).

2016 State Program Year

Community Development Online (CDOL)
Application System Instructions



**Homes and
Community Renewal**

OFFICE OF COMMUNITY RENEWAL

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New York State Mobile and Manufactured Home Replacement Program (MMHR).

I. PROGRAM DESCRIPTION:

Mobile and Manufactured Home Replacement Program (MMHR) assists homeowners to replace dilapidated mobile or manufactured homes that are sited on land owned by the homeowner, with a new manufactured, modular or site built home. For additional information, see the MMHR Request for Proposals (RFP).

II. ELIGIBLE APPLICANTS:

- i. Eligible applicants include units of local government or not-for profit corporations with substantial experience in affordable housing.
- ii. To be eligible to apply, applicants must have been in existence and providing recent and relevant residential affordable housing services to the community for at least one year prior to application.
- iii. All contracts will be limited to a 2-year term. Applicants should request only the amount of funding that can be expended within the 2-year time frame.

III. MAXIMUM AWARD and PER UNIT AMOUNTS:

- i. The HTFC will make approximately \$2 Million dollars in MMHR Program funds available for application by LPA's in this RFP.
- ii. The minimum award amount is \$100,000. The maximum award amount is \$500,000. The total payment to replace a mobile or manufactured home pursuant to any one property is capped at \$100,000.

IV. COMMUNITY DEVELOPMENT ONLINE (CDOL) APPLICATION SYSTEM

Applications for MMHR 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 CDOL.

Requests for approval to submit a paper application must be sent by Tuesday, November 22, 2016 to: NYS Homes and Community Renewal, Office of Community Renewal, Hampton Plaza, 4 Floor, 38-40 State Street, Albany, NY 12207.

MMHR application exhibits and attachments must be submitted via the CDOL application system by 4:00 PM (EST) Tuesday, January 17, 2017.

Applications and supplemental materials received after the stated deadline will be considered a late submission and will not be accepted or reviewed.

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:

- A. Be registered in the New York State Homes and Community Renewal (HCR) Statewide Housing Activity Reporting System (SHARS).
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 persons 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 will 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 have 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, or 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 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 and 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 also 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 telephone and fax numbers, e-mail address and 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.

V. APPLICATION OVERVIEW

A. Contents of Application

A complete MMHR application includes five (5) exhibits, an electronic certification, and up to seven (7) possible attachments.

- Exhibit 1 – Application Summary
- Exhibit 2 – Program Summary & Financing Plan
- Exhibit 3 – Needs Statement Summary
- Exhibit 4 – Relevant Experience

- Exhibit 5 – Budget/Financing Plan
- Electronic Application Certification
- Attachment 1 – MMHR Administrative Plan (Required)
- Attachment 2 – MMHR Budget Worksheet (Required)
- Attachment 3 – Funding Commitment Letters (Supportive Service Agency Commitment Letters)

(Please note that CDOL lists this attachment as “Funding Commitment Letters” however this attachment should be listed as “Supportive Services Agency Commitment Letters”).

B. Application Process

The submission of a MMHR application via CDOL requires five steps:

1. Completing 5 online application exhibits;
2. Validating online application exhibits;
3. Certifying and submitting online application exhibits
4. Uploading and submitting attachments
5. Certifying attachments.

VI. COMPLETING APPLICATION EXHIBITS

A. Creating a New Application in CDOL

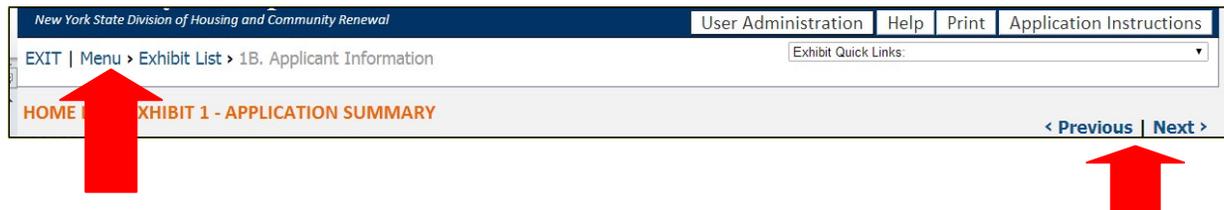
- Log in to CDOL.
- Next to ‘Start a New Application’ under the ‘Applications’ heading, enter a distinct name for the proposed project. If awarded, the Application Name entered here will be used to label contract materials and to describe the program throughout the contract term.
- Select ‘MMHR’ from the ‘Application Type’ drop-down menu.
- Press ‘Submit’ button.
- A table of contents will be displayed with a list of all MMHR Program Application Exhibits broken down by individual screens in CDOL. Instructions for completing each exhibit follow.

B. Application Exhibit Navigation

Complete the required fields for each Exhibit as explained below in the instructions that follow. 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 red 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

Please note: do not enter zero '0' in exhibit fields. If the applicant does not intend to request funds for a particular activity, the field must be left blank.

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

1A. Funds Requested and Activities/Uses

MMHR Budget Policy and Budget Worksheet

Please refer to the MMHR Budget Policy and Budget Worksheets available on the HCR MMHR website for instructions and requirements for creating the

program budget.

Use the MMHR Budget Policy along with the MMHR Budget Worksheet to create a budget to upload as CDOL Attachment 2. The totals from the budget worksheet in Attachment 2 must be used to fill in the budget line items in Exhibit 5B.

1. **Program Name:** A Project Name was entered on the main menu when the application was created. The Project Name will auto populate from the main menu into this field; however you can also create a new name using this field. See instructions below. Please enter a brief, descriptive name. If awarded, the 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 MMHR Program*.
2. **MMHR Funds Requested:**
Enter the dollar amount (rounded to the nearest dollar) requested for the program activity for the proposed MMHR Program.
3. **MMHR Number of Units:**
Enter the number of units or households that will be assisted.

1B. Applicant Information

If the applicant organization information has already been verified, as instructed above, limited fields on this screen require completion. 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).
- 5c. Enter the nine digit DUNS Number associated with your entity.
6. Select the Official Mailing Address for correspondence related to this application.
8. Complete this section for the individual who will be the primary contact person for correspondence related to this application. If this person also is the individual authorized to execute an agreement with the HTFC should the proposal be funded, select "Yes" next to that question. If you selected "Yes" do not complete question 9, as an error message will occur. If you select "No" completing question 9 is required. Please note: for City, County, Town or Village applicants only the Chief Elected Official is authorized to execute a contract with HTFC.
9. If the contact selected as the primary contact is not authorized to execute a

contract with 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.

Press “Submit” at the bottom of the screen, and use the “Next” link in the top right to move to the next screen.

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 proposed is scattered site and will serve the entire county.
3. If ‘yes’ is selected for the above question, click ‘submit’ and go on to the next page. If ‘no’ is selected, choose the 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. If multiple municipalities are to be served, add another municipality by clicking 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.
4. 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. Applicants must enter the latitude and longitude with enough digits to completely fill the question field. If the source you are using does not result in enough digits to completely fill the field, just add zeroes at the end. Applicants may use online sources to obtain the Latitude or Longitude. Using Google Maps, a user can right-click on an area of the map, and select “*What’s here?*” from the drop down menu. An info card with coordinates will appear under the search box.

- 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 or 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. Income Targets

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

1F. 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 1A. If your program is not targeting a special population, then enter the total amount of units next to "No Target Population (or Unknown)".

If the program elects to serve a special needs population, the LPA must have a current service provider agreement that will send direct referrals of applicants of the special needs population to the proposed NYS HOME Local Program. The service provider agreement must be uploaded as an attachment in CDOL.

Exhibit 2 – Program Summary & Financing Plan

2A. Program Abstract

Follow the sample text provided to draft 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, MMHR program request amount, estimated total project cost, other sources of funding, main goal(s) of the program, activities MMHR 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: The Sample Organization proposes to utilize \$300,000 in State MMHR funds to provide mobile or manufactured home replacement to approximately 10 low-income homeowners in the City of Sample. All replacement projects will incorporate Energy Star requirements for manufactured homes. \$100,000 from the City of Sample and \$50,000 from other grant sources (specify) will supplement the State MMHR funds for a total project cost of \$450,000. This project will target households at or below 60% of area median income.

2B. Program Administration

2B-1. Key Staffing & Activities

Complete this section for each key staff member who will be responsible for the activities listed on the page.

1. Enter the name of the person responsible for one of the listed activities.
2. Enter the person's title.
3. Select the person's employer from the drop-down menu.
4. Qualifications - Describe specific staff experience or training relevant to the implementation of the proposed MMHR Program. Include qualifications, licenses and certifications. Provide estimate of time to be committed in support of the proposed MMHR Program.
5. Select each of the activities that the person will be responsible for.
6. If the person will perform activities other than those listed, use the "Other Activities" box to briefly describe them.
7. If the person is authorized to enter into contractual agreements and/or to request disbursements, select the applicable box (es).
8. Indicate whether or not this person will be paid with MMHR Program funds.

After you submit information about the first staffer, the page will be Re-displayed as a grid. Click the 'Add' button to list additional staff.

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

If consultants, subrecipients or contractors will perform administrative functions for the program, describe how they will be selected. Also, describe

the controls the recipient will maintain over consultants and contractors to ensure compliance with things such as MMHR Program requirements, quality control, timeliness and cost-effectiveness.

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

2B-2b. Consultant/Subrecipient/Contractor Listing

- Enter the name of the consultant/subrecipient/contractor that will be paid to perform administrative duties.
- Enter the amount they will be paid to perform these duties.
- Briefly describe how the pay rate was determined.

After submitting information about the first consultant/subrecipient/contractor, the page will be redisplayed as a grid. Click the 'Add' button to add another.

This page will not be open for updates if the applicant selected 'Not Applicable' in Section 2B-2a.

Exhibit 3 – Needs Statement Summary

PLEASE NOTE: Information provided in this Exhibit is used to determine the relative need in the program service area, as compared to those in other applications. It is not intended to measure the needs of occupants of the units to be assisted, or to identify the incomes and/or poverty characteristics of actual program beneficiaries. Applications are subject to public inspection following the completion of the funding round. Therefore, all information that is provided must be in a "blind" format. Do NOT provide information that identifies individual residents of the service area.

1. General Instructions

This exhibit has two sections:

3A. Individual Poverty:

Must be completed by all applicants.

3B. Housing Rehabilitation:

Must be completed by all applicants.

2. Data Source Recommendations

The recommended data sources for this Exhibit are set forth below, and differ for

service areas comprised of entire municipalities and those that are partial municipalities (for example, a neighborhood).

For applicants who are proposing a service area comprised of an entire county, city, town, village, or census- designated place (CDP), the Census Demographic Profiles found at <http://censtats.census.gov/pub/Profiles.shtml> are easiest to use. Follow these steps:

1. On the webpage listed above, select New York State and enter the name(s) of the place (s) comprising your service area, then click 'Go';
2. A list of possible matches will be returned. Click on the correct place name;
3. A number of tables will be returned and listed as bookmarks on the left of the page. Click on the table corresponding to the section of this Exhibit you are completing, as follows:

3A - Individual Poverty:

Use Table DP-3 Profile of Selected Economic Characteristics: 2000.

3B - Housing Rehabilitation:

Use Table DP-4 Profile of Selected Housing Characteristics: 2000.

For applicants proposing a service area that is not an entire municipality or CDP, such as a neighborhood or a community, use Census tract data, or if the boundaries of your service area are smaller than a Census tract, use block group data. This data can be found in the SF3 Data Tables found at <http://factfinder.census.gov>

1. Go to the website listed above;
2. Click on '**Data Sets**';
3. Select '**Census 2000 Summary File (SF3) - Sample Data**'. A drop-down menu will appear. Click on 'Enter a Table Number' and enter the table that corresponds to the section of this Exhibit you are completing, as follows:

3A - Individual Poverty:

Use Table P87 - Poverty Status in 1999 by Age.

3B - Housing Rehabilitation:

Use Table H34 - Year Structure Built.

3. Exhibit Instructions

3A. Individual Poverty

This section must be completed by all applicants. Enter the total number and percentage of individuals below poverty in the proposed service area on lines 1 and 2, respectively. Enter the source of the data on line 3.

3B. Housing Rehabilitation

Must be completed by all applicants regardless of proposed activity.

1. Total Number of Housing Units: Enter the total number of housing units in the service area.
2. Total Housing Units Built Before 1960: Enter the total number of housing units in the service area that were built prior to 1960.
3. Percentage of Housing Units Built Before 1960: CDOL will calculate the percentage built prior to 1960 for the service area on line 3 when you click 'Submit'.
4. Source of Data: Select the source of the data from the drop-down menu. If the source is not included, specify the source in the field below.

Exhibit 4 – Relevant Experience

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

Provide examples for up to five similar programs that these organizations have been involved with for the past three to five years, including those that are in progress, those they are currently administering, or those completed during that timeframe.

Check the 'Not Applicable' box at the top right of the Exhibit if there is no relevant experience to report, and move 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 *Sample Town MMHR Program 2016*.
- Program Administrator/Contact Person Name: Provide the name of the individual able to provide additional details if needed.
- Role: From the drop-down menu, choose the role that the organization assumed

in the program.

- Type: From the drop-down menu, select the type of activity that best describes the project/program.
- Contract Start/End Dates and Project 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 and/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.

Exhibit 5 – Budget/Financing Plan

5A. Sources of Funds

MMHR Budget Policy and Budget Worksheet

Please refer to the MMHR Budget Policy and Budget Worksheet available on the HCR MMHR Program website for instructions and requirements for creating the program budget. Use the Policy document to create a budget worksheet to upload as CDOL Attachment 2. The totals from the budget worksheet in Attachment 2 must be used to fill in the budget line items in Exhibit 5B.

Once the budget worksheet is completed, add each source of financing for the project in this exhibit. The total sources with the financing types (permanent, construction, or both), as described below, must equal the Total Program Cost for

all outlined in Section 5B of this Exhibit. **An entry for MMHR 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').
- **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.
- **Financing Type:** Select the type of financing from the drop-down menu: construction, permanent, both (both construction and permanent) or other. Please note if using other sources of funds: Only a choice of "Permanent" or "Both" will allow for program cost entries in the "Other Funds" column in "5B Program Costs."
- **Assistance Type:** Select the assistance type from the drop-down menu: loan, grant or other.
- **Financing Term:** If applicable, enter the number of months or years of the financing term.
- **Financing Term Type:** If a Financing Term was provided, select either months or years. Otherwise, select 'Not Applicable'.
- **Status:** Select 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 letter documentation as requested in Attachment 3.

Click the 'Submit' button for the first source, and 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. Please note that if you submit a source of funds with an incorrect fund "Source" identified, your only option is to delete the source and redo it. Editing the "Source" field is not possible.

5B. Program Costs

MMHR Budget Policy and Budget Worksheet

Please refer to the MMHR Budget Policy and Budget Worksheet available on the

HCR MMHR Program website for instructions and requirements for creating the program budget. Use the Budget Policy document to create a budget worksheet to upload as CDOL Attachment 2. The totals from the budget worksheet in Attachment 2 must be used to fill in the budget line items in Exhibit 5B.

Provide a line-item breakdown of all costs associated with the proposed program as follows: Under the column titled 'MMHR funds', enter the total amount to be paid with MMHR funds. Under the column titled 'Other Funds', enter the total amount to be paid with funds other than the MMHR. Upon clicking the 'submit' button, CDOL will add the columns together and display the total in the column titled 'Total Cost'. It will also calculate the total cost per unit in the column 'Cost/Unit.'

Budget Line Item amounts are determined from the Budget Policy and Budget Worksheet. The line item totals from the worksheet are used to fill out this Exhibit:

1. Project Costs
2. Project Soft Costs
3. Administration
4. Total: CDOL will total the amounts entered in lines 1 through 4.

5C. 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. More specifically:

- Identify the total project cost and describe each source of committed funds and proposed use(s).
- Identify sources and amounts of available construction financing.
- Identify if there are funds not able to be committed in this application, but that may be committed prior to June 2017.

VII. VALIDATING APPLICATION EXHIBITS

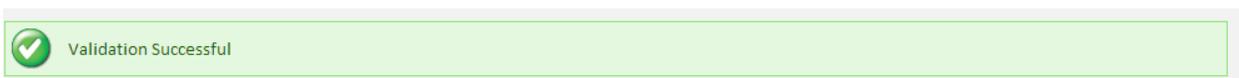
An application must pass a series of validations before the application exhibits can be certified and submitted. To validate the application, return to the Menu using the

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.



VIII. APPLICANT / OWNER CERTIFICATION

A. Certifying Application Exhibits

Please Note: Once the application is certified, the application 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 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.

Read each certification and check yes or no. 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 at 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.**

IX. APPLICATION ATTACHMENTS

Attachment 1 - Administrative Plan (Required)

Attachment 2 – MMHR Budget Worksheet (Required)

Attachment 3 – “Funding Commitment Letters” (Supportive Service Agency Commitments)

(Please note that CDOL lists this Attachment 3 as “Funding Commitment Letters” however this attachment should be listed as “Supportive Services Agency Commitment Letters”).

A. Attachment Instructions

Attachment 1 - Administrative Plan (Required)

MMHR Administrative Plans:

The OCR has developed an **MMHR Administrative Plan** (Plan) that is in compliance with State MMHR regulations and policies.

Applicants do not have to write an administrative plan, but are required to answer questions, as inserted in the Plan, regarding the administration of the proposed program. Answers to the questions will be a scored factor in this application.

Responses to the questions are to be written in the text boxes located within the Plan. Responses are limited to the number of characters, as listed in the text box after the question.

If awarded funds, the Plan and the responses to the questions will become the administrative plan for the awarded program.

The Plan is included in this application and is uploaded as Attachment 1 and is available on the HCR MMHR Program website. The first page of the Plan gives instructions, acronyms and general information needed to respond to the questions inserted.

Attachment 2 – MMHR Budget Worksheet (Required)

The MMHR Budget Policy is available on the HCR MMHR program website. This policy provides instructions and requirements for creating the program budget using an activity specific Budget Worksheet. Use the Budget Policy document to create program budget worksheet to upload as CDOL Attachment 2. The totals from the budget worksheet in Attachment 2 must be used to fill in the budget line items in Exhibit 5B.

Attachment 3 – Supportive Services Agency Commitments

If the program elects to serve a special needs population, the LPA must have a current service provider agreement that will send direct referrals of applicants of the special needs population to the proposed MMHR Program. The service provider agreement must be uploaded as attachment 3 in CDOL.

The attachment must be labeled “Attachment 3 – Supportive Services Agency Commitments.”

(Please note that CDOL lists Attachment 3 as “Funding Commitment Letters” however this attachment should be listed as “Supportive Services Agency Commitment Letters”).

To complete the application, the applicant must select 'omit' if attachments will not be uploaded.

X. 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

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 MMHR Program Application is complete and may not be changed.

Return to the main menu using the navigation menu at 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.

MMHR Program Application exhibits and attachments must be submitted via the CDOL system by 4:00 PM (EST) Tuesday, January 17, 2017. Applications and supplemental materials will not be accepted after the stated deadline.