

**NYS Homes and Community Renewal  
Legislative Member Item Program Work Plan**

Instructions: A final report is due to the Office of Community Renewal (OCR) upon completion of the program activities but no later than 30 days after the end of the contract term. The final report must indicate how funds were spent and the program activities accomplished. *Copies of documentation supporting the expenses listed in the final report (receipts, canceled checks, general ledger record, etc.) must be kept on file and are subject to review by Homes and Community Renewal.*

Contract Type

\$0 - \$14,999 (VM)

\$15,000 - \$49,999 (T)

\$50,000 and up (M)

Program Year: 09 / 15 / 2015

SHARS ID: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Board Chair/President: \_\_\_\_\_

Board Chair/President Signature: \_\_\_\_\_

Date: \_\_\_\_\_

|                          |  |
|--------------------------|--|
| <b>Funding Amount</b>    |  |
| <b>Organization Name</b> |  |
| <b>SHARS ID</b>          |  |

|  |  |
|--|--|
| <b>Purpose of Project (Legislative Intent)</b> |  |
|  |  |

| <b>Proposed Activities from Work Plan</b> | <b>Accomplished Activities</b> |
|---|--------------------------------|
|   |                                |

|                          |  |
|--------------------------|--|
| <b>Funding Amount</b>    |  |
| <b>Organization Name</b> |  |
| <b>SHARS ID</b>          |  |

*Instructions:* Indicate the number of households or units assisted, if any, in the appropriate category below.

**PROPERTY REHABILITATION & CONSTRUCTION**

|   |  |
|---|--|
| Minor Repair (up to \$5,000 per unit)       |  |
| Home Improvement (\$5,001-\$25,000)         |  |
| Moderate Rehabilitation (\$25,001-\$75,000) |  |
| Substantial Rehabilitation (over \$75,000)  |  |
| New Construction                            |  |

**CLIENT ASSISTANCE**

|                                      |    |
|--------------------------------------|----|
|                                      |    |
| Debt Consolidation/Credit Counseling |    |
| Down payment/Closing Cost Assistance |    |
| Foreclosures Prevented               |    |
| Evictions Prevented                  |    |
| Relocation Assistance                |    |
| Homelessness Diversion               |    |
| Entering/Returning to Work Force     |    |
| First Time Homebuyers*               |    |
| Mortgages/Loans Obtained*            |    |
| For loans above (*) sum in dollars   | \$ |

**TENANT ASSISTANCE**

|   |  |
|---|--|
|   |  |
| Referral to Other Agencies/General Information Provided |  |
| Tenant Counseling Intake                                |  |
| Housing Court Assistance                                |  |
| Evictions Prevented                                     |  |
| Relocation Assistance                                   |  |

|                          |  |
|--------------------------|--|
| <b>Funding Amount</b>    |  |
| <b>Organization Name</b> |  |
| <b>SHARS ID</b>          |  |

**BUDGET**  
**(Total Salaries)**

| <b>Name</b>           | <b>Title</b> | <b>MIP Salary per<br/>Approved Budget</b> | <b>Actual MIP<br/>Salary</b> |
|-----------------------|--------------|---|------------------------------|
|                       |              |   |                              |
|                       |              |   |                              |
|                       |              |   |                              |
|                       |              |   |                              |
|                       |              |   |                              |
|                       |              |   |                              |
|                       |              |   |                              |
|                       |              |   |                              |
|                       |              |   |                              |
|                       |              |   |                              |
|                       |              |   |                              |
|                       |              |   |                              |
|                       |              |   |                              |
|                       |              |   |                              |
| <b>Total Salaries</b> |              | \$  | \$                           |

|                          |  |
|--------------------------|--|
| <b>Funding Amount</b>    |  |
| <b>Organization Name</b> |  |
| <b>SHARS ID</b>          |  |

**BUDGET**  
**(Total Salaries)**

| <b>Line</b> | <b>Personnel Services</b>                             | <b>Approved MIP Budget</b> | <b>Actual MIP Spending</b> |
|-------------|---|----------------------------|----------------------------|
| 1           | Total Salaries (from p.4)                             | \$                         | \$                         |
| 2           | Total Fringe Benefits                                 |                            |                            |
|             | Total Personnel Services                              |                            |                            |
|             | <b>Regulated Other Than Personnel Services (OTPS)</b> |                            |                            |
| 3           | Insurance/Bonding                                     |                            |                            |
| 4           | Professional Services                                 |                            |                            |
| 5           | Accounting  |                            |                            |
| 6           | Audit   |                            |                            |
| 7           | Legal   |                            |                            |
| 8           | Other   |                            |                            |
| 9           | Equipment   |                            |                            |
| 10          | Other   |                            |                            |
|             | <b>Total Regulated OTPS</b>                           | \$                         | \$                         |
|             | <b>General Other Than Personnel Services (OTPS)</b>   |                            |                            |
| 11          | Rent/Mortgage   |                            |                            |
| 12          | Telephone   |                            |                            |
| 13          | Office Supplies                                       |                            |                            |
| 14          | Printing/Postage                                      |                            |                            |
| 15          | Utilities   |                            |                            |
| 16          | Service & Maintenance Agreements                      |                            |                            |
| 17          | Bank Charges (not interest)                           |                            |                            |
| 18          | Other   |                            |                            |
|             | <b>Total General OTPS</b>                             | \$                         | \$                         |
|             | <b>Total OTPS</b>                                     | \$                         | \$                         |
|             | <b>Total Budget</b>                                   | \$                         | \$                         |

**This section to be completed by OCR ONLY**

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Program Director Approval

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Date

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OCR President Approval

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Date