NEW YORK STATE OF OPPORTUNITY. | Homes and Community Renewal

RESTORE Program
Grant Implementation Workshop

RESTORE Program

Grant Implementation Workshop

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

- Please mute your line after dialing in to the Webinar.
- Questions will be covered at the end of the presentation. Submit questions using the “Questions” window on your tool bar.

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RESTORE Program

Agenda

I. Summary of Program

- Terminology
- Overview of Program
- Eligible Activities
- Program Resources

II. Environmental Review Process

III. Contracting with the HTFC

- Program Agreement & Exhibits
- Other Required Documents

IV. Administering RESTORE

- Accessing RESTORE Funds
- Completing Renovations
- Program Closeout

V. Important Contact Information

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Summary of Program

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Program Summary

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 RESTORE implementation that establishes a target area, budget and outlines goals for your program activities - your full RESTORE contract.

Overview of the RESTORE Program

- **Residential Emergency Services to Offer (HOME) Repairs to the Elderly (RESTORE)** was created in Fiscal Year 1987 by the NYS Aid to Localities bill. Initially part of HOPE, it was created to allow Local Program Administrators (LPAs) to respond in a timely fashion to emergency situations involving elderly homeowners.

- RESTORE is administered by the Office of Community Renewal under the direction of The Housing Trust Fund Corporation.

Overview of RESTORE

Eligible Activities

The Residential Emergency Services to Offer (Home) Repairs to the Elderly (RESTORE) Program provides funds for the emergency repairs to eliminate hazardous conditions in homes owned and occupied by low-income elderly homeowners that cannot afford to make the repairs in a timely fashion.

- Program costs may not exceed $5,000 per building.
- LPAs are responsible for determining emergency repairs but common examples include repairs to roofs, repairs or replacement of HVAC systems, repair broken stairs (internal or external).

Overview of RESTORE

General Information

- NO work may begin until LPA has received an executed program agreement
  - Administrative Plan is part of your contract; you must adhere to it
- Administrative funds of up to 5 percent are available
- Project delivery fee of up to 5 percent of project costs is available
- One year program agreement – begins at execution

RESTORE Program Information

Resources

- RESTORE Program
  http://www.nyshcr.org/Programs/RESTORE/

- RESTORE Forms
  http://www.nyshcr.org/Forms/RESTORE/

- Frequently Asked Questions
  http://www.nyshcr.org/Programs/RESTORE/RESTORE_FAQ.pdf

- Technical Assistance is available upon request to the OCR Program Staff

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Environmental Review Process

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RESTORE – SEQR Requirements

Environmental Analysis Unit (EAU)

RESTORE is 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 issues SEQR Type II letter

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

Site specific certification must also 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.

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RESTORE – 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

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
- Site specific checklist, with instructions, is available at http://www.nyshcr.org/Forms/RESTORE/

RESTORE – SEQR Requirements

Environmental Analysis Unit (EAU)

Environmental Site Certification
ACCESS TO HOME, ACCESS TO HOME MRT & RESTORE PROGRAM
SHARS NO: _____

SITE ADDRESS: _____

Page 1 of 6

PROGRAM NAME: **PROGRAM MUNICIPALITY:** **PROGRAM COUNTY:**

ENTIRE PROJECT DESCRIPTION (INCLUDE ALL FUNDING SOURCES):

Area of Statutory/Regulatory Compliance	Compliance Certification
Historic/Cultural Resources: Section 14.09 of the Parks, Recreation and Historic Preservation Law.	☐ Structure is less than 50 years old and the project does not involve ground disturbance (**attach proof of age**); OR ☐ 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** ☐ 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 ☐ 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 ☐ Other (contact HTFC EAU for further guidance).

RESTORE – SEQR Requirements

Environmental Analysis Unit (EAU)

Flood Plains: 6 NYCRR Part 502, Floodplain Management Criteria for State Projects.	☐ Structure is not in a 100-year floodplain (**attach map**); OR ☐ Structure is within a 100-year floodplain and scope of work does not constitute substantial improvement.; OR ☐ Other (contact HTFC EAU for further guidance).
Zoning change/special use permit:	☐ Project conforms to the local land use plans and has received all necessary zoning and site plan approvals and permits; OR ☐ Project requires site plan approval, zoning change or is a change in actual use (contact HTFC EAU for further guidance).
Site Contamination: ***Lead Based Paint***	☐ 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.'
Site Contamination: ***Asbestos Containing Materials***	☐ 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.

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RESTORE – 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 the HTFC

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Contracting with the HTFC

Important Exhibits

The LPA enters into a one 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 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
- Forms are available at http://www.nyshcr.org/Forms/Restore/
  - Many forms updated for 2015 – updated forms must be used by LPAs
- Insurance Requirements
  - General Liability ($500,000 minimum limit)
  - Workers Compensation and Disability
  - Fire and Casualty Insurance
  - Fidelity Bond naming HTFC and NYS as loss payee (at least half of award amount naming HTFC and NYS as loss payee)

Contracting with the HTFC

Authorized Signature (Signatory) Form

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.

Signature _____ Date _____

Name _____ Title _____

2.

Signature _____ Date _____

Name _____ Title _____

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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

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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

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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.

Signature of Authorized Bank Officer

Date

Title of Authorized Bank Officer

Telephone Number

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Administering RESTORE

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Administering the RESTORE Program

Accessing Funds

- Signatory form submitted with signed program agreement
- Signed, original Disbursement Request Form submitted for up to 50 percent of the program award
- Signed, original Administrative Funds Detail Sheet
- Administrative Plan, provided by the OCR, is the LPA's primary tool for determining key aspects of program implementation such as:
  - Outreach and client prioritization
  - Adherence to targets and goals
  - Ensuring quality work within program deadlines
  - Proper contractor procurement, etc

  - Second request for the remaining 50 percent may be submitted only <u>after</u> 75 percent of first disbursement is expended by the LPA

Administering the RESTORE Program

Disbursement Request Form

New York State Homes and Community Renewal
Housing Trust Fund Corporation
38-40 State Street, 4th Floor South
Albany, NY 12207
RESTORE Program - Disbursement Request

Contract Period: From to	Request #
Name of LPA:	SHARS ID #:
Name, email, phone number and extension of person completing this form: Ext.	Date:
Address of LPA:	

City:	Zip Code:	Tax ID:

Financial Information

Contract amount:	
Current request:	

An **Administrative Funds Detail Sheet** must accompany this request. Mail both forms to the address found on the "Disbursements and Reporting Procedures" document. E-mail all Project Detail forms and photographs to RESTOREProgram@nyshcr.org and always CC your Regional Representative.

Payee certification: I certify that the above bill is just, true, and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing; and that taxes from which the State is exempt are excluded.

Payee signature _____ Date _____

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Administering the RESTORE Program

Admin Funds Detail Sheet

New York State
Housing Trust Fund Corporation
RESTORE Program
Administrative Funds Detail Sheet
(attach additional sheets as needed)

SHARS ID #:	Disbursement Request #
Time Period for this Request: to	

1. Personnel Services	**$ Amount for this period**	**$ Total requested to date (including this request)**
Staff Salaries (list individually)		
a. Total Salary (please calculate manually)		
1b. Fringe Benefits		
2. Total Personnel Services		
3. OTPS (Specify) Attach backup if necessary		

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Administering the RESTORE Program

Completing Renovations

- Signatory & Disbursement forms submitted with signed program agreement
- LPA is responsible for marketing the program, the bid process, adhering to 72/7/30 rules, and ensuring applicants meet RESTORE Program Requirements
- LPA is responsible for all renovations to the home – no more than $5,000 in RESTORE funds may be used in any one home

Administering the RESTORE Program

Completing Renovations

- **Upon completion of work for each project**, LPA submits Project Detail Sheet, all invoices, PMD receipts, site specific certification, before and after photos
  - These documents and photos <u>must</u> be submitted to OCR via Email
- Property Maintenance Agreement is filed <u>only after renovations are complete</u>
- LPA submits Building Log to OCR on a monthly basis (even if no activity)
- LPA responsible for monitoring ongoing compliance of units

Administering the RESTORE Program

Project Detail Sheet - I

RESTORE Program
(Residential Emergency Services To Offer home Repairs to the Elderly)
RESTORE Project Detail Sheet

Complete and submit this form within 7 days of project completion to:
restoreprogram@nyshcr.org

SHARS ID:	**LPA:**		
Project ID: (assigned by LPA)	**Term of Contract:**		
	Amount of Contract:		
Person completing this form:			
Title:	**Phone:** - -		
Recipient Data:			
Owner's Name:	Date of Birth:	Age:	Sex: Select Option
Owner's Name:	Date of Birth:	Age:	Sex: Select Option
Home Owners Phone Number: - -			

Physical Location of Building:
Note: this must be the physical location of building, not mailing address since it is used in mapping.

Street #	Street Name	City/Town/Village	County	Zip Code
	☐ Incorporated Village:			
	☐ Unincorporated Village, Hamlet or Place:			

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Administering the RESTORE Program

Project Detail Sheet - II

Parcel Identification:				
	Section:	Block:	Lot:	Sub Lot:
Standard S/B/L:				
NYC B/L:				
Non-Standard:	Other Parcel ID or Tax Parcel ID:			
Type: Select Option	# of Units: Select Option	# Living in the home: Select Option		
Type of referral: Select Option	Other Type Specifics:			
Referrals (if applicable):				
Was client referred to other programs for non-RESTORE services, programs, grants, etc.? Yes				
Agency/Program Referred to:	Services Requested:			

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Administering the RESTORE Program

Project Detail Sheet - III

Demographics: Percent of Median Income: Select Option	
Annual Income: $	Is there a person with a disability living in this unit? Select Option
Repair Detail:	
Assessment made by: **Name**	**Title**
Date of Emergency Referral:	Date of Assessment: **Must be within 72 hours of referral**
Date Repairs Began: **Must start within 7 days after assessment**	Date of Completion: **Must be completed within 30 from start date**
Nature of the Emergency: State the problem(s), how it endangers the life, health or safety of the elderly homeowner, and the type of repairs needed.	

Contractor Information: **Please type the Name/Address/Zip/Phone all on the same line:**	**M/WBE**
	Select Option
	Select Option

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Administering the RESTORE Program

Project Detail Sheet - IV

Description of Repairs Completed:	
Repair Financing: List the names of all sources of funds and the dollar amounts needed to complete the repair(s). **List RESTORE funds first and use only whole dollar amounts.**	
RESTORE Project Costs:	$
* RESTORE Delivery Costs:	$
Total RESTORE Funds Used:	$
Other sources (leveraged funds)**:**	
	$
	$
	$
Total Project Costs: (Total RESTORE funds + other sources)	$
***Program Delivery Description:**	
Previous RESTORE Funding: Has building received previous RESTORE funding? Select Option If Yes, previous RESTORE amount: $ (The maximum lifetime RESTORE funding per building is $5,000)	

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Administering the RESTORE Program

Building Log – Submit Monthly

RESTORE BUILDING MONTHLY LOG

LPA Name:

SHARS #:

To be submitted at the end of each month; list all units assisted for the month

Contract Amount: $

Contract Term:

Building Address	County	Section/Block/Lot #	RESTORE funds used	Leveraged Funds	Total Cost of Repairs	Amt of Previous RESTORE funds used	TOTAL RESTORE funds used to date
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00

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Administering the RESTORE Program

Second Disbursement of Funds

- **Upon completion of work for each project**, LPA submits Project Detail Sheet, all invoices, PMD receipts, before and after photos
  - These documents and photos must be submitted to OCR via Email
- LPA submits Building Log to OCR on a monthly basis
- Second request for the remaining 50 percent may be submitted only after 75 percent of first disbursement is expended by the LPA
- The following must be submitted for the second disbursement:
  - Original, signed copies of Disbursement Request Form
  - Completed Administrative Detail Sheet

Closing Out the RESTORE Program

- This is a one year program from program agreement execution
- All renovations must be completed, all necessary documentation including the Contract Closeout Report must be submitted to the OCR within 45 days of program termination
- 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 RESTORE Program

Closing Out the RESTORE Program

RESTORE Program Contract Closeout Report

*Complete this report and the RESTORE Buildings Log within **45 days** from your contract ending date and submit to your local DHCR Representative.*

LPA Name: _____

SHARS #: _____ **Contract Term:** _____ to _____

Name of person completing this form: _____ **Phone:** _____

I. Number of households requesting RESTORE assistance during this contract: ___

Number of buildings completed this contract: ___

Total Contract Amount: $_____

Total Contract Funds Expended: $_____

(NOTE: If the funds expended do not equal the contract amount then the unused funds and interest earned must be returned to HTFC.)

Total RESTORE Funds Expended on Repairs: $_____

Total Administrative Funds Used: $_____

Administrative Funds comprised of:

Salaries: $_____

Fringe: $_____

OTPS: $_____

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Closing Out the RESTORE Program

II. Amount of unused contract funds and interest earned to be returned to HTFC *(please make check payable to NYS Housing Trust Fund Corporation)*:

Unused Contract Funds: $_____
Interest Earned: $_____
Total Returned: $_____

III. Complete the RESTORE Buildings Log by providing the requested information for all buildings assisted with RESTORE funds during this contract period.

Contract Certification

I certify that the information in this report is complete and accurate, that all funds have been spent in accordance with the contract and that all administrative funds were used for RESTORE Program purposes only. (Must be signed by either the Board President or the Executive Director)

Name: _____ **Title:** _____

Signature: _____

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Important Contact Information

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Important Contact Information

- **RESTORE 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@nsyhcr.org; (518) 474-6677**

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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.

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