

MEMBER ITEM PROGRAM

Application for Funds

Submit completed application to the Office/Address noted in the award letter by the specified deadline.

Contract Term: ___/___/___ to ___/___/___

SHARS ID# _____
please refer to award letter - **must be included**

Amount Awarded: \$ _____

Company Name: _____

Mailing Address: _____

City: _____ State: **New York** Zip: _____ County: _____

Telephone Number: () - _____ Fax Number: () - _____

E-mail Address _____

Contact Person: _____ Title: _____

Charities Registration #: _____ Employer I.D. #: _____ - _____

Board Chair/President: _____

Assembly District #'s: _____ Senate District #'s: _____

U.S. Congressional District #'s: _____

Work activities planned must be checked. Please check all that apply.

- Owner Occupied Housing Assistance
- Tenant Housing Assistance
- Other

OWNER OCCUPIED HOUSING ASSISTANCE

Indicate in the appropriate category, any assistance given to a property currently occupied or to be occupied by the actual **owner**.

Property Rehabilitation & Construction:

	Number of Households to be Assisted
Home Improvement (up to \$5,000 per unit)	
Moderate Rehabilitation (\$5,001-\$25,000 per unit)	
Substantial Rehabilitation (over \$25,000 per unit)	
New Construction	

Property Maintenance:

	Number of Households to be Assisted
Households at Training Sessions & Maintenance Workshops	

Financial Assistance:

	Number of Households to be Assisted
Households at Loan/Grant Workshops	
Debt Consolidation, Credit Counseling, Mortgage Restructuring	
Loan/Grant Intake	
Loan/Grant Applications Submitted	
Revolving Loan Fund	

Owner Occupied Narrative (must be included modified or not):

TENANT HOUSING ASSISTANCE

Indicate in the appropriate category, any activity which impacts rental units or tenants.

Property Rehabilitation & Construction:

	Number of Households to be Assisted
Home Improvement (up to \$5,000 per unit)	
Moderate Rehabilitation (\$5,001-\$25,000 per unit)	
Substantial Rehabilitation (over \$25,000 per unit)	
New Construction	

Financial Assistance:

	Number of Households to be Assisted
Households at Loan/Grant Workshops	
Grant/Subsidy Application Intake	

Tenant Assistance - Individual:

	Number of Households to be Assisted
Referral to Other Agencies/General Information Provided	
Tenant Counseling Intake	
Housing Court Assistance	
Conciliation Agreements/Evictions Prevented	
Relocation Assistance	

Tenant Housing Assistance Narrative (must be included modified or not):

Company Name: _____ SHARS 1D# _____

OTHER

Indicate here activities that are **not** categorized as Owner Occupied Housing or Tenant Housing Assistance.

In the space below, please type a narrative description of the work plan activities included in the application.

**New York State
Legislative Member Item Program**

Budget Page Instructions

Only those line items paid for with Member Item **award funds**, should be reflected in the completed budget. All budget **totals** will be entered automatically when using the OmniForm software. Please note that the amount for **Total Salaries** will also be automatically entered once page 7 is completed (if OmniForm is used.)

- Line 2- *Total Fringe Benefits* - would include the following costs: Workers' Compensation, the employers share of FICA, unemployment and disability insurances. It may also include health care benefits and other DHCR eligible fringe benefits.
- Line 3- *Insurance* - For awards over \$50,000, a comprehensive liability policy, a fidelity bond and fire and casualty insurance are required. Board liability insurance costs is also eligible.
- Lines 4-7 *Professional Services* - *accounting* and legal services incurred for Member Item Program. Line 7 (other) should include interest expenses for funds borrowed.
- Line 9- *Other* - This may include interest expenses or "other" items not listed in this budget.
- Line 11- *Rent/Mortgage* - *rent* costs to paid to the owner of the building (other than the company itself). If the company owns the building, mortgage and taxes can be entered as an expense.
- Line 16- *Service Agreements* - *Include* cleaning and maintenance of office space, copier and computer equipment as well as payroll service agreements.
- Line 17- *Non-Administrative Costs* - All capital costs associated with your work plan should be listed as a line item in the Budget. Construction materials would be included in this category. If additional descriptive information is necessary, please attach additional page(s)

BUDGET

Line	Personnel Services	Member Item Funds
1	Total Salaries (total from page 6)	
2	Total Fringe Benefits	
	Total Personnel Services	
	Regulated Other Than Personnel Services (OTPS)	
3	Insurance/Bonding	
4	Professional Services: Accounting	
5	Audit	
6	Legal	
7	Other	
8	Equipment	
9	Other	
10	Total Regulated OTPS	
	General Other Than Personnel Services (OTPS)	
11	Rent/Mortgage	
12	Telephone	
13	Office Supplies	
14	Printing/Postage	
15	Utilities	
16	Service Agreements & Maintenance	
	Bank Charges (not interest)	
	Other	
	Total General OTPS	
17	Non-Administrative Costs (specify and attach additional pages if necessary)	
	Total Non-Administrative Costs	
	TOTAL BUDGET	

SAMPLE BOARD RESOLUTION

Organization:

Resolution Number:

Board of Directors

Instructions: The following Board Resolution may be used to authorize submission of the application and contract. It must be printed, signed and submitted with the application.

I hereby certify that at a meeting of the Board of Directors of _____, a corporation organized under the laws of the State of New York duly called (a quorum being present) and held at the office of said corporation _____, in the city of _____, State of New York, on _____, the following resolution was duly adopted and is now in full force and effect:

Whereas, this Board of Directors authorized the Corporation's participation in the Member Item Program, now therefore, be it

Resolved, that this Board of Directors does hereby authorize and direct _____, its chairperson, to make application and sign said Member Item Contract Agreement with the New York State Division of Housing and Community Renewal for State Fiscal Year _____, and to keep a copy of said Agreement in the Office of the Corporation of this Board; and be it further

Resolved, that a certified copy of this resolution can be sent by the Secretary of this Board to the New York State Division of Housing and Community Renewal.

In Witness Whereof, I have hereunto set my hand as secretary of said corporation and affixed the corporate seal this

Signature
Board of Directors Secretary