



**Homes and
Community Renewal**

Access to Home Programs Grant Implementation Workshop

Access to Home Programs

Grant Implementation Workshop

The Presentation will begin momentarily. Please be reminded of the following:

- This presentation will cover both Access to Home and Access to Home for Medicaid Programs
- Please mute your line.
- Questions will be covered at the end of the presentation. Submit questions using the “Questions” window on your toolbar/



NYS Access to Home

Agenda

I. Overview of Access to Home Programs

- Terminology
- General Information
- Eligible Activities
- Resources

II. Environmental Review Process

III. Contracting with the HTFC

- Exhibits & Requirements
- The Program Agreement

IV. Administering Access to Home

- Completing Renovations
- Disbursement of Funds
- Program Closeout

V. Important Contact Information



Overview

Overview of Access to Home

Terminology

SHARS ID: The Statewide Housing Activity Report System (SHARS) is HCR's database. The SHARS ID is the unique number assigned to each contract. The first four digits will identify the funding year: 2014XXXX

LPA: The awarded applicant is also referred to as the Local Program Administrator or LPA. The LPA is responsible for grant administration and contract compliance.

Program Agreement: The plan for the Access to Home implementation that establishes a target area, budget and outlines goals for your program activities - your full Access to Home contract.

High Cost/High Need Medicaid Recipient: a Medicaid enrollee with a medically documented permanent physical disability that may interfere with the ability to independently perform activities of daily living, who is at risk of institutional placement.



Overview of Access to Home

General Information

- **Access to Home** was created in 2005 to provide resources and Technical Assistance (TA) to assist renters and property owners to make dwelling units accessible for low- and moderate-income persons with disabilities. Article 25 of the NYS Private Housing Finance Law (PHFL) formally establishes the Access to Home Program in statute.
- **Access to Home for Medicaid** was created in 2014 in partnership with DOH. The program has the same mission as Access to Home with a secondary goal of lowering health care costs over the long term. Implementation of this program is consistent with Article 25 of PHFL.
- The Access to Home Programs are administered by the Office of Community Renewal under the direction of The Housing Trust Fund Corporation.



Overview of Access to Home

Eligible Activities

The Access to Home Programs provide financial assistance to make residential units accessible for low- and moderate-income persons with disabilities. One of the primary objectives of the Access to Home Program is adapting homes to meet the needs of those with disabilities such that individuals can live safely and comfortably in their home and avoid institutional care.

- Adaptations are guided by recommendations of local accessibility experts and may not exceed \$25,000 per unit. There are no age restrictions.
- Access to Home for Medicaid clients must meet the same eligibility criteria and participate in the Medicaid Program
- Permitted updates and renovations include:
 - Wheelchair ramps, lifts
 - Widening of doorways
 - Changes to bathrooms to allow wheelchair access
 - Lowered, easy-to-reach kitchen adaptations
 - Many more...



Overview of Access to Home

General Information

- No work may begin until award recipient has received an executed contract
 - Administrative Plan is part of your contract; you must adhere to it
- Administrative funds of up to 7.5 percent of funding award are available
- Project delivery fee of up to 5 percent of project cost is available
- Programmatic Environmental Clearance required for Access to Home
 - HCR Environmental Analysis Unit (EAU) issues Type II letter
 - Site Specific Certification is submitted to Access to Home program staff
- Two year program agreement; extensions available only in **limited circumstances**



Access to Home Program Information

Resources

- Access to Home Program
<http://www.nyshcr.org/Programs/AccessToHome/>
- Access to Home Forms
<http://www.nyshcr.org/Forms/AccessToHome/>
- Access to Home for Medicaid Forms
<http://www.nyshcr.org/Forms/AccessToHome-Medicaid/>
- Access to Home for Medicaid Program
<http://www.nyshcr.org/Programs/AccessToHome-Medicaid/>
- Technical Assistance is available upon request to the OCR Program Staff



Environmental Process

Access to Home – SEQR Requirements

Environmental Analysis Unit (EAU)

Subject to the requirements of the State Environmental Quality Review Act (SEQR) at 6 NYCRR Part 617.

Prior to entering into contract with the HTFC, EAU will issue SEQR Type II action letter

LPAs may not begin individual project work until Type II letter is issued.

Environmental Site Certification must be sent to EAU in circumstances such as:

- substantial improvement in a flood zone
- work on a building determined by SHPO to have historic or cultural significance
- ground disturbance
- zoning changes
- if the work constitutes a SEQR Unlisted action

If there are no “Circumstance” it is sent in with Setup Form.



Access to Home – SEQR Requirements

Environmental Analysis Unit (EAU)

Step One: EAU determines that program activities qualify as Type II

Step Two: EAU issues Type II letter to LPA (includes site specific instructions)

Step Three: LPA completes a site specific certification for each site (project)

- submitted to OCR at time of project set up
- LPA provides description project site
- Environmental Compliance Certification, with instructions, is available at <http://www.nyshcr.org/Forms/AccessToHome/>



Access to Home – SEQR Requirements

Environmental Analysis Unit (EAU)

Environmental Site Certification
 ACCESS TO HOME, ACCESS TO HOME MRT & RESTORE PROGRAM
 SHARS NO: [REDACTED]

SITE ADDRESS: [REDACTED]

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PROGRAM NAME: [REDACTED] PROGRAM MUNICIPALITY: [REDACTED] PROGRAM COUNTY: [REDACTED]

ENTIRE PROJECT DESCRIPTION (INCLUDE ALL FUNDING SOURCES):
 [REDACTED]

Area of Statutory/Regulatory Compliance	Compliance Certification
<p><u>Historic/Cultural Resources:</u> Section 14.09 of the Parks, Recreation and Historic Preservation Law.</p>	<p><input type="checkbox"/> Structure is less than 50 years old and the project does not involve ground disturbance (attach proof of age); OR</p> <p><input type="checkbox"/> Project activities are consistent with the exempted tasks listed in Attachment A. Fill out the attachment by checking the appropriate boxes for the tasks involved with project scope of work AND</p> <p><input type="checkbox"/> I certify that I have read and will comply with the Human Remains Discovery Protocol and Unanticipated Discoveries Protocol which accompanied the Program environmental clearance letter.; OR</p> <p><input type="checkbox"/> Project has been reviewed by the State Historic Preservation Office (SHPO). A “No Impact” or “No Adverse Impact” letter is attached (attach letter). The project will comply with all project descriptions and specifications submitted to SHPO and all conditions placed on the project by SHPO; OR</p> <p><input type="checkbox"/> Other (contact HTFC EAU for further guidance).</p>

Access to Home – SEQR Requirements

Environmental Analysis Unit (EAU)

<p><u>Flood Plains:</u> 6 NYCRR Part 502, Floodplain Management Criteria for State Projects.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Structure is not in a 100-year floodplain (attach map); OR <input type="checkbox"/> Structure is within a 100-year floodplain and scope of work does not constitute substantial improvement.; OR <input type="checkbox"/> Other (contact HTFC EAU for further guidance).
<p><u>Zoning change/special use permit:</u></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Project conforms to the local land use plans and has received all necessary zoning and site plan approvals and permits; OR <input type="checkbox"/> Project requires site plan approval, zoning change or is a change in actual use (contact HTFC EAU for further guidance).
<p><u>Site Contamination:</u> <i>Lead Based Paint</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Project will comply with the ‘EPA Renovation, Repair and Painting Rule’ (RRP rule). If project will involve the disturbance of lead based paint surfaces that exceed “de minimis” levels, work will be conducted in accordance with ‘HUD Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing.’
<p><u>Site Contamination:</u> <i>Asbestos Containing Materials</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Asbestos Containing Materials (ACM) that will be disturbed as part of program activities will be handled and disposed of according to NYS Department of Labor requirements at 12 NYCRR Part 56 and local regulations.

Access to Home – SEQR Requirements

Environmental Analysis Unit (EAU)

Instructions:

Check ALL the appropriate boxes for the tasks involved with the ENTIRE project scope of work.

I. BUILDINGS

A. Interior Work: Floors, Walls, Stairs, Ceilings and Trim

1. Interior rehabilitation projects limited to repairing, replacing, retaining, preserving, protecting, and maintaining in kind materials and features.
2. In-kind repair and replacement of floors, walls, stairs, and ceilings, or trim. The allowance applies to repair of interior finishes, including plaster and wallboard, provided the repair is restricted to damaged areas and does not affect adjacent materials. The allowance does not apply to decorative finishes, including, murals, glazed paint, gold leaf, or ornamental plaster that contribute to the architectural significance of a property.
3. Replacement of damaged plaster and lath with drywall where the plaster is non character-defining detail.
4. In-kind replacement of sheetrock or prefabricated panel walls to their pre-disaster appearance.



Contracting with HTFC

Contracting with the HTFC

Important Exhibits

The LPA enters into a two year program agreement with the HTFC

- Exhibit A: Program Summary and Description of Target Area
- Exhibit B: Administrative Plan
- Exhibit C: Program Budget
- Exhibit D: Program Schedule
- Exhibit E: Property Maintenance Declaration
- **Note:** the HTFC may require the LPA to modify the proposed administrative plan and/or program budget prior to program agreement execution



Contracting with the HTFC

Additional Requirements

- *Authorized Signature Form* for Request of Funds (proper dates required)
- *Designation of Depository Form* for Direct Deposit of Funds
- Access Forms are located at <http://www.nyshcr.org/Forms/AccessToHome/>
 - Many forms updated in 2015 – updated forms must be used by LPAs
- Medicaid Forms at <http://www.nyshcr.org/Forms/AccessToHome-Medicaid/>
- Insurance Requirements
 - General Liability (\$1,000,000 minimum limit)
 - Workers Compensation and Disability
 - Fire and Casualty Insurance
 - Fidelity Bond naming NYS and HTFC as loss payee (minimum of \$25,000)



Contracting with the HTFC

Authorized Signature Form – Part I

AUTHORIZED SIGNATURE FORM FOR REQUEST FOR FUNDS

 Updated Information

Organization Name	SHARS ID Number
Mailing Address	Contact Person (Name, Phone # & Email Address)

Persons Authorized to Sign Request for Funds: At least one employee must be authorized to request funds for the above organization.

1.	<input type="text"/>	<input type="text"/>
	Signature	Date
	<input type="text"/>	<input type="text"/>
	Name	Title
2.	<input type="text"/>	<input type="text"/>
	Signature	Date
	<input type="text"/>	<input type="text"/>
	Name	Title

Contracting with the HTFC

Authorized Signature Form – Part II

3. _____

Signature	_____	Date	_____
Name	_____	Title	_____

4. _____

Signature	_____	Date	_____
Name	_____	Title	_____

I certify that the signature shown above are the legal signatures of those employees authorized to sign requests for HTFC funds from the Office of Community Renewal.

Signature of Chief Executive Officer	_____	Date (must be later than above dates)	_____
Name	_____	Title	_____



Contracting with the HTFC

Designation of Depository – Part I

State of New York
Housing Trust Fund Corporation
_____ Program

DESIGNATION OF DEPOSITORY FOR DIRECT DEPOSIT OF HTFC FUNDS
SECTION I (to be completed by Recipient)

Recipient	SHARS ID #
Recipient Address	Contact Person (Name & Phone #)

The _____

(Name of Recipient's Financial Institution)

has been designated as the depository for all funds to be received from the Housing Trust Fund Corporation (HTFC) resulting from an award under the above SHARS ID.

I certify that all HTFC funds shall be deposited in an account at the above-referenced financial institution, which is covered by federal deposit insurance.

Signature of Authorized Representative

Date

Contracting with the HTFC

Designation of Depository – Part II

SECTION II (to be completed by Financial Institution)

Name of Financial Institution	
Address	

Address

Routing Number

Account Number

Account Type Checking Account Savings Account

The account identified above has been established with this bank. All necessary documentation, including a power of attorney where necessary, which will enable this bank to receive funds directly from the Housing Trust Fund Corporation without any endorsement by the payee, has been received and is in this depository's custody. Immediately upon deposit of HTFC funds in the above account, we will notify the Recipient and subsequently provide a copy of the documentation of deposit.

<hr/> <p>Signature of Authorized Bank Officer</p> <div style="background-color: #e0e0ff; height: 30px; width: 100%;"></div> <hr/> <p>Title of Authorized Bank Officer</p>	<div style="background-color: #e0e0ff; height: 30px; width: 100%;"></div> <hr/> <p>Date</p> <div style="background-color: #e0e0ff; height: 30px; width: 100%;"></div> <hr/> <p>Telephone Number</p>
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Administering Access to Home

Administering Access to Home Programs

The Administrative Plan

- The LPA is governed by the Administrative Plan as submitted with the LPA's application and approved by the HTFC
- Administrative Plan is part of the final program agreement executed by the LPA and the HTFC
- Applicants may be asked to modify sections of the administrative plan and/or budget prior to executing the program agreement
- The Administrative Plan is the LPA's primary tool for determining key aspects of program implementation such as:
 - Procedures for outreach and client prioritization
 - Adherence to income targets and goals
 - Ensuring only work needed to complete accessibility goals is completed
 - Determining that work will allow a client to remain in/return home, etc.



Administering Access to Home Programs

Project Setup

- A Project Setup Form must be submitted for each project prior to commencing work on the unit and before any disbursement is submitted to the HTFC for reimbursement
 - LPA may not be reimbursed for project costs if the Project Setup Form is submitted after work on unit begins
- The EAU Site Specific Certification must be submitted with the Project Setup Form
- Project Setup Form may only be submitted after the LPA receives an executed, written agreement with the property owner to complete the work
- Must be submitted with before pictures and picture of front view of unit



Administering Access to Home Programs

Project Setup Form

Housing Trust Fund Corporation New York State Access to Home Program Project Set Up Form		
(Please complete one set up per dwelling unit to be assisted and submit to AccessToHome@nyshcr.org (Press F1 for Help)		
SHARS ID: <input type="text"/>	LPA Name: <input type="text"/>	Date of Set Up: <input type="text"/>
Homeowner's Name: <input type="text"/>		Customer's Name: <input type="text"/>
Project Address: <input type="text"/>		
County: <input type="text"/>	SBL: <input type="text"/>	SWIS Code: <input type="text"/>
Type of Unit (Select one from each column)		
Select one: <input type="checkbox"/> single family <input type="checkbox"/> multi-unit (2-4) <input type="checkbox"/> mobile home	Select one: <input type="checkbox"/> rental <input type="checkbox"/> owner occupied <input type="checkbox"/> life use	Fill in all three: # of units in structure: <input type="text"/> # of stories: <input type="text"/> year built: <input type="text"/>
Flood affected project? <input type="checkbox"/> yes <input type="checkbox"/> no		
Income target group (select one): Click here and select income range from this list.		
Nature of Disability: (check as many as apply) <input type="checkbox"/> Physical Disability <input type="checkbox"/> Disabled Veteran* <input type="checkbox"/> Backup Documentation attached (required) <input type="checkbox"/> Mentally Retarded/Developmentally Disabled <input type="checkbox"/> Frail Elderly <input type="checkbox"/> Traumatic Brain Injury (TBI) <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Visually impaired <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Other: (specify) <input type="text"/>	Work Scope: (check as many as apply) <input type="checkbox"/> exterior ramp or lift <input type="checkbox"/> interior ramp or lift <input type="checkbox"/> interior stair glide <input type="checkbox"/> grab bars/handrails <input type="checkbox"/> flooring <input type="checkbox"/> accessible bath <input type="checkbox"/> accessible kitchen <input type="checkbox"/> devices for hearing/visual impairment <input type="checkbox"/> low rise stairs <input type="checkbox"/> accessible laundry <input type="checkbox"/> Other: (specify) <input type="text"/>	
*"Disabled veteran" shall mean a veteran who is certified by the United States department of veterans affairs or the department of defense as entitled to receive disability payments upon the certification of such department for a disability incurred by him or her in time of war.		
Estimated Access to Home funding for this project: \$ <input type="text"/> Other funds? (list source and amount) Source: <input type="text"/> \$ <input type="text"/> Source: <input type="text"/> \$ <input type="text"/> Source: <input type="text"/> \$ <input type="text"/>		Anticipated start date: <input type="text"/> Anticipated completion date: <input type="text"/> Certificate of Occupancy required? <input type="checkbox"/> yes <input type="checkbox"/> no
Has this unit been previously served with Access to Home? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, Previously Served with SHARS ID: <input type="text"/> Amount: \$ <input type="text"/>		



Access to Home Program for Medicaid

Project Setup – Additional Data Collection

<p>Type of Unit <i>(Select one from each column)</i></p> <p>Select one:</p> <input type="checkbox"/> single family <input type="checkbox"/> multi-unit (2-4) <input type="checkbox"/> mobile home		<p>Select one:</p> <input type="checkbox"/> rental <input type="checkbox"/> owner occupied <input type="checkbox"/> life use	<p>Fill in all three:</p> <p># of units in structure: <input type="text"/></p> <p># of stories: <input type="text"/></p> <p>year built: <input type="text"/></p>
<p>Flood affected project? <input type="checkbox"/> yes <input type="checkbox"/> no</p>		<p>Client Date of Birth: <input type="text"/></p>	
<p>Income target group (select one): Click here and select income range from this list.</p>		<p>Medicaid Client Identification Number (CIN): <input type="text"/></p>	
<p>Nature of Disability: (check as many as apply)</p>		<p>Work Scope: (check as many as apply)</p>	

Administering Access to Home Programs

Marketing & Renovations

- LPA is responsible for marketing the program, the bid process, MWBE requirements, and ensuring applicants meet Access to Home or Access to Home for Medicaid Program Requirements
 - Should be described in administrative plan
 - Marketing includes making the public aware as well as local contractors
 - Bidding is required – ensuring lowest, qualified bidder
 - MWBE for all awards over \$100,000
 - Applicants must have a documented disability, meet income requirements
 - For Access to Home for Medicaid, client must be Medicaid recipient



Administering Access to Home Program

Completing Renovations

- Work begins after submitting the Project Setup and EAU site specific certification
- LPA is responsible for all renovations to the home/unit
- Property Maintenance Declaration is filed only after renovations are complete
- LPA may submit disbursement requests for partial payments
 - Do not have to wait until entire project is complete
- LPA responsible for monitoring ongoing compliance of units for 5 years



Administering Access to Home Programs

Disbursement Requests

- LPA must submit the following:
 - Disbursement Request
 - Project Detail Sheet
 - Backup documents and after photos
 - Project Delivery Detail Sheet (if applicable)
 - Administrative Funds Detail Sheet (if applicable)
- LPA may request up to 5 percent of project costs for Project Delivery Fees
 - Filing the Property Maintenance Declaration
 - Staff mileage
 - Relocation cost
- Final disbursements for projects require after photos and invoice/receipt for Property Maintenance Declaration



Administering Access to Home Program Disbursement Request Form

Housing Trust Fund Corporation New York State Access to Home Medicaid Program Disbursement Request <i>(Press F1 for Help)</i>		
Name of LPA: █	SHARS ID: █ for County/Countries: █	Date: █
Address of LPA: █	Person Completing this FORM: Name: █	Federal ID #: █
	Telephone Number: █	
	Email address: █	
Financial Information		
HTFC/DHCR Access to Home Contract Amount:	\$	█
Current Request:	\$	█
Address of Project(s):	Amount Requested:	Please indicate the type of payment: <i>(If all work for this property is now complete, and PMD is filed, select Final)</i>
1. █	\$ █	<input type="checkbox"/> Progress <input type="checkbox"/> Final
2. █	\$ █	<input type="checkbox"/> Progress <input type="checkbox"/> Final
3. █	\$ █	<input type="checkbox"/> Progress <input type="checkbox"/> Final
4. █	\$ █	<input type="checkbox"/> Progress <input type="checkbox"/> Final
5. █	\$ █	<input type="checkbox"/> Progress <input type="checkbox"/> Final
6. █	\$ █	<input type="checkbox"/> Progress <input type="checkbox"/> Final
Submissions:		
<input type="checkbox"/> Project Detail Sheets and Photographs <i>(must be emailed for project payment—front view, before and after images)</i>		
<input type="checkbox"/> Administrative Funds Detail Sheet <i>(must be emailed for payment)</i> Admin Funds Requested: \$ █		

Administering Access to Home Program

Disbursement Requests – Project Detail Sheet

Housing Trust Fund Corporation New York State Access to Home Program Project Detail Sheet <small>(attach additional sheets as needed – Press F1 for Help when field is selected)</small>			Disbursement Request #: <input style="width: 50px;" type="text"/>
LPA Name: <input style="width: 100%;" type="text"/> Homeowner Name: <input style="width: 100%;" type="text"/> Project Address: <input style="width: 100%;" type="text"/>	SHARS #: <input style="width: 50%;" type="text"/> Total Amount Requested this Draw: \$ <input style="width: 100%;" type="text"/>	Date: <input style="width: 50%;" type="text"/> Customer name: <input style="width: 100%;" type="text"/> <small>(if different from homeowner OPTIONAL)</small>	
1. Contractor Name: <input style="width: 100%;" type="text"/>		Type of Trade: <input style="width: 100%;" type="text"/>	
Contractor Address: <input style="width: 100%;" type="text"/>		M/WBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contract Amount: \$ <input style="width: 100%;" type="text"/>	Amount Requested this Draw: \$ <input style="width: 100%;" type="text"/>	Balance Remaining: \$ <input style="width: 100%;" type="text"/>	
Work Performed: <input style="width: 100%;" type="text"/>			
2. Contractor Name: <input style="width: 100%;" type="text"/>		Type of Trade: <input style="width: 100%;" type="text"/>	
Contractor Address: <input style="width: 100%;" type="text"/>		M/WBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contract Amount: \$ <input style="width: 100%;" type="text"/>	Amount Requested this Draw: \$ <input style="width: 100%;" type="text"/>	Balance Remaining: \$ <input style="width: 100%;" type="text"/>	
Work Performed: <input style="width: 100%;" type="text"/>			

Administering Access to Home Program

Disbursement Requests – Admin Funds Detail Sheet

Administrative Funds Detail Sheet
(attach additional sheets as needed)

LPA Name: SHARS#:

Time Period For This Request: To

1. Personnel Services

Staff Salaries <i>(list individually)</i>	Amount This Period	Total Requested To Date <i>(including this request)</i>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	+ \$ <input type="text"/>	+ \$ <input type="text"/>
a. Total Salary <i>(please calculate manually)</i>	\$ <input type="text"/>	\$ <input type="text"/>
b. Fringe Benefits	+ \$ <input type="text"/>	+ \$ <input type="text"/>
2. Total Personnel Services (a+b)	\$ <input type="text"/>	\$ <input type="text"/>
3. OTPS (Specify and attach backup if necessary)		
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Administering Access to Home Program

Disbursement Requests – Project Delivery Detail Sheet

**New York State Access to Home Program
Project Delivery Detail Sheet**

LPA Name: **SHARS ID#:**

Project Address:

Note: Staff and overhead costs are directly attributable to the rehabilitation program, and may be charged either as project-related soft costs, or as administrative costs. This form, "Project Delivery Detail Sheet", is to be used for project specific costs only. Examples of such costs are listed below.

1. List Project Delivery Cost(s)	Amount requested for this Project	Total Requested To Date <i>(including this request)</i>
Applicant Intake	\$ <input type="text"/>	\$ <input type="text"/>
Initial Inspection	\$ <input type="text"/>	\$ <input type="text"/>
Estimate/Scope of Work	\$ <input type="text"/>	\$ <input type="text"/>
Construction Documents/Contractor Selection	\$ <input type="text"/>	\$ <input type="text"/>
Progress Inspection/Final Sign Off/Lien Preparation	\$ <input type="text"/>	\$ <input type="text"/>
Staff Salary	\$ <input type="text"/>	\$ <input type="text"/>
Fringe	\$ <input type="text"/>	\$ <input type="text"/>
Other:	\$ <input type="text"/>	\$ <input type="text"/>

Closing Out the Access to Home Programs

- This is a two year program from program agreement execution
- Renovations must be completed and all disbursement requests must be submitted within 30 days of program completion
- The OCR Program staff will contact the LPA to discuss outstanding projects, de-obligated or recaptured funds, and program closeout
- The OCR will issue formal notification to the LPA upon successful closeout of the Access to Home Program



Important Contact Information

Important Contact Information

- **Access to Home Program Staff**
 - Vicki Sharp – victoria.sharp@nyshcr.org; (518) 473-2569
 - Jerry Nagy – jerome.nagy@nyshcr.org; (716) 847-7954
- **Environmental Analysis Unit (EAU)**
 - John Leahy– john.leahy@nsyhrc.org; (518) 474-6677



Questions?

Please submit all questions on the content of this presentation to:
OCRinfo@nyshcr.org

Please include **OCR Webcast – Access and RESTORE Programs** in the subject line of your e-mail.

Questions will be responded to directly and included in the Frequently Asked Questions (FAQ) sheet developed from the questions received. The FAQ will be available on the HCR website at www.nyshcr.org.

