

# **Residential Emergency Services to Offer Home Repairs to the Elderly (RESTORE) Program**

**2023 PROGRAM YEAR  
APPLICATION INSTRUCTIONS**



**Homes and  
Community Renewal**

**Housing  
Trust Fund  
Corporation**

# 2023 RESTORE Program Community Development Online (CDOL) Application Instructions

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## I. Community Development Online (CDOL) Application System

Applications for RESTORE Program funding are submitted through the Community Development Online (CDOL) application system.

**RESTORE Program application exhibits and attachments must be submitted via the CDOL system by 4:00 PM, EST, Thursday, August 31, 2023.** Applications and supplemental materials received after the stated deadline will be considered a late submission and will not be accepted.

Applicants may request, based on demonstrated need, to submit a paper application in lieu of using the CDOL system. Requests may be emailed to [OCRInfo@hcr.ny.gov](mailto:OCRInfo@hcr.ny.gov) or mailed to NYS Homes and Community Renewal, Office of Community Renewal, Hampton Plaza, 38-40 State Street, 4th Floor South, Albany, NY 12207.

### A. Registering Applicant & Security Manager

Please review the following to confirm that the applicant organization is prepared to use the CDOL system.

To use CDOL, applicants must: 1.) be registered in the New York State Homes and Community Renewal (HCR) Statewide Housing Activity Reporting System (SHARS), and 2.) have designated a Security Manager for their organization. The Security Manager will serve as the individual who authorizes and monitors access to CDOL for the applicant's organization, including which people can update the organization's applications. Security Managers may go into CDOL system and add or remove users for their organization. Forms are available on HCR's website: <https://hcr.ny.gov/community-development-online>

- **If the organization has not previously applied to HCR for funding:** Submit an Applicant Registration Form to register as a SHARS Applicant. This form also contains a section to designate a Security Manager for the organization. HCR staff will register the organization and Security Manager and e-mail a USER ID and password to access CDOL.
- **If the organization is a registered SHARS applicant, but has not registered to use CDOL:** Submit a Security Manager Registration Form to HCR, which will allow access to CDOL. Complete and return the Security Manager Registration Form with an original authorized signature to the address specified on the form and HCR will e-mail a User ID and temporary password with which to access the CDOL system.
- **If the organization has previously used the CDOL system to apply to HCR for funding:** Applicants who used CDOL in the past will still be registered and may use the user ID and password previously assigned to them. To retrieve a forgotten password, go to CDOL and enter the USER ID and e-mail address a new password will be automatically e-mailed. If the email address associated with the USER ID has changed, and the password or USER ID has been lost, please send an email to [OCRInfo@hcr.ny.gov](mailto:OCRInfo@hcr.ny.gov) for assistance.

### B. Identifying and Registering Organization's Electronic Signatory

Applications submitted through the CDOL system 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 CDOL as a user for the applicant organization. The Security Manager (identified on the Security Manager Registration Form) may add the certifier by following these steps:

1. Log into 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.
2. To add the organization's authorized signatory, click 'Add New User', and enter their first and last name, and e-mail address.

3. 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.
4. Click the box that reads 'Authorized to Sign Certification'.
5. Click the box next to the organization name. Then click 'Submit'.
6. CDOL will generate an e-mail providing the user with their User ID and temporary password. Later, when the application exhibits are complete, validated and ready to be submitted, the certifier must log-in to the CDOL, complete the certification, and submit the application exhibits. Required application attachments must also be certified prior to submission.

### **C. Verifying Applicant Information**

Prior to beginning a new application using the CDOL system, the applicant organization must verify and update the organization information. To do so, login 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 HCR 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. Please be sure to include the name and mailing address for the contact authorized to execute a contract with the Housing Trust Fund Corporation (HTFC). It is important for HCR and HTFC to know where to mail potential award and contract materials.

**An organization may update its organization information in CDOL at any time but may not change the organization information on the application once it has been submitted.**

CDOL Applicant Information Fields to review and verify:

#### **A. General Applicant Information**

- 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**

- 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 primary telephone and fax numbers, e-mail address and website or 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 differs from the primary address, add the address in Section D2. The applicant will be able to select the address to which the award decision or contract correspondence should be mailed.

#### **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.

## **II. Application Overview**

### **A. Contents of Application**

A complete RESTORE Program application includes five exhibits, an electronic certification, and four attachments listed below.

Exhibit 1 – Application Summary

Exhibit 2 – Proposal

Exhibit 3 – Program Needs

Exhibit 4 – Staffing Plan & Administrative Capacity

Exhibit 5 – Budget and Fiscal Responsibility

Electronic Application Certification

Attachment 1 – Compliance Monitoring Plan (Required)

Attachment 2 – Vendor Responsibility Questionnaire (VRQ) (required for all not-for-profit entities)

Attachment 3 – Funding Commitment Letters (Optional)

Attachment 4 – Supportive Services Agency Commitments (Optional)

Attachment 5 – Application Certification Detail

The RESTORE Program Administrative Plan is a standard plan established by HCR's Office of Community Renewal (OCR). If an applicant is selected as a RESTORE Program award recipient, the Plan will become part of the contract package. The awardee is required to comply with all program standards identified in this Administrative Plan. Please review the HCR website at:

<https://hcr.ny.gov/restore-program>

### **B. Application Process**

The submission of a RESTORE Program application via CDOL requires five steps:

- ✓ Completing five multi-question online application exhibits.
- ✓ Validating online application exhibits.
- ✓ Certifying and submitting online application exhibits.
- ✓ Uploading and submitting attachments; and
- ✓ Certifying attachments.

### III. Completing Application Exhibits

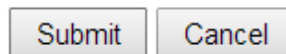
#### A. Creating a New Application in CDOL

- Log in to CDOL.
- Next to 'Start a New Application' under the 'Applications' heading, enter a brief descriptive name for the proposed project, e.g., City of Sample RESTORE Program. If awarded, the Application Name entered here will be used to label contract materials and to describe the program throughout the contract term.
- Select 'RESTORE' from the 'Application Type' drop-down menu.
- Press 'Submit' button.

A table of contents will be displayed with a list of all RESTORE Program application exhibits broken down by individual question screens in CDOL. Instructions for completing each exhibit follow.

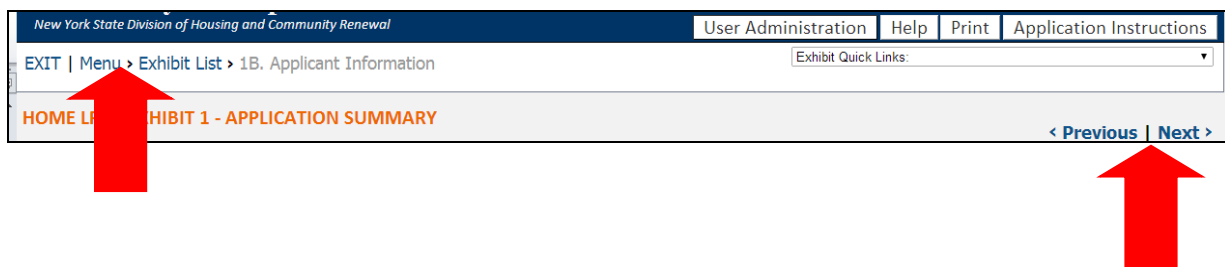
#### B. Application Exhibit Functions

Complete the required fields for each Exhibit as explained in C. Instructions for Completing Application Exhibits below. Once the information is entered in each field, and the exhibit is complete, press 'Submit' at the bottom of the screen.



- If the Exhibit is complete and accurate, a message will appear at the top of the screen in green to notify the applicant that the 'Updates have been successfully saved'.
- If errors are present in the Exhibit, a message will appear in yellow at the top of the screen, and individual error messages will appear under the fields causing the error message(s). Follow instructions to correct the error(s) and press 'submit' again.

Once the message 'Updates have been successfully saved,' is displayed press the 'Next' navigation button at the top right of the screen to move to the next application exhibit.



**DO NOT** use the internet browser back and forward buttons to navigate in CDOL. Use the Previous and Next links in the top right of the screen, or the Menu and Exhibit List links in the top left of the screen. If an applicant uses the browser back and forward buttons, application information may be lost.

Do not enter zero '0' in exhibit fields. If funds are not requested funds for a particular activity, please leave the field blank.

## C. Instructions for Completing Application Exhibits

### Exhibit 1 - Application Summary

Select 'Edit' on the line of 1A. to begin completing the application fields.

#### 1A. Funds Requested

1. **Local Program Name:** This field will display the project name that was entered on the main menu when the application was created. The name can be changed in this field. Enter a brief, descriptive name (e.g., City of Sample Emergency Repair Program).
2. **Total RESTORE Funds Requested:** Enter the total amount of RESTORE Program funds requested for this project, rounded to the nearest dollar. *Please review the Request for Applications for program funding limits.*

#### 1B. Applicant Information

Applicants must update several fields in Exhibit 1B:

- 5b. Indicate if all required periodic or annual written reports have been filed in a timely manner (non-profit applicants only).
- 5c..UEI not required.
6. Select the address to which correspondence or materials related to awards or contracts should be mailed if multiple mailing addresses are on file for the applicant organization.
8. Complete this section for the individual who will be the primary contact person for correspondence related to this application. This information will also be entered into SHARS for constituent referral if awarded.
9. If the contact selected as the primary contact is not authorized to execute a contract with HTFC, complete the fields to identify a contact that is authorized. Please note for City, County, Town, or Village applicants only the Chief Elected Official is authorized to execute a contract with HTFC.

#### 1C. Program Detail Information

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

1. Project County: Select the project county from the drop-down menu. Multiple counties may be selected one at a time.
2. Countywide: Indicate if the project will serve the entire county.
3. If the project will be Countywide, click 'submit' and go on to the next page. If the response is 'no', select the first municipality to be served from the drop-down Municipality menu. Click 'submit'. The page will be redisplayed with the county name and selected municipality. To add another municipality, click the 'add' button at the bottom of the table. The county and municipality drop-downs will become available again. Select the county and municipality and click 'submit'. Repeat this step until all project municipalities have been added. If the project will serve multiple counties, complete the steps outlined above. To add another county, click the 'add' button. When the page is redisplayed, select another county from the drop-down menu.

**1C-2. Regional Council**

Select the Regional Council(s) associated with the region(s) in which the project is located. Regional information is available here: <https://regionalcouncils.ny.gov/>.

**1C-3. Latitude & Longitude**

Enter the Program Latitude and Longitude.

- For a Program proposing assistance to a single address, or property, use that address to obtain the latitude and longitude for the project.
- For a Program in a single municipality, select an address in a central location to obtain the latitude and longitude for the application.
- For a Program spanning a county, or multiple counties, select a central point, or use the address of the applicant organization's office if centrally located.

**1D. Political Districts**

Locate and click on the name(s) of the legislator 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. (A name can be removed 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 buildings that will be repaired with RESTORE Program funds.



## Exhibit 2 – Proposal

### 2A. Program Activities and Scope

Provide an overview of the proposed program. At a minimum:

- Describe the types of emergency repairs and code violations to be addressed.
- Demonstrate a clear understanding of homeowner eligibility. Response should include eligibility considerations for both the participant applying and the unit to be modified.
- Estimate the number of eligible homeowners to be assisted and detail any special populations that will be targeted (i.e., very low-income, frail elderly, special needs).
- Demonstrate an understanding of the required timelines for emergency repair projects.

### 2B. Program Abstract

Provide a brief abstract of the proposed program. **Please note, the abstract provided may be included in press materials.** This abstract should include, but not be limited to the following information: Organization name, RESTORE Program request amount, estimated total project cost, other sources of funding that will be used in the RESTORE Program, main goal(s) of the program, activities RESTORE Program funds will be used for, and any special emphasis of the program, such as special needs populations or areas/neighborhoods to be served, income ranges to be targeted, etc.

**Sample Text:** The Sample Organization proposes to undertake a \$100,000 project using \$50,000 in RESTORE Program funds, \$25,000 from the City of Sample and \$25,000 from other grant sources (specify). This project will correct emergency housing conditions threatening the health and safety of low-income homeowners aged 60 or above in the City of Sample. Sample Organization works closely with the County of Sample's Office for Aging and is able to access services for the assisted households should there be needs, that cannot be addressed by the emergency repairs.

### 2C. Administrative Procedures

Outline procedures in place or planned by application organization to supplement the required procedures identified in the template administrative plan. Specifically:

#### **Project Development**

- Describe the method for accepting and processing applications. Will applications be accepted on-line, via mail, by phone? Will the LPA help with completing applications? How will the applications be processed for eligibility by the LPA?
- Describe plan for program marketing & outreach.
- Describe process for developing work scopes & completing inspections.
- Describe plan to address non-emergency rehabilitation activities. This may include other funding, referrals, and deferment.
- Describe dispute resolution plan that fully addresses issues involving disabled participants and contractors

#### **Service Partnerships**

- Describe the process for making referrals to local service provider(s) for needs other than emergency home repairs.
- Identify process for following up on local service referral outcomes.
- Describe cooperative, reciprocal working and/or two-way referral relationships with relevant local service provider(s), including housing service providers.
- Written local service and referral arrangements describing outgoing and incoming referral arrangements which document existing organizational relationships, as described above, should be attached. This documentation should be dated within the current calendar year, fully document the process for referrals and/or service, describe activities relevant to serving potential participants of the program, and indicate the follow up mechanism.

### 2D. Contractor Procurement

- Describe the process for procuring contractors that demonstrates an understanding of the programs bidding requirements. The LPA must establish a single process to procure contractors for the term of the Grant Agreement, by either choosing to solicit bids by project, or by using a Contractor Bid List. A description of the development of this list and process for adding contractors is required.
- Describe procedures to ensure that NYS Certified Minority and Women-Owned Business Enterprises are afforded opportunities for meaningful participation in projects.

## Exhibit 3 – Program Needs

### A. Program Needs

Applicants must demonstrate the need for an emergency repair program for senior citizens in the proposed service area. Specifically, provide the following data:

1. Total Number people 65 and older in the proposed service area **with data source and date**
2. Total rate owner occupied housing units 65 and older in the proposed Service Area with **data source and date**

### B. Description of Program Need in Service Area

- Explain how the proposed service area was selected.
- Explain how the applicant organization regularly serves this area. Briefly describe organizational mission as it relates to proposed area and program activity
- Explain how the need for emergency home repairs for senior citizens (60 years of age or older) has been identified in the proposed service area.
- Explain the need for public investment, **specifically RESTORE Program funds**, to support an emergency repair program for senior citizens. Explain how private investment has not met the accessibility need in the area.
- Describe how the proposed RESTORE Program meets the needs identified. How will the proposed program assist persons with a disability to remain in their own home or return to home from institutional care?

## **Exhibit 4 – Staffing Plan & Administrative Capacity**

### **4A. Staffing Plan & Administrative Capacity**

Complete this Exhibit to provide the staffing plan for administration of the proposed grant program. This should include applicant organization staff, consultants or other partners directly involved in the administration of the local program.

- Identify staff assigned to work on the proposed program and their role, including but not limited to client intake, fiscal management, environmental review, work scope design, disbursements, and compliance monitoring.
- Describe specific staff experience or training relevant to the implementation of the program.
- Summarize relevant grant administration experience that demonstrates administrative capacity and readiness.
- Detail previous experience administering a RESTORE Program, or successfully working with similarly sized housing rehabilitation programs.
- Identify measures taken to overcome administrative challenges or delays previously encountered in the administration of similar programs.
- Detail organizational conflict of interest policy as it relates to potential participants of the program as well as the procurement of contractors and professional services. Specifically acknowledge that the RESTORE conflict of interest policy outlined in the program manual has been reviewed and will be followed.

## Exhibit 5 – Budget & Fiscal Responsibility

### 5A. Program Uses

Provide a line-item breakdown of all costs associated with the proposed program as follows: Under the column titled *RESTORE Funds*, enter the amount for each cost to be paid with RESTORE Program funds. If applicable, under the column labeled *Other Funds* enter the total amount to be paid with funds other than the RESTORE Program funds. Upon clicking the 'submit' button, CDOL will add the columns together and display the total in the column titled *Total Cost*.

**An entry for RESTORE Program funds must be added to complete the total project budget.**

#### ***Line Items:***

1. Total Repair Costs: Under the column labeled *RESTORE*, enter the total repair costs to be funded by the RESTORE Program. Under the column labeled *Other Funds*, enter the total repair costs to be funded by sources other than the RESTORE Program. Upon clicking the 'submit' button, CDOL will add the two columns together and display the total in the column labeled *Total Cost*.
2. Project Soft Costs: Under the column labeled *RESTORE*, enter the project delivery costs to be funded by the RESTORE Program. Under the column labeled *Other Funds*, enter the project delivery costs to be funded by sources other than the RESTORE Program. Upon clicking the 'submit' button, CDOL will add the two columns together and display the total in the column labeled *Total Cost*.
3. Administration: Under the column labeled *RESTORE*, enter the total grant administration costs to be funded by the RESTORE Program. Under the column labeled *Other Funds*, enter the total grant administration costs to be funded by sources other than the RESTORE Program. Upon clicking the 'submit' button, CDOL will add the two columns together and display the total in the column labeled *Total Cost*.
4. Total Program Costs: Upon clicking the 'submit' button, CDOL will calculate this line by adding together lines for each column.

### 5B. Budget Narrative

#### **Budget**

Provide an overview of the program budget that clearly demonstrates an understanding of the RESTORE Program and its eligible uses. Identify, in a consistent format, all leveraged funding sources. This explanation must be supported by the required "Sources" and "Uses:" budget tables, exhibits 5A & 5B. HTFC reserves right to recommend adjustments to funding amounts requested. HTFC reserves the right to waive or modify any requirement contained in the Request for Application and applications received subject to the applicable statutes and the Program Regulations.

- Identify the total project cost.
- Identify other relevant funding sources to be leveraged and the proposed use (i.e., emergency repairs, non-emergency repairs, administrative costs).
- For each source identified, indicate if the source is formally committed or if approval is pending.
- Explain how the proposed project will proceed if any pending sources of funds are not secured.
- If a funding source is identified as committed, evidence must be attached as a single PDF for Attachment 3.

#### **Fiscal Responsibility**

Describe the anticipated process and internal procedures related to fiscal management, including

internal controls, fiscal records management, and documentation of cost reasonableness.

Specifically:

- Describe the internal disbursement process. How does the organization prepare, document, and track disbursement requests internally?
- Explain how the applicant organization will cover project costs prior to disbursement of RESTORE Program funds. How will the organization manage expenses while waiting for reimbursement for incurred costs?
- Describe administrative costs and project delivery costs, including the process used to document these costs. Project delivery fees for internal staff costs must represent actual billing and time, not a flat rate
- Describe the process for evaluating cost reasonableness and ensuring competitive bidding.

#### **IV. Validating Application Exhibits**

An application must pass a series of validations before the application exhibits can be certified and submitted. To validate the application, return to the Menu using the navigation links in the top left corner of the screen. Click 'validate' to the right of the application name.

The Validate Application screen will be displayed. Click 'Validate' again to begin the validation process. The validation process is done in 3 steps:

- Step 1 checks to confirm that all required Exhibits have been entered.
- Step 2 checks to confirm that all required Exhibits are complete.
- Step 3 checks to confirm that the information entered is consistent across Exhibits.

If any incomplete Exhibits, fields, or inconsistencies are found, the applicant will receive the message: "Validation failed, please make the necessary corrections." Below this message, an explanation(s) of the problems found during the validation process will be displayed. Return to the Exhibits identified and complete them and/or correct the inconsistencies found. Each problem listed will have a link that will return the user to the applicable Exhibit. If there are several errors, it is suggested that the applicant select the 'Print' button in the Banner. This will open a new window to display and reference the error messages. The applicant must continue the validation process until the message "Validation Successful" is displayed.

Application Attachments cannot be omitted or uploaded until the application exhibits are certified, submitted, and validated.

**Once the application is certified, the application cannot be changed.**

## V. Applicant / Owner Certification

### A. Certifying Application Exhibits

After successful validation the 'Certify' link will be made available to users with the authorization to certify the application. If the person completing the application is not the person authorized on the Security Manager Designation Form to electronically certify the application, the person who is authorized must sign into CDOL to complete this step. The only way to get the 'Certify' link is to run a successful validation. If the validation is completed, but the application is not certified, the validation will have to be run again.

Applicants that select the choice 'Do Not Agree' to any of the statements in the certification must attach a detailed explanation under the Attachment labeled Application Certification Detail. Attachments may be uploaded at any time during the application process, including after certification is complete.

To electronically certify and submit the application exhibits, click the 'Certify' link on the Validation page. At the bottom of the Applicant/Owner Certification enter the password and title and click the 'Submit' button. If the certification and submission was successful, CDOL will display a message acknowledging successful submission of the Exhibits or Step 1 of the CDOL Application Process. This message will also provide the application's SHARS ID number, which will be used to identify the application. An e-mail message will also be sent confirming successful submission of the application exhibits. This will change the application status from "In Progress" to "Certified." **Additional steps are required to complete and submit the application.**

✓ Success

You have successfully completed Step 1 of the CDOL Application Process.  
Your Exhibits have been submitted and your SHARS ID number is **20183033**

**⚠ PLEASE NOTE:**

This completes Step 1 of the CDOL Application Process. Your application submission is NOT finished until you complete Step 2 of the Application process - submission of all required attachments. To upload attachments, return to the Menu and select the Attachments link associated with this application.

When you have uploaded all required Attachments and, if applicable, clicked the 'omit' button for optional Attachments that you will not be submitting, click the 'Submit' button at the bottom of the Attachments page. Once this step is completed, your Application will be considered submitted.

Before submitting your Attachments, please note that if the Application Instructions indicate that your Application requires additional signatures, click the 'Print' button at the top of this page, which has space for additional signatures. Once all parties have signed and dated the certification, upload the page as the Application Certification Attachment.

A new window will open showing the completed application. Please save a copy electronically and print a copy for the applicant's records.

Return to the main menu using the navigation links in the top left corner of the screen. Now that the application exhibits are certified and submitted, click on the 'Attachments' link next to the application on the main menu. The 'Attachments' link will transfer the user to the Upload Attachments process.

**Please Note:** An application will not be considered complete until all required attachments are uploaded, submitted, and certified. **Any portion of the application exhibits or attachments that have not been submitted by the deadline specified will not be accepted.**

## **VI. Application Attachments**

Attachment 1 – Compliance Monitoring Plan (Required)

Attachment 2 – Vendor Responsibility Questionnaire (VRQ) (required for all not- for-profit entities)

Attachment 3 – Financial Commitment Letters (Optional)

Attachment 4 – Supportive Services Agency Commitments (Optional)

Attachment 5 – Application Certification Detail (Optional)

### **A. Attachment Instructions**

#### **Attachment 1 – Compliance Monitoring Plan (Required)**

Attach a single PDF with the formal plan for monitoring the assisted properties and enduring compliance during the three years ongoing maintenance term. Address staff assignment of this responsibility and address continuity of operations in the event of staffing changes. Describe plans for monitoring to confirm that participants are in compliance with obligations, outline procedures for resolving events of non-compliance, review and processing of subordination requests and repayments to HTFC. Include organizational conflict of interest policy including staff, board, contractors, and professional services. Conflict of interest policy or addendum should acknowledge the HTFC Access to Home program manual conflict of interest policy.

#### **Attachment 2 – Vendor Responsibility Questionnaire (VRQ) (required for all not- for-profit entities)**

Provide a PDF of the Vendor Responsibility Questionnaire relevant for not-for-profit construction activities. This is available from the Office of the New York State Comptroller located here:

<https://www.osc.state.ny.us/files/state-vendors/vendrep/pdf/ac3291s.pdf> The Questionnaire must be dated within the calendar year of the application and include the VRQ Contract History Form if the organization has received state funds in the last three years. If an applicant is required to file a VRQ through the VendRep system for other funding sources, a PDF of a the full VendRep submission with a certification dated in the calendar year of this application is acceptable. Screenshots of a confirmed VendRep submission are not adequate.

#### **Attachment 3 – Funding Commitment Letters (Optional)**

Supporting documentation must be provided for each “other” source of funds identified as ‘Committed’ in Exhibit 5A as a single PDF. The documentation should indicate the activities allowed and the term of the funding. Documentation of Neighborhood or Rural Preservation administrative dollars may be documented with a statement on letterhead describing the amount and activity funded signed by the organization’s board.

#### **Attachment 4– Supportive Services Agency Commitments (Optional)**

Supporting documentation should be provided in a single PDF for each Service Provider Referral arrangement or cooperation agreement identified in the application. Documentation should outline the process for incoming and outgoing referrals, be dated within the calendar year of the application, describe activities relevant to potential participants of the grant, and confirm a mechanism to follow up on referrals.

#### **Attachment 5 – Applicant Certification Detail (Optional)**

Supporting documentation with detailed explanation should be provided for any question marked “Do Not Agree” in the applicant certification.

To complete application, applicant must select ‘omit’ if attachments will not be uploaded.



## **VII. Uploading & Certifying Attachments**

### **A. Uploading Attachments**

Return to the Menu, and then click on the 'Attachments' link to the right of the application name under the Options column. This link will access the Attachment Upload window.

The Attachment Upload page lists the applicable attachments for the application.

To the right of each listed attachment is an 'Add' link. Click the 'Add' to begin to attach files. Select the 'Browse' button to browse for the file to be uploaded. After locating and selecting the file, click the 'Upload' button to begin the upload. A progress bar will display the progress of the upload. Once complete, the applicant will be redirected to the main Attachment Upload screen. The uploaded file name will be displayed under the attachment.

To the right of each uploaded file will be two links: 'View' and 'Delete'. 'View' allows the applicant to view and optionally print the file to verify that the correct document is attached. 'Remove' allows the applicant to delete the file prior to submission.

Attachments that are not required will have an 'Omit' link. **Applicants must click the 'Omit' link if an optional attachment will not be included.**

An applicant should upload one single PDF for each attachment if possible. Please limit the uploaded files to those documents specifically requested in the Attachment Instructions. All required attachments must be uploaded before the group can be submitted.

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

When all required application attachments have been uploaded, the organization's authorized signatory must log-in and click 'Submit' on the Attachment Upload page. CDOL will display an 'Attachment Receipt' and then an 'Attachment Certification' which must both be clicked in order to complete the submission. Once complete, a message will appear at the top of the screen indicating that the application attachments have been successfully submitted, and the application process is complete. Once the attachments have been submitted, the RESTORE Program Application is complete and may not be changed.

Return to the main menu using the navigation menu in the top left corner of the screen. Now that the application exhibits and attachments are complete, submitted, and certified, the Application Status next to the application name should indicate Completed.

**RESTORE Program Application exhibits and attachments must be submitted via the CDOL system by 4:00 PM, EST, Thursday, August 31, 2023. Applications and supplemental materials will not be accepted after the stated deadline.**

## VIII. Application Exhibit Screenshots

### RESTORE Program – CDOL Table of Contents & Exhibit List

Exhibit 1 - Application Summary		<a href="#">view</a>
1A. Funds Requested		<a href="#">view</a>   <a href="#">edit</a>
1B. Applicant Information		<a href="#">view</a>   <a href="#">edit</a>
1C. Program Detail Information		---
1. Counties/Municipalities		<a href="#">view</a>   <a href="#">edit</a>
2. Regional Council		<a href="#">view</a>   <a href="#">edit</a>
3. Latitude & Longitude		<a href="#">view</a>   <a href="#">edit</a>
1D. Political Districts		<a href="#">view</a>   <a href="#">edit</a>
1E. Units Assisted		<a href="#">view</a>   <a href="#">edit</a>
Exhibit 2 - Proposal		<a href="#">view</a>
2A. Program Activities and Scope		<a href="#">view</a>   <a href="#">edit</a>
2B. Program Abstract		<a href="#">view</a>   <a href="#">edit</a>
2C. Administrative Procedures		<a href="#">view</a>   <a href="#">edit</a>
2D. Contractor Procurement		<a href="#">view</a>   <a href="#">edit</a>
Exhibit 3 - Program Needs		<a href="#">view</a>
3A. RESTORE Program Needs		<a href="#">view</a>   <a href="#">edit</a>
Exhibit 4 – Staffing Plan & Administrative Capacity		<a href="#">view</a>
4A. Staffing Plan & Administrative Capacity		<a href="#">view</a>   <a href="#">edit</a>
Exhibit 5 – Budget & Fiscal Responsibility		<a href="#">view</a>
5A. Program Uses		<a href="#">view</a>   <a href="#">edit</a>
5B. Budget Narrative		<a href="#">view</a>   <a href="#">edit</a>

## Exhibit 1 – Application Summary

### 1A. Funds Requested

1. **Local Program Name:** \*

Please enter a brief, descriptive name. If awarded, the Local Program Name entered here will be used to label contract materials and to describe the program throughout the contract term. e.g., City of Sample Emergency Repair Program

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: 00/00/200

4. Fiscal Year End Date: 00/00

5a. Applicant Types:

5b. Have all required periodic or annual written reports been filed with the Attorney General's office in a timely manner? \*

5c. UEI (Unique Entity Identifier) (this is a new ID# type and applies to all applications):

6. Official Mailing Address:

Select the mailing address for Contract or Award Materials

7. Applicant Phone and Internet Data

Phone Number:

Phone Extension:

Fax:

Email Address:

URL:

8. Primary Contact Person for Correspondence Related to this Application:

First Name: \*

Last Name: \*

Salutation:

Title:

Phone Number: \*

Example: 212-555-1212

Phone Extension:

Fax Number:

Example: 212-555-1212

Email Address: \*

Is this person authorized to execute an agreement

with the HTFC should the proposal be funded? \*

9. Contact Authorized to Execute a Contract with HTFC:

Please note: for City, County, Town or Village applicants only the Chief Elected Official is authorized to execute a contract with HTFC.

First Name: \*

Last Name: \*

Salutation:

Title:

Phone Number: \*

Example: 212-555-1212

Phone Extension:

Fax Number:  Example: 212-555-1212

Email Address:

### 1C-1. Counties/Municipalities

Project County: \*

Will the project be county wide? \*

Municipality: \*

### 1C-2. Regional Council

1. Regional Council(s): \*

Select all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Capital Region   | <input type="checkbox"/> Mohawk Valley    |
| <input type="checkbox"/> Central New York | <input type="checkbox"/> New York City    |
| <input type="checkbox"/> Finger Lakes     | <input type="checkbox"/> North Country    |
| <input type="checkbox"/> Long Island      | <input type="checkbox"/> Southern Tier    |
| <input type="checkbox"/> Mid-Hudson       | <input type="checkbox"/> Western New York |

### 1C-2. Latitude & Longitude

Click [HERE \(http://itouchmap.com/latlong.html\)](http://itouchmap.com/latlong.html) to determine Latitude and Longitude. The latitude must be between 40.000000 and 49.999999. The longitude must be between -70.000000 and -79.999999. For Programs that span multiple locations, please enter the latitude/longitude of the applicant organization's organizations home or central office in New York State or a central point for multi-county projects.

Project Latitude: \*

Project Longitude: \*

### 1D. Political Districts

1. New York State Assembly District(s):

>

<

2. New York State Senate District(s):

>

<

3. New York State Congressional District(s):

>

<

### 1E. Units Assisted

Units to be assisted by RESTORE:

Residential - Existing/Rehab:

## **Exhibit 2 – Proposal**

### **2A. Program Activities and Scope**

Provide an overview of the proposed program. At a minimum:

- Describe the types of emergency repairs and code violations to be addressed.
- Demonstrate a clear understanding of homeowner eligibility.
- Estimate the number of eligible homeowners to be assisted and detail any special populations that will be targeted (i.e., very low-income, frail elderly, special needs).
- Demonstrate an understanding of the required timelines for emergency repair projects.

### **2B. Program Abstract**

Provide a brief abstract of the proposed program. Please note, the abstract provided may be included in press materials. This abstract should include, but not be limited to the following information: Organization name, RESTORE Program request amount, estimated total project cost, other sources of funding that will be used in the RESTORE Program, main goal(s) of the program, activities RESTORE Program funds will be used for, and any special emphasis of the program, such as special needs populations or areas/neighborhoods to be served, income ranges to be targeted, etc.

**Sample Text:** The Sample Organization proposes to undertake a \$100,000 project using \$50,000 in RESTORE Program funds, \$25,000 from the City of Sample and \$25,000 from other grant sources (specify). This project will correct emergency housing conditions threatening the health and safety of low-income homeowners aged 60 or above in the City of Sample. Sample Organization works closely with the County of Sample's Office for Aging and is able to access services for the assisted households should there be needs, that cannot be addressed by the emergency repairs.

### **2C. Administrative Procedures**

Outline procedures in place or planned by application organization to supplement the required procedures identified in the template administrative plan. Specifically:

#### **Project Development**

- Describe the method for accepting and processing applications.
- Describe plan for program marketing & outreach.
- Describe process for developing work scopes & completing inspections.
- Describe plan to address non-emergency rehabilitation activities.
- Describe dispute resolution plan for homeowners and contractors.

#### **Service Partnerships**

- Describe the process for making referrals to local service provider(s) for needs other than emergency home repairs.
- Identify process for following up on local service referral outcomes.
- Describe cooperative, reciprocal working and/or two-way referral relationships with relevant local service provider(s), including housing service providers. Identify the name of the agency, type of services provided, and how applicant agency works together with this partner. Describe the types of services provided by applicant and partner agency that would be specifically related to assistance for the elderly.
- Written local service and referral agreements, such as Memorandums of Understanding (MOUs), should be provided as an attachment.

### **2D. Contractor Procurement**

- Describe the process for procuring contractors that demonstrates an understanding of the programs bidding requirements.
- Describe procedures to ensure that NYS Certified Minority and Women-Owned Business Enterprises are afforded opportunities for meaningful participation in projects.

## **Exhibit 3 – Program Needs**

### **3A. Program Need**

#### **A. Program Need**

Applicants must demonstrate the need for an emergency repair program for senior citizens in the proposed service area. Specifically, provide the following data:

1. Total Number people 65 and older in the proposed service area with data source and date
2. Total rate owner occupied housing units 65 and older in the proposed Service Area with data source and date

#### **B. Description of Program Need in Service Area**

- Explain how the proposed service area was selected.
- Explain how the applicant organization regularly serves this area.
- Explain how the need for emergency home repairs for senior citizens (60 years of age or older) has been identified in the proposed service area.
- Explain the need for public investment, **specifically RESTORE Program funds**, to support an emergency repair program for senior citizens.
- Describe how the proposed RESTORE program meets the needs identified.

## **Exhibit 4 – Staffing Plan & Administrative Capacity**

### **4A. Staffing Plan & Administrative Capacity**

- Identify staff assigned to work on the proposed program and their role, including but not limited to client intake, fiscal management, environmental review, work scope design, disbursements, and compliance monitoring.
- Describe specific staff experience or training relevant to the implementation of the program.
- Summarize relevant grant administration experience that demonstrates administrative capacity and readiness.
- Detail previous experience administering a RESTORE Program, or successfully working with similarly sized housing rehabilitation programs.
- Identify measures taken to overcome administrative challenges or delays previously encountered in the administration of similar programs.
- Detail organizational conflict of interest policy as it relates to potential participants of the program as well as the procurement of contractors and professional services. Specifically acknowledge that the RESTORE Program conflict of interest policy outlined in the manual has been reviewed and will be followed.



## Exhibit 5 – Budget & Fiscal Responsibility

### 5A. Sources of Funds

#### . Program Uses

Budget

	RESTORE Funds	Other Funds	Total Cost
1. Project Costs	Program Budget Amount <input type="text"/>	Other Budget Amount <input type="text"/>	\$0
2. Project Soft Costs	Program Budget Amount <input type="text"/>	Other Budget Amount <input type="text"/>	\$0
3. Administration	Program Budget Amount <input type="text"/>	Other Budget Amount <input type="text"/>	\$0
<b>4. Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### 5C. Budget Narrative

#### Budget

Provide an overview of the program budget that clearly demonstrates an understanding of the RESTORE Program and its eligible uses. Identify, in a consistent format, all leveraged funding sources. This explanation must be supported by the required "Sources" and "Uses:" budget tables, Exhibits 5A & 5B.

- Identify the total project cost.
- Identify other relevant funding sources to be leveraged and the proposed use (i.e., emergency repairs, non-emergency repairs, administrative costs).
- For each source identified, indicate if the source is formally committed or if approval is pending.
- Explain how the proposed project will proceed if any pending sources of funds are not secured.
- If a funding source is identified as committed, evidence must be attached where requested in the application.

#### Fiscal Responsibility

Describe the anticipated process and internal procedures related to fiscal management, including internal controls, fiscal records management, and documentation of cost reasonableness. Specifically:

- Describe the internal disbursement process.
- Explain how the applicant organization will cover project costs prior to disbursement of RESTORE Program funds.
- Describe administrative and project delivery costs, including the process used to document these costs. Project delivery fees must represent actual billing and time, not a flat rate for internal staff costs.
- Describe the process for evaluating cost reasonableness.

## Certification and Submission

### Applicant Certification

#### **Housing Trust Fund Corporation Renewal Program Applicant Certification**

##### **Applicant certifies that:**

☐ Agree ☐ Do Not Agree I certify that I am an authorized representative and have been specifically authorized to file this submission and required documents for the proposed project with the Housing Trust Fund Corporation (HTFC) on behalf of the **applicant organization or community**.

☐ Agree ☐ Do Not Agree I certify that the Applicant is authorized to carry out the proposed activities and that the Applicant is familiar with and will comply with all applicable statutes, rules and regulations established.

☐ Agree ☐ Do Not Agree 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.

☐ Agree ☐ Do Not Agree I certify that I have reviewed the full application and attached documents, and 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 related to the Organizations Relevant Experience 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.

##### **For the period beginning 10 (ten) years prior to the date of this certification:**

☐ Agree ☐ Do Not Agree The information and supporting documentation contained in this application are complete and accurate and acknowledges that falsification of information will result in disqualification of application, denial of funding, rescinding of subsequent award and contract or required repayment of funds disbursed for any HTFC Program. The undersigned further recognizes and accepts the responsibility and obligation to notify the HTFC, in writing, if the Applicant becomes aware of any subsequent events or information which would change any statements or representations previously submitted to HTFC.

☐ Agree ☐ Do Not Agree The Applicant will notify HTFC within five (5) calendar days of any change of staff related to the program award and administration.

☐ Agree ☐ Do Not Agree No member of the Board of Directors or staff of the Applicant organization will directly or indirectly benefit financially from administration of the program. Any matter regarding any potential conflict of interest or appearance of impropriety arising in connection with this program must be disclosed at the time of application or when the conflict is identified.

☐ Agree ☐ Do Not Agree The Applicant will disclose if any of its employees, affiliates, program partners, subcontractors, and /or consultants have been the subject of a criminal investigation and /or charged with a crime in the last five (5) years at the time of application or within one (1) week of the issue being identified. HTFC reserves the right to deny the Applicants request for funding based on concerns for the Applicants overall organizational health and / or capacity.

☐ Agree ☐ Do Not Agree The Applicant will disclose in this application if it or any of its affiliates has filed for bankruptcy in the last seven (7) years. OCR reserves the right to deny the Applicants request for funding based on concerns for the Applicants overall fiscal health and / or capacity.

<input type="checkbox"/> Agree <input type="checkbox"/> Do Not Agree	<p>The Applicant has not experienced any of the following and shall notify HTFC within five (5) calendar days after obtaining knowledge of: a) the commencement of any investigation or audit of its activities by any governmental agency, specifically housing discrimination; or b) the alleged default by the Applicant under any mortgage, deed of trust, security agreement, loan agreement or credit instrument executed; or c) the allegation of ineligible activities, misuse of any award, or failure to comply with the terms of the Application. Upon receipt of such notification, HTFC may, in its discretion, withhold or suspend payment of some or all the Award and reserves the right to deny application for funds for any HTFC program.</p>
<input type="checkbox"/> Agree <input type="checkbox"/> Do Not Agree	<p>Neither the Applicant, nor any principal, partner, or staff member of the Applicant organization has experienced default, non-compliance, debarment, suspension, or termination of funds, or been otherwise restricted by DOL, HUD, USDA, ESDC, HFA, HTFC, HCR, AHC or other federal, state, or local authority. Applicant further certifies there are no unresolved findings raised as a result of audits, management reviews, or other investigations concerning projects, contracts, or programs for which the Applicant organization is involved, and Applicant has not been the subject of a claim under an employee fidelity bond.</p>
Agree        Do Not Agree	<p>As a condition of award, OC may seek to verify certain financial, credit and related information contained in the application concerning the project Applicant, and other members of the project /program team.</p>
<input type="checkbox"/> N/A <input type="checkbox"/> Attached	<p>If the applicant is unable to select "Agree" to any of the items above, a detailed explanation must be provided at the end of the Applicant Certification Detail attachment.</p>

CDOL User ID:

CDOL Password: \*

Title:

Date of Electronic Signature:

## RESTORE Program Attachment Upload Screen

Attachment Category	Options
1 - Compliance Monitoring Plan [required]	<a href="#">add</a>
2 – Vendor Responsibility Questionnaire (VRQ) [Required for not-for -profit entities]	<a href="#">add</a>   <a href="#">omit</a>
3 - Funding Commitment Letters	<a href="#">add</a>   <a href="#">omit</a>
4 - Supportive Services Agency Commitments (written agreements, MOUs, other documentation of cooperative arrangements)	<a href="#">add</a>   <a href="#">omit</a>
5 - Applicant Certification Detail	<a href="#">add</a>   <a href="#">omit</a>