

# Unified Funding 2010 Access to Home Program Online Application Instructions

This document consists of the following sections:

- A. Access to Home Program General Instructions;
- B. Instructions for Beginning a New Access to Home Program Application;
- C. Access to Home Program Application Exhibit Instructions;
- D. Access to Home Program Application Exhibits;
- E. Access to Home Program Application Certification; and,
- F. Access to Home Program Attachment Instructions.

## A. Access to Home Program General Instructions

It is recommended that applicants use the Community Development Online (CDOL) System 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 Access to Home Program application exhibits and attachments may be submitted electronically over the web using the CDOL. **Application exhibits and attachments for the Access to Home Program must be submitted to the CDOL by 5:00 PM, EST, Thursday, March 11, 2010.** 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. **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 Access to Home 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 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) 473-2525, or e-mail us at: [msr@nysdhcr.gov](mailto:msr@nysdhcr.gov) 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 Access to Home Program Application consists of six exhibits (and two 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. The page will be redisplayed with a list of Access to Home 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 entire 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 Access to Home Program Application is complete and may not be changed.

**8. Required Exhibits and Attachments**

<b><u>Access to Home Program Exhibits &amp; Application Certification</u></b>
The Access to Home Program Application consists of the following six Exhibits and an electronic certification
<b>Exhibit 1 - Application Summary</b>
<b>Exhibit 2 - Evidence of Program Support</b>
<b>Exhibit 3 - Program Needs</b>
<b>Exhibit 4 - Relevant Experience</b>
<b>Exhibit 5 - Program Budget</b>
<b>Exhibit 6 - Program Schedule</b>
<b>Electronic Application Certification</b>

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

<b><u>Access to Home Program Application Attachments</u></b>
The following Attachments are required submissions for all Access to Home Program Applications
<b>Attachment A - Administrative Plan</b>
<b>Attachment B - Contractor List</b>

**B. Instructions for Beginning a New Access to Home 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 'Access to Home' from the 'Application Type' drop-down menu, and click 'Submit'. A table of contents will be displayed with a

list of all Access to Home Program Application Exhibits broken down by individual screens within CDOL

Instructions for completing each screen follow.

## C. Access to Home Application Exhibit Instructions

### Exhibit 1 - Application Summary

#### 1A. Funds Requested

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 Access to Home Funds Requested:** Enter the total amount of Access to Home Program funds you are requesting for this project, rounded to the nearest dollar. You must request at least \$100,000, but not more than \$500,000. Assistance is limited to a maximum of \$25,000 per unit.

Click 'Submit'.

#### 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.

#### 1C. Counties/Municipalities

1. Select the county from the drop-down menu.

2. Indicate whether or not the project will serve the entire county.

3. If you answer 'yes' to the above question, click 'submit' and go on to the next page.

4. If you answer 'no' to question 2, select the first municipality (or NYC Community Board if the project is located in one of the five boroughs of New York City) 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. 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.

**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(ies).

**1E. Units Assisted**

Enter the projected total number of residential units which will be repaired with Access to HOME Program funds.

**1F. Income Targets**

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

**1G. Special Needs & Other Households Targeted**

On this screen, you will record 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 1E.

1. In Section 1, click on a special population category (or categories if the household falls into more than one special population category, for example, persons who are frail elderly veterans) that the program will serve.

2. In Section 2, Proposed Units for the Targeted Population, enter the total number of households to be served from the selected special population category(ies). Click 'submit' and the screen will redisplay as a grid. To add another special population, click the 'add' button. Repeat steps 1 and 2 until all units are accounted for.

**Exhibit 2 - Evidence of Program Support**

**2A-1. Service Provider Agreements in Place**

For each service provider/program from which you have received a written commitment, provide the following information: service provider name, a brief description of the type of service, the date of the written commitment letter, and the name of the person who signed the commitment letter.

After you submit the first agreement, the page will be redisplayed as a grid. Click the 'add' button to list additional agreements.

**2A-2. Referral Agreements in Place**

For each referral source for which you have a written agreement in place, provide the following information: referral source name, the date of the written agreement, and the name of the person who signed the agreement.

After you submit the first agreement, the page will be redisplayed as a grid. Click the 'add' button to list additional agreements.

## **2B. Documentation of Program Funding Sources**

A firm funding commitment or letter of interest should be in place from each funding source listed in Exhibit 5A. Provide the following details about each funding commitment and/or letter of interest you have obtained: source name, assistance type (grant, loan, other), the term and type (months, years, n/a) of the assistance, the 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 funds committed.

After you submit the first letter, the page will be redisplayed as a grid. Click the 'add' button to list additional letters.

## **2C. Program Staffing**

Provide the following information for all agency staff and consultants that will work on the program: name, title, the name of their employer, and a brief description of their experience, qualifications and of the work they will do. After you submit information for the first person, the page will be redisplayed as a grid. Click the 'add' button to list additional persons.

### **Exhibit 3 - Program Needs**

#### **3A. Access Program Needs**

##### **A. Number & Percentage of Low-Income Disabled Persons in Service Area**

For the following two questions, use 2000 US Census data, dataset SF4, table PCT 148 (Poverty Status by Disability Status for persons aged 5 and over).

1. Provide the number of persons in the service area aged 5 and older with disabilities that are living in poverty households.
- 2.. Provide the total number of persons living in the program service area.
3. The CDOL will calculate the percentage of persons in the program service area aged 5 or older with a disability.

##### **B. Need for Transition and Diversion**

For the following two questions, use data from a reliable source, such as MDS (Minimum Data Set) assessment data, data collected by local partner or other service agencies, letters or statements from area offices of aging, or letters or statements from discharge planners or other staff of institutional settings.

1. Provide the estimated number of persons with disabilities in the service area that are likely to require institutionalization or nursing home care during the next 12 months, if accessibility modifications are not provided. Enter the source and date of the data.
2. Provide the estimated number of person with disabilities in the service area that are currently living in an institutional facility or a nursing home due to physical disability or mobility limitation, that would be able to return to their home or apartment during the next 12 months, if accessibility modifications are provided. Enter the source and date of the data.

## Exhibit 4 - Relevant Experience

Complete this Exhibit for each housing program the applicant has participated in during the past three years, including those that are in progress, or were operating or completed within that timeframe. Include only those that involve the operation of a housing rehabilitation or accessibility modification program comparable to the one proposed in this application.

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

**Local Program Name:** Enter a descriptive name for the program that the applicant administered, such as, 'Valley Mills Accessibility Program 2007'.

**Role:** Enter a brief description of the role(s) assumed by the applicant in this program, such as 'Administrator.'

**Type:** Select the applicable type of program from the drop-down menu: Accessibility Modification, Housing Rehabilitation or Independent Living.

**Construction Start and End Dates and Pct. Completed:** Enter the month and year that repairs began, and the month they were completed, or that you expect them to be completed, and then enter the percentage of program completion.

**Number of Units:** Enter the total number of units 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/Agency:** Enter the name of the primary funding program and the name of the governmental agency which administers that program in the two spaces provided.

**Funding Source Contact Person/Phone:** Enter the name and phone number of the primary contact person for the program listed above 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.

## Exhibit 5 - Program Budget

Costs under the Access to Home Program are categorized as project costs and administrative costs. Project costs are the actual costs of installation of accessibility modifications, related architectural, design and engineering costs, testing and other professional fees. Each of these is an eligible use of Access to Home funds. Other construction costs that will be performed as part of the proposed program are also considered project costs, but are not eligible uses of Access to Home funds. Program delivery and staff cost, including such activities as performing inspections and preparing work write-ups, are also considered project expenses, and are an eligible use of Access to Home funds. Administrative costs are personnel and related costs associated with general administration of the program. Access to Home Program funds may be used for administrative costs, but may not exceed 7.5% of the total amount of Access to Home funds requested. 'Service component' refers to costs associated with case management services provided to assisted clients associated with installation of accessibility modifications. Service component costs are not an eligible use of Access to Home Program funds.

## 5A. Sources of Funds

On this screen, you will add each source of financing for the project. The total sources must be equal to the total program cost for all sources in Section 5B of this Exhibit.

**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 to be contributed by the source.

## 5B. Program Uses

1. **Architectural, Design and Engineering:** Under the column entitled 'Access to Home', enter the amount of architectural, design, and engineering costs to be funded by the Access to Home Program. Under the column entitled 'Other Funds', enter the amount of these costs to be funded by sources other than Access to Home. Upon clicking the 'submit' button, the CDOL will add the two columns together and display the total in the column entitled 'Total Cost'

2. **Testing and Other Professional Fees:** Under the column entitled 'Access to Home', enter the amount of testing and other professional services costs to be funded by the Access to Home Program. Under the column entitled 'Other Funds', enter the amount of these costs to be funded by sources other than Access to Home. Upon clicking the 'submit' button, the CDOL will add the two columns together and display the total in the column entitled 'Total Cost'

3. **Accessibility Modifications:** Under the column entitled 'Access to Home', enter the amount of accessibility modification costs to be funded by the Access to Home Program. Under the column entitled 'Other Funds', enter the amount of these costs to be funded by sources other than Access to Home. Upon clicking the 'submit' button, the CDOL will add the two columns together and display the total in the column entitled 'Total Cost'

4. **Other Construction:** This is not an eligible Access to Home Program cost. Under the column entitled 'Other Funds', enter the amount of these costs to be funded by sources other than Access to Home. Upon clicking the 'submit' button, the CDOL will display this amount in the column entitled 'Total Cost'.

5. **Program Delivery/Staff:** Under the column entitled 'Access to Home', enter the amount of Program Delivery/Staff costs to be funded by the Access to Home Program. Under the column entitled 'Other Funds', enter the amount of these costs to be funded by sources other than Access to Home. Upon clicking the 'submit' button, the CDOL will add the two columns together and display the total in the column entitled 'Total Cost'.

6. **Total Project Costs:** Upon clicking the 'submit' button, the CDOL will calculate this line by adding together lines 1 through 5 for each column.

7. **Salaries/Fringe:** Under the column entitled 'Access to Home', enter the total salaries/fringe costs to be funded by the Access to Home Program. Under the column entitled 'Other Funds', enter the amount of these costs to be funded by sources other than Access to Home. Upon clicking the 'submit' button, the CDOL will add the two columns together and display the total in the column entitled 'Total Cost'.

8. **OTPS:** Under the column entitled ‘Access to Home Program’, enter the total OTPS costs to be funded by the Access to Home Program. Under the column entitled ‘Other Funds’, enter the amount of these costs to be funded by sources other than Access to Home. Upon clicking the ‘submit’ button, the CDOL will display this amount in the column entitled ‘Total Cost’.

9. **Total Administrative/Operating Costs:** Upon clicking the ‘submit’ button, the CDOL will calculate this line by adding together lines 7 and 8 for each column.

10. **Total Program Costs:** Upon clicking the ‘submit’ button, the CDOL will calculate this line by adding together lines 6 and 9 for each column.

#### 5C. **Administrative & Operating Expenses**

In this section, detail the administrative and operating expenses for the proposed program that will be paid with Access to Home funds. Administrative and operating expenses will be limited to 7.5% of the award.

1. **Staff Salaries:** In the spaces provided under ‘Staff Salaries’, enter the job titles of all staff who will be paid with Access to Home funds. Enter the amount of Access to Home funds they will be paid in the corresponding spaces. If you need additional lines, click the ‘add ‘ button.

2. **Fringe Benefits:** Enter the total of all fringe benefits for the positions listed in line 1.

3. **Total Personal Services Expenses:** This line will be calculated by the CDOL. The total of this line must equal the number entered under ‘Access to Home funds’ in Section 5B, line 7 of this Exhibit.

4. **OTPS:** In the spaces provided under ‘OTPS’, enter a description of each OTPS expense which will be paid with Access to Home funds. Enter the amount of Access to Home funds for each expense in the space provided.

5. **Total OTPS Expenses:** This line will be calculated by the CDOL. The total of this line must equal the number entered under ‘Access to Home funds’ in Section 5B, line 8 of this Exhibit.

6. **Total All Administrative and Operating Costs:** This line will be calculated by the CDOL. The total of this line must equal the number entered under ‘Access to Home funds’ in Section 5B, line 9 of this Exhibit.

#### **Exhibit 6 - Program Schedule**

Enter the projected date that your program will achieve the milestones listed. Use the following format: MM/DD/YYYY. Assume a contract start date of October 1, 2010.

**D. ACCESS TO HOME PROGRAM APPLICATION EXHIBITS**

**EXHIBIT 1 - APPLICATION SUMMARY**

**1A. Funds Requested**

1. Local Program Name:
2. Total Access to Home funds requested: \$

**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 Type(s):

- non-profit corporation       charitable organization
- city government       county government
- town government       village government

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:  Phone Extension:

Fax Number:  Email Address:

Is this person authorized to execute an agreement with the HTFC should the proposal be funded?

**1C. 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

**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 - ABBATE, JR., PETER J	▲	▶	◀	<input type="text"/>
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	▲	▶	◀	<input type="text"/>
55 - ALES, JAMES	■			
42 - BONACIC, JOHN	■			
46 - BRESLIN, NEIL D	▼			
43 - BRUNO, JOSEPH L	▼			

**3. New York State Congressional District(s):**

05 - ACKERMAN, GARY L	▲	▶	◀	<input type="text"/>
24 - ARCURI, MICHAEL	■			
01 - BISHOP, TIMOTHY	■			
11 - CLARK, YVETTE	▼			
07 - CROWLEY, JOSEPH	▼			

**1E. Units Assisted**

Units to be assisted by Access to Home:

Residential - Existing/Rehab:

**1F. 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"/>
81% through 90% of Median Income	<input type="text"/>
91% through 120% of Median Income	<input type="text"/>
Total:	
Total Residential Units to be assisted by Access to Home:	

**1G. Special Needs & Other Households Targeted**

1. Select at least 1, but no more than 3 populations:

- |   |   |
|---|---|
| <input type="checkbox"/> No Target Population (or Unknown)  | <input type="checkbox"/> Persons with Mental Retardation/Developmental Disabilities |
| <input type="checkbox"/> Persons with Physical Disabilities | <input type="checkbox"/> Persons who are Frail Elderly                              |
| <input type="checkbox"/> Persons who are Veterans           |   |

2. Proposed units for the targeted population:

Total Units identified for all Target Populations:

**EXHIBIT 2 - EVIDENCE OF PROGRAM SUPPORT**

**2A-1. Service Provider Agreements in Place**

Not Applicable:

Service Provider:

Type of Service:

Type of Agreement:

Written Agreement Date:

Signatory:

Click 'add' to add another

**2A-2. Referral Agreements in Place**

Not Applicable:

Referral Source:

Written Agreement/Letter Date:

Signatory:

Click 'add' to add another

**2B. Documentation of Program Funding Sources**

Not Applicable:

Source Name:

Assistance Type:

Assistance Term:

Assistance Term Type:

Type of Letter:

Letter Date:

Signatory:

Amount Committed: \$

Click 'add' to add another

**2C. Program Staffing**

Staff/Consultant Name:

Title:

Employer:

Work to be Performed:

Click 'add' to add another

**EXHIBIT 3 - PROGRAM NEEDS**

**3A. ACCESS Program Needs**

**A. Number & Percentage of Low-Income Disabled Persons in Service Area**

1. Total Number of Persons Age 5 and Older Below Poverty with a Disability:

2. Total Population of Service Area:

3. Total Number of Persons Age 5 and Older Below Poverty with a Disability as a Percentage of Total Population:

**B. Need for Transition and Diversion**

1. Estimated number of persons in service area at risk of institutionalization if accessibility modifications are not available within 12 Months:

Source of Data:       Date of Data:

2. Estimated number of persons in service area currently institutionalized that can return home if accessibility modifications become available within 12 Months:

Source of Data:       Date of Data:

**EXHIBIT 4 - RELEVANT EXPERIENCE**

**4A. Relevant Experience**

Not Applicable:

Local Program Name:

Role:

Type:

Construction Start Date:  Example: mm/yyyy

Construction 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:

Click 'add' to add another

**EXHIBIT 5 - PROGRAM BUDGET**

**5A. Sources of Funds**

Source:

Specify Source:

Funds Requested: \$

Click 'add' to add another source

**5B. Program Uses Budget/Financing Plan**

Total Access to Home Funds Requested:

<b>Project Costs</b>	<b>Access to Home Funds</b>	<b>Other Funds</b>	<b>Total Cost</b>
1. Architectural, Design, and Engineering	<input type="text"/>	<input type="text"/>	\$
2. Testing & Other Professional Fees	<input type="text"/>	<input type="text"/>	\$
3. Accessibility Modifications	<input type="text"/>	<input type="text"/>	\$
4. Other Construction	<input type="text"/>	<input type="text"/>	\$
5. Program Delivery/Staff	<input type="text"/>	<input type="text"/>	\$
<b>6. Total Project Costs (Lines 1 - 5)</b>	\$	\$	\$
<hr/>			
<b>Administrative Costs</b>	<b>Access to Home Funds</b>	<b>Other Funds</b>	<b>Total Cost</b>
7. Salaries/Fringe	<input type="text"/>	<input type="text"/>	\$
8. OTPS	<input type="text"/>	<input type="text"/>	\$
<b>9. Total Administrative Costs (Lines 7 &amp; 8)</b>			
<b>10. Total Program Costs (Lines 6 &amp; 9)</b>			

5C. Administrative & Operating Expenses

Personal Services	Access to Home Funds
1. Staff Salaries	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
+ add	
2. Fringe Benefits	<input type="text"/>
3. Total Personal Services Expenses (Line 1 & 2)	\$0
OTPS Services	
Access to Home Funds	
4. Other Than Personal Services	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
+ add	
5. Total OTPS Expenses (Line 4)	\$0
6. Total Administrative /Operating Expenses (Lines 3 & 5)	\$0

**EXHIBIT 6 - PROGRAM SCHEDULE**

**6A. Program Schedule**

Program Implementation Schedule	Projected Date	Example: mm/dd/yyyy
Contract Start Date	<input type="text"/>	
Initiation of Program Outreach	<input type="text"/>	
50% of Funds Committed	<input type="text"/>	
100% of Funds Committed	<input type="text"/>	
50% of Funds Expended	<input type="text"/>	
100% of Funds Expended	<input type="text"/>	
All Program Close-Out Reports Submitted	<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. Access to Home Attachment Instructions

### Attachment A - Administrative Plan

Submit an administrative plan that summarizes the operation plan for the proposed program. Provide all of the information requested in items 1 - 7 below in a concise manner. While you may provide clarifying information with regard to these items, do NOT provide information not specifically requested in these instructions.

Address each of the following items:

1. Program Activities and Scope: Describe the type of accessibility modifications/installations which will be undertaken by the program. Estimate the number of persons you plan to assist, and outline the general type of accessibility improvements that will be made for the targeted units;

2. Selection Process for Assisted Units: Describe the criteria you will use to determine which units will be assisted;

3. Construction Management and Timely Completion: Explain the quality assurance methods you will employ to ensure that the program accessibility improvements will be completed on time, within budget, and with a high-quality standard of construction. Include in your response:

a. the number of contractors in the program service area who are available and qualified to make the accessibility improvements described in question 1 above (contractors must have adequate capacity, sufficient liability insurance and workers compensation);

b. the design specification development procedures to be employed;

c. the bid solicitation and procurement procedures to be employed; and,

d. the construction management and inspection procedures to be employed.

4. Service/Program Linkages: A major program goal is to allow physically-disabled persons to remain in, or return to their homes after accessibility improvements are made. Explain how you will coordinate and link the program with related programs and services to ensure that residents' needs will be met both during and after construction.

5. Program Service Area Description: Describe the program's service area, including the commonly-used name of the area, if applicable, (for example, the Fourth Ward of the City of Clinton), and the area's geographic location and boundaries.

6. Public Outreach:

a. Describe the outreach and promotion activities planned for the program that will ensure that the public is aware of the program's purpose and the availability of funds.

b. Describe affirmative marketing plans that will promote the participation of minority households and contractors.

7. Staffing Plan:

a. Describe the staffing plan that will be put in place to undertake all Access to Home program tasks. If identified partners in Exhibit 2 are to perform specific tasks provide some detail on partners' staff capacity to undertake the specified task(s).