

Neighborhood and Rural Preservation Program
2015-2016 Program Year – Contract Extension and Renewal Helpful Hints

Before you start any of the forms please be sure that you have the most recent Adobe Reader. It's free and can be found here:

<https://acrobat.adobe.com/us/en/acrobat/pdf-reader.html>

(If your computer doesn't meet the system requirements, maybe it's time to upgrade. This is an allowable expense.)

General Information:

- **All documentation is due July 29, 2016.**
- All materials are to be EMAILED. Please do NOT send documents via postal service. They will not be accepted.
- SHARS ID – 2016XXXX (this field will self-populate on most forms once organization name is selected)

Application Form:

General Info

- Organization – select your organization from the drop-down list.
- SHARS ID – this will self-populate when you select your organization. Please keep track of this number. It will be your SHARS ID for the duration of the CONTRACT.
- Addresses – please list your mailing address and your physical office address if it is a different location
- Executive Director/Contact Person – if your Executive Director is not the main contact for this program, please enter information for the contact person

Section A

- Answers to some questions will require you to provide additional information. Please read each question carefully.
- Resumes – you are required to include biographies and/or resumes of key staff responsible for implementation of Preservation Program activities. Please email resumes as ONE file and label as 'Section E'.

Section B

- Answers to some questions will require you to provide additional information. Please read each question carefully.

Section C

- A 'No' response to any of the questions will require you to provide additional information at the end of the section. Please label your explanation with the appropriate question number.

Section D

- Each question must be answered.

A button has been added at the bottom of the last page. This will bring you back to the first page. There is a SAVE button here that should help any issues with the Save feature. Please be sure to save the document in a place that you will be able to find it later.

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Board Roster Instructions:

- Complete entire section for each board member
- Requirements:
 - NPC/RPC – minimum of 5 members
 - NPC – at least 33% of members reside in service area
 - RPC – at least 51% of members reside in service area

Contract Requirements

Program Agreement

Page 1

- Select your organization. (Your SHARS ID will fill in at the top of the page.)
- Enter your organization's address.
- Select your program award amount.

Page 12

- Document must be signed by person authorized in Board Resolution
- Type in signed name and date signed

Exhibit A – Service Area Description and Program Summary

- You must check the box for the certification.
- Describe your approved service area
- Describe how your company's Preservation Program activities and the funds provided in the 2016-17 program year will be administered and the expected impact on residents, businesses, and other stakeholders in the service area.

Exhibit B - Budget

Preservation Program Funds

- NPC - \$91,526
- RPC - \$91,686
- Requires match of ½ of program funds
 - NPC – program funds = \$91,526, so requires match ≥ \$45,763
 - RPC – program funds = \$91,686, so requires match ≥ \$45,843
- Company's Total Annual Admin Budget – this amount must be equal to or greater than the Total Funds (bottom right corner box)

Exhibit C – Payment and Reporting Schedule

This document is for informational purposes only.

Exhibit D - Work Plan

- The Exhibits are in PDF fillable format. Total columns in the spreadsheets will fill in

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automatically as you fill in your information.

Exhibit A – Property Rehabilitation and Construction Activities:

For all categories:

- Enter the number of units that will still be In Progress at the end of the program year (6/30/2017)
- Enter the number of units that will be Completed at the end of the program year
- Total Units will fill in automatically
- **For units that will still be In Progress enter the expected date of completion.**

Special Population Section:

- Enter the number individuals of each category that are expected to be served by the activities listed in Exhibit A.

Narrative Section – please summarize the activities listed in Exhibit A (tell the story).

Exhibit B – Client Assistance:

General:

- Enter total number of Participants at or Below 90% AMI (Area Median Income)
- Enter total number of Participants Above 90% AMI
- Total will fill in automatically

Workshops:

- Enter the total number of Workshops offered
- Enter the total number of Participants who attended the Workshops

Tenant Associations

- Enter Number of Associations/Meetings
- Enter Number of Members

Property Management:

- Enter the number of Units in Buildings Managed by your organization

Special Population Section:

- Enter the number individuals of each category that are expected to be served by the activities listed in Exhibit.

Narrative Section – please summarize the activities listed in Exhibit A (tell the story).

Exhibit C – Community Renewal:

Infrastructure - Assistance to Neighborhoods/Municipalities:

- Enter total number of projects to be In Progress at the end of the program year.
- Enter total number of projects to be Completed at the end of the program year.

Planning - Assistance to Neighborhoods/Municipalities:

- Enter total number of projects to be In Progress at the end of the program year.
- Enter total number of projects to be Completed at the end of the program year.

Grants/Loans - Assistance to Neighborhoods/Municipalities:

- Enter number of Grant Applications to be written
- Enter the number of Grants to be Administered

Business Assistance:

- Enter total number of Business Loan Products
- Enter the number of Businesses Attracted

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- Enter the number of Businesses Retained
- Enter the number of Local Merchant Associations formed or participated in

Programs:

- For all program enter the number of programs and number of individuals served

Organizational Activities

- Enter the number of Staff/Board Development events and the number of individuals served
- Enter the number of HCR events and the number of individuals in attendance
- Partnerships Created
- Enter number of partnerships with local agencies, private sector companies, and statewide or national non-profits.

Narrative Section – please summarize the activities listed in Exhibit A (tell the story).

Property Management Questionnaire:

- ***Note the changes in the column headers in the table.**

Exhibit E - Vendor Responsibility Questionnaire

***Note: This form has changed since the last contract.**

- You must complete ALL sections
- Questions 8-9 - For any 'Yes' response, please provide the additional information requested in the space provided.
- Question 10a-i, 11, 12, or 13 - For any 'Yes' responses please provide detailed additional required information on separate pages.
- Question #14 – **Please note the changes in this question.** If you have other contracts with NYS (as contractor or subcontractor) list them in the space provided.
- **This form no longer needs to be notarized.**
- **This form requires a digital signature. If you require assistance please reach out to program staff.**

Exhibit F – Board Resolution

*The form provided is a template. You are **NOT** required to use this specific form. Your resolution needs to have the following:

- Must authorize someone to enter into contracts with Housing Trust Fund Corp.
- Must be dated with 90 days of July 1
- Must be signed

Exhibit G (MWBE):

- MWBE-EEO Statement (Proc-4 page 1) – at the top of the form, fill in name of person authorized to sign and select the name of your organization; enter date, printed name, title, and signatures at bottom
- Form EEO (Proc-4 page 2) must be completed – designated liaison name, EEO Goals entered,

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signature, title, and date required. The EEO Contract Goals are determined by county. Please see the chart on the last page for the list.

- Staffing Plan must be completed – ‘Offeror’s Name’ is your organization name; signature, title, and date required
- ***Scans of completed and signed forms will now be accepted.**

Insurance Requirements:

Certificate of Worker’s Compensation Insurance

- Verify FEIN for NPC/RPC is correct
- Certificate Holder’s Box must read:
Housing Trust Fund Corporation
38-40 State Street
Albany, NY 12207
- Policy must be current and show coverage starting July 1, 2015

Certificate of Disability Insurance

- Verify FEIN for NPC/RPC is correct
- Certificate Holder’s Box must read:
Housing Trust Fund Corporation
38-40 State Street
Albany, NY 12207
- Policy must be current and show coverage starting July 1, 2015
- We do **not** need you to send the proof of liability insurance (ACORD)

HTFC Disbursement Form:

- Please fill out appropriate form (NPP or RPP)
- Fill out entire top section. (SHARS ID will fill in when organization is selected.)
- Form must be signed and dated.
- ***Scans of completed and signed forms will now be accepted.**

HTFC Designation of Depository Form:

Note: This form has been modified since last year.

- Yes, one needs to be completed EVERY year
- Select Program and Organization from dropdown boxes. (SHARS ID will fill in when organization is selected.)
- All Sections must be completed in entirety. Take extra time to VERIFY routing and account numbers. Errors will create delays in payment.
- Form must have organization signature. **Bank representative no longer needs to sign.**
- Scans of completed and signed forms will be accepted (and preferred).

Grants Gateway:

- Must be Prequalified

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Charities Bureau:

- Must have Current status

OCR Programs:

Must be in good standing with all other OCR programs

Please email all contract extension documents and insurance forms to both:

NPP_RPPApp@nyshcr.org and tracey.jordan@nyshcr.org

Questions?

Email Tracey Jordan - tracey.jordan@nyshcr.org or Jerome Nagy – jerome.nagy@nyshcr.org