



New York State HOME Local Program

APPLICATION INSTRUCTIONS FFY 2014 – 2015



**Homes and
Community Renewal**

**Housing
Trust Fund
Corporation**

**FFY 2014 -2015 NYS HOME Local Program
Community Development Online (CDOL) Application Instructions**
Updated August 2015

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New York State HOME Local Program

PROGRAM DESCRIPTION:

The NYS Home Local Program is a federally funded program administered by the HTFC Office of Community Renewal (OCR). The program is designed to fund a variety of residential housing activities to expand the supply of decent, safe, and affordable housing throughout the State of New York. The funds made available in this NOFA represent the NYS HOME Local Program 2014 and 2015 fiscal year HOME funds set aside for use by Local Program Administrators (LPA's).

ELIGIBLE APPLICANTS:

Eligible LPA's are defined as:

- Units of local government to include counties, cities, towns and villages that are not federal HOME Program Participating Jurisdictions (contracted with the HTFC as State recipients).
- Non-profit corporations incorporated under State Non-Profit Corporation Law and Public Housing Authorities (contracted with the HTFC as Sub-recipients).
- Community Housing Development Organizations (CHDO), (contracted with the HTFC as CHDO's).

To be eligible to apply for an award, LPA's must have been in existence and providing recent and relevant residential housing services to the community for at least one year prior to application. Applicants must be able to demonstrate a **local market need** for the program proposed and the **capacity to utilize the amount of funding requested within the two year contract term.**

I. Community Development Online (CDOL) Application System

Applications for NYS HOME Local Program funding are submitted through the Community Development Online (CDOL) application system. Applicants may make a request, based on demonstrated need, to submit a paper application in lieu of using the CDOL. Requests for approval to submit a paper application must be sent by Friday, September 4, 2015 to: NYS Homes and Community Renewal, Office of Community Renewal, Hampton Plaza, 4th Floor, 38-40 State Street, Albany, NY 12207.

NYS HOME LPA Program Application exhibits and attachments must be submitted via the CDOL system by 4:00 PM (EST) Friday, October 16, 2015. Applications and supplemental materials received after the stated deadline will be considered a late submission and will not be accepted or reviewed.

A. Registering Applicant & Security Manager

Please review the following to confirm that the applicant organization is prepared to use the CDOL system.

To use CDOL, applicants must:

1. Be registered in the New York State Homes and Community Renewal (HCR) Statewide Housing Activity Reporting System (SHARS)
2. Have designated a Security Manager for their organization. The Security Manager will serve as the individual who authorizes and monitors access to CDOL for the applicant's organization, including which people have the ability to update the organization's applications. Security Managers may go into CDOL system, and add or remove users for their organization. Forms are available on HCR's website: <http://www.nyshcr.org/Apps/CDOnline/>.

- **If the organization has not previously applied to HCR for funding:**

Submit an Applicant Registration Form to register as a SHARS Applicant. This form also contains a section to designate a Security Manager for the organization. HCR staff will register the organization and Security Manager and e-mail a USER ID and password to access CDOL.

- **If the organization is a registered SHARS applicant, but has not registered to use CDOL:**

Submit a Security Manager Registration Form to HCR, which will allow access to CDOL. Complete and return the Security Manager Registration Form with an original authorized signature to the address specified on the form and HCR will e-mail a User ID and temporary password with which to access the CDOL system.

- **If the organization has previously used the CDOL system to apply to HCR for funding:**

Applicants who used CDOL in the past will still be registered, and may use the user ID and password previously assigned to them. To retrieve a forgotten password, go to CDOL and enter the USER ID and e-mail address a new password will be automatically e-mailed. If the email address associated with the USER ID has changed, and the password or USER ID has been lost, please send an email to ocrinfo@nyshcr.org for assistance.

B. Identifying and Registering Organization’s Electronic Signatory

Applications submitted through the CDOL system must be electronically certified by an authorized representative of the applicant’s organization. The person who will certify the application must be set up in CDOL as a user for the applicant organization. The Security Manager (identified on the Security Manager Registration Form) may add the certifier by following these steps:

1. Log into CDOL and click on the User Administration link at the top of the page. The organization name will be displayed with a list of CDOL users.
2. To add the organization’s authorized signatory, click ‘Add New User’, and enter their first and last name, and e-mail address.
3. Select their access level from the drop-down box. Applicant inquiry allows the user to view but not change the application. Applicant update allows the user to make changes to the application.
4. Click the box that reads ‘Authorized to Sign Certification’
5. Click the box next to the organization name. Then click ‘Submit’.
6. CDOL will generate an e-mail providing the user with their User ID and temporary password. Later, when the application exhibits are complete, validated and ready to be submitted, the certifier must log-in to the CDOL, complete the certification, and submit the application exhibits. Required application attachments must also be certified prior to submission.

C. Verifying Applicant Information

Prior to beginning a new application using the CDOL system, the applicant organization must verify and update the organization information. To do so, login and from the CDOL Main Menu, select the ‘View’ button to the right of the organization’s name, under the ‘Organization’ heading. A pop-up window will appear with the organization information HCR has on file. If any of the information displayed is incorrect or needs updating, close the pop-up window, and select the ‘Edit’ button to

the right of the organization name. Please be sure to include the name and mailing address for the contact authorized to execute a contract with HTFC. It is important for HCR and HTFC to know where to mail potential award and contract materials.

An organization may update its organization information in CDOL at any time, but may not change the organization information on the application once it has been submitted.

CDOL Applicant Information Fields to review and verify:

A. General Applicant Information

- If applicable, the applicant's Department of State (DOS) Charities Registration Number.
- The month and day of the applicant's fiscal year end date (for example: 12/31).
- Any aliases or acronyms the organization is also known as.

B. Type of Applicant

- Select each applicable applicant type.
- If applicable, add or correct the date of the non-profit applicant's legal incorporation.

C. Phone and Internet Data

- If necessary, edit the applicant's telephone and fax numbers, e-mail address and URL.

D. Mailing Address(es)

- If necessary, edit the applicant's primary mailing address in D1. If the mailing address for correspondence related to this application differs from the primary address, add the address in Section D2. The applicant will be able to select the address to which the award decision or contract correspondence should be mailed.

E. Primary Contact

- If necessary, edit the name, title, phone number, extension, and e-mail address of the person who is the primary contact for the organization. This person must have the authority to legally represent the applicant.

F. Other Principals

- If necessary, edit or add principal organizations or employees of the applicant organization. For example, the Executive Director, CEO, Board President, or general partner.

II. Application Overview

A. Contents of Application

A complete NYS HOME Local Program application includes five (5) exhibits, an electronic certification, and seven (7) attachments.

Exhibit 1 – Application Summary

Exhibit 2 – Program Summary

Exhibit 3 – Needs Statement Summary

Exhibit 4 – Relevant Experience

Exhibit 5 – Budget/Financing Plan

Electronic Application Certification

Attachment 1 – Administrative Plan (Required)

Attachment 2 – NYS HOME Program Budget Worksheet (Required)

Attachment 3 – Funding Commitment Letters (Required)

Attachment 4 – CHDO Home Ownership Program Analysis and
CHDO Feasibility Review (Required)

Attachment 5 – CHDO Funding Commitments (Required)

Attachment 6 – Green Building/Energy Efficiency Supporting Documentation
(Optional)

Attachment 7 – Supportive Services Agency Commitments (Required)

B. Application Process

The submission of a NYS HOME Local Program application via CDOL requires five steps:

1. Completing five online application exhibits;
2. Validating online application exhibits;
3. Certifying and submitting online application exhibits;
4. Uploading and submitting or omitting attachments; and
5. Certifying attachments.

III. Completing Application Exhibits

A. Creating a New Application in CDOL

- Log in to CDOL.
- Next to 'Start a New Application' under the 'Applications' heading, enter a distinct name for the proposed project. If awarded, the Application Name entered here will be used to label contract materials and to describe the program throughout the contract term.
- Select 'HOME Local Program' from the 'Application Type' drop-down menu.
- Press 'Submit' button.

A table of contents will be displayed with a list of all NYS HOME LPA Program Application Exhibits broken down by individual screens in CDOL. Instructions for completing each exhibit follow.

B. Application Exhibit Navigation

Complete the required fields for each Exhibit as explained below in the detailed instructions that follow. Once the information is entered in each field, and the exhibit is complete, press 'Submit' at the bottom of the screen.



- If the Exhibit is complete and accurate, a message will appear at the top of the screen in green to notify the applicant that the 'Updates have been successfully saved'.
- If errors are present in the Exhibit, a message will appear in yellow at the top of the screen, and individual error messages will appear under the fields causing the error message(s). Follow instructions to correct the error(s) and press 'submit' again.

Once the message 'Updates have been successfully saved,' is displayed press the 'Next' navigation button at the top right of the screen to move to the next application exhibit.



DO NOT use the internet browser back and forward buttons to navigate in CDCOL. Use the Previous and Next links in the top right of the screen, or the Menu and Exhibit List links in the top left of the screen. If an applicant uses the browser back and forward buttons, application information may be lost.

Do not enter zero '0' in exhibit fields. If funds are not requested funds for a particular activity, please leave the field blank.

C. Instructions for Completing Application Exhibits

Exhibit 1 - Application Summary

Please note: do not enter zero '0' in exhibit fields. If the applicant does not intend to request funds for a particular activity, the field must be left blank.

Select 'Edit' on the line of 1A. to begin completing the application fields.

1A. Funds Requested and Activities/Uses

NYS HOME Local Program Budget Policy and Budget Worksheet

Please refer to the NYS HOME Local Program Budget Policy and Budget Worksheet available on the HOME Local Program website for instructions and requirements for creating the program budget.

Use the Policy document to create a budget worksheet to upload as CDOL Attachment 2. The totals from the budget worksheet in Attachment 2 must be used to fill in the budget line items in Exhibit 5B.

- 1. Local Program Name:** A Project Name was entered on the main menu when the application was created. The applicant may re-enter this name or create a new name using this field. See instructions below.

Please enter a brief, descriptive name. If awarded, the Program Name entered here will be used to label contract materials and to describe the program throughout the contract term, e.g., *City of Sample 2015 HOME Local Program*.

2. **HOME LPA Funds Requested:** This field will be automatically filled based on responses entered in fields below.
3. **HOME Program Activities/Uses of Funds:** Identify the Activity or Use of Funds to be proposed in the application. Enter the number of units or households that will be assisted **and** the dollar amount (rounded to the nearest dollar) requested for the program activity/use included as part of the proposed NYS HOME Local Program.

FUNDING LIMITS:

- **Non-CHDO Activities:** the minimum award amount is \$150,000. The maximum award amount is \$400,000. The cap is \$40,000 per unit.
- **CHDO Activities:** The minimum award amount is \$300,000. The maximum award amount is \$750,000. The cap is \$60,000 per unit.

Applicants may submit more than one application in response to this NOFA; however, the combination of the total amounts requested may not exceed the maximum allowable Non-CHDO and CHDO individual award amounts of \$400,000 and \$750,000. Applicants may only apply for one eligible activity per application. For example, an Applicant may submit multiple applications, 1 for Homeowner Rehab and 1 for Homebuyer Assistance, at the minimum of \$150,000 per application, but the combined total of all requests cannot exceed \$400,000 (\$750,000 for CHDO Applicants).

CHDO housing developers will be subject to additional underwriting requirements and must respond to the questions in the "CHDO Feasibility Review" posted on the HCR HOME Program website and upload the document to CDOL in Attachment 4.

ELIGIBLE ACTIVITIES

Applications will be accepted for residential housing activities in the following 4 categories:

1. **Homeowner Rehab**
2. **Homebuyer**
3. **Homeowner/Homebuyer Rental Rehab**
4. **Tenant based Rental Assistance (TBRA)**

Homeowner Rehab Activities

1. **Owner Occupied Housing Rehabilitation: (Homeowner Rehab)** funds may be requested to provide housing rehabilitation of single family (1-4) unit, owner occupied homes. Housing rehabilitation must be performed according to HTFC housing rehabilitation standards and the unit must meet NYS and/or Local Code upon completion. LPAs may not undertake some stand-alone forms of special purpose homeowner repair programs, such as weatherization, energy efficiency, emergency repair or handicapped accessibility programs, however, these types of activities may be undertaken with HOME funds as part of a comprehensive housing rehabilitation project, provided the unit will meet NYS and/or Local Code upon completion.

2. **Manufactured Home Replacement: (Manufactured Home Replacement/Homeowner Rehab)** funds may be requested to provide an existing homeowner of a sub-standard manufactured (mobile) home to be replaced with a new manufactured home. Replaced units must meet NYS and/or Local Code upon completion and be installed according to the Manufactured Home Construction and Safety Standards at 24 CFR Part 3280, HOME Permanent Foundation Requirements at 92.251(e) and HTFC design standards upon completion. Rehabilitation of a manufactured home unit is not an eligible activity. Due to the federal HOME regulation requiring a permanent foundation and the increased cost, HCR/HTFC is interested in applications that propose “manufactured to modular” replacement, as cost may be similar to deliver a more sustainable housing option.

Homebuyer Activities:

1. **Acquisition: (Non-CHDO Homebuyer Acquisition of Existing)** funds may be requested to assist a homebuyer to provide down payment and/or closing cost assistance to purchase a single family (1-4) unit, non-HOME assisted existing home or newly constructed home. The home must meet NYS and/or Local Code at purchase.

2. **Acquisition with Housing Rehabilitation: (Non-CHDO Homebuyer Acquisition of Existing)** funds may be requested to assist a homebuyer to provide down payment and/or closing cost assistance and funds for housing rehabilitation to purchase a single family (1-4) unit, non-HOME assisted existing home. Housing rehabilitation work must be performed according to HTFC’s housing rehabilitation standards and the unit must meet NYS and/or Local Code upon completion. Housing rehabilitation activities must be complete within 6 months from the date of purchase.

3. **Manufactured Home Purchase: (Manufactured Home Purchase/Homebuyer)** funds may be requested to provide a homebuyer making less than 50% of Area Median Income (AMI) the opportunity to purchase a new manufactured home. The homebuyer must have ownership of the land prior to purchase or will become the owner of the land at purchase. Manufactured units must meet NYS and/or Local Code upon completion and be installed according to the Manufactured Home Construction and Safety Standards

at 24 CFR Part 3280, HOME Permanent Foundation Requirements at 92.251(e) and HTFC design standards upon completion.

Housing Development:

CHDO Development/Homebuyer Acquisition of Existing

CHDO Development/Homebuyer New Construction

1. Funds may be requested to assist a CHDO to acquire an existing vacant, substandard home that will be rehabilitated and then sold to a HOME eligible buyer or to build a new construction home that will be sold to a HOME eligible buyer. Homes must meet NYS and/or Local Code upon completion. Funds are treated as a development subsidy. CHDO's must be the owner and developer of the housing during the construction period, must arrange for all project financing and be in sole charge of the construction. The project must include sources of construction financing other than NYS HOME Local Program funds. CHDO projects have additional program and project underwriting requirements. CHDO applicants are required to submit a "CHDO Feasibility Review." NYS HOME Local program funds may be used only as permanent financing. Applicants must be certified as a CHDO prior to the award of funds. As required by the 2013 HOME Final Rule, non-project specific CHDO reservation of funds is no longer available. Approval for funding is on a project specific basis. The HTFC is required to underwrite CHDO projects by assessing the capacity and fiscal soundness of the CHDO developer; by ensuring that market conditions indicate an adequate need for the HOME project; that firm financial commitments for other project funding are in place and must certify that the CHDO has staff with demonstrated development experience and capacity to complete the project. Staff does not include volunteers, board members or consultants.

Homeowner and Homebuyer Rental Rehab

1. **Single Family (2-4) Unit Rental Rehabilitation: (Rental Rehab/Homeowner (2-4 units) and (Rental Rehab/Homebuyer (2-4 units))** funds may be requested to provide housing rehabilitation of the homeowner unit and HOME eligible rental units in a single family property. Funds may be requested to assist a home eligible buyer to purchase and rehabilitate an existing single family property in which the homebuyer will occupy one unit as principal resident and then agrees to rent out the other units as HOME eligible rental units. HCR/HTFC prefers a "whole house" approach to housing rehabilitation with rental units and prefers the homeowner/homebuyer unit and all HOME eligible rental units to be rehabilitated. If all units are HOME eligible, then the units and common areas must be rehabilitated to meet NYS and/or Local Code upon completion. For a homebuyer property, the HTFC prefers assisted households to receive some form of landlord and HOME Program rental requirements training, prior to renting HOME eligible units.

Tenant-Based Rental Assistance (TBRA)

1. Funds may be requested to provide monthly tenant-based rental assistance (TBRA) to assist families at or below 60% of area median income, who are on the Section 8 Housing Choice Voucher waiting list for monthly rental subsidy. Security deposits and tenant utility deposits may also be eligible. TBRA programs must include a certification

that TBRA assistance meets a need described in the Consolidated Plan in the service area and a description of the local market conditions that justifies the need for TBRA and the method of selection and coordination with the local Public Housing Authority.

NOTE: LPA's may select 1 eligible activity per application, as listed in Exhibit 1A.

1B. Applicant Information

If the applicant organization information has already been verified, as instructed above, limited fields on this screen require completion. These may include:

- 5b. If applicable, indicate whether or not all required periodic or annual written reports have been filed in a timely manner (non-profit applicants only).
6. Select the Official Mailing Address for correspondence related to this application.
8. Complete this section for the individual who will be the primary contact person for correspondence related to this application.
9. If the contact selected as the primary contact is not authorized to execute a contract with Housing Trust Fund Corporation (HTFC), complete the fields to identify a contact who is authorized. Please note: for City, County, Town or Village applicants only the Chief Elected Official is authorized to execute a contract with HTFC.

Press "Submit" at the bottom of the screen, and use the "Next" link in the top right to move to the next screen.

1C. Program Detail Information

1C-1. Counties/Municipalities

1. Project County: Select the county from the drop-down menu.
2. Countywide: Indicate whether or not the project proposed is scattered site and will serve the entire county.
3. If 'yes' is selected for the above question, click 'submit' and go on to the next page. If 'no' is selected, choose the first municipality to be served from the drop-down Municipality menu. Click 'submit'. The page will be redisplayed with the county name and selected municipality in a grid. To add another municipality, click the 'add' button at the bottom of the grid. The county and municipality drop-downs will become available again. Select the county and municipality and click 'submit'. Repeat this step until all project municipalities have been added.

4. If the project will serve multiple counties: Complete the steps outlined above. To add another county, click the 'add' button. When the page is redisplayed, select another county from the drop-down menu.

1C-2. Regional Council

Select the Regional Council(s) associated with the region(s) in which the project is located. A map is available for reference here:

<http://regionalcouncils.ny.gov/map>

1C-3. Latitude & Longitude

Enter the program latitude and longitude. Applicants must enter the latitude and longitude with six decimal places. Applicants may use online sources to obtain the Latitude or Longitude. Using Google Maps, a user can right-click on an area of the map, and select "What's here?" from the drop down menu. An info card with coordinates will appear under the search box.

- For a Program proposing assistance to a single address, or property, use that address to obtain the latitude and longitude for the project.
- For a Program in a single municipality, select an address in a central location to obtain the latitude and longitude for the application.
- For a Program spanning a county, a multiple counties, select a central point, or use the address of the applicant organization's office if centrally located.

1D. Political Districts

Locate and click on the name(s) of the Assembly Member who represents the locality in which the project will be administered. Click on the top arrow to move the name into the box on the right. (A name can be removed by clicking on the bottom arrow). Repeat this as necessary for each Assembly, Senate and Congressional Representative who serves the project Municipality (ies).

1E. Income Targets

Enter the approximate number of residential units which are expected to be occupied by persons in each corresponding income group. The total residential units entered on this screen must be equal to the total units entered on screen 1A.

1F. Target Populations

- If the program elects to serve a special needs population, the LPA must have a current service provider agreement that will send direct referrals of applicants of the special needs population. The service provider agreement must be uploaded as an attachment in CDOL.

- On this screen, enter the number of units targeted to special population households. The total number of units entered on this screen must be equal to the total units entered on screen 1A.

Exhibit 2 – Program Summary & Financing Plan

2A. Program Abstract

Follow the sample text provided to draft a brief abstract of the proposed program.

Please note, the abstract provided may be included in press materials. This abstract should include, but not be limited to the following information: Organization name, HOME program request amount, estimated total project cost, other sources of funding, main goal(s) of the program, activities HOME funds will be used for, and any special emphasis of the program, such as special needs populations or areas/neighborhoods to be served, income ranges to be targeted, etc.

Sample text: The Sample Organization proposes to utilize \$300,000 in HOME funds to provide renovations to approximately 15 low-income homeowners in the City of Sample. All improvement projects will incorporate the results of an energy audit into the scope of work, and added insulation, Energy Star rated appliances, light fixtures and heating systems will be utilized when indicated. \$100,000 from the City of Sample and \$50,000 from other grant sources (specify) will supplement the HOME funds for a total project cost of \$450,000. This project will target households at or below 60% of area median income.

2B. Program Administration

2B-1. Key Staffing & Activities

Complete this section for each key staff member who will be responsible for the activities listed on the page.

1. Enter the name of the person responsible for one of the listed activities.
2. Enter the person's title.
3. Select the person's employer from the drop-down menu.
4. Describe specific staff experience or training relevant to the implementation of the proposed HOME Program. Include qualifications, licenses and certifications. Provide estimate of time to be committed in support of the proposed HOME Program.
5. Select each of the activities that the person will be responsible for.
6. If the person will perform activities other than those listed, use the 'Other Activities' box to briefly describe them.

7. If the person is authorized to enter into contractual agreements and/or to request disbursements, select the applicable box(es).
8. Indicate whether or not this person will be paid with HOME Program funds.
After you submit information about the first staffer, the page will be redisplayed as a grid. Click the 'Add' button to list additional staff.

2B-2a. Procurement & Oversight of Subrecipients, Consultants and Contractors

If consultants, subrecipients or contractors will perform administrative functions for the program, describe how they will be selected. Also, describe the controls the recipient will maintain over consultants and contractors to ensure compliance with things such as HOME Program requirements, quality control, timeliness and cost-effectiveness.

If not applicable, select 'Not Applicable' in the upper-right corner.

2B-2b. Consultant/Subrecipient/Contractor Listing

- Enter the name of the consultant/subrecipient/contractor that will be paid to perform administrative duties.
- Enter the amount they will be paid to perform these duties.
- Briefly describe how the pay rate was determined.

After submitting information about the first consultant/subrecipient/contractor, the page will be redisplayed as a grid. Click the 'Add' button to add another.

This page will not be open for updates if the applicant selected 'Not Applicable' in Section 2B-2a.

2C. Supportive Services Agency Commitments

If the program elects to serve a special needs populations listed in the NYS HOME Program 2015 HOME Reference Materials guide, the LPA must have a current service provider agreement that will send direct referrals of applicants of the special needs population. The service provider agreement must be uploaded as an attachment in CDOL. List each supportive service agency from which you have received a written commitment to provide services to special needs clients, or to maintain a referral system.

Provide the following information in the table: source name, a brief description of the terms of service, the date of the written commitment letter, the expiration date of the letter if applicable, and the name of the person who signed the commitment letter.

These letters should be attached in the applicable application attachment, and verification may be requested by HTFC prior to entering into a contract with the LPA.

After entering information about the first commitment, press submit and the page will be redisplayed as a grid. Click the 'Add' button to list additional commitments.

Click 'Not Applicable' where no supportive service agency commitments exist.

Exhibit 3 – Needs Statement Summary

PLEASE NOTE: Information provided in this Exhibit is used to determine the relative need in the program service area, as compared to those in other applications. It is not intended to measure the needs of occupants of the units to be assisted, or to identify the incomes and/or poverty characteristics of actual program beneficiaries. Applications are subject to public inspection following the completion of the funding round. Therefore, all information that is provided must be in a "blind" format. Do NOT provide information that identifies individual residents of the service area.

1. General Instructions

This exhibit has four sections:

3A. Individual Poverty:

Must be completed by all applicants regardless of proposed activity.

3B. Housing Rehabilitation:

Must be completed by all applicants regardless of proposed activity.

3C. Homebuyer Assistance:

Must be completed by applicants proposing homebuyer assistance.

3D. Tenant-Based Rental Assistance:

Must be completed by applicants proposing tenant based rental assistance (TBRA).

2. Data Source Recommendations

The recommended data sources for this Exhibit are set forth below, and differ for service areas comprised of entire municipalities and those that are partial municipalities (for example, a neighborhood). If you are proposing a TBRA program, see the directions for 3D below for the suggested data source.

For applicants who are proposing a service area comprised of an entire county, city, town, village, or census- designated place (CDP), the Census Demographic Profiles found at <http://censtats.census.gov/pub/Profiles.shtml> are easiest to use. Follow these steps:

1. On the webpage listed above, select New York State and enter the name(s) of the place(s) comprising your service area, then click 'Go';
2. A list of possible matches will be returned. Click on the correct place name;
3. A number of tables will be returned and listed as bookmarks on the left of the page. Click on the table corresponding to the section of this Exhibit you are completing, as follows:

3A - Individual Poverty:

Use Table DP-3 Profile of Selected Economic Characteristics: 2000.

3B - Housing Rehabilitation:

Use Table DP-4 Profile of Selected Housing Characteristics: 2000.

3C - Homebuyer Assistance:

Use Table DP-1 Profile of General Demographic Characteristics: 2000.

For applicants proposing a service area that is not an entire municipality or CDP, such as a neighborhood or a community, use Census tract data, or if the boundaries of your service area are smaller than a Census tract, use block group data. This data can be found in the SF3 Data Tables found at <http://factfinder.census.gov>

1. Go to the website listed above;
2. Click on '**Data Sets**';
3. Select '**Census 2000 Summary File (SF3) - Sample Data**'. A drop-down menu will appear. Click on 'Enter a Table Number' and enter the table that corresponds to the section of this Exhibit you are completing, as follows:

3A - Individual Poverty:

Use Table P87 - Poverty Status in 1999 by Age.

3B - Housing Rehabilitation:

Use Table H34 - Year Structure Built.

3C - Homebuyer Assistance:

Use Table H7 - Tenure - Occupied Housing Units.

3. Exhibit Instructions

3A. Individual Poverty

This section must be completed by all applicants. Enter the total number and percentage of individuals below poverty in the proposed service area on lines 1 and 2, respectively. Enter the source of the data on line 3.

3B. Housing Rehabilitation

Complete this section only if a housing rehabilitation activity is proposed.

1. Total Number of Housing Units: Enter the total number of housing units in the service area.
2. Total Housing Units Built Before 1960: Enter the total number of housing units in the service area that were built prior to 1960.
3. Percentage of Housing Units Built Before 1960: CDOL will calculate the percentage built prior to 1960 for the service area on line 3 when you click 'Submit'.
4. Source of Data: Select the source of the data from the drop-down menu. If the source is not included, specify the source in the field below.

3C. Homebuyer Assistance

Complete this section only if you are proposing homebuyer assistance as an activity.

1. Enter the total number of occupied housing units.
2. Enter the total number of owner-occupied housing units.
3. This line will be calculated by the CDOL when you 'submit' the entire page.
4. Select the source of the data from the drop-down menu. If the source is not included, specify the source in the field below.
5. Affordability Index Worksheet:
 - A. Available Income: This section will determine the monthly income available for housing.
 1. 80% of Area Median Family Income: Enter the income limit for a low-income family of four (80% of Area Median Family Income) in the county or MSA in which your program is located. This number can be found in the HUD Income Limits.
 2. Monthly Income: When the entire page is completed and submitted, CDOL will update this field by dividing the number in line 1 (80% of Area Median Family Income) by 12.
 3. Monthly Income Available for Housing: When the entire page is completed and submitted, CDOL will update this field by multiplying line 2 (Monthly Income) by 0.30.

B. Monthly Housing Payment: This section will determine the monthly housing payment.

1. Median Sales Price: Enter the current median sales price for the local program area. (Median sales price data can be obtained from the local Board of Realtors or from the National Association of Home Builders; the data must be specific to your program county.) If your program spans multiple jurisdictions, determine the median sales prices for each jurisdiction, and average the sales prices.
2. Mortgage Amount: When the entire page has been completed and submitted, CDOL will update this line by multiplying line 1 (Median Sales Price) by 0.95 (assumes a five percent down payment).
3. Monthly Principal and Interest: When the entire page has been completed and submitted, the CDOL will update this line by multiplying line 2 (Mortgage Amount) by 0.00632 (assumes a 30-year mortgage at 6% interest, the mortgage constant).
4. Monthly Taxes/Source of Data: Enter the monthly estimated monthly taxes for the local program area (annual property tax divided by 12). (Property tax rates must be documented by the local assessor's office, with equalization rates applied to provide an accurate tax figure for a typical unit. Be sure to include all municipal and school taxes that apply (but not fees such as water and garbage pickup). If your program spans multiple jurisdictions, determine the tax rates for each jurisdiction, and average the sales prices and rates. Enter the source of your data in the space provided.
5. Monthly Housing Payment: When the entire page has been completed and submitted, CDOL will update this line by adding together line 3 (Monthly Principal and Interest) and line 4 (Monthly Taxes).

C. Affordability Index: When the entire page has been completed and submitted, the CDOL will calculate line 3 (Affordability Index) by dividing the Monthly Income Available for Housing (A3) by the Monthly Housing Payment (B5).

- An Affordability Index that is greater than 1 indicates a more affordable housing market.

3D. Tenant-Based Rental Assistance (TBRA):

Complete this section only if a TBRA activity is proposed. Use the CHAS data which is available on the United States Department of Housing and Urban Development's State of the Cities Data Systems website: <http://socds.huduser.org>. If your service area is smaller than an entire municipality, use the data for the entire municipality.

1. Enter the total number of very low-income renter households ($\leq 50\%$ of Median Family Income with a cost burden $> 30\%$ of income. (If you need assistance calculating the combined numbers of extremely-low ($\leq 30\%$ of MFI) and very-low-income ($> 30\%$ to $\leq 50\%$ of MFI) renters with a cost burden $> 30\%$ of income, contact your HCR representative.)

TBRA regulations at 22 CFR 92.253 (d) (5) require a written waiting list as evidence of demand for the program in the proposed service area. Please provide following information from the wait list.

2. Enter the total number of households on the Section 8 rental assistance waiting list for the service area.
3. Enter the estimated length of time a household will remain on the Section 8 rental assistance waiting list.

Exhibit 4 – Relevant Experience

Complete this Exhibit for each organization involved in the proposed NYS HOME Local program, including the applicant, any organization that will administer the local program, and/or any consultant involved in the preparation of the application or in the administration of the local program.

Provide examples for up to five similar programs that these organizations have been involved with for the past three to five years, including those that are in progress, those they are currently administering, or those completed during that timeframe.

Check the 'Not Applicable' box at the top right of the Exhibit if there is no relevant experience to report, and move on to Exhibit 5.

4A. Relevant Experience

At the top of the page, select the role of the organization or person that the relevant experience is being reported for (applicant, consultant or administrator who is not the applicant).

- **Program Name:** Enter a descriptive name for the project/program, such as *Sample Town Homebuyer Program 2015*.
- **Program Administrator/Contact Person Name:** Provide the name of the individual able to provide additional details if needed.
- **Role:** From the drop-down menu, choose the role that the organization assumed in the project/program.
- **Type:** From the drop-down menu, select the type of activity that best describes the project/program.

- Contract Start/End Dates and Project Completed: Enter the month and year (mm/yyyy) that work on the project/program began, the month it was completed, or the expected completion date, and the percentage of program completion.
- Number of Units: Enter the total number of units or households assisted by the program.
- Population Served: Enter a brief description of the target populations that were served by the program, for example, Frail Elderly.
- Total Cost: Enter the total cost of the program, rounded to the nearest thousand.
- Program Funding Source: Enter the name of the primary funding program that provided funding for the project/program.
- Program Funding Agency: Enter the name of the agency that administers the funding source listed above.
- Funding Source Contact Name and Phone Number: Enter the name and phone number of the primary contact person for the program listed in the spaces provided above.
- Detail: Provide brief description of project accomplishments. Describe how this experience is relevant to the proposed program, and address grant administration problems, delays or monitoring findings.

When all required data has been entered, click 'Submit' and the data will be redisplayed in a grid format. To add another record, click the 'Add' button at the bottom of the grid and repeat the steps listed above.

Exhibit 5 – Budget/Financing Plan

5A. Sources of Funds

NYS HOME Local Program Budget Policy and Budget Worksheet

Please refer to the NYS HOME Local Program Budget Policy and Budget Worksheet available on the HOME Local Program website for instructions and requirements for creating the program budget. Use the Policy document to create a budget worksheet to upload as CDOL Attachment 2. The totals from the budget worksheet in Attachment 2 must be used to fill in the budget line items in Exhibit 5B.

Once the budget worksheet is completed, add each source of financing for the project in this exhibit. The total sources with the financing types (permanent, construction, or both), as described below, must equal the Total Program Cost for all outlined in Section 5B of this Exhibit. **An entry for NYS HOME Local Program funds must be added to complete the total project budget.**

- **Source:** Select the funding source name from the drop down list. Funding sources are listed according to source type (HCR/HTFC, Federal Government, Local Government, Non-HCR State Government, and Private). If a specific funding source is not available, each source category has a generic source code that can be selected (for example, 'Federal Program – Other').
- **Specify Source:** If any of the funding sources in the drop-down menu are followed by 'Specify', the applicant must enter the source name, program, lender, etc. in this space.
- **Funds Requested:** Enter the amount of funds to be contributed by the source.
- **Financing Type:** Select the type of financing from the drop-down menu: construction, permanent, both (both construction and permanent) or other.
- **Assistance Type:** Select the assistance type from the drop-down menu: loan, grant or other.
- **Financing Term:** If applicable, enter the number of months or years of the financing term.
- **Financing Term Type:** If a Financing Term was provided, select either months or years. Otherwise, select 'Not Applicable'.
- **Status:** Select either 'committed' or 'pending approval' from the drop-down menu. Select committed only if the funds have been formally committed. If the funds are formally committed, please provide the date of the letter and the signatory and attach the commitment documentation as requested in Attachment 3.

Click the 'Submit' button for the first source, and the page will be redisplayed as a grid. To add another funding source, click the 'Add' button at the bottom of the grid and repeat the steps outlined above.

5B. Program Costs

NYS HOME Local Program Budget Policy and Budget Worksheet

Please refer to the NYS HOME Local Program Budget Policy and Budget Worksheet available on the HOME Local Program website for instructions and requirements for creating the program budget. Use the Policy document to create a budget worksheet to upload as CDOL Attachment 2. The totals from the budget worksheet in Attachment 2 must be used to fill in the budget line items in Exhibit 5B.

Provide a line-item breakdown of all costs associated with the proposed program as follows: Under the column titled 'HOME funds', enter the total amount to be paid with HOME funds. Under the column titled 'Other Funds', enter the total amount to be paid with funds other than the HOME. Upon clicking the 'submit' button, CDOL will add the columns together and display the total in the column titled 'Total Cost'. It will also calculate the total cost per unit in the column 'Cost/Unit.'

Budget Line Item amounts are determined from the Budget Policy and Budget Worksheet. The line item totals from the worksheet are used to fill out this Exhibit:

1. Project Costs
2. Project Delivery Costs (Project Soft Costs)
3. Staff Costs of Project Delivery
4. Administration
5. Total: CDOL will total the amounts entered in lines 1 through 4.

5E. Budget Narrative

An applicant must use this field to explain the project budget. Please be specific, and list each source in a consistent format. This explanation of the program budget must be consistent with the required Sources and Uses budget tables. If a source is identified as committed, the applicable commitment letter must be attached where requested in the application.

Specifically:

- Identify the total project cost and identify each source of funds and proposed use(s).
- For each source identified, indicate whether the source is formally committed or pending approval.
- Identify sources and amounts of available construction financing
- For programs requiring owner/beneficiary investment, provide how the amount is determined
- Explain how the proposed project will proceed if the pending sources are not secured.

IV. Validating Application Exhibits

An application must pass a series of validations before the application exhibits can be certified and submitted. To validate the application, return to the Menu using the navigation links in the top left corner of the screen. Click 'validate' to the right of the application name.

The Validate Application screen will be displayed. Click 'Validate' again to begin the validation process. The validation process is done in 3 steps:

- Step 1 checks to confirm that all required Exhibits have been entered.
- Step 2 checks to confirm that all required Exhibits are complete.
- Step 3 checks to confirm that the information entered is consistent across Exhibits.

If any incomplete Exhibits, fields or inconsistencies are found, the applicant will receive the message: "Validation failed, please make the necessary corrections." Below this message, an explanation(s) of the problems found during the validation process will be displayed. Return to the Exhibits identified and complete them and/or correct the inconsistencies found. Each problem listed will have a link that will return the user to the applicable Exhibit. If there are a number of errors it is suggested that the applicant select the 'Print' button in the Banner. This will open a new window to display and reference the error messages. The applicant must continue the validation process until the message "Validation Successful" is displayed.



V. Applicant / Owner Certification

A. Certifying Application Exhibits

Please Note: Once the application is certified, the application it cannot be changed.

After successful validation the 'Certify' link will be made available to users with the authorization to certify the application. If the person completing the application is not the person authorized on the Security Manager Designation Form to electronically certify the application, the person who is authorized must sign into CDOL to complete this step. The only way to get the 'Certify' link is to run a successful validation. If the validation is completed, but the application is not certified, the validation will have to be run again.

To electronically certify and submit the application exhibits, click the 'Certify' link on the Validation page. At the bottom of the Applicant/Owner Certification enter the password and title, and click the 'Submit' button. If the certification and submission was successful, CDOL will display a message acknowledging successful submission of the Exhibits or Step 1 of the CDOL Application Process. This message will also provide the application's

SHARS ID number, which will be used to identify the application. An e-mail message will also be sent confirming successful submission of the application exhibits. This will change the application status from “In Progress” to “Certified.” **Additional steps are required to complete and submit the application.**



You have successfully completed Step 1 of the CDOL Application Process.
Your Exhibits have been submitted and your SHARS ID number is: **20133012**



PLEASE NOTE: Your application submission is not complete until you have completed Step 2 of the Application process - submission of all required attachments. To upload attachments, return to the Menu and select the Attachments link associated with this application. When you have uploaded all required Attachments and, if applicable, clicked the 'omit' button for optional Attachments that you will not be submitting, click the 'Submit' button at the bottom of the Attachments page. Once this step is completed, your Application will be considered submitted.

Before submitting your Attachments, please note that if the Application Instructions indicate that your Application requires additional signatures, click the 'Print' button at the top of this page, which has space for additional signatures. Once all parties have signed and dated the certification, upload the page as the Application Certification Attachment.

A new window will open showing the completed application. Please save a copy electronically and print a copy for the applicant's records.

Return to the main menu using the navigation links in the top left corner of the screen. Now that the application exhibits are certified and submitted, click on the 'Attachments' link next to the application on the main menu. The 'Attachments' link will transfer the user to the Upload Attachments process.

Please Note: An application will not be considered complete until all required attachments are uploaded, submitted and certified. **Any portion of the application exhibits or attachments that have not been submitted by the deadline specified will not be accepted.**

VI. Application Attachments

Attachment 1 – Administrative Plan (Required)

Attachment 2 – NYS HOME Local Program Budget Worksheet (Required)

Attachment 3 – Funding Commitment Letters (Optional)

Attachment 4 – CHDO Home Ownership Program Analysis and CHDO Feasibility Review

Attachment 5 – CHDO Funding Commitments

Attachment 6 – Green Building/Energy Efficiency Supporting Documentation (Optional)

Attachment 7 – Supportive Services Agency Commitments

A. Attachment Instructions

Attachment 1 - Administrative Plan (Required)

New for this RFP: NYS HOME Local Program Administrative Plans:

The federal HOME Program is highly regulated making it difficult to achieve compliance for LPA's. The new HOME Final Rule released in 2013 made it even more difficult to deliver in compliance programs. For this reason, The OCR has developed NYS HOME Local Program Administrative Plans (Plans), based on eligible activities, that are in compliance with federal and State HOME regulations and policies.

If awarded NYS HOME Local Program funds, these plans must be followed in the administration of the proposed activity. Applicants no longer have to write an administrative plan, but are required to answer questions, as inserted in the Plans, regarding the administration of the proposed program. Answers to the questions will be a scored factor in this application.

Responses to the questions are to be written in the text boxes located within the plans. Responses are limited to the number of characters, as listed in the text box after the question.

If awarded funds, these Plans and the responses to the questions will become the administrative plan for the awarded program. **LPA's may only choose one eligible activity to be administered under each Plan.**

The 4 Plans listed below are included in this application and are available on the HCR HOME Program website. After each Plan name listed are the eligible activities (as listed in CDOL Exhibit 1A.) that are administered under each Plan. The first page of each plan gives instructions, acronyms and general information needed to respond to the questions inserted in the Plan.

1. **Owner-Occupied Housing Rehabilitation:** Homeowner Rehab, Rental Rehab/Homeowner.
2. **Manufactured Home Replacement as an Owner Occupied Housing Activity:** Manufactured HOME Replacement/Homeowner Rehab.
3. **Homebuyer Assistance:** Non-CHDO Homebuyer Acquisition of Existing, Non-CHDO Homebuyer New Construction, Manufactured Home Purchase/Homebuyer, CHDO Development/Homebuyer Acquisition of Existing, CHDO Development/Homebuyer New Construction, Rental Rehab/Homebuyer (1-4 unit).
4. **Tenant Based Rental Assistance:** Tenant Based Rental Assistance

Attachment 2 – NYS HOME Local Program Budget Worksheet

The NYS HOME Local Program Budget Policy is available on the HOME Local program website. This policy provides instructions and requirements for creating the program budget using the Budget Worksheet. Use the Policy document to create a budget worksheet to upload as CDOL Attachment 2. The totals from the budget worksheet in Attachment 2 must be used to fill in the budget line items in Exhibit 5B

Attachment 3 - Funding Commitment Letters

Attach documentation for each funding source identified as committed funds in Exhibit 5A – Sources of Funds.

Attachment 4 - CHDO Home Ownership Program Analysis and CHDO Feasibility Review

(CHDO Applicants only)

If applying for funding as a community housing development organization (CHDO), the applicant must complete and submit the CHDO Home Ownership Program Analysis worksheet and CHDO Feasibility Review. Enter all information that is available for the proposed project. For the budget and affordability information, if specific costs are not known, provide typical or average costs for the proposed project. Answer all questions inserted into the CHDO Feasibility Worksheet.

CHDO applicants must obtain a NYS CHDO Determination Letter from the appropriate HCR office prior to the application due date, to show that the applicant qualifies as a CHDO. Enter the date of the qualifying letter in the appropriate box on the CHDO Home Ownership Program Analysis form. Do not attach qualifying documentation.

Attachment 5 - CHDO Funding Commitments (CHDO Applicants only)

If funding from sources other than HCR/HTFC is needed for construction financing and/or permanent financing for a proposed project, written firm commitment letters

are required. Attach copies of letters or contracts showing that funds are committed. If a construction lender is willing to enter into a loan participation agreement for purposes of administering the construction financing, it should be indicated in the commitment letter. If funds have been applied for, provide documentation of application for funds.

Attachment 6 - Green Building/Energy Efficiency Supporting Documentation (CHDO applicants only-optional)

CHDO home ownership project applicants proposing a new construction project and claiming Green Building Initiative points must complete the Green Building Criteria checklist:

<http://www.nyshcr.org/Funding/UnifiedFundingMaterials/2012/GreenBldgCriteria.pdf>).

This form must be signed by an authorized representative of the applicant and by a qualified green building professional that has participated in the design of the project. Submit the form as “Attachment 6- Green Building Initiative”.

CHDO home ownership project applicants that are proposing a new construction project and claiming Energy Efficiency Initiative points must submit an agreement with a participating New York Energy Star builder that demonstrates that the project will qualify as a New York ENERGY STAR labeled home upon completion. The agreement must be labeled “Attachment 6 – Energy Efficiency Initiative.”

Multifamily home ownership projects that qualify for the NYSERDA Multifamily Building Performance Program may also claim Energy Efficiency Initiative points. Submit evidence that NYSERDA has approved the proposed Energy Reduction Plan for the project, or, if not yet approved, evidence that the Energy Reduction Plan has been submitted to NYSERDA, or, if the plan has not yet been submitted, a copy of a signed contract between the Participant and a NYSERDA-approved Performance Partner . The materials must be clearly labeled “Attachment 6 – Energy Efficiency Initiative.”

Attachment 7 – Supportive Services Agency Commitments

Supporting documentation must be provided for each Supportive Services Agency Commitment identified in Application Exhibit 2C. To complete application, applicant must select ‘omit’ if attachments will not be uploaded. The agreement must be labeled “Attachment 7 – Supportive Services Agency Commitments.”

VII. Uploading & Certifying Attachments

A. Uploading Attachments

Return to the Menu, then click on the ‘Attachments’ link to the right of the application name. This link will access the Attachment Upload window.

The Attachment Upload page lists the applicable attachments for the application.

To the right of each listed attachment is an 'Add' link. Click the 'Add' to begin to attach files. Select the 'Browse' button to browse for the file to be uploaded. After locating and selecting the file, click the 'Upload' button to begin the upload. A progress bar will display the progress of the upload. Once complete, the applicant will be redirected to the main Attachment Upload screen. The uploaded file name will be displayed under the attachment.

To the right of each uploaded file will be two links: 'View' and 'Delete'. 'View' allows the applicant to view and optionally print the file to verify that the correct document is attached. 'Remove' allows the applicant to delete the file prior to submission.

Attachments that are not required will have an 'Omit' link. Applicants must click the 'Omit' link if an optional attachment will not be included.

An applicant may upload multiple files for each attachment. Please limit the uploaded files to those documents specifically requested in the Attachment Instructions. Whenever possible, combine multiple files into one. All required attachments must be uploaded before the group can be submitted.

B. Submitting and Certifying Application Attachments

When all required application attachments have been uploaded, the organization's authorized signatory must log-in and click 'Submit' on the Attachment Upload page. CDOL will display an 'Attachment Receipt' then an 'Attachment Certification' which must both be clicked in order to complete the submission. Once complete, a message will appear at the top of the screen indicating that the application attachments have been successfully submitted, and the application process is complete. Once the attachments have been submitted, the HOME LPA Program Application is complete and may not be changed.

Return to the main menu using the navigation menu in the top left corner of the screen. Now that the application exhibits and attachments are complete, submitted and certified, the Application Status next to the application name should indicate Completed.

NYS HOME LPA Program Application exhibits and attachments must be submitted via the CDOL system by 4:00 PM (EST) Friday October 16, 2015. Applications and supplemental materials will not be accepted after the stated deadline.

VIII. Application Screenshots

HOME – CDOL Table of Contents & Exhibit List

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Exhibit 2 - Program Summary and Financing Plan	view
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Exhibit 1 - Application Summary

1A. Funds Requested & Activities/Uses

1. Local Program Name: *
 Please enter a brief, descriptive name. If awarded, the Local Program Name entered here will be used to label contract materials and to describe the program throughout the contract term. e.g., City of Sample 2012 HOME LPA Program

2. HOME LPA funds requested: \$

3. HOME Local Program Information:

b. Activities/Uses of Funds	Number of Units	Number of Households	Amount
1. Homeowner Rehab	<input type="text"/>	N/A	\$ <input type="text"/>
2. Non-CHDO Homebuyer (Acquisition of Existing)	<input type="text"/>	N/A	\$ <input type="text"/>
3. Non-CHDO Homebuyer (New Construction)	<input type="text"/>	N/A	\$ <input type="text"/>
4. Manufactured Home Replacement/Homebuyer	<input type="text"/>	N/A	\$ <input type="text"/>
5. Manufactured Home Replacement/Homeowner Rehab	<input type="text"/>	N/A	\$ <input type="text"/>
6. CHDO Development/Homebuyer (Acquisition of Existing)	<input type="text"/>	N/A	\$ <input type="text"/>
7. CHDO Development/Homebuyer (New Construction)	<input type="text"/>	N/A	\$ <input type="text"/>
8. Rental Rehab/Homeowner (1-4 unit)	<input type="text"/>	N/A	\$ <input type="text"/>
9. Rental Rehab/Homebuyer (1-4 unit)	<input type="text"/>	N/A	\$ <input type="text"/>
10. Tenant Based Rental Assistance (TBRA)	N/A	<input type="text"/>	\$ <input type="text"/>

1B. Applicant Information

1. Applicant Name: Village of Massena
2. Federal EIN: 15-6001337
3a. DOS Charities Registration Number:
3b. Not-for-Profit Incorporation Date:
4. Fiscal Year End Date: 05/31
5a. Applicant Types: Village Government
5b. Have all required periodic or annual written reports been filed with the Attorney General's office in a timely manner? ?
5c. DUNS Number:

6. Official Mailing Address:

Select the mailing address for Contract or Award Materials ?

Town Hall, 60 Main St, Massena, NY 13662, ST LAWRENCE County

7. Applicant Phone and Internet Data

Phone Number: 315-769-8625
Phone Extension:
Fax:
Email Address: villmass-clerk@northnet.org
URL:

8. Primary Contact Person for Correspondence Related to this Application:

First Name: *
Last Name: *
Salutation:
Title:
Phone Number: * Example: 212-555-1212
Phone Extension:
Fax Number: Example: 212-555-1212
Email Address: *
Is this person authorized to execute an agreement with the HTFC should the proposal be funded? * ?

9. Contact Authorized to Execute a Contract with HTFC:

Please note: for City, County, Town or Village applicants only the Chief Elected Official is authorized to execute a contract with HTFC.

First Name: *
Last Name: *
Salutation:
Title:
Phone Number: * Example: 212-555-1212
Phone Extension:
Fax Number: Example: 212-555-1212
Email Address:

Submit

Cancel

1C-1. Counties/Municipalities

Project County: *
Will the project be county wide? *
Municipality: *

Submit

Cancel

1C-2. Regional Council

1. Regional Council(s): * Select all that apply

Capital Region Mohawk Valley
 Central New York New York City
 Finger Lakes North Country
 Long Island Southern Tier
 Mid-Hudson Western New York

1C-3. Latitude & Longitude

Click [HERE](#) to determine Latitude and Longitude. Your latitude must be between 40.000000 and 49.999999. Your longitude must be between -70.000000 and -79.999999. For Programs that span multiple locations, please enter the latitude/longitude of your organizations home or central office in New York State or a central point for multi-county projects.

Project Latitude: *

Project Longitude: *

1D. Political Districts

1. New York State Assembly District(s):

049 - ABBATE, JR, PETER J

001 - ALESSI, MARC

021 - ALFANO, THOMAS W

084 - ARROYO, CARMEN E

118 - AUBERTINE, DARREL J

2. New York State Senate District(s):

20 - ADAMS, ERIC L

55 - ALESI, JAMES

42 - BONACIC, JOHN

46 - BRESLIN, NEIL D

43 - BRUNO, JOSEPH L

3. New York State Congressional District(s):

05 - ACKERMAN, GARY L

24 - ARCURI, MICHAEL

01 - BISHOP, TIMOTHY

11 - CLARK, YVETTE

07 - CROWLEY, JOSEPH

1E. Income Targets

Target Group	Units
Public Assistance <=30% of Median Income	<input type="text"/>
31% through 40% of Median Income	<input type="text"/>
41% through 50% of Median Income	<input type="text"/>
51% through 60% of Median Income	<input type="text"/>
61% through 70% of Median Income	<input type="text"/>
71% through 80% of Median Income	<input type="text"/>
Total:	0
Total Residential Units to be assisted by all funding sources:	5

1F. Target Populations

1. Special Population Households	Units
No Target Population (or Unknown)	<input type="text"/>
Families who are Homeless	<input type="text"/>
Persons and Families who are in Long Term Recovery from Alcohol Abuse	<input type="text"/>
Persons and Families who are in Long Term Recovery from Substance Abuse	<input type="text"/>
Persons who are Frail Elderly	<input type="text"/>
Persons who are Homeless	<input type="text"/>
Persons with Intellectual/Developmental Disabilities	<input type="text"/>
Persons who are Victims of Domestic Violence	<input type="text"/>
Persons with AIDS/HIV Related Illness	<input type="text"/>
Persons with Physical Disability/Traumatic Brain Injury	<input type="text"/>
Persons with Psychiatric Disabilities	<input type="text"/>
Veterans who are Homeless	<input type="text"/>
Veterans in Long Term Recovery from Alcohol Abuse	<input type="text"/>
Veterans in Long Term Recovery from Substance Abuse	<input type="text"/>
Veterans with Intellectual/Developmental Disabilities	<input type="text"/>
Veterans who are Victims of Domestic Violence	<input type="text"/>
Veterans with AIDS/HIV Related Illness	<input type="text"/>
Veterans with Physical Disabilities/Traumatic Brain Injury	<input type="text"/>
Veterans with Psychiatric Disabilities	<input type="text"/>
Veterans who are Frail Elderly	<input type="text"/>

Total Units identified for all Target Populations: 0

Total Residential Units to be assisted by all funding sources: 5

Exhibit 2 - Program Summary

2A. Program Abstract

Provide a brief abstract of the proposed program. **Please note, the abstract provided may be included in press materials.** This abstract should include, but not be limited to the following information: Organization name, HOME program request amount, estimated total project cost, other sources of funding, main goal(s) of the program, activities HOME funds will be used for including proposed unit goals, and any special emphasis of the program, such as special needs populations or areas/neighborhoods to be served, income ranges to be targeted, etc.

Sample text: The Sample Organization proposes to utilize \$300,000 in HOME funds to provide renovations to approximately 15 low-income homeowners in the City of Sample. All improvement projects will incorporate the results of an energy audit into the scope of work, and added insulation, Energy Star rated appliances, light fixtures and heating systems will be utilized when indicated. \$100,000 from the City of Sample and \$50,000 from other grant sources (specify) will supplement the HOME funds for a total project cost of \$450,000. This project will target households at or below 60% of area median income.

 Note: Text will be limited to 1,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

2B-1. Key Staffing & Activities

Staff Name: *
Title: *
Employer: *

Describe specific staff experience or training relevant to the implementation of the proposed HOME Program. Include qualifications, licenses and certifications. Provide estimate of time to be committed in support of the proposed HOME Program.

Qualifications: *

Text will be limited to 1,000 characters and use of special characters is limited.

Activities: * Select all activities that apply:

- General Management and Oversight
- Construction Management and Inspections
- Prepare Scope of Work/Cost Estimates
- Homebuyer Counseling
- Compliance Monitoring
- Construction Management
- Environmental Review Activities
- Energy Assessment Activities
- Lead Based Paint/Asbestos Activities
- Client Intake/Application Review
- Fiscal Management/Arrange Financing
- Affirmative Marketing/Fair Housing
- Relocation Activities
- Rental Administration (TBRA)

Other Activities:

Text will be limited to 1,000 characters and use of special characters is limited.

Authorizations: Select all authorizations that apply:

- Enter into Contractual Agreement
- Request Disbursements

Paid with HOME funds: *

2B-2a. Procurement & Oversight of Subrecipients, Consultants & Contractors

Describe the procurement process for selection of consultants, sub-recipients and contractors. Include a description of the oversight process for contracted services.

Not Applicable:

Note: Text will be limited to 2,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

2B-2b. Consultant/Subrecipient/Contractor Listing

Name: *

Amount to be Paid: *

How Pay Rate was Determined: *

Text will be limited to 1,000 characters and use of special characters is limited.

2C. Supportive Services Agency Commitments

Not Applicable:

Source Name: *

Services Provided: *

Letter Date: * Example: mm/dd/yyyy

Letter Expiration Date: Example: mm/dd/yyyy

Signatory: *

Exhibit 3 – Needs Statement Summary

3A. Individual Poverty

1. Total Individuals Below Poverty: *

2. Percentage of Individuals Below Poverty: * %

3. Source of Data: *

Other Source of Data (specify):

3B. Housing Rehabilitation

1. Total Number of Housing Units: *

2. Total Housing Units Built Before 1960: *

3. Percentage of Housing Units Built Before 1960: 0%

4. Source of Data: *

Other Source of Data (specify):

 This section of the application only applies to applications that have Homebuyer Assistance as a proposed activity.

3C. Homebuyer Assistance

- 1. Total Occupied Housing Units: *
- 2. Total Owner-Occupied Housing Units: *
- 3. Percentage of Owner-Occupied Housing Units: 0% 
- 3. Source of Data: *
- Other Source of Data (specify):

5. Affordability Index Worksheet

A. Available Income

- 1. 80% of Area Median Family Income: * \$
- 2. Monthly Income: \$0 
- 3. Monthly Income Available for Housing: \$0 

B. Monthly Housing Payment

- 1. Median Sales Price: * \$
- Median Sales Price Data Source: *
- 2. Mortgage Amount: \$0 
- 3. Monthly Principal & Interest: \$0 
- 4. Monthly Taxes: * \$
- Monthly Taxes Data Source: *
- 5. Monthly Housing Payment: \$0 

C. Affordability Index

- 1. Monthly Income Available for Housing: \$0
- 2. Monthly Housing Payment: \$0
- 3. Affordability Index: 0 

3D. Tenant Based Rental Assistance

- 1. Total Number of Very Low-Income Renter Households for Whom Rent is Greater Than 30% of Income: *
- 2. Total Number of Households on Section 8 Wait List: *
- 3. Estimated Wait Time: *

Exhibit 4 - Relevant Experience

4A. Relevant Experience

Not Applicable:

Indicate which organization involved in the local program this section is being completed for: *

Program Name: *

Program Administrator/Contact Person Name: *

Role: *

Type: *

Contract Start Date: * Example: mm/yyyy

Contract End Date: * Example: mm/yyyy

Percentage Complete: * %

Number of Units: *

Population Served: *

Total Cost: * \$

Program Funding Source: *

Program Funding Agency: *

Funding Source Contact Name: *

Funding Source Contact Phone: * Example: 212-555-1212

- Provide brief description of project accomplishments.
- Describe how this experience is relevant to the proposed program.
- Address grant administration problems, delays or monitoring findings.

Detail: *

Text will be limited to 1,000 characters and use of special characters is limited.

Submit

Cancel

Exhibit 5 - Budget/Financing Plan

5A. Sources of Funds

Source: *

Specify Source:

Funds Requested: * \$

Financing Type: *

Assistance Type: *

Financing Term:

Financing Term Type:

Status: *

If Committed, enter the following information:

Date of Letter: Example: mm/dd/yyyy

Signatory:

i Please refer to the NYS HOME Local Program Budget Policy available on the HOME LPA program webpage for instructions and requirements for creating the program budget. Use the Policy document to create a budget worksheet to upload as CDOL Attachment 2. The totals from the budget worksheet in Attachment 2 must be used to fill in the budget line items in Exhibit 5B below.

5B. Program Costs

Budget/Financing Plan

Total HOME Local Program Funds Requested: \$200,000

Total Residential units in Local Program - all funding sources: 5

Total Residential units in Local Program to be assisted with
HOME funds: 5

Program Costs

	HOME Funds	Other Funds	Total Cost	Cost/Unit
1. Project Costs	<input type="text" value=""/>	<input type="text" value=""/>	\$0	\$0
2. Project Delivery Costs	<input type="text" value=""/>	<input type="text" value=""/>	\$0	\$0
3. Staff Costs of Project Delivery	<input type="text" value=""/>	<input type="text" value=""/>	\$0	\$0
4. Administration	<input type="text" value=""/>	<input type="text" value=""/>	\$0	\$0
5. Total	\$0	\$0	\$0	\$0

5C. Budget Narrative

Explain the project budget. Please be specific, and list each source in a consistent format. This explanation of your program budget must be consistent with the required Sources and Uses budget tables. If a source is identified as committed, the applicable commitment letter must be attached where requested in the application. Specifically, identify the total project cost; identify each source of funds and proposed use(s); For each source identified, indicate whether the source is formally committed or pending approval; identify sources and amounts of available construction financing. For programs requiring owner/beneficiary investment, provide how the amount is determined. Explain how the proposed project will proceed if the pending sources are not secured.

? Note: Text will be limited to 4,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

Certification and Submission

Certification and Submission

Applicant Certification

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I certify that I am an authorized representative and have been specifically authorized to file this submission and required documents for the proposed project with HCR/HTFC on behalf of the Village of Massena
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I certify that the Applicant is authorized to carry out the proposed activities and that the Applicant is familiar with and will comply with all applicable statutes, rules and regulations established.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I further authorize the agency receiving this application to forward it to any other State agency which administers a program for which a funding request is indicated in this application.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I certify that I have reviewed the full application and attached documents, and statements contained in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith, including data contained in the Organization's Relevant Experience (Exhibit 4) and I agree to immediately inform HTFC of any change in circumstances. A false certification or failure to disclose information shall be grounds for termination of any award.
For the period beginning 10 (ten) years prior to the date of this certification:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The Applicant has not been a principal in a project in which a mortgage has ever been in default, assigned or foreclosed or for which relief by a lender has been granted.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The Applicant has not experienced a default or non-compliance under any HUD, USDA, ESDC, HFA, AHC, DHCR, HTFC or any other federal, state or local loan or grant.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	There are no unresolved findings raised as a result of audits, management reviews or other investigations by federal, state or local government entities concerning the Applicant or projects in which the Applicant is a principal.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	There has not been a suspension or termination of payment under any HUD, DHCR, USDA, HTFC and other Federal, State and local government housing finance agency assistance contracts in which any principal, partner, or officer of the applicant organization has had a legal or beneficial interest attributable to a principal's, partner's, or officer's fault or negligence.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	No principal, partner, or officer of the Applicant organization has been convicted of a felony and is not presently, to my knowledge, the subject of a complaint or indictment charging a felony (a felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by imprisonment of two years or less)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	No principal, partner, or officer of the Applicant organization has been suspended, debarred or otherwise restricted by any department, agency or authority of the Federal government or any state or local government from doing business with such department, agency or authority and, no principal, partner, officer of the applicant organization has defaulted on an obligation covered by a surety or performance bond and has not been the subject of a claim under an employee fidelity bond.
<input type="checkbox"/> N/A	<input type="checkbox"/> Attached	If the answer to any question is NO, please provide a detailed explanation at the end of the Administrative Plan attachment.

CDOL User ID: doffler563

CDOL Password: *

Title:

Date of Electronic Signature: 08/13/2015

Validation

 Validation Successful

Validate Application

Application has been successfully validated.

The application has been successfully validated and can now be certified. If you exit this screen without completing the certification, the application will have to be validated again before the certification option will be made available.

Please note, once the application has been certified it is considered submitted to DHCR and cannot be changed.

2015 Village of Sample Application

[certify](#)

Validation Step 1 completed successfully - all required exhibits have been entered

Validation Step 2 completed successfully - all required exhibits are complete

Validation Step 3 completed successfully - information across exhibits is consistent

NYS HOME Program Attachment Upload Screen

Attachment Upload	
NYS HOME Program (LPA)	
Attachment Category	Options
1 - Administrative Plan [required]	add
2 - NYS HOME Local Program Budget Worksheet [required]	add
3 - Funding Commitment Letters	add omit
4 - CHDO Home Ownership Program Analysis	add omit
5 - CHDO Funding Commitments	add omit
6 - Green Building/Energy Efficiency Supporting Documentation	add omit
7 - Supportive Services Agency Commitments (executed agreements, MOUs, letters of support)	add omit

Attachment Receipt & Certification

Attachment Receipt ✕

By clicking "OK" I certify that I have reviewed the Attachment Receipt and that all of the documents I uploaded are correctly listed. I also certify that I have used the View option to verify the contents of each uploaded document and I am satisfied that all pages within each document have been successfully uploaded. I have printed and will retain a copy of the receipt.

Attachment Certification ✕

By clicking "OK" I certify that all the attachments uploaded for this application are true, complete and correct to the best of my knowledge and belief and are made in good faith and I agree to immediately inform HTFC/DHCR of any change in circumstances. I take full responsibility in ensuring that all required attachments have been uploaded and that I have purposely indicated which attachments are to be omitted. I understand that once I certify the attachments I will not be able to add, remove or make any changes to the certified attachments. A false certification or failure to disclose information shall be grounds for termination of any award.

Application Completion Notice

You have successfully submitted Application Attachments for the 2015 Village of Sample Application project. This is the conclusion of the Application process. You may no longer make changes to the information submitted for this project. If you have any questions regarding the submission process, please send an e-mail, or call (518) 486-5000. If you have programmatic questions, please contact your DHCR Regional Office.