UF 2010 RESTORE Program Online Application Instructions

This document consists of the following sections:

A. RESTORE Program General Instructions;
B. Instructions for Beginning a New RESTORE Program Application;
C. RESTORE Program Application Exhibit Instructions;
D. RESTORE Program Application Exhibits; and,
E. RESTORE Program Application Certification.

A. RESTORE 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 RESTORE Program applications may be submitted electronically over the web using the CDOL. **Applications for the RESTORE Program must be submitted to the CDOL by 5:00 PM, EST, Thursday, March 11, 2010.** Any applications 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 a RESTORE application via CDOL consists of two steps:

1) Completing the online application exhibits; and,

2) Certifying and submitting the application exhibits.

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.

Please carefully review the following steps which are necessary to complete and submit your RESTORE 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 for assistance.

3. Registering your Organization's Electronic Signatory

All application exhibits 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.

4. Completing and Validating the Application Exhibits

The RESTORE Program Application consists of six exhibits which are listed in Section 6 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, and 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.

6. Required Exhibits

RESTORE Program Exhibits & Application Certification **The RESTORE Program Application consists of the following six Exhibits and an electronic certification**
Exhibit 1 – Application Summary
Exhibit 2 – Proposal Summary
Exhibit 3 – Program Needs
Exhibit 4 – Relevant Experience
Exhibit 5 – Budget/Financing Plan
Exhibit 6 – Program Schedule
Electronic Application Certification

B. Instructions for Beginning a New RESTORE 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 that reads 'Start a New Application', enter a unique name for the project, then select 'RESTORE' from the 'Application Type' drop-down menu, and click 'Submit'. A table of contents will be displayed with a list of all RESTORE Program Application Exhibits broken down by individual screens within CDOL.

Instructions for completing each screen follow.

C. RESTORE Program 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 RESTORE Funds Requested: Enter the total amount of RESTORE funds you are requesting for this project, rounded to the nearest dollar.

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.

9. If the applicant is a municipality, enter all requested information for the municipality's chief elected official.

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 RESTORE 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. Target Populations

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, frail elderly veterans) that the program will serve.

2. In Section 2, Proposed Units for the Target 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.

Note: Please select a household as elderly or frail elderly, but not both.

Exhibit 2 - Proposal Summary

This Exhibit is intended to provide a summary of the program's major features. Provide all of the information requested in a concise manner. While you may provide clarifying information, do NOT provide information not specifically asked for in this Exhibit. Address each of the following items:

2A. Program Activities and Scope

Describe the type of emergency repairs which will be undertaken by the program. Estimate the number of persons/units you plan to assist, and outline the general type of emergency repairs that will be made for the targeted units.

2B. Selection Criteria for Assisted Units

Describe the criteria to be used to determine the existence of emergency conditions.

2C. Quality Assurance & Timely Program Implementation

The questions in section 2C provide the opportunity for you to explain the quality assurance methods you will employ to ensure that the emergency repairs will be completed on time, within budget, and with a high-quality standard of construction.

2C1. Program Start-Up Procedures

Describe the methods to be employed to facilitate the timely start-up of the program.

2C2. Methods to Ensure Compliance

Describe the procedures that will be used to ensure compliance with RESTORE repair response deadlines (72 hours to inspect a home, seven days thereafter to begin repairs, and 30 days to complete repairs).

2C3. Contractor Procurement

Describe the procedures and responsibilities for procuring contractors, and conducting initial inspections and work write-ups.

2D. Description & Documentation of Service/Program Linkages

2D1. Strategies for Achieving Program Goals

At times, it becomes evident that a client may need help in addition to that offered by the RESTORE Program. Describe your current working/referral relationships with local aging and housing service providers, and explain how you will coordinate and link the program with related programs and services to ensure that client needs are met.

2D2. Referral Process to be Used

Detail the referral process(es) that will be employed.

2D3 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.

2D4. 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.

2E. 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.

2F. 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, the type of letter (select either funding commitment or letter of interest), the date of the letter, the name of the signatory, and the amount or value of funds committed.

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

2G. 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 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.

2H. Public Outreach

2H1. Program Goals and Availability of Funds

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.

2H2. Marketing Strategies

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

2I. Funds Recapture Method

In the event that a RESTORE-assisted home is sold or transferred within three years to other than a low-income elderly household, describe the method that will be employed to recapture those funds.

Exhibit 3 - Program Needs

3A. Number & Percentage of Low-Income Elderly Homeowners in Service Area

To complete this section, you will need to use the CHAS Data available on the United States Department of Housing and Urban Development's (HUD) website: HUD User State of the Cities Data Systems. That link is: http://socds.huduser.org

If your local program service area is a **single entire** county, city, town, village or census-designated place, follow the instructions below for filling out Exhibit 3A.

If your local program service area is comprised of **multiple entire** counties, cities, towns, villages or census-designated places, follow the instructions outlined below, except that you must do the calculations for **each of the localities comprising your service area,** and then enter the sums for **all of the localities** onto Exhibit 3A.

If your local program service area is not a county, city, town, village or census-designated place listed in one of the categories on the CHAS Data table, for example, a portion of a city, follow the instructions outlined below using the data for the county, city, town, village, or census-designated place that the service area is located in. In New York City, provide the requested data for the borough in which the service area is located.

1. Go to the following website: http://socds.huduser.org

2. Locate the CHAS DATA tab on the page, and click it.

3. Find the text that reads: Click here to view non-frames version of CHAS, and click it. Next:

   a. Select the following: Housing Problems State: New York Then click the 'submit' tab.

   b. Select the following: All Households Year: 2000 Then click the 'submit' tab.

   c. If your service area is a **single entire County,** locate the applicable **County** and click the 'submit' tab.

If your service area is a **single entire village, or census designated place** (an unincorporated place, such as a hamlet), locate the applicable **Census Place (CPL)** and click the 'submit' tab.

If your service area is a **single entire town or city,** locate the applicable **Minor Civil Division (MCD)** and click the 'submit' tab.

A table will be generated for the chosen locality entitled, "**Housing Problems Output for All Households.**" Use the data from this table to fill out Exhibit 3A - Number & Percentage of Low-Income Elderly Homeowners in Service Area, as follows:

4. Calculate the number of Elderly 1 & 2 Member Low-Income Owner Households in the program service area by **adding together the numbers from Column F, lines 1 and 10** (Elderly 1 & 2 Member Owner households <=50% of Median Family Income (MFI) and >50 to <=80% of MFI, respectively.)

5. Enter the total of Column F, lines 1 & 10 (from step 4, above) onto Exhibit 3A, line 1 (Total Number of Elderly 1 & 2 Member HHs <80% MFI).

6. Enter the number from Column K, line 18 (Total Households) onto Exhibit 3A, line 2 (Total Households). (Note that if you use the option on HUD's SOCDS website to download the data into an Excel table, this column is labeled 'L' rather than 'K' on the Excel table).

7. The CDOL will calculate line 3 (Total Elderly 1 & 2 Member Owner Households <80% MFI as a percentage of Total HHs) by dividing line 1 by the number entered on line 2. **(This calculation will only be done when all required data on the page has been entered, and the 'submit' button has been clicked).**

3B. Housing Conditions in Service Area

1 & 2. Provide an estimate of the number and percentage of substandard housing units in the service area. Enter the name and date of the data source for these estimates.

3. If the data is available, provide an estimate of the number of low-income elderly homeowners living in housing that is substandard or requires at least one emergency repair. Provide the name and date of the data source.

Applicants are encouraged to use existing survey data for these estimates, such as a Housing Condition Survey performed for the Office for Small Cities Community Block Grant Program. Similar surveys performed for other purposes may also be acceptable. The data provided must not be more than five years old. HTFC reserves the right to request documentation to verify 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 an emergency or other home repair service 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 Emergency Repair 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: Emergency Repair or Housing Rehabilitation.

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 above.

Exhibit 5 - Budget/Financing Plan

Costs under the RESTORE Program are categorized as repair costs and administrative costs. Repair costs are the actual costs of emergency repair work undertaken, including work done by private contractors. Administrative costs are personnel and related costs associated with the administration of the program, including performing inspections and preparing work write-ups.

5A. Sources of Funds

On this screen, you will add each source of financing for the project. The total sources with the financing types permanent or both, as described below, must equal 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.

Financing Type: Select the type of financing from the drop-down menu: construction, permanent both (both construction and permanent) or other.

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

Financing Term: If applicable, enter the number of months or years of the financing term.

Financing Term Type: If you entered data into financing term, select either months or years. Otherwise, select 'Not Applicable'.

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.

5B. Program Uses

1. Total Repair Costs: Under the column entitled 'RESTORE', enter the total repair costs to be funded by the RESTORE Program. Under the column entitled 'Other Funds', enter the total repair costs to be funded by sources other than the RESTORE Program. Upon clicking the 'submit' button, the CDOL will add the two columns together and display the total in the column entitled 'Total Cost'.

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

3. OTPS: Under the column entitled 'RESTORE', enter the total OTPS costs to be funded by the RESTORE Program. Under the column entitled 'Other Funds', enter the total OTPS costs to be funded by sources other than the RESTORE Program. Upon clicking the 'submit' button, the CDOL will add the two columns together and display the total in the column entitled 'Total Cost'.

4. Total Administrative/Operating Costs: Upon clicking the 'submit' button, the CDOL will calculate this line by adding together lines 2 and 3 for each column.

5. Total Program Costs: Upon clicking the 'submit' button, the CDOL will calculate this line by adding together lines 1 and 4 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 RESTORE funds. Administrative and operating expenses will be limited to 7.5% of the award for non-profit organizations, and 5% for municipalities.

1. Staff Salaries: In the spaces provided under 'Staff Salaries', enter the job titles of all staff who will be paid with RESTORE funds. Enter the amount of RESTORE funds they will be paid in the corresponding space. 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 'RESTORE' funds in Section 5B, line 2 of this Exhibit.

4. OTPS: In the spaces provided under 'OTPS', enter a description of each OTPS expense. Enter the amount of RESTORE 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 'RESTORE funds' in Section 5B, line 3 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 'RESTORE Funds' in Section 5b, line 4 of this Exhibit.

Exhibit 6 - Local Program Schedule

Enter the projected date that you expect to achieve the Program Implementation Schedule milestones listed. You must enter future dates in a mm/dd/yyyy format. Assume a contract execution date of October 1, 2010.

D. RESTORE Program Application Exhibits

EXHIBIT 1 - APPLICATION SUMMARY

1A. Funds Requested

1. Local Program Name:

2. Total RESTORE 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?

9. Municipality's Chief Elected Official (to be completed by municipal applicants only):

First Name: Last Name:

Salutation: Title:

Phone Number: Phone Extension:

Fax Number: Email Address:

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
001 - ALESSI,MARC
021 - ALFANO,THOMAS W
084 - ARROYO,CARMEN E
118 - AUBERTINE,DARREL J

2. New York State Senate District(s):

20 - ADAMS,ERIC L
55 - ALESI,JAMES
42 - BONACIC,JOHN
46 - BRESLIN,NEIL D
43 - BRUNO,JOSEPH L

3. New York State Congressional District(s):

05 - ACKERMAN,GARY L
24 - ARCURI,MICHAEL
01 - BISHOP,TIMOTHY
11 - CLARK,YVETTE
07 - CROWLEY,JOSEPH

1E. Units Assisted

Units to be assisted by RESTORE:

Residential - Existing/Rehab:

1F. Income Targets

Target Group	Units
Public Assistance <=30% of Median Income	
31% through 40% of Median Income	
41% through 50% of Median Income	
51% through 60% of Median Income	
61% through 70% of Median Income	
71% through 80% of Median Income	

Total:

Total Residential Units to be assisted by RESTORE:

1G. Special Needs & Other Households Targeted

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

- ☐ No Target Population (or Unknown)
- ☐ Persons with AIDS/HIV-Related Illness
- ☐ Persons in Long-Term Recovery from Alcohol Abuse
- ☐ Persons with Psychiatric Disabilities
- ☐ Persons who are Elderly
- ☐ Persons with Physical Disabilities
- ☐ Persons who are Ex Offenders
- ☐ Persons in Long-Term Recovery from Substance Abuse
- ☐ Persons who are Veterans
- ☐ Persons who are Victims of Domestic Violence
- ☐ Persons with Mental Retardation/Developmental Disabilities
- ☐ Persons on Public Assistance
- ☐ Persons who are Frail Elderly

2. Proposed units for the targeted population:

Total Units identified for all Target Populations:

Total Residential Units to be assisted by RESTORE:

EXHIBIT 2 - EVIDENCE OF PROGRAM SUPPORT

2A. Program Activities and Scope

Describe types of emergency repairs to be undertaken, estimate number of persons/units to be assisted, outline the general type of emergency repairs.

Note: Text will be limited to 5,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

2B. Selection Criteria for Assisted Units

Describe criteria to be used to determine the existence of emergency conditions.

Note: Text will be limited to 5,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

2C-1. Program Startup Procedures

Explain the quality assurance methods that will be used to facilitate a timely start-up of the Program.

Note: Text will be limited to 5,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

2C-2. Methods to Ensure Compliance

Describe the methods used to ensure compliance with RESTORE repair response deadlines (72 hours to inspect a home, 7 days to begin repairs, 30 days to complete repairs).

Note: Text will be limited to 5,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

2C-3. Contractor Procurement

Describe the procedures and responsibilities for procuring contractors and conducting initial inspections and work write-ups.

Note: Text will be limited to 5,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

2D-1. Strategies for Achieving Program Goals

Clients may need additional help outside of that offered by the RESTORE program. Describe current working/ referral relationships with local aging and housing service providers, and explain how you will coordinate and link the Program with related programs and services to ensure that client needs are met.

Note: Text will be limited to 5,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

2D-2. Referral Processes to be Used

Detail the referral process(es) that may be employed.

Note: Text will be limited to 5,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

2D-3. Service Provider Agreements in Place

Service Provider:

Type of Service:

Written Commitment Date:

Signatory:

Click 'add' to add another agreement

2D-4. Referral Agreements in Place

Not Applicable:

Referral Source:

Written Agreement/Letter Date:

Signatory:

Click 'add' to add another agreement

2E. 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.

Note: Text will be limited to 5,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

2F. Documentation of Program Funding Sources

Not Applicable:

Source Name:

Type of Letter:

Letter Date:

Signatory:

Amount Committed: $

Click 'add' to add another funding source document

2G. Program Staffing

Staff/Consultant Name:

Title:

Employer:

Work to be performed:

Click 'add' to add another staffer

2H-1. Program Goals & Availability of Funds

Describe the outreach and promotion activities planned for the Program that will ensure that the public is aware of the availability of funds.

Note: Text will be limited to 5,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

2H-2. Marketing Strategies

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

Note: Text will be limited to 5,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

2I. Funds Recapture Method

In the event that a RESTORE assisted home is sold or transferred within three years to other than a low-income elderly household, describe the method that will be employed to recapture those funds.

Note: Text will be limited to 5,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

EXHIBIT 3 - PROGRAM NEEDS

3A. RESTORE Program Needs

A. Number & Percentage of Low-Income Elderly Homeowners in Service Area

1. Total Number of Elderly 1 & 2 Member Owner Households < 80% of Median Family Income: _____

2. Total Households: _____

3. Total Elderly 1 & 2 Member Owner Households < 80% of Median Family Income as a Percentage of Total Households:

B. Housing Conditions in Service Area

1. Estimated Number of Substandard Housing Units: _____

2. Substandard Housing Units as a Percentage of all Housing Units: _____%

Source of Data: _____ Date of Data: _____

3. Estimated Number of Low-Income Elderly Homeowners in Substandard Housing or Housing in Need of Emergency Repair (if available): _____

Source of Data: _____ Date of Data: _____

EXHIBIT 4 - RELEVANT EXPERIENCE

4A. Relevant Experience

Not Applicable: ☐

Local Program Name:

Role:

Type:

Construction Start Date:

Construction End Date:

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 – BUDGET/FINANCING PLAN

5A. Sources of Funds

Source:

Specify Source:

Funds Requested: $

Financing Type:

Assistance Type:

Financing Term:

Financing Term Type:

Click 'add' to add another funding source

5B. Program Uses

Construction/Repair Costs	RESTORE Funds	Other Funds	Total Cost
1. Total Repair Costs			$

Administrative/Operating Costs	RESTORE Funds	Other Funds	Total Cost
2. Salaries/Fringe			$
3. OTPS			$
4. Total Administrative/Operating Costs (Lines 2 & 3)	**$**	**$**	**$**
5. Total Program Costs (Lines 1 & 4)	**$**	**$**	**$**

5C. Administrative & Operating Expenses

Personal Services	RESTORE Funds
1. Staff Salaries	
+ add	
2. Fringe Benefits	
3. Total Personal Services Expenses (Line 1 & 2)	$0

OTPS Services

	RESTORE Funds
4. Other Than Personal Services	
+ add	
5. Total OTPS Expenses (Line 4)	$0
6. Total Administrative /Operating Expenses (Lines 3 & 5)	$0

EXHIBIT 6 – PROGRAM SCHEDULE

6A. Implementation Schedule

Program Implementation Schedule	Projected Date
Contract Start Date	
Initiation of Program Outreach	
50% of Funds Committed	
100% of Funds Committed	
50% of Funds Expended	
100% of Funds Expended	
All Program Close-Out Reports Submitted	

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 not 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.