

WORK PLAN

Please complete the following exhibits and associated questions for all work plan activities included in your 2016-17 program proposals.

EXHIBIT A- Property Rehabilitation and Construction Activities

Owner-Occupied Property Rehabilitation and Construction	Units in Progress	Units to be Completed	Total Units	For In Progress Units - Expected Completion Date
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				
Tenant Property Rehabilitation and Construction	Units in Progress	Units to be Completed	Total Units	For In Progress Units - Expected Completion Date
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				
Non-Residential Property Rehabilitation and Construction	Units in Progress	Units to be Completed	Total Units	For In Progress Units - Expected Completion Date
Capital Improvements (up to \$25,000 per unit)				
Capital Improvements (\$25,001-\$75,000)				
Capital Improvements (over \$75,000)				
New Construction				

Special Populations Affected by Rehab and Construction Activities Listed Above	# to beServed	
Frail Seniors		
HIV/AIDS		
Developmental Disabilities		
Homeless Persons		
Homeless Families		
Physical Disabilities		
Victims of Domestic Violence		
Psychiatric Disorders		
Homeless Veterans		
Veterans - Substance Abuse		
Substance Abuse		

In a narrative format, please *summarize the activities listed in Exhibit A - Property Rehabilitation and Construction.*

A large, empty rectangular box with a thin black border, intended for the user to provide a narrative summary of the activities listed in Exhibit A - Property Rehabilitation and Construction.

EXHIBIT B - Client Assistance

	# Individuals ≤90% AMI to be Served	# Individuals >90% AMI to be Served	Total
Debt Consolidation/Credit Counseling			
Down payment/Closing Cost Assistance			
Reverse Mortgage			
Foreclosures Prevented			
Evictions Prevented			
Tenant Assistance			
Subsidy Assistance			
Relocation Assistance			
Homelessness Diversion			
Entering/Returning to Work Force			
First Time Homebuyers*			
Mortgages/Loans Obtained*			
For loans above (*) sum in dollars			
	Total # Workshops	Total # Participants	
Workshops Offered			
	Total		
Tenant Associations			
Members in Tenant Associations			
Property Management	Total		
Number of Units in Buildings Managed			
Special Populations Affected by Activities Listed Above	# of Individuals to be Served		
Frail Seniors			
HIV/AIDS			
Developmental Disabilities			
Homeless Persons			
Homeless Families			
Physical Disabilities			
Victims of Domestic Violence			
Psychiatric Disorders			
Homeless Veterans			
Veterans - Substance Abuse			
Substance Abuse			

In a narrative format, please *summarize the activities listed in Exhibit B - Client Assistance.*

EXHIBIT C- Community Renewal

	Total to be In Progress	Total to be Completed	Total for Activity
Infrastructure - Assistance to Neighborhoods/Municipalities			
Planning - Assistance to Neighborhoods/Municipalities			
Grants/Loans - Assistance to Neighborhoods/Municipalities	Total to be in Progress	Total to be Completed	Total for Activity
Grant Applications Written			
Grants Administered			
Business Assistance	Total		
Provision of Business Loan Products			
Businesses Attracted			
Businesses Retained			
Formation of or Participation in Local Merchants Associations			
Programs	# Programs	# Served	
Crime Watch			
Weed and Seed			
Block Clubs/Neighborhood Associations			
Youth			
Organizational Activities	# Events	# Individuals	
Staff/Board Development (Trainings/Conference/Workshops)			
Involvement with HCR Activities			
Partnerships Created	Total Partnerships		
With local agencies.			
With the private sector.			
With statewide or national nonprofits.			

In a narrative format, please *summarize the activities listed in **Exhibit C - Community Renewal.***

Property Management Questionnaire

If you are filling out this section you have identified "Property Management" as part of your work plan in Exhibit B.

1. How many properties does your Company manage? _____

2. What is the total number of units (commercial and residential) managed?

Commercial	Residential
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3. Does your Company manage buildings not funded by HCR? YES NO
 - a. **If yes, please indicate if other buildings managed are subsidized by city, state, and/or federal funds?** _____

4. Do you have a Company affiliate or subsidiary that also manages property for a fee? YES NO

If the company or any of its affiliates or subsidiaries owns or manages property, complete the table below. Request additional sheets from Program Staff if necessary. Note: If the company proposes to use N/RPP funds to offset operating expenses the total amount of offset funds may not exceed 10% of the N/RPP funding for the 2016-17 program year.

