

**New York State Division of Housing and Community Renewal
Member Item Program**

Final Report
(For contracts \$50,000 and over)

Instructions: A final report is due to the Local Programs upon completion of the program activities, but no later than 60 days after the end of the contract term. The final report must indicate how the funds were spent and the program activities accomplished. *Copies of documentation supporting the expenses listed in the final report (receipts, canceled checks, allocation plan, general ledger record) must be kept on file and are subject to review by DHCR.*

Contract Term: / / to / /

SHARS ID#: _____

Award Amount: \$ _____

Contract Number: _____

Company Name: _____

Mailing Address: _____

City: _____ State: **NEW YORK** Zip Code: _____ County: _____

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

Contact Person: _____

Email Address: _____

Date of latest approved Work Plan: / /

Board Chair/President: _____

Owner Occupied
Housing Assistance

Tenant Housing Assistance

Other

Legislative Intent:

Company Name: _____

SHARS ID#: _____

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 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 Assisted
Households at Training Sessions & Maintenance Workshops	

Financial Assistance:

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

Company Name: _____

SHARS ID#: _____

TENANT HOUSING ASSISTANCE

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

Property Rehabilitation & Construction:

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

Tenant Assistance - Individual

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

Company Name: _____

SHARS ID#: _____

OTHER

Indicate below the accomplishments that are **not** categorized under Owner Occupied Housing or Tenant Housing Assistance.

List accomplishments resulting from Member Item Program award:

Company Name: _____

SHARS ID#: _____

BUDGET TO ACTUAL

Item	Approved MIP Budget	Increase/Decrease	Actual MIP Budget
Total Salaries			
Total Fringe Benefits			
Total Personnel Services			
Regulated Other Than Personnel Services (OTPS)			
Insurance/Bonding			
Professional Services: Accounting			
Audit			
Legal			
Other			
Equipment			
Other			
Total Regulated OTPS			
General Other Than Personnel Services (OTPS)			
Rent/Mortgage			
Telephone			
Office Supplies			
Printing/Postage			
Utilities			
Service Agreements & Maintenance			
Bank Charges (not interest)			
Other			
Total General OTPS			
Non-Administrative Costs (specify and attach additional pages if necessary)			
Total Non-Administrative Costs			
TOTAL BUDGET			

Company Name: _____ SHARS ID#: _____

I certify that all information contained in this document is true and correct and that funds were spent for the approved project during the Agreement term and did not duplicate payment from other sources.

Executive Director: _____
(Signature) (Date)

Board Chair: _____
(Signature) (Date)

DHCR USE ONLY

Director, CSB: _____
(Signature) (Date)

Deputy Director, CSB: _____
(Signature) (Date)

Fiscal year of award: _____