

## New York Main Street Program Application Instructions

This document consists of the following sections:

- A. New York Main Street Program General Instructions;
- B. Instructions for Beginning a New York Main Street Program Application;
- C. New York Main Street Program Application Exhibit Instructions;
- D. New York Main Street Program Application Exhibits;
- E. New York Main Street Program Application Certification; and,
- F. New York Main Street Program Attachment Instructions.

### A. New York Main Street Program General Instructions

It is recommended that applicants use the Community Development Online (CDOL) System (formerly known as CDWAS) to apply for funding. If the applicant is unable to use this system, please contact the appropriate Regional Office for further instructions.

#### 1. Online Application Submission

All New York Main Street Program application exhibits and attachments may be submitted electronically over the web using the CDOL. **Application exhibits and attachments for the New York Main Street Program must be submitted to the CDOL by 5:00 PM, EST, Tuesday, March 25, 2008.** Any application exhibits or attachments for this program received after the stated deadline will be considered to be late submissions and will be returned to the applicant.

The submission of an application via CDOL consists of three steps:

- 1) Completing the online application exhibits;
- 2) Certifying and submitting the application exhibits; and,
- 3) Uploading, certifying and submitting all required application attachments.

When your application exhibits are complete and validated by the CDOL, the person who is authorized to electronically certify the application must log in to the CDOL and certify and submit the application exhibits. Once submitted, the CDOL will assign your application a SHARS ID number, which will be used to link the required attachments to your application. **The application is not complete until all required attachments are certified and submitted. The required attachments are listed in Section 8 below.**

**Please carefully review the following steps which are necessary to complete and submit your New York Main Street Program application via the CDOL.**

#### 2. Registering Your Organization's Security Manager

Please review the following to make sure that your organization is prepared to use the CDOL, and that you have someone with the authority to certify the application set up as a registered CDOL user for your

organization.

In order to use the CDOL, applicants must be registered in DHCR's Statewide Housing Activity Reporting System (SHARS), and have designated a Security Manager for their organization. The Security Manager will serve as the individual who authorizes and monitors access to the CDOL for the applicant's organization, including which people have the ability to update the organization's applications. Security Managers may go into the CDOL system, and add or remove users for their organization.

If you are a registered SHARS applicant, but you have not registered to use the CDOL, you may submit a **Security Manager Registration Form** to DHCR, which will allow you access to the CDOL. Complete and return the Security Manager Registration Form with an original authorized signature to the address specified on the form and you will be e-mailed a User ID and temporary password with which to access the CDOL.

If your organization has not previously applied to DHCR for funding, you must complete and submit an **Applicant Registration Form** so that you may be registered as a SHARS Applicant. The form contains a section where you may designate a Security Manager for your organization. DHCR staff will register your organization and Security Manager and you will be e-mailed a USER ID and password to access the CDOL.

Applicants who used the CDOL (formerly called CDWAS) to apply for funding in the past will still be registered, and may use the CDOL with the user ID and password previously assigned to them. If you have forgotten your password, you may go the CDOL and enter your USER ID and e-mail address and you will be e-mailed a new password. If you have changed your e-mail address since you first registered as a CDOL user, and you cannot remember your password, or if you have forgotten your USER ID, please either call the MSR Unit at (518) 486-5000, or e-mail us at: [msr@dhcr.state.ny.us](mailto:msr@dhcr.state.ny.us) for assistance.

### **3. Registering your Organization's Electronic Signatory**

All application exhibits and attachments submitted through the CDOL 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 the CDOL as a user for your organization. The Security Manager may add the certifier by following these steps:

- a. Log into the 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.
- b. To add your organization's authorized signatory, click 'add new user', and enter their first and last name, and e-mail address.
- c. 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.
- d. Click the box that reads 'Authorized to Sign Certification'.
- e. Click the box next to the organization name. Then click 'Submit'.

F. The CDOL will generate an e-mail providing the user with their User ID and temporary password. 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.

### **4. Completing and Validating the Application Exhibits**

The New York Main Street Program Application consists of six exhibits (and three attachments), which are listed in Section 8 below. After completing the exhibits, you must validate the application. Validation is essentially an editing process performed by the CDOL that notifies the user of incomplete, missing, or

inconsistent data in the application. The application may not be submitted until all problems found during validation are corrected. To validate, return to the main menu, and click the 'Validate' link to the right of the Application name. Click 'Validate' again and the CDOL will check to ensure all required data is complete and consistent. If errors or inconsistencies are found, the CDOL will provide a list of the items that need to be completed or corrected before the Exhibits can be submitted. Once your application is successfully validated, it is recommended that you print and review the entire application before taking the next step, certifying and submitting the application exhibits. Once the application exhibits have been certified, they can no longer be changed.

## **5. Certifying and Submitting the Application Exhibits**

When your application exhibits are complete and validated, and you are ready to submit them, your organization's authorized signatory must log into the CDOL to certify and submit the application Exhibits. To certify, click the 'Validate' link to the right of the application name. Click 'Certify'. The certifier should read the certification, enter their CDOL password and title, then click 'Submit'. The CDOL will display a message acknowledging successful submission of the exhibits, and providing you with the application's SHARS ID number, which will be used to identify your application. An e-mail message will also be delivered to you confirming successful submission of the application exhibits.

At this point, you may choose to continue with the uploading and submission of required application attachments, or you may log-in to the CDOL at a later time, and upload and submit your application attachments. **Remember that your application is not complete until all Application Exhibits and Attachments have been submitted. Any portion of the Application exhibits or attachments which have not been submitted by the deadline specified above will not be accepted.**

## **6. Uploading Required Attachments**

When you are ready to upload attachments, click on the 'Attachments' link to the right of the application name (this link will not appear until the application exhibits have been submitted and a SHARS ID number has been assigned). The page will be redisplayed with a list of New York Main Street Program attachments. If you have completed the exhibits for multiple applications, be sure to select the correct application for which you want to upload attachments.

Click on the 'add' link to the right of the attachment that you want to upload. The page will be redisplayed with the option to 'select a file'. Click the 'browse' button to locate up to three files on your computer. To add the files, double click on them. When you have selected the file(s), click 'Upload'. The CDOL will return a message informing you as to the successful upload of the files. You may add additional files, by clicking the 'add' link to the right of the attachment name. You may upload multiple files for each attachment, and each file name uploaded will be listed below the attachment. Please limit the uploaded files to contain documents specifically requested in the Attachment Instructions. Whenever possible, combine multiple files into one.

Once uploaded, the Attachment Upload page will display two new buttons to the right of the attachment file name - 'view' and 'delete'. The view function allows you to view and print the file so that you can verify that it is complete and satisfactory. The delete function allows you to delete the file prior to submission.

All required attachments must be uploaded before the group can be submitted.

## **7. Certifying and Submitting Application Attachments**

When all required application attachments have been uploaded, the organization's authorized signatory should log-in and click 'Submit' on the Attachment Upload page. The CDOL will display a 'Certification' which must be completed in order to complete the submission. Once the attachments have been submitted, the New York Main Street Program Application is complete and may not be changed.

## 8. Required Exhibits and Attachments

<p style="text-align: center;"><u>New York Main Street Program Exhibits &amp; Application Certification</u></p> <p style="text-align: center;">The New York Main Street Program Application consists of the following six Exhibits and an electronic certification</p>
Exhibit 1 - Application Summary
Exhibit 2 - Program Summary
Exhibit 3 - Needs Statement Summary
Exhibit 4 - Relevant Experience
Exhibit 5 - Program Budget
Exhibit 6 - Program Schedule
Electronic Application Certification

After completing, certifying and submitting your application, you must upload all required application attachments, as set forth below:

<p style="text-align: center;"><u>New York Main Street Program Application Attachments</u></p> <p style="text-align: center;">Attachments A, B and C are required submissions for all New York Main Street Program Applications. Attachment D is required only if requesting downtown anchor grant funds.</p>
Attachment A - Need and Impact Statement
Attachment B - Target Area Map
Attachment C - Building Information & Digital Photographs
Attachment D - Business Plan (required only if requesting downtown anchor grant funds)

### B. Instructions for Beginning a New NYMS Program Application

#### 1. Verifying your Organization Information before Beginning a New Application

Before you begin a new application using the Community Development Online (CDOL) system, you should verify and update your organization information if necessary. To do so, log-in, 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 DHCR 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.

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

##### A. General Applicant Information

Verify and if necessary, edit the following fields in this section:

- ◆ 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 known as.

##### B. Type of Applicant

Verify and edit this section as necessary:

- ◆ 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 is other than your primary address, add the address in Section D2. You will be able to select the address to which you would like correspondence mailed once you begin the application.

### 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.

## 2. Beginning a New Application

After verifying and editing your organization information, you are ready to begin a new application. Return to the menu and under the 'Applications' heading, to the right of the text 'Start a New Application', enter a unique name for the project, then select 'New York Main Street' from the 'Application Type' drop-down menu, and click 'Submit'. A table of contents will be displayed with a list of all New York Main Street Program Application Exhibits broken down by individual screens within CDOL

Instructions for completing each screen follow.

### C. New York Main Street (NYMS) Program Application Exhibit Instructions

#### Exhibit 1 - Application Summary

##### 1A. Funds Requested and Activities/Uses

1. **Local Program Name:** The project name that was entered on the main menu when you began the new application will be displayed. You may change it here if you wish.

2. **Total NY Main Street Funds Requested:** Enter the total amount of NYMS Program funds you are requesting for this project, rounded to the nearest dollar. You must request an amount between \$50,000 and \$200,000.

3. **Total Number of Buildings to be Assisted with NYMS Program Funds:** Enter the total number of buildings which will be assisted with NYMS Program funds.

#### 4. NYMS Program Activities/Uses of Funds:

1. **Façade Renovation:** If applicable, enter the number of buildings which will have façade renovations, and the amount requested for façade renovations in the appropriate columns.
2. **Building Renovation:** If applicable, enter the number of residential units, number of civic/community units, number of commercial units, and amount requested for building renovation under the appropriate columns.
3. **Streetscape:** If applicable, enter the amount of NYMS Program funds requested for streetscape improvements. Be advised that you may not request funds for streetscape improvements unless you also request funds for another NYMS activity.
4. **Downtown Anchor:** If applicable, enter the number of residential, civic/community, and/or commercial units to be assisted, and the amount requested for the downtown anchor grant activity.

#### 1B. Applicant Information

If you have already verified your organization information as suggested above, you need only complete a few fields on this screen. 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. If you have multiple mailing addresses on file, select the address to which correspondence related to this application should be mailed.
8. Complete this section for the individual who will be the primary contact person for correspondence related to this application. Indicate if the primary contact person is authorized to execute an agreement with HTFC should the application be funded.

#### 1C-1. Counties/Municipalities

1. Project County: Select the county from the drop-down menu.
2. Countywide: Indicate whether or not the project will serve the entire county.
3. If you answer 'yes' to the above question, enter the requested information for the chief elected official of the county, click 'submit' and go on to the next page.
4. If you answer 'no' to question 2, select the first municipality to be served from the drop-down Municipality menu, add the requested information for the chief elected official of that municipality, and click 'submit'. The page will be redisplayed with the county and municipality name, and the name of the chief elected official 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. Repeat steps 1, 2 and 4, to add another municipality. Continue this step until all project municipalities have been added.

**If your 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. Target Area**

1. **Target Area Location:** Provide a description of the NYMS Program target area, including the area's commonly-used name, and boundaries. The target area description must be consistent with Attachment B - Target Area Map. Digital photographs of the buildings in the target area must be submitted as Attachment C.

2. Enter the total number of buildings in the target area. This should be a total of all buildings in the NYMS Program target area, not just those to be assisted by the Program.

3. Enter the total number of commercial units in the target area. This should be a total of all commercial units in the NYMS Program target area, not just those to be assisted by the Program.

4. Enter the total number of residential units in the target area. This should be a total of all residential units in the NYMS Program target area, not just those to be assisted by the Program.

## **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. (You may remove a name by clicking on the bottom arrow). Repeat this as necessary for each Assembly, Senate and Congressional Representative who serves the project municipality.

### **Exhibit 2 - Proposal Summary**

Provide a brief summary of the proposed NYMS Program. Complete each section below with answers that are clear, thorough and concise, and that summarize key program points. While you may provide clarifying information with regard to the sections in this Exhibit, please do NOT provide information not specifically asked for.

## **2A. Program Objectives**

1. Summarize the specific work items you intend to accomplish with a NYMS grant. Include all activities that will be funded by the Program (for example, improve 20 facades, or renovate five building interiors, etc.).

2. Describe the broader goals of the program (for example, increase pedestrian traffic, decrease residential vacancies, etc.).

3. Specify the proposed use of any anchor grant, and proposed uses for upper floor spaces in the district.

## **2B. Target Area Eligibility**

1. Provide the commonly-used name of the targeted service area.

2. Briefly describe the geographic location and street boundaries of the targeted service area. (Note: Applicants should provide a map and list of property addresses in the proposed target area as Attachments B and C).

3. Explain how the target area, or the larger community in which it is located, is eligible for NYMS funding.

4. Indicate whether or not the target area is in an area that has been designated as a CDBG target area, Empire Zone, Quality Community, is eligible for designation as a Neighborhood or Rural Preservation

Program service area, or any other qualifying designated area.

5. Indicate whether or not any buildings are on, or eligible for the National Historic Register, or if the target area is in, or adjacent to, a designated historic district.

6. Indicate the total number of buildings in the target area and the number of commercial and residential units.

## **2C. Staffing**

1. Detail the roles that staff assigned to the program will perform with respect to various functions needed to carry out the program.

2. Identify all staff assigned to the program.

3. Identify all consultants working in support of the program.

4. Detail the specific experience or training of key staff persons that will be responsible for implementing the program.

5. Identify the source(s) of administrative/operational funding for the proposed program.

## **2D. District Management**

1. Describe any planned or ongoing promotional activities that will be sponsored by your organization or by the downtown management agency to attract new customers, businesses, and residents to the district.

2. Describe your organization's plans to ensure that Main Street district management continues after the end of the grant period. State whether or not you plan to develop the local capacity to manage the district.

3. Discuss how you will ensure that improvements to assisted properties are maintained.

4. Explain how you will ensure that any residential units assisted with NYMS funds are marketed and remain affordable to low-income households for the next seven years.

5. Describe how you will monitor, assess, and report on progress in meeting the objectives described above.

## **Exhibit 3 - Evidence of Local Support**

### **3A. Local Support**

Identify local residents and stakeholder groups that have a role in support of the proposed program, and briefly explain their involvement. Also identify any other community development and revitalization efforts this program will be linked to, such as the State Quality Communities Initiative. Describe the applicant's existing fund-raising, volunteer recruitment, and other organizational development activities. If any of the support described in this section is supported by letters or agreements, reference those in Section B below.

### **3B. Documentation of Local Support**

Provide the requested information for each support letter, funding commitment, letter of interest, and municipal resolution obtained for the program.

### **3B-1. Letters of Support/Participation**

If you have received written letters of support or commitment to participate in the program from local agencies, provide the following information: agency name, the date of the letter, the name of the person who signed the letter, and a brief description of the type of support offered in the letter. Click 'Submit' and the information will be redisplayed in a grid. Click 'Add' to add another letter. Please Note: no more than five letters of support can be entered in this section.

### **3B-2. Funding Commitment Documentation**

Provide the following details about each funding commitment and/or letter of interest you have obtained: source name, type of letter (select either funding commitment or letter of interest), the date of the letter, the name of the person who signed the letter, and the amount or value of the funds committed or referenced. Click 'Submit' and the information will be redisplayed in a grid. Click 'Add' to add another letter.

### **3B-3. Municipal Resolutions**

Each municipality in which the proposed program will function should provide a written resolution supporting the program. Provide the following information regarding each resolution obtained: name of municipality authoring the resolution and the date the resolution was adopted.

### **3C. Communication and Outreach**

Briefly describe any existing marketing campaigns or special events that are intended to market the target area's assets to customers, potential investors, new businesses, local citizens and visitors. Also identify any plans for strengthening the target area's existing economic base and for finding ways to expand that base to meet new opportunities and challenges from outlying development.

### **3D. Design**

Briefly describe actions that have been taken to preserve historic buildings in the target area, such as adopting design guidelines that must be followed for work done in the target area. Indicate the number of historic buildings that are likely to be assisted with NYMS funds. Describe any other support available to maintain a unified approach to design in the target area, such as technical assistance and other design resources for building owners, district-wide design campaigns (uniform signage, window display programs, etc.), or streetscape improvements that are being undertaken or have been recently completed.

### **3E. Business Strategy**

Briefly describe the strategy for retaining and assisting existing businesses, attracting new businesses and investors, and finding new uses for vacant or underutilized buildings in the area, and any support that exists for those activities. Discuss plans for monitoring the target area's economic progress through periodic tracking of business activity and other investments.

## **Exhibit 4 - Relevant Experience**

Complete this exhibit for **each organization** (including the applicant) involved in the preparation of the Application, and the administration of the NYMS Program, including consultants.

Each involved organization should complete this form for every similar project/program that it has participated in over the past three years, including those that are in progress, or were operating or completed during that timeframe. Similar activities include business improvement, revitalization and/or

housing programs.

If you have no experience to report, check the 'Not Applicable' box at the top of the Exhibit, and go on to Exhibit 5.

1. At the top of the page, select the role of the organization or person that the similar experience is being reported for. If you select 'Other', provide a brief description of the role in the space provided.

2. Local Program Name: Enter a descriptive name for the project/program, such as, 'Valley Mills New York Main Street Program 2006'.

3. Role: From the drop-down menu, choose the role that the organization/person assumed in the project/program.

4. Type: From the drop-down menu, select the type of activity that best describes the project/program.

5. Construction Start and End Dates and Pct. Completed: Enter the month and year (mm/yyyy) that work on the project/program began, the month it was completed, or that you expect it be completed, and the percentage of program completion.

6. Total Cost: Enter the total cost of the program, rounded to the nearest thousand.

7. Program Funding Source: Enter the name of the program that provided funding for the project/program, for example, Urban Initiatives.

8. Program Funding Agency: Enter the name of the agency that administers the funding source listed above.

9. Funding Source Contact Name and Phone Number: Enter the name and phone number of the Program Funding Agency's contact person in the spaces provided.

When all required data has been entered, and you click 'submit', 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. Be sure to complete this Exhibit for each involved organization.

### **Exhibit 5 - Budget/Financing Plan**

**Note that NYMS funds may not be used for construction (interim) financing.**

#### **5A. Sources of Funds**

On this screen, you will add each source of construction (interim) and permanent financing necessary to complete the project as proposed. **The total construction financing, total permanent financing and total development cost must all be equal.**

Source: Select the funding source name from the drop down list. Funding sources are listed according to source type (DHCR/HTFC, Federal Government, Local Government, Non-DHCR State Government, and Private). If you cannot locate a specific source, each source category has a 'generic' source code which 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', you must enter the source name, program, lender, etc. in this space.

Funds Requested: Enter the amount of funds requested or committed from the source.

**Financing Type:** Select the type of financing from the drop-down menu: construction (interim) or permanent.

**Assistance Type:** Select the assistance type from the drop-down menu: loan, grant, other or equity.

**Funding type:** Select the applicable funding type from the drop-down menu: federal, State, local or other.

**Status:** Select either 'committed' or 'pending approval' from the drop-down menu.

When you click the 'submit' button for the first source, 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 until you have added all funding sources.

## **5B. Uses of Funds**

**Columns:** Enter the costs budgeted for each line item including those not paid by the NYMS Program in the appropriate column(s).

**Residential:** Enter the costs for the residential portion of your program budget for each line item.

**Civic/Community:** Enter the costs for the civic/community portion of your program budget for each line item.

**Commercial:** Enter the costs for the commercial portion of your program budget for each line item.

**Total Cost:** CDOLA will calculate the total costs for each line item by adding up the figures entered in the residential, civic/community and commercial columns.

**NYMS Funds:** Enter only those costs that will be paid with NYMS funds for each line item. Note that acquisition and administrative costs are not eligible uses of NYMS funds.

### **Line Items:**

#### **Acquisition Costs**

1. **Acquisition:** If acquisition is involved in the program, enter the acquisition amount under each applicable column. Note that acquisition costs are not an eligible use of NYMS funds.

#### **Soft Costs**

2. **Architecture/Design/Engineering:** Enter the amount budgeted for architectural costs, preparation of design and specifications.

3. **Permits and Legal:** Enter the amount budgeted for permits, filing fees, title searches, and related legal costs.

4. **Other Professional Fees:** Enter the amount budgeted for other professional fees.

5. **Financing Fees:** Enter the amount budgeted for construction loan financing costs.

6. **Testing & Assessment:** Enter the amount budgeted for testing for lead hazards, asbestos, etc.

7. **Program Delivery:** Enter the amount budgeted for program delivery costs incurred by the applicant that are NOT entered on lines 2 - 6. Program delivery costs are project-related soft costs directly related to

work being done on assisted projects (e.g., buildings or units). Do not include general administrative or planning costs on this line.

8. Other: Enter the amount budgeted for any other soft costs, and detail these costs in the space provided.

9. Total Soft Costs: This line will be calculated by CDOL by totaling lines 2 through 8.

#### Construction Costs

10. Site Preparation & Demolition: Enter the amount budgeted for site preparation, demolition, and disposal.

11. Building Improvements: Enter the amount budgeted for building improvements.

12. Streetscape Fixtures & Equipment: Enter the amount budgeted for purchase and installation of equipment, fixtures, trees, etc. that will be installed as part of a streetscape improvement.

13. Other : Enter the amount budgeted for construction costs other than those entered on lines 10 - 12, and detail these costs in the space provided.

14. Total Construction Costs: This line will be calculated by the CDOL by totaling lines 10 - 13

15. Total Development Costs: This line will be calculated by the CDOL by totaling lines 1, 9 and 14 for each column. The amount of this line item under the Total Cost column must be equal to the total permanent financing sources entered in 5A of this Exhibit. The line item amount under the NYMS Funds column must be equal to the total amount of NYMS Program funds requested in Exhibit 1.

Administrative Costs - Please note that administrative costs are not an eligible use of NYMS Program funds.

16. Administrative - Staff: Enter the amount budgeted for administrative staffing costs

17. Administrative - Other: Enter the amount budgeted for administrative costs other than staffing costs.

18. Total Administrative: This line will be calculated by the CDOL by totaling lines 16 and 17.

19. Total Costs: This line will be calculated by the CDOL by totaling lines 15 & 18.

#### Exhibit 6 - Program Schedule

Enter the anticipated dates for program implementation in a mm/dd/yyyy format, assuming a NYMS contract start date of October 1st, 2008, and that NYMS Program funds will be available as of that date.

**D. New York Main Street Program Application Exhibits**

**EXHIBIT 1 - APPLICATION SUMMARY**

**1A. Funds Requested & Activities/Uses**

1. Local Program Name:
2. Total NY Main Street funds requested: \$
3. Total Number of buildings seeking NYMS funds:
4. NYMS Program Activities/Uses of Funds:

Use of Funds	Number of Buildings	Residential Units	Civic/Community Units	Commercial Units	Amount
1. Facade Renovation	<input type="text"/>	N/A	N/A	N/A	\$ <input type="text"/>
2. Building Renovation	N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3. Streetscape	N/A	N/A	N/A	N/A	\$ <input type="text"/>
4. Downtown Anchor	N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Totals					\$

**1B. Applicant Information**

1. Applicant Name:
2. Federal EIN: 3a. DOS Charities Registration Number:
- 3b. Not-for-Profit Incorporation Date: 4. Fiscal Year End Date:
- 5a. Applicant Types:
- Not-For-Profit Corporation  Charitable Organization
- Business Improvement District (BID)
- 5b. Have all required periodic or annual written reports been filed with the Attorney General's office in a timely manner?
- 
6. Applicant Mailing Address for this Application
- Extra Address Info. (Building Name, C/O, etc.): \_\_\_\_\_
- PO Box: \_\_\_\_\_ Street No.: \_\_\_\_\_ Street Name: \_\_\_\_\_
- Suffix: \_\_\_\_\_ Room/Suite No.: \_\_\_\_\_ City: \_\_\_\_\_
- State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

7. Applicant Phone and Internet Data:

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ 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?

**1C-1. Counties/Municipalities**

Project County:

Will the project be county wide?  If no, select the municipality(ies) to be served below.

Municipality:  Click 'add' to add another county/municipality

Chief Elected Official of the municipality selected above:

First Name:

Last Name:

Salutation:

Title:

Phone Number:  Example: 212-555-1212

Phone Extension:

Fax Number:  Example: 212-555-1212

Email Address:

**1C-2. Target Area**

1. Target area location:

2. Number of buildings in target area:

3. Number of commercial units in target area:

4. Number of residential units in target area:

## 1D. Political Districts

Indicate the Assembly Member(s), Senator(s), and Member(s) of Congress who represent the district(s) the project site(s) is located in. Select Members one at a time. Click them once then click the right arrow to move the member to the selection box on the right. To remove a Member from the selection box on the right select the name, click once then click the left arrow.

### 1. New York State Assembly District(s):

049 - ABBA TE,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	▼		

## EXHIBIT 2 - PROGRAM SUMMARY

### **2A. Program Objectives**

Include: Summary of specific work items to be accomplished including activities to be funded, description of broader goals of the program, end uses of any anchor grant, and proposed uses for upper floor spaces in the district.

Note: Text will be limited to 16,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

### **2B. Target Area Eligibility**

Include: Commonly-used name of the targeted service area, geographic location and exact street boundaries, street addresses(if known), explain how the target area, or the larger community is eligible for New York Main Street(NYMS) funding. Indicate whether or not the target area is in an area designated as a Community Development Block Grant(CDBG) target area, Empire Zone, Quality Community, is eligible for designation as a Neighborhood or Rural Preservation Program service area, or any other qualifying designated area. Indicate whether or not any buildings are on, or eligible for the National Historic Register, or if the target area is in, or adjacent to, a designated historic district. Indicate the total number of buildings in target area and the number of commercial and residential units.

Note: Text will be limited to 16,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

**2C. Staffing**

Include: Roles that staff will perform with respect to various program functions, identify all staff assigned to working in support of the program, detail specific experience or training of key staff persons that will be responsible for implementing the program, identify the source(s) of administrative/operational funding for the program.

Note: Text will be limited to 16,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

**2D. District Management**

Include: Planned or ongoing promotional activities to be sponsored by your organization, or by the downtown management agency, to attract new customers, businesses and residents to the district. Describe plans to ensure that Main Street district management continues after the end of the grant period. State whether or not you plan to develop the local capacity to manage the district. Discuss how you will ensure that improvements to assisted properties are maintained. Explain how you will ensure that residential units assisted with NYMS funds are marketed, and remain affordable to low-income households for the next 7 years. Describe how you will monitor, assess, and report on progress in meeting the objectives described above.

Note: Text will be limited to 16,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

## EXHIBIT 3 - NEEDS STATEMENT SUMMARY

### **3A. Evidence of Program Support**

Identify local residents and stakeholder groups that have a role in support of the proposed program, and briefly explain their involvement. Also, identify any other community development and revitalization efforts this program will be linked to, such as the State Quality Communities Initiative. Describe the applicant's existing fund-raising, volunteer recruitment, and other organizational development activities. If any of the support described in this section is supported by letters or agreements, reference those in Section 3B-1.

Note: Text will be limited to 16,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

### **3B-1. Letters of Support/Participation**

Agency Name:

Date of Letter:  Example: mm/dd/yyyy

Signatory:

Support Offered:

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

Click 'add' to add another letter of support or participation

### **3B-2. Funding Commitment Documentation**

Source Name:

Type of Letter:

Date of Letter:  Example: mm/dd/yyyy

Signatory:

Amount:

Click 'add' to add another funding commitment document

**3B-3. Municipal Resolutions**

Municipality:

Date Resolution Adopted:  Example: mm/dd/yyyy

Click 'add' to add another municipal resolution

**3C. Communication & Outreach**

Briefly describe any existing marketing campaigns or special events that are intended to market the target area's assets to customers, potential investors, new businesses, local citizens and visitors. Also, identify any plans for strengthening the target area's existing economic base, and for finding ways to expand that base to meet new opportunities and challenges from outlying development.

Note: Text will be limited to 16,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

**3D. Design**

Briefly describe actions taken to preserve historic buildings in the target area, such as adopting design guidelines that must be followed for work done in the target area. Indicate the number of historic buildings that are likely to be assisted with NYMS funds. Describe any support available to maintain a unified approach to design in the target area, such as technical assistance and other design resources for building owners, district-wide design campaigns (uniform signage, window display programs, etc.) or streetscape improvements that are being undertaken or have been recently completed.

Note: Text will be limited to 16,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

**3E. Business Strategy**

Briefly describe the strategy for retaining and assisting existing businesses, attracting new businesses and investors, and finding new uses for vacant or underutilized buildings in the area, and any support that exists for those activities. Discuss plans for monitoring the target area's economic progress through periodic tracking of business activity and other investments.

Note: Text will be limited to 16,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

**EXHIBIT 4 - RELEVANT EXPERIENCE**

**4A. Relevant Experience**

Not Applicable:

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

Other (Specify):

Local Program Name:

Role:

Type:

Construction Start Date:  Example: mm/yyyy

Construction End Date:  Example: mm/yyyy

Percentage Complete:  %

Total Cost: \$

Program Funding Source:

Program Funding Agency:

Funding Source Contact Name:

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

Click 'add' to add another

**EXHIBIT 5 - PROGRAM BUDGET**

**5A. Sources of Funds**

Source:  Specify Source:

Funds Requested: \$  Financing Type:

Assistance Type:  Funding Type:

Status:

Click 'add' to add another source

**5B. Uses of Funds**

Acquisition Costs	Residential	Civic/Community	Commercial	Total Cost	NYMS Funds
1. Acquisition	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Soft Costs	Residential	Civic/Community	Commercial	Total Cost	NYMS Funds
2. Architecture/Design Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
3. Permits & Legal Specify	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
4. Other Professional Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
5. Financing Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
6. Testing & Assessment	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
7. Program Delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
8. Other - Specify	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

<b>9. Total Soft Costs (Lines 2 - 8)</b>	\$ <input type="text"/>				
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Construction Costs	Residential	Civic/Community	Commercial	Total Cost	NYMS Funds
10. Site Preparation & Demolition	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

11. Building Improvements	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
12. Streetscape Fixtures & Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
13. Other - Specify	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>

14. Total Construction Costs (Lines 10 - 13)	\$	\$	\$	\$	\$
15. Total Development Costs	\$	\$	\$	\$	\$

Administrative Costs	Residential	Civic/Community	Commercial	Total Cost	NYMS Funds
16. Administrative - Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
17. Administrative - Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
18. Total Administrative Costs (Lines 16 & 17)	\$	\$	\$	\$	\$
19. Total Costs (lines 1, 9, 14 & 18) or (lines 15 & 18)	\$	\$	\$	\$	\$

**EXHIBIT 6 - PROGRAM SCHEDULE**

**6A. Program Schedule**

<b>Program Implementation Schedule</b>	<b>Projected Date</b> Example: mm/dd/yyyy
Contract Start Date	<input type="text"/>
Completion of Marketing and Outreach	<input type="text"/>
Acceptance and Review of Local Applications	<input type="text"/>
Coordinated Review w/SHPO	<input type="text"/>
Completion of Environmental Reviews	<input type="text"/>
Obtain Local Approvals	<input type="text"/>
Start of Construction	<input type="text"/>
Completion of Construction	<input type="text"/>
All Completion Reports Submitted	<input type="text"/>
Marketing and Occupancy	<input type="text"/>

## **E. APPLICANT/OWNER CERTIFICATION**

I certify that I am authorized to file this submission with DHCR/HTFC on behalf of the corporation/municipality/person/firm/association/ partnership/limited liability corporation to execute all necessary documents for this application for funding; that the corporation/ municipality/person/firm/association partnership/limited liability corporation is authorized to carry out the proposed activities and that the corporation/municipality/person/ firm/association/partnership/limited liability corporation is familiar with and will comply with all applicable statutes, rules and regulations established. 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.

I certify that all the 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 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.

A. I certify that each of the following statements is true:

1. The Relevant Experience Exhibit (Exhibit 4) contains a listing of all similar activities that the Applicant has participated in during the past three years, including those that were in progress, operating or completed during that period.

2. For the period beginning 10 years prior to the date of this certification, and except as shown by me on the certificate:

a. No mortgage on a project listed in Exhibit 4 has ever been in default, assigned to the State or foreclosed, nor has mortgage relief by the mortgagee been given;

b. Neither the corporation/municipality/person/firm/ association/partnership/limited liability corporation nor its principals, partners, or officers have been found to be in default or non-compliance under any HUD, USDA, DHCR, HTFC, or other Federal, State and local government housing finance agency's project;

c. To the best of my knowledge, there are no unresolved findings raised as a result of HUD, DHCR, or HTFC audits, management reviews or other governmental investigations concerning me or my projects;

d. 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 corporation/municipality/person/firm/association/partnership/ limited liability corporation has had a legal or beneficial interest attributable to a principal's, partner's, or officer's fault or negligence;

e. No principal, partner, officer of the corporation/ municipality/person/firm/association/partnership/limited liability corporation 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);

f. No principal, partner, officer of the corporation/ municipality/person/firm/association/partnership/limited liability corporation 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,

g. No principal, partner, officer of the corporation/ municipality/person/firm/association/partnership/limited liability corporation 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.

B. Applicants that cannot certify that each of these statements is true cannot submit the application. Contact HTFC for assistance.

**F. New York Main Street Program Attachment Instructions**

**Attachment A - Need and Impact Statement**

Document the need for the New York Main Street (NYMS) program in the target area, and explain the expected impact of the investment of NYMS funds by providing the following information. Provide sources for all data used.

**1. Commercial Need**

- a. Provide a brief assessment of existing business conditions in the target area.
- b. Describe the types of businesses that currently occupy storefronts in the target area, including whether or not most businesses are owner-occupied.
- c. Indicate current land uses (commercial, residential, civic, parking, open space, etc.) in the target area and in areas immediately adjacent.
- d. Provide the vacancy rate for existing commercial space.
- e. Provide the number of vacant parcels (empty lots) in the target area.
- f. Discuss regional unemployment or other socio-economic indicators that affect the target area.
- g. Discuss any external factors that will impact the target area during the next three-to-five years, such as regional economic trends or institutional investments.

**2. Residential Need**

- a. Provide a brief assessment of existing housing conditions in the target area, including housing affordability, building conditions, vacancy rates, and other residential needs.
- b. Provide an estimate of the number of residential units in the target area that are in need of rehabilitation.
- c. Use 2000 US Census data to provide the current poverty levels and residential vacancy rates for the targeted blocks or census tract in which the target area is located.
- d. Describe the business services available to residents in the target area and immediate surrounding areas. Identify any services needed by residents that aren't currently available in the target area.

**3. Commercial Impact**

In specific, measurable terms, discuss the anticipated impact of the proposed NYMS program in the following areas.

- a. Explain how the proposed program will enhance the existing assets of the target area by investing in commercial building façade improvements and interior building renovations.
- b. Detail the extent to which NYMS funds be invested in historic buildings and/or small or unique businesses in the target area.
- c. Discuss the market potential in the region. Data from the US Census and other valid sources should be used to support the market for new business or an increase in business activity in the target area.

(Applicants may reference pertinent sections of local master plans, consolidated plans or other such community or downtown development or strategic plans that support the proposed NYMS program).

#### **4. Residential Impact**

Demonstrate how the proposed program will support existing or new residential housing in the target area.

(Applicants may reference pertinent sections of local master plans, consolidated plans or other such community or downtown development or strategic plans that support the proposed NYMS program).

a. Describe the impact that the investment of NYMS funds will have on increasing accessible, affordable housing opportunities in the target area, or

b. Describe the impact that the investment of NYMS funds will have on alleviating substandard housing conditions in the target area.

#### **Attachment B - Target Area Map**

Submit a scanned or digital image of a map that clearly shows the boundaries of the proposed NYMS program target area and each block within the target area.

#### **Attachment C - Building Information & Digital Photographs**

Submit a list that includes each property within the target area. Provide NYS Office of Real Property Services tax parcel identification numbers (section, block, and lot) for each building. In a separate file or files, provide digital photographs of the façade each building in the target area. It is not necessary to provide a separate photograph of each building, but each should be cross-referenced with the list of properties, and the photographs should provide sufficient detail so that building characteristics can clearly be seen. Because digital image files can be quite large, it is recommended that you submit compressed files, or files in a format that uses less file storage space.

#### **Attachment D - Business Plan**

**(required only if requesting funds for a downtown anchor grant)**

Applicants requesting anchor grant funds must submit a business plan that describes the proposed operation of the anchor project. The plan must demonstrate that with the addition of NYMS funds, the anchor will be self-sustaining. Specifically, it must demonstrate the following:

a. that there is market support for the anchor;

b. that projected income and revenue are attainable;

c. that estimated project income is sufficient to pay the estimated operating expenses (including any debt service contained in the financing plan); and,

d. that the operating and development budgets are reasonable.

If the anchor involves the provision of a public service, the applicant should also discuss the need for the service in the area, and the likelihood of any additional public operating or capital revenue.

Include the following in the Business Plan:

## **1. General requirements**

The Business Plan must:

- a. demonstrate that the proposed enterprise will meet an identified need in the general area and can be readily absorbed.
- b. identify the sources of statistics used in the analyses and, when statistics are not from public sources, include means for verification (e.g., list of contacts with telephone numbers or attachment of source documents);
- c. fully explain the reasoning behind any assumptions used in the analyses;
- d. conclude that the enterprise will likely be self-sustaining; and,
- e. demonstrate that requested NYMS funding will bring the project to a complete and operational state.

## **2. Market Analysis**

Include a Market Analysis that demonstrates sufficient market support for the NYMS program or business. The market analysis must:

- a. define the market area boundaries, giving any physical, social, governmental and/or economic reasons for their selection and explain why the boundaries were established in such a manner;
- b. estimate the number of households in the market area (and any specific subset which the program is intended to serve) which are prospective customers/clients, describing their characteristics (e.g., age, income, household size, special requirements, etc.) and analyzing any relevant socio-economic, demographic information in the context of current economic conditions;
- c. determine the net demand from income-eligible households (or a specific subset), which can be expected to support the program as proposed given the goods or services, the proposed price and the existing supply;
- d. include information on comparable enterprises succeeding as self-sufficient operations;
- e. consider other available information, such as surveys identifying potential customers/clients, and/or independent demographic and market data;
- f. identify the sources of statistics used in the analyses and, when statistics are not from public sources, include means for verification (e.g., list of contacts with telephone numbers or attachment of source documents), and fully explain the reasoning behind any assumptions used in the analyses; and,
- g. identify any commitments on continuing operating revenue from non-market sources, such as local governments or private foundations.

**3. Operating Budget** - The applicant must submit an estimated program operating budget which reflects as accurately as possible the expected income (revenue) and operating costs of the program. The applicant may use information from comparable programs as the basis for estimating expenses, provided they are similar to the proposed enterprise in type and located in a similar market area. The applicant should identify the comparable projects used as a basis for their projections. Applicants must demonstrate that the project will generate sufficient income to cover its operating expenses.

#### **4. Financing Plan**

The applicant must submit financing plan for the project that shows:

- a. the total project cost must be financed by grants, loans, or equity, or a combination of the three;
- b. all program financing must be firmly committed;
- c. debt service for loans must be supportable by the project's annual operating budget; and,
- d. any other expected financial support for the project, including grant support, in-kind resources, volunteer help, etc., that is available to complete the program.