

New York Main Street



Eliot Spitzer, Governor

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New York Main Street



Outline

- **Main Street: Show Me the Money**
 - Program Update
 - Executing Your Contract
 - Project Set Up
 - Disbursement Procedures
 - Prepare for Monitoring
 - What should be in your files
 - Available Resources
 - Technical Assistance

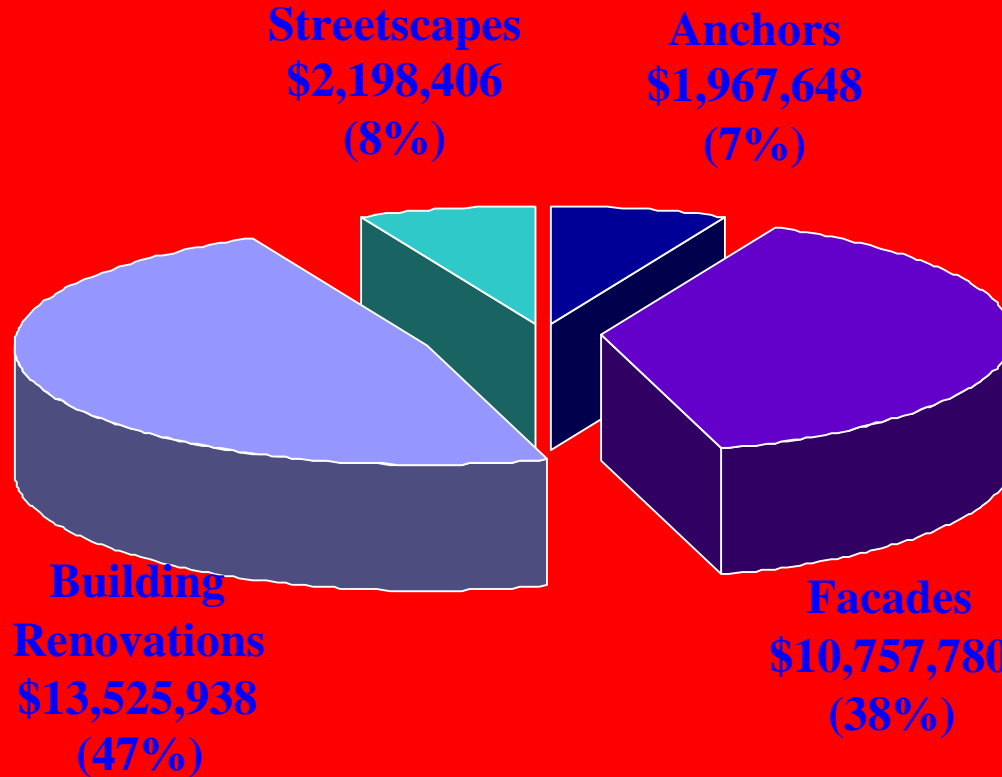


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Program Overview



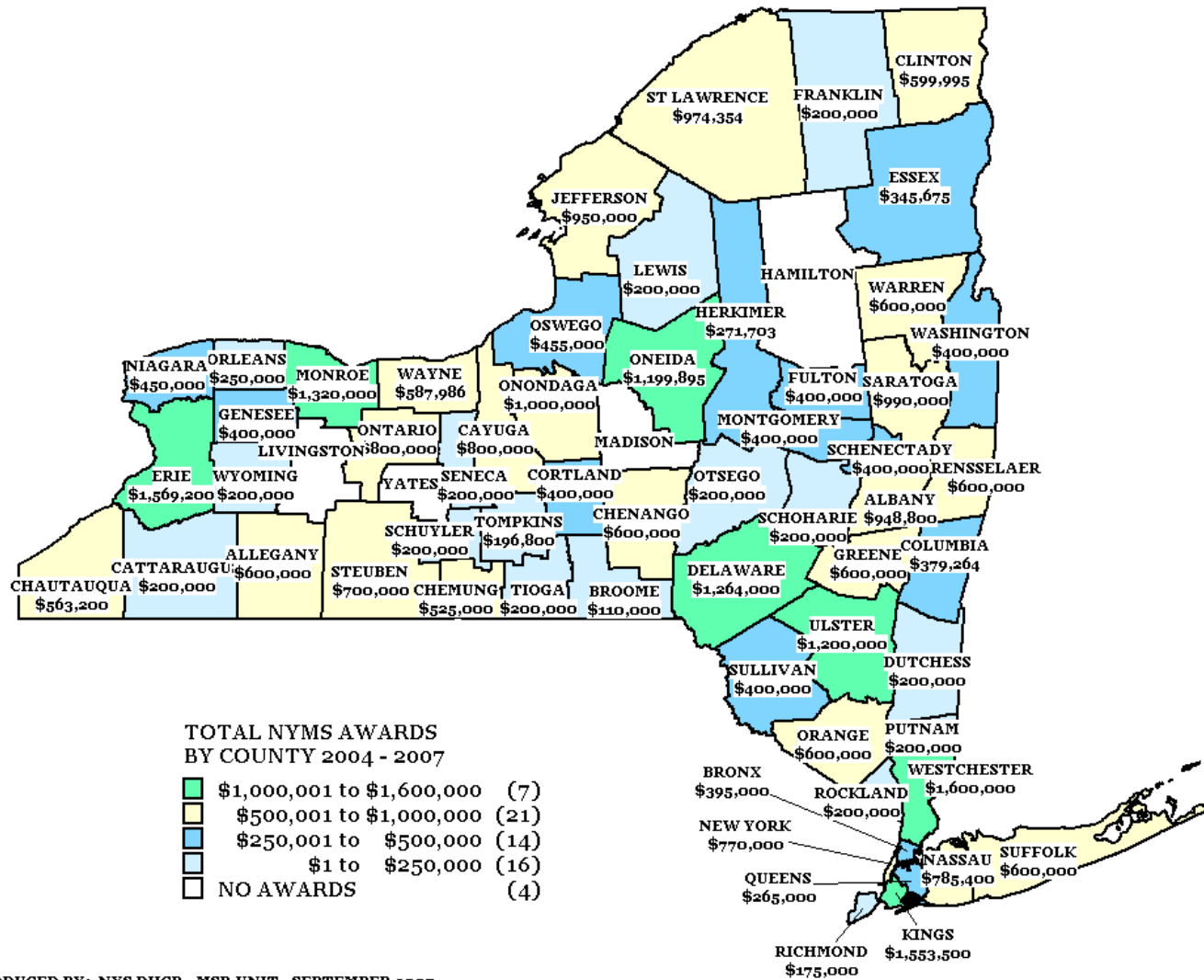
NYMS USES-YEARS 1 TO 3

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Program Overview



PRODUCED BY: NYS DHCR - MSR UNIT - SEPTEMBER 2007

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Program Overview

- **NYMS 2004**
 - 143 applications received from 52 counties
 - 60 applications funded from 46 counties
- **NYMS 2005**
 - 100 applications received from 47 counties
 - 56 applications were funded from 40 counties
- **NYMS 2006**
 - 54 applications received from 37 counties
 - 36 applications were funded from 28 counties
- **NYMS 2007**
 - 64 applications received from 34 counties
 - 26 applications were funded from 21 counties



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Main Street By The Book

O.K. , There Is No Book , But:

- **Statutory Authority**
- **NYMS Q&A**
- **Your Contract**
- **Disbursement and Reporting Procedures**

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The Contract

- **Your Contract: A Closer Look**
 - Boilerplate – 20 Sections
 - Exhibit A - Program Summary and Description of Target Area
 - Exhibit B – Administrative Plan
 - Exhibit C – Program Budget
 - Exhibit D – Program Schedule
 - Exhibit E – Declaration Form
 - Exhibit F – Property Release Form



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Disbursement Steps

- **Getting to Disbursement**
 - **Automated Clearing House ACH**
 - Account Designation
 - **Project Set-Up**
 - Certifications
 - **Disbursement Request**
 - Detail Sheet(s)
 - Invoice / Certification
 - **Project Completion**
 - Certification



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NYMS Materials

The New York Main Street program has assembled some of the forms and procedural documents and made them available for download.

- [Disbursement and Reporting Procedures for Project Administrators](#)
- [Disbursement Request Form](#)
- [Designation of Depository for Direct Deposit of Funds Form](#)
- [Project Detail Form](#)
- [Project Setup/Completion Form](#)
- [Environmental Compliance Checklist--Handbook](#)
- [Environmental Compliance Checklist](#)
- [Program Description Form](#)
- [SHPO Project Submission Guide](#)
- [Project Review Cover Form](#)
- [SHPO Transmittal Letter](#)
- [Historic Resource Inventory Form](#)

Housing Trust Fund Corporation /
New York State Division of Housing & Community Renewal
Hampton Plaza, 38-40 State Street, Albany, NY 12207 1-866-275-3427
Website created and maintained by the New York State Division of Housing and Community Renewal
<http://www.dhcr.state.ny.us>

Disbursement Steps



Project Set Up

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<input type="checkbox"/> Project Set Up		<input type="checkbox"/> Project Completion		
Person completing form:		Date:		
Phone: () ext.		<input type="checkbox"/> Original <input type="checkbox"/> Revision		
PROGRAM INFORMATION				
Name of Local Program:		SHARS ID:		
PROJECT INFORMATION				
Project Name (optional):		Project ID:		
Project Address:				
SWIS Code:		Section / Block / Lot:		
<input type="checkbox"/> Façade <input type="checkbox"/> Building Renovation <input type="checkbox"/> Downtown Anchor <input type="checkbox"/> Streetscape				
PROJECT ACTIVITY COSTS				
	NYMS Project	Owner's Match	Other Match	Project Total
Project Delivery				
Site tests / surveys				
Design				
Other (specify)				
Project Delivery Subtotal				
Façade Renovation Construction				
Building Renovation Construction				
Downtown Anchor Construction				
Streetscape Construction				
Construction Subtotal				
TOTAL				
CLEARANCES (for Project Set Up)				
Date of SHPO Clearance:				
Phase I Environmental Analysis:		Environmental Conditions:		
Completed <input type="checkbox"/> Not required <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
CLEARANCES (for Project Completion)				
Date site was determined free from environmental hazard:				
Final property standards inspection date:				
Date assisted units were determined lead-safe:				
NUMBER OF UNITS				
Residential units:		NYMS-assisted Residential units:		
Commercial units:		NYMS-assisted Commercial units:		
Civic or Community units:		NYMS-assisted Civic or Community units:		



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<input type="checkbox"/> Project Set Up	<input type="checkbox"/> Project Completion
Person completing form:	Date:
Phone: () ext.	<input type="checkbox"/> Original <input type="checkbox"/> Revision
PROGRAM INFORMATION	
Name of Local Program:	SHARS ID:
PROJECT INFORMATION	
Project Name (optional):	Project ID:
Project Address:	
SWIS Code:	Section / Block / Lot:
<input type="checkbox"/> Façade <input type="checkbox"/> Building Renovation	<input type="checkbox"/> Downtown Anchor <input type="checkbox"/> Streetscape

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PROJECT ACTIVITY COSTS				
	NYMS Project	Owner's Match	Other Match	Project Total
Project Delivery				
Site tests / surveys				
Design				
Other (specify)				
Project Delivery Subtotal				
Façade Renovation Construction				
Building Renovation Construction				
Downtown Anchor Construction				
Streetscape Construction				
Construction Subtotal				
TOTAL				

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CLEARANCES (for Project Set Up)

Date of SHPO Clearance:

Phase I Environmental Analysis:
Completed Not required

Environmental Conditions:
Yes No

CLEARANCES (for Project Completion)

Date site was determined free from environmental hazard:

Final property standards inspection date:

Date assisted units were determined lead-safe:

NUMBER OF UNITS

Residential units:	NYMS-assisted Residential units:
Commercial units:	NYMS-assisted Commercial units:
Civic or Community units:	NYMS-assisted Civic or Community units:

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FOR ALL RESIDENTIAL UNITS ASSISTED WITH NYMS FUNDS				
Unit Number	Number of Bedrooms	Occupied	Vacant	Total monthly rent
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

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Disbursement Request

Housing Trust Fund Corporation NEW YORK MAIN STREET Local Administrator Disbursement Request			
Name of Local Program Administrator (organization):			SHARS ID:
Name, phone number and extension of person completing this form:			Date:
Address of state recipient/subrecipient:			
City:	State:	Zip Code:	Tax ID:
FINANCIAL INFORMATION			
Total contract amount:			
Total requested to date:			
Total amount of this request:			
Number of Detail Sheets attached:			
Façade Detail Sheet _____		Downtown Anchor Detail Sheet _____	
Building Renovation Detail Sheet _____		Streetscape Detail Sheet _____	
Payee certification: I certify that the above bill is just, true and correct; the attached Detail Sheet(s) are accurate; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.			
Payee signature: _____		Date: _____	
Name of Signatory (Please print or type): _____		Title: _____	
HTFC use only			
OCD approval:			Date:
Finance approval:			Date:
Disbursement number (HTFC use only):			Voucher Number:

NYMS0004



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Local Administrator Disbursement Request

Name of **Local Program Administrator** (organization):

SHARS ID:

Name, phone number and extension of person completing this form:

Date:

Address of state recipient/subrecipient:

City:

State:

Zip Code:

Tax ID:

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FINANCIAL INFORMATION

Total contract amount:

Total requested to date:

Total amount of this request:

Number of Detail Sheets attached:

Façade Detail Sheet _____

Downtown Anchor Detail Sheet _____

Building Renovation Detail Sheet _____

Streetscape Detail Sheet _____

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Payee certification: I certify that the above bill is just, true and correct; that re-attached Detail Sheet(s) are accurate; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Payee signature: _____

Date: _____

Name of Signatory (Please print or type):

Title:

HTFC use only

OCD approval: _____

Date: _____

Finance approval: _____

Date: _____

Disbursement number (HTFC use only): _____

Voucher Number: _____

Project Detail Sheet

Housing Trust Fund Corporation NEW YORK MAIN STREET Project Detail Sheet		
Attach one detail sheet for each activity for which funds are being requested. Attach additional sheets if payment is requested for more than three contractors on one activity.		
Check one:		
<input type="checkbox"/> Façade Renovation	<input type="checkbox"/> Building Renovation	
<input type="checkbox"/> Downtown Anchor	<input type="checkbox"/> Streetscape	
SHARS ID:	Project Name (optional):	
Activity #:	Amount of this draw:	
NYMS Funds Setup:	Total paid to date:	Percent complete*:
Project address:	Private match:	Public match:
CONTRACTOR INFORMATION		
Contractor name:		M/WBE?
Type of work or trade:		
Work performed:		
Contract amount:	Amount this draw:	Percent complete:
Contractor name:		M/WBE?
Type of work or trade:		
Work performed:		
Contract amount:	Amount this draw:	Percent complete:
Contractor name:		M/WBE?
Type of work or trade:		
Work performed:		
Contract amount:	Amount this draw:	Percent complete:

**For final payment on a project, please complete and attach a Project Completion form.*



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Project Detail Sheet

Attach one detail sheet for each activity for which funds are being requested.
Attach additional sheets if payment is requested for more than three contractors on one activity.

Check one:

- | | |
|--|--|
| <input type="checkbox"/> Façade Renovation | <input type="checkbox"/> Building Renovation |
| <input type="checkbox"/> Downtown Anchor | <input type="checkbox"/> Streetscape |

SHARS ID:	Project Name (optional):	
Activity #:	Amount of this draw:	
NYMS Funds Setup:	Total paid to date:	Percent complete*:
Project address:	Private match:	Public match:

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CONTRACTOR INFORMATION		
Contractor name:		M/W B E ?
Type of work or trade:		
Work performed:		
Contract amount:	Amount this draw:	Percent complete:
Contractor name:		M/W B E ?
Type of work or trade:		
Work performed:		
Contract amount:	Amount this draw:	Percent complete:
Contractor name:		M/W B E ?
Type of work or trade:		
Work performed:		
Contract amount:	Amount this draw:	Percent complete:

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Sample Invoice



Morrison Doors and Windows

Serving Sampleville since 2003

Invoice

Date: 10/4/2006
To: Glen C. Taylor, Glen's Menswear and Golf Emporium, 123 Main Street, Sampleville
From: Morrison Doors and Windows
RE: Glen's Golf and Menswear C-456-789
Priority: Due on receipt

Removal of old windows and doors
Installation of new, A-1 historic, energy efficient window and doors
on Main Street façade, 123 Main Street.
September 18 - 22, 2006

Now due\$4,500

JM



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Local Program Checklist

Prepare for Monitoring

New York Main Street
Local Program Checklist
Revised January 24, 2006

	Yes	No	Date	Comments
HTFC Contract Declaration				
Property Release				
Lease Agreements				
Administrative Documents				
<ul style="list-style-type: none"> Marketing/Outreach Plan Application Process Procedures Written Rehab Standards Design Guidelines 				
<ul style="list-style-type: none"> Procurement Policy Owner Agreement Draft Outline of Property Lien Document Other Processing Documents 				
Affirmative Marketing Record				
<ul style="list-style-type: none"> Advertisement File Record of Owner Outreach Efforts M/WBE Contractor Outreach Efforts 				
Appeals by Applicants				
Environmental Review				
<ul style="list-style-type: none"> Public Comments & Complaints SEQR Checklist Documents 				
Conflict of Interest Determination Records				
Financial Records				
<ul style="list-style-type: none"> Insurance (HTFC named on policy) Fidelity Bond (Greater than the largest anticipated drawdown) Copy of NYMS Budget (Exhibit C) Program Match Documentation Administrative Cost Documentation Program Income Program Audit & Response to Findings 				

*If more space is needed for comments please attach separate sheet and indicate to which category comments apply.

BUILDING ADDRESS-STREETSCAPE AREA
(fill in address/area; print or type)

NYMS PROJECT CHECKLIST

ACTIVITY (check ONE, use ONE checklist for each activity)
 ___ FACADE ___ ANCHOR
 ___ BUILDING RENOVATION ___ STREETSCAPE

NYMS \$ \$ AMOUNT _____

	YES	NO	DATE	COMMENTS
OWNER APPLICATION				
OWNER COMMITMENT/AGREEMENT				
OWNER MATCH VERIFICATION				
SEQR DOCUMENTS <small>(if necessary for individual project sites; if not, then copy of original letter from program file.)</small>				
SHPO IMPACT LETTER <small>(if necessary for individual buildings or streetscapes; if type "x" then copy of original from program file.)</small>				
PLANS & SPECIFICATIONS				
PROPERTY INSPECTION				
COST ESTIMATE				
SCOPE OF WORK SIGN-OFF				
CONTRACTOR-BID PACKAGE PROPOSALS				
(a) proposal documents				
(b) owner mark-up bid to bid				
(c) add-on cost sheet/award				
(d) contractor site visit				
CONSTRUCTION DOCUMENTS				
CERTIFICATE OF CONTRACTOR INSURANCE				
CONSTRUCTION CONTRACT				
BUILDING PERMITS & NOTICES TO PROCEED				
CHANGE ORDERS (if any)				
PROGRESS INSPECTIONS				
WAIVER OF LIENS				
CERTIFICATE(S) OF FINAL INSPECTION				
FINANCIAL DOCUMENTATION				
PROJECT SET-UP SHEET				
PROJECT COMPLETION REPORT				
DISBURSEMENT REQUEST				
(a) contractor's invoices				
(b) contractor's vouchers				
(c) evidence of contractor disbursement				
(d) paymaster certification vouchers				
DECLARATION (Ex. D)				
LIEN ON PROPERTY				
PROPERTY RELEASE (Ex. F)				
(a) property photos				

* If more space is needed, attach additional sheets for comments; denote topic.



Project Checklist

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Available Resources

- Clearinghouse to six State agencies
 - Division of Housing and Community Renewal
 - Empire State Development Corporation
 - Office for Small Cities
 - NYS Office of Parks, Recreation and Historic Preservation
 - NYS Department of State
 - NYS Department of Transportation



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Available Resources

TECHNICAL ASSISTANCE

- New York Main Street Web Site
- WWW.NYMAINSTREET.ORG
 - Resources, Case Studies, Grant Information, Etc.
 - At the Crossroads
- MAINSTREET@DHCR.STATE.NY.US
- Training, Workshops and Conferences
- Consultant Contracts
- Regional Offices



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