

# **RESTORE PROGRAM**

Residential Emergency Services to Offer (Home) Repairs to the Elderly

2016 PROGRAM YEAR

APPLICATION INSTRUCTIONS



**Homes and  
Community Renewal**

**Housing  
Trust Fund  
Corporation**

# 2016 RESTORE

## Community Development Online (CDOL) Application Instructions

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

Applications for RESTORE 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, 4<sup>th</sup> Floor South, 38-40 State Street, Albany, NY 12207.

**RESTORE 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](mailto: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 RESTORE program application includes five exhibits, an electronic certification, and two attachments listed below.

Exhibit 1 – Application Summary

Exhibit 2 – Proposal Summary

Exhibit 3 – Program Needs

Exhibit 4 – Relevant Experience

Exhibit 5 – Budget/Financing Plan

Electronic Application Certification

Attachment 1 – Funding Commitment Letters (Optional)

Attachment 2 – Supportive Services Agency Commitments (Optional)

RESTORE Administrative Plan – the Administrative Plan is a standard plan established by OCR. If an applicant is selected as a RESTORE program award recipient, the Plan will become part of the contract package. The awardee is required to comply with all program standards identified in this Administrative Plan. Please review the HCR website at: <http://www.nyshcr.org>, Programs, RESTORE, Forms.

### B. Application Process

The submission of a RESTORE 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 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 2015 RESTORE 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 ‘RESTORE’ from the ‘Application Type’ drop-down menu.
- Press ‘Submit’ button.

A table of contents will be displayed with a list of all RESTORE 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. Instructions for Completing Application Exhibits 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. Funds Requested and Activities/Uses**

- 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 Emergency Repair Program.
- 2. Total RESTORE Funds Requested:** Enter the total amount of RESTORE funds requested for this project, rounded to the nearest dollar.

#### **1B. Applicant Information**

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. Program Detail Information**

##### **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 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 residential buildings that will be repaired with RESTORE funds.

## **Exhibit 2 – Proposal Summary**

### **2A. Program Activities and Scope**

Provide an overview of the proposed program. At a minimum:

- Describe the types of emergency repairs to be undertaken;
- Demonstrate a clear understanding of program eligibility for clients;
- Estimate number of persons/homes to be assisted and type of clients that will be assisted (such as AMI targets or number of frail elderly that will be assisted);
- Demonstrate a clear understanding of funding limits including processes for projects that exceed program limits;
- Explain the proposed budget by identifying the use of other sources of funds including additional sources of administrative funds and match funds committed at submission of application.

### **2B. Selection Criteria for Assisted Units**

Describe the criteria to be used to determine the existence of emergency conditions. In doing so, the following questions should be answered:

- How does the applicant differentiate between a repair and an emergency repair?
- How will emergency conditions be verified?
- Describe the processes and procedures that will ensure the applicant meets all program requirements.
- Describe the application review and selection process in detail.

### **2C-1. Program Start-Up Procedures**

Explain the quality assurance methods that will be used to facilitate a timely start-up of the Program including:

- Project development procedures including initial inspections, work write ups, cost estimates and financial feasibility determinations;
- Methods used to ensure compliance with RESTORE repair response deadlines (72 hours to inspect a home, 7 days to begin repairs, 30 days to complete repairs);
- Plan for documenting exemptions from Lead Based Paint regulations and/or the plan for using lead safe work practices;
- Procedures for construction management and quality control including inspections and monitoring;
- Procedures for dispute resolution.

### **2C-2. Methods to Ensure Compliance**

- Describe the procedures for preventing and handling conflicts of interest.
- In the event that a RESTORE assisted home is sold or transferred within three years to other than a low-income elderly household, describe the method that will be employed to recapture those funds.

### **2C-3. Contractor Procurement**

- Describe the procedures and responsibilities for procuring contractors.
- Describe the procedures in place to ensure that NYS Certified Minority and Women-Owned Business Enterprises are afforded opportunities for meaningful participation in projects.
- Describe how the applicant organization will undertake or continue existing EEO programs to ensure minority group members and women are afforded equal opportunity without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
- Provide names of community organizations, contractor groups, state or federal business assistance offices, or other organizations that will provide assistance in the recruitment or placement of M/WBEs with whom the organization has worked or will work to achieve M/WBE compliance goals.

## **2D-1. Strategies for Achieving Program Goals**

Clients may need additional help outside of that offered by the RESTORE program. Describe current and documented working/referral relationships with local aging and housing service providers, and explain how the applicant organization will coordinate and link the Program with related programs and services to ensure that client needs are met. A documented relationship is one where the applicant has a written referral agreement in place (see 2D-4 below), such as a memorandum of understanding, with another service provider for additional services outside of those offered by the RESTORE program.

## **2D-2. Referral Process to be Used**

Detail the referral process(es) that may be employed whether the referral is to other departments internal to the organization or the referral is to external agencies. For a client that needs assistance outside the scope of services offered by the RESTORE Program describe:

1. How the need is identified;
2. How the appropriate service and/or service provider is identified; and
3. How the applicant organization will ensure the need is addressed.

## **2D-3. 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.

## **2D-4. Referral Agreements in Place**

A copy of the agreement may be submitted as part of the RESTORE application. 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.

## **2E. 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.

## **2F. Program Abstract**

Follow the sample text below to provide a brief abstract applicable to the proposed program. **Please note the abstract provided may be included in press materials.** This abstract should include, but not be limited to, the following information: Organization name, RESTORE program request amount, estimated total project cost, other sources of funding, main goal(s) of the program, activities RESTORE 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 undertake a \$100,000 project using \$50,000 in RESTORE funds, \$25,000 from the City of Sample and \$25,000 from other grant sources (specify). This project will correct emergency housing conditions threatening the health and safety of low-income homeowners aged 60 or above in

the City of Sample. Sample Organization works closely with the County of Sample's Office for Aging and is able to access services for the assisted households should there be needs that cannot be addressed by the emergency repairs.

### **2G-1. 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.

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

### **2G-2. Procurement & 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 RESTORE program requirements, quality control, timeliness and cost-effectiveness.

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

### **2H-1. Outreach & Promotion**

- Describe the outreach and promotion activities planned for the Program that will ensure that the public is aware of the availability of funds.
- Describe affirmative marketing plans that promote the participation of minority households and contractors.

### **2H-2. Contract Process**

Describe the procedures in place for preparing, executing and managing contracts with participants.

### **2I. Fiscal Management**

Describe the anticipated payment process and internal procedures related to fiscal management, including internal controls, fiscal records management and documentation of reasonableness and allowability of costs.

## **Exhibit 3 – Needs Statement Summary**

### **3A. Number & Percentage of Low-Income Elderly Homeowners in Service Area**

To complete this section of the application, applicants may need to utilize various sources to substantiate the data for questions 3.A. 1 & 2, and 3.B. 1, 2 & 3. Data is available from HUD on this website: <http://www.huduser.org/portal/ast/index.htm>; or applicants may utilize the American Community Survey – US Census Bureau Data, or, other substantiated sources of data, to determine the number and percentages of low-income elderly homeowners in the proposed service area. Applicants must submit the sources of data utilized that confirm the numbers presented.

If the proposed service area is for a multi-county area, cities, towns, villages or census designated places, applicants will be required to make sure the information is totaled properly before inserting into the application. In New York City, please provide the requested data for the borough in which the service area is located. CDOL will calculate the total number of elderly households < 80% of median income.

### **3B. Housing Conditions in Service Area**

1 & 2. Provide an estimate of the number and the percentage of substandard housing units in the service area. Enter the name and date of the data source for these estimates.

3. If data is available, provide an estimate of the number of low-income elderly homeowners living in housing that is substandard or requires at least one emergency repair. Provide the name and date of the data source.

Applicants are encouraged to use existing survey data for these estimates, such as a Housing Condition Survey performed for the Office of Community Renewal Community Development Block Grant Program. Similar surveys performed for other purposes may also be acceptable. The data provided must not be more than five years old. HTFC reserves the right to request documentation to verify the data.

## **Exhibit 4 – Relevant Experience**

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

This form should be completed to identify up to five housing programs that have been administered during the past three 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 – Budget/Financing Plan

### 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 RESTORE 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’).

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.

Assistance Type: Select the assistance type from the drop-down menu: loan, grant or other.

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 1.

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 Uses

1. Total Repair Costs: Under the column labeled *RESTORE*, enter the total repair costs to be funded by the RESTORE Program. Under the column labeled *Other Funds*, enter the total repair costs to be funded by sources other than the RESTORE Program. Upon clicking the ‘submit’ button, CDOL will add the two columns together and display the total in the column labeled *Total Cost*.
2. Salaries/Fringe: Under the column labeled *RESTORE*, enter the total salaries/fringe costs to be funded by the RESTORE Program. Under the column labeled *Other Funds*, enter the total salaries/fringe costs to be funded by sources other than the RESTORE Program. Upon clicking the ‘submit’ button, CDOL will add the two columns together and display the total in the column labeled *Total Cost*.
3. OTPS: Under the column labeled *RESTORE*, enter the total OTPS costs to be funded by the RESTORE Program. Under the column labeled *Other Funds*, enter the total OTPS costs to be funded by sources other than the RESTORE Program. Upon clicking the ‘submit’ button, CDOL will add the two columns together and display the total in the column labeled *Total Cost*.
4. Total Administrative/Operating Costs: Upon clicking the ‘submit’ button, CDOL will calculate this line by adding together lines 2 and 3 for each column.
5. Total Program Costs: Upon clicking the ‘submit’ button, CDOL will calculate this line by adding together lines 1 and 4 for each column.

### 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. Specifically:

- 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.

## **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 – Financial Commitment Letters (Optional)

Attachment 2 – Supportive Services Agency Commitments (Optional)

### **A. Attachment Instructions**

#### Attachment 1 – 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 2 – Supportive Services Agency Commitments (Optional)

Supporting documentation should be provided for each Service Provider Agreement identified in Application Exhibit 2D-3 or Referral Agreement identified in Application Exhibit 2D-4. To complete application, applicant must select ‘omit’ if attachments will not be uploaded.

## VII. Uploading & Certifying Attachments

### A. Uploading Attachments

Return to the Menu, and 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' and 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 RESTORE Program Application is complete and may not be changed.

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

**RESTORE 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

### RESTORE – CDOL Table of Contents & Exhibit List

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## 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 Emergency Repair Program

2. **Total RESTORE funds requested:** \*\$

### 1B. Funds Requested

1. Applicant Name:

2. Federal EIN:

3a. DOS Charities Registration Number:

3b. Not-for-Profit Incorporation Date: 00/00/200

4. Fiscal Year End Date: 00/00

5a. Applicant Types:

5b. Have all required periodic or annual written reports been filed with the Attorney General's office in a timely manner? \*

 

5c. DUNS Number:

6. Official Mailing Address:

Select the mailing address for Contract or Award Materials 

SAMPLE ADDRESS

SAMPLE ADDRESS 2

7. Applicant Phone and Internet Data

Phone Number:

Phone Extension:

Fax:

Email Address:

URL:

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

First Name: \*

Last Name: \*

Salutation:  

Title:

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

Phone Extension:

Fax Number:  Example: 212-555-1212

Email Address: \*

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

**9. Contact Authorized to Execute a Contract with HTFC:**

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

First Name: \*

Last Name: \*

Salutation:

Title:

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

Phone Extension:

Fax Number:  Example: 212-555-1212

Email Address:

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

Project County: \*

Will the project be county wide? \*

Municipality: \*

**1C-2. Regional Council**

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

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

**1C-2. Latitude & Longitude**

Click [HERE](http://itouchmap.com/latlong.html) (<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 organizations 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):

<input type="text"/>	> <	<input type="text"/>
----------------------	-----	----------------------

2. New York State Senate District(s):

<input type="text"/>	> <	<input type="text"/>
----------------------	-----	----------------------

3. New York State Congressional District(s):

<input type="text"/>	> <	<input type="text"/>
----------------------	-----	----------------------

**1E. Units Assisted**

Units to be assisted by RESTORE:

Residential - Existing/Rehab:

## **Exhibit 2 – Proposal Summary**

### **2A. Program Activities and Scope**

Provide an overview of the proposed program. At a minimum:

- Describe the types of emergency repairs to be undertaken;
- Demonstrate a clear understanding of program eligibility for clients;
- Estimate number of persons/homes to be assisted and type of clients that will be assisted (such as AMI targets or number of frail elderly that will be assisted);
- Demonstrate a clear understanding of funding limits including processes for projects that exceed program limits;
- Explain the proposed budget by identifying the use of other sources of funds including additional sources of administrative funds and match funds committed at submission of application.

### **2B. Selection Criteria for Assisted Units**

- a. Describe the criteria to be used to determine the existence of emergency conditions. In doing so, the following questions should be answered:
  - How does the applicant differentiate between a repair and an emergency repair?
  - How will emergency conditions be verified?
- b. Describe the processes and procedures that will ensure the applicant meets all program requirements.
- c. Describe the application review and selection process in detail.

### **2C-1. Program Startup Procedures**

Explain the quality assurance methods that will be used to facilitate a timely start-up of the Program including:

- Project development procedures including initial inspections, work write ups, cost estimates and financial feasibility determinations;
- Methods used to ensure compliance with RESTORE repair response deadlines (72 hours to inspect a home, 7 days to begin repairs, 30 days to complete repairs; 12 months to expend program funds.);
- Plan for documenting exemptions from Lead Based Paint regulations and/or the plan for using lead safe work practices;
- Procedures for construction management and quality control including inspections and monitoring;
- Procedures for dispute resolution.

### **2C-2. Methods to Ensure Compliance**

Describe the procedures for preventing and handling conflicts of interest.

In the event that a RESTORE assisted home is sold or transferred within three years to other than a low-income elderly household, describe the method that will be employed to recapture those funds.

### **2C-3. Contractor Procurement**

- Describe the procedures and responsibilities for procuring contractors.
- Describe the procedures in place to ensure that NYS Certified Minority and Women-Owned Business Enterprises are afforded opportunities for meaningful participation in projects.
- Describe how your organization will undertake or continue existing EEO programs to ensure minority group members and women are afforded equal opportunity without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
- Provide names of community organizations, contractor groups, state or federal business assistance offices, or other organizations that will provide assistance in the recruitment or placement of M/WBEs with whom you have worked or will work to achieve M/WBE compliance goals.

### **2D-1. Strategies for Achieving Program Goals**

Clients may need additional help outside of that offered by the RESTORE program. Describe internal relationships with other applicant departments, if available, that may offer services to RESTORE clients and explain how staff will coordinate and link the Program with related programs and services to ensure the client needs are met. Describe current and documented working/referral external relationships with local aging and housing service providers, and explain how you will coordinate and link the Program with related programs and services to ensure that client needs are met. A documented relationship is one where the applicant has a written referral agreement in place, such as a memorandum of understanding, with another service provider for additional services outside of those offered by the RESTORE program.

### **2D-2. Referral Processes to be Used**

Detail the referral process(es) that may be employed whether the referral is to other departments internal to the organization or the referral is to external agencies. For a client that needs assistance outside the scope of services offered by the RESTORE Program describe:

1. How the need is identified;
2. How the appropriate service and/or service provider is identified; and
3. How you ensure the need is addressed.

**2D-3. Service Provider Agreements in Place**

Service Provider: \*

Type of Service: \*

Written Commitment Date: \*  Example: mm/dd/yyyy

Signatory: \*

**2D-4. Referral Agreements in Place**

Referral Source: \*

Written Agreement/Letter Date: \*  Example: mm/dd/yyyy

Signatory: \*

**2E. 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.

**2F. Program Abstract**

Provide a brief abstract of the proposed program. **Please note the abstract provided may be included in press materials.** This abstract should include, but not be limited to the following information: Organization name, RESTORE program request amount, estimated total project cost, other sources of funding, main goal(s) of the program, activities RESTORE 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 undertake a \$100,000 project using \$50,000 in RESTORE funds, \$25,000 from the City of Sample and \$25,000 from other grant sources (specify). This project will correct emergency housing conditions threatening the health and safety of low-income homeowners aged 60 or above in the City of Sample. Sample Organization works closely with the County of Sample's Office for Aging and is able to access services for the assisted households should there be needs that cannot be addressed by the emergency repairs.

**2G. 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

**2.G-2. 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).

**2H-1. Outreach & Promotion**

Describe the outreach and promotion activities planned for the Program that will ensure that the public is aware of the availability of funds. Describe affirmative marketing plans that promote the participation of minority households and contractors.

**2H-2. Contract Process**

Describe the procedures in place for preparing, executing and managing contracts with participants.

**2I. Fiscal Management**

Describe the anticipated payment process and internal procedures related to fiscal management, including internal controls, fiscal records management and documentation of reasonableness and allowability of costs.

## Exhibit 3 – Program Needs

### 3A. RESTORE Program Needs

#### A. Number & Percentage of Low-Income Elderly Homeowners in Service Area

1. Total Number of Elderly 1 & 2 Member Owner Households < 80% of Median Family Income: \*

2. Total Households: \*

3. Total Elderly 1 & 2 Member Owner Households < 80% of Median Family Income as a Percentage of Total Households: 0%

#### B. Housing Conditions in Service Area

1. Estimated Number of Substandard Housing Units: \*

2. Substandard Housing Units as a Percentage of all Housing Units: \*

%

Source of Data: \*

Date of Data: \*

Example: mm/dd/yyyy

3. Estimated Number of Low-Income Elderly Homeowners in Substandard Housing or Housing in Need of Emergency Repair (if available):

Source of Data:

Date of Data:

Example: mm/dd/yyyy

## Exhibit 4 – Relevant Experience

### 4A. Relevant Experience

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

Not Applicable:

Program Name: \*

Program Administrator/Contact 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 – Budget / Financing Plan

### 5A. Sources of Funds

Source: \*

Specify Source:

Funds Requested: \* \$

Assistance Type: \*

Status: \*

If Committed, enter the following information:

Date of Letter:  Example: mm/dd/yyyy

Signatory:

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

Total RESTORE Funds Requested: \$ 00,000

#### Construction/Repair Costs

	RESTORE Funds	Other Funds	Total Cost
1. Total Repair Costs	<input type="text"/>	<input type="text"/>	\$0
2. Project Delivery Costs	<input type="text"/>	<input type="text"/>	\$0

#### Administrative/Operating Costs

	RESTORE Funds	Other Funds	Total Cost
3. Salaries/Fringe	<input type="text"/>	<input type="text"/>	\$0
4. OTPS	<input type="text"/>	<input type="text"/>	\$0
<b>5. Total Administrative/Operating Costs (Lines 3 &amp; 4)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>6. Total Program Costs (Lines 1, 2 &amp; 5)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### 5C. Budget Narrative

Explain the program 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

<input type="checkbox"/> Yes	<input type="checkbox"/> 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 <b>APPLICANT NAME</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<b>For the period beginning 10 (ten) years prior to the date of this certification:</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<input type="checkbox"/> Yes	<input type="checkbox"/> 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)
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
<input type="checkbox"/> N/A	<input type="checkbox"/> 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:


## RESTORE Attachment Upload Screen

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