

New York State Division of Housing and Community Renewal

**Neighborhood & Rural Preservation Program  
Annual Performance Report  
Instructions**

Contract Term: July 1, 2009 – June 30, 2012  
Program Year: July 1, 2010 – June 30, 2011

Please submit your Annual Performance Report by e-mail no later than **60 days** after the completion of the contract program year to [annualreport@nyshcr.org](mailto:annualreport@nyshcr.org). A printed copy of page 33 must be mailed to your Regional Representative within the same time frame. The information contained in this report will be included in the DHCR Annual Report to the Legislature.

**Please note:** Each of the work plan pages allow you to input activities completed outside your Preservation Program contract. Completing this section will allow a better understanding of the activities Preservation Companies perform when reporting to the Legislature.

**PAGE 1 Cover Page**

Please complete the entire page. Review your website and e-mail addresses. This information is utilized in the Affordable Housing Directory and communication from DHCR.

**PAGE 2 Fact Sheet**

If your organizations profile requires updating please do so here. If not, please indicate “No Change”. If the needs in your service area have changed since submitting the Application or Work Plan Modification, please describe them. If not, indicate “No Change”.

**PAGE 3 Exhibit A - Property Rehabilitation and Construction Activities**

If you have performed work in this category, please complete this section. Utilize your latest approved work plan to identify **All** work for the “latest approved” column in this category. Then list the actual number of units assisted. **You are required to input the actual percentage of work completed for any category listed below.**

Owner Occupied: Indicate the actual percentage of time utilized to complete this activity. Then indicate the number of units in progress and/or completed below 90% and above 90% of median income. Please specify any activities worked on for Minor Repair, Home Improvement, Moderate Rehabilitation, Substantial Rehabilitation and New Construction.

Tenant Occupied: Indicate the actual percentage of time to complete this activity. Then indicate the number of units in progress and/or completed below 90% and above 90% of median income. Please specify any activities worked on for Minor Repair, Home Improvement, Moderate Rehabilitation, Substantial Rehabilitation and New Construction.

Non-Residential: Indicate the actual percentage of time to complete this activity. Then indicate the number of units actually worked on and those in progress and/or completed.

Additional Information: At the bottom of the page indicate the information as necessary.

#### **Page 4 Narrative/Outputs/Outcomes**

Indicate the proposed percentage, from your latest approved work plan, to be expended in this category. On the second line, indicate the actual percentage completed. Please follow the instructions on the APR to complete the rest of this category.

#### **Page 5 Goals**

Please indicate the goals achieved in this category according to those listed in your application. You must also show how your goals link to your outputs and outcomes.

#### **Page 6 Exhibit B - Client Assistance**

If you have performed work in this category, please complete this section. Utilize your latest approved work plan to identify **All** work for the “latest approved” column for this category. Then indicate the actual number of units assisted. **You are required to input the actual percentage of work completed for any category listed below.**

Workshops: Indicate the actual percentage of time to complete this activity. Include the number of units below 90% and above 90% of median income which will be for both the latest approved and completed category. Please indicate workshops for First Time Homeowners, Home Maintenance/Repair, Foreclosure/Mortgage, Tenant Education, Loan/Grant and Affordable Housing Opportunity.

Property Management: Indicate the actual percentage of time to complete this activity. Include the number of units below 90% and above 90% of median income which will be for both the latest approved and completed category. Please indicate the units in buildings managed; also include the human services provided, and linkages to support services.

Financial/Other Assistance: Indicate the actual percentage of time to complete this activity. Include the number of individuals below 90% and above 90% of median income for the latest approved and completed categories. Please indicate assistance for individuals for Debt Consolidation/credit counseling, First Time Homebuyer Assistance, Mortgage Restructuring/Foreclosure, Mortgage/Grant Origination, Subsidy, Relocation, Eviction, Housing Court Assistance, New Homeowners and Provision of Loan Products.

Tenant Associations: Indicate the actual percentage of time to complete this activity. Please indicate assistance for Tenant Associations Formed/Assisted and Tenant Association Workshops/Orientations.

#### **Page 7 Narrative/Goals/Outputs/Outcomes**

Indicate the proposed percentage, from your latest approved work plan, to be expended in this category. On the second line, indicate the actual percentage completed. Please follow the instructions on the APR to complete the rest of this category.

#### **Page 8 Exhibit C - Community Renewal**

If you have performed work in this category, please complete this section. Utilize your latest approved work plan to identify **All** work for the “latest approved” column in this category. Then list the actual number of projects assisted. **You are required to list the actual percentage of work completed for any category listed below.**

Assistance to Neighborhoods/Municipalities – Infrastructure: Indicate the actual percentage of time utilized to complete this activity. Then indicate the number of projects in progress or

completed for the following categories: Parks Built/Maintained, Sidewalks/Roads Built/Maintained, Street Lighting Installed/Enhanced, Open Space Maintenance, Waste Manage Systems Developed, and Water Systems Developed.

Assistance to Neighborhoods/Municipalities-Planned: Indicate the actual percentage of time utilized to complete this activity. Then indicate the actual number of projects completed, in the total line, for the following categories: Neighborhood Plan/Municipal Plan, Smart Growth, Land Use, Housing Study, Energy Savings/Green Buildings, Marketing and Promotion, Tourism or Other Community Revitalization Projects.

Assistance to Neighborhoods/Municipalities-Grants: Indicate the actual percentage of time utilized to complete this activity. Then indicate the actual number of projects completed, in the total line, for the following categories: Grants written and Grants Administered.

Loan/Grant Assistance: Indicate the actual percentage of time to complete this activity. Then indicate the actual number of projects completed, in the total line, for the following categories: Loan Products for Businesses, Assistance for Local Investment.

Business Assisted: Indicate the actual percentage of time to complete this activity. Then indicate the actual number of projects completed, in the total line, for the following categories: Businesses Attracted and Businesses Retained.

Crime Prevention: Indicate the actual percentage of time to complete this activity. Then indicate the actual number of projects completed, in the total line, for the following categories: Crime Watch Programs, Weed and Seed Programs, Block Clubs, Youth Programs.

Organizational Activities: Indicate the actual percentage of time to complete this activity. Then indicate the actual number of projects completed, in the total line, for the following categories: Staff/Board Development, and Involvement with DHCR Activities.

### **Page 9 Narrative/Outputs/Outcomes**

Indicate the proposed percentage, from your latest approved work plan, to be expended in this category. On the second line, indicate the actual percentage completed. Please follow the instructions on the APR to complete this category.

### **Page 10 Goals**

Please indicate the goals achieved in this category according to those listed in your application. You must also show how your goals link to your outputs and outcomes.

### **Page 11 Additional Information**

Please use this space to provide additional information regarding your work plan activities if necessary. Also, use this space to list activities/projects that have achieved success and may be replicable by other organizations.

Please include unique projects that may be highlighted by DHCR for promotion of the Preservation Program.

**Please use the next space for work completed outside the preservation program contract. This is very important so that we can showcase the full organization when reporting on the Preservation Program.**

## **Page 17, 18 Budget**

Total Salaries: In column (A), include all salaries paid by the Preservation Program. In column (B), indicate all weekly hours worked on the Preservation Program. In column (C), include the actual Preservation Program Salary and the Total Agency Salary. Please list the total number of Agency Staff on the bottom of the page along with the total number of Preservation Staff.

Budget to Actual: Column (A) lists all categories for the Preservation Program. In column (B), list the proposed budget from your application, then list the actual expenditure in column (C). Please list the total annual administrative budget.

**Page 19, 20, 21, 22**: Do not complete at this time.

**Page 23**: will complete automatically from page 17.

## **Page 24 - 27: Funding Sources**

State (Match and Leverage): Please enter program year, for: to and from at the top of the page. Below are the listings for Match and Leverage. Please discern between Administrative and Non-Administrative match. Please use the last column to include the Amount Leveraged.

Federal Sources (Match and Leverage): Utilize the categories below that indicate the amount of funds for Administrative and Non-Administrative Match. Please use the last column to include the Amount Leveraged.

Local and Private (Match and Leverage): Utilize the categories below that indicate the amount of funds for Administrative and Non-Administrative Match. Please use the last column to include the Amount Leveraged.

In-Kind (Match and Leverage): Please include the names of the sources of Match and Leverage and discern between Administrative and Non-Administrative Match. Please use the last column for the Amount Leveraged.

Total Match and Leverage: Categories will be completed automatically.

## **Page 28 - 32 Board Roster**

The next five (5) pages are to list the organization's board members. The NPC requires seven (7) members with the majority living within the service area. The RPC requires five (5) members with the majority living within the service area. Please include all board members on your list.

## **Page 33 Company Certification of Annual Report**

This page **must** be mailed to your Regional Representative within 60 days after the completion of the contract program year.