New York State HOME Program

FY 2022

Community Development Online (CDOL) Application Instructions

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I. New York State Home Program

Program description

The NYS Home Program is a federally funded program administered by the Housing Trust Fund Corporation through the Office of Community Renewal. The program funds a variety of residential housing activities to expand the supply of decent, safe, and affordable housing throughout the State of New York.

Eligible applicants

Eligible applicants for this funding round are units of local government to include counties, cities, towns and villages, non-profit organizations incorporated under State Non-Profit Corporation Law, and Public Housing Authorities.

While all areas of New York State are eligible, programs located within another HOME Participating Jurisdiction, should provide evidence of funding commitments from the alternate local HOME PJ leveraging additional funds for the program and reducing funds needed from the NYS HOME Program.

To be eligible to apply, applicants must have been in existence and providing recent and relevant residential housing services to the community for at least one year prior to application.

II. Community Development Online (CDOL) Application System

Applications for NYS HOME Program funding are submitted through the Community Development Online (CDOL) application system. Applicants may make a request, based on demonstrated need, to submit a paper application in lieu of using the CDOL.

Requests for approval to submit a paper application must be sent to OCRINFO@nyshcr.org.

NYS HOME Program Application exhibits and attachments must be submitted *and certified* in the CDOL system by 4:00 PM (EST) Friday September 23, 2022.

Applications and supplemental materials received after the stated deadline will be considered a late submission and will not be accepted or reviewed.

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:

- Be registered in the New York State Homes and Community Renewal (HCR) Statewide Housing Activity Reporting System (SHARS)
- 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.

A. **If the organization has not previously applied for funding:**

Submit an Applicant Registration Form to register as a SHARS Applicant AND CDOL a Security Manager Registration Form following directions on the form itself. OCR staff will register the organization and Security Manager and e-mail a USER ID and password to access CDOL.

B. **If the organization is a registered SHARS applicant, but has not registered to use CDOL:**

Complete and return the Security Manager Registration Form with an original authorized signature to the address specified on the form and OCR will e-mail a User ID and temporary password with which to access the CDOL system.

C. **If the organization has previously used the CDOL system to apply 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@nyshcr.org** for assistance.

III. 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.

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, log in and from the CDOL Main Menu, select the 'View' button to the right of the organization's name, under the 'Organization' heading. A pop-up window will appear with the organization information 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 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:

1. 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 also known as.

2. Type of Applicant
   - Select each applicable applicant type.
   - If applicable, add or correct the date of the non-profit applicant's legal incorporation.

3. Phone and Internet Data
   - If necessary, edit the applicant's telephone and fax numbers, e-mail address and URL.

4. 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.

5. 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.

6. 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.

IV. Application Overview

Contents of Application

A complete NYS HOME Program application includes four (4) exhibits, an electronic certification, and up to four (4) possible attachments.

Exhibits:

Exhibit 1 – Application Summary

Exhibit 2 – Proposal and Program Design

Exhibit 3 – Organizational Capacity

Exhibit 4 – Budget/Financing Plan

Attachments:

Attachment 1 – NYS HOME local Program Budget Worksheet (Required)

Attachment 2 – Grant Verification Form(s) (Optional)

Attachment 3 – Vender Responsibility Questionnaire (VRQ) (Required for non-profits)

Attachment 4 – Applicant Certification Detail (Optional)

Application Process

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

1. Completing four (4) online application exhibits.
2. Validating online application exhibits.
3. Certifying and submitting online application exhibits.
4. Uploading and submitting four (4) attachments.
5. Certifying attachments.

V. Completing Application Exhibits

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

Creating a New Application in CDOL

1. Log in to CDOL https://hcr.ny.gov/community-development-online

2. Next to 'Start a New Application' under the 'Applications' **heading, enter** a **distinct name** for the proposed project. If awarded, the Application Name entered here will be used to label contract materials and to describe the program throughout the contract term.

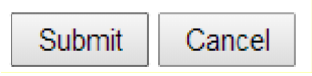
3. Select 'HOME LPA' from the 'Application Type' drop-down menu.

4. Press 'Submit' button.

   A table of contents will be displayed with a list of all NYS HOME Program Application Exhibits broken down by **individual screens in CDOL**. **Instructions for** completing each exhibit follow.

Application Exhibit Navigation

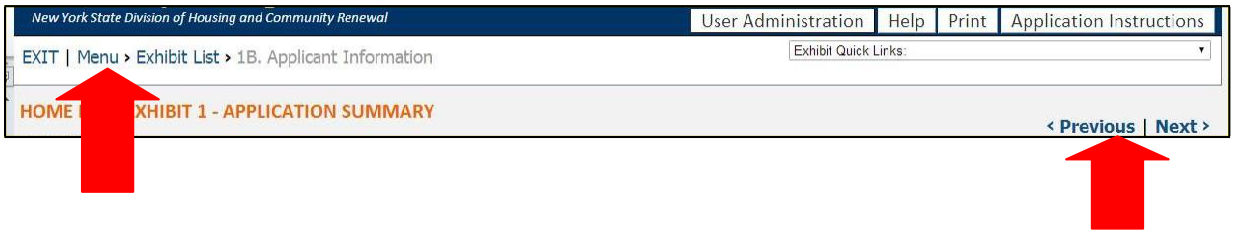
Complete the required fields for each Exhibit as explained below in the detailed instructions that follow. Once the information is entered in each field, and the exhibit is complete, press 'Submit' at the bottom of the screen.



1. 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'.

2. If errors are present in the Exhibit, a message will appear in red 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.

VI. Exhibit 1 - Application Summary

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

Exhibit 1A. Funds Requested and Activities/Uses

Please refer to the NYS HOME Local Program Budget Policy and Budget Worksheets by activity available on the HCR HOME Program website (https://hcr.ny.gov/nys-home- program) for instructions and requirements for creating the program budget.

Use the specific Budget Worksheet for the activity proposed along with the Budget Policy to create a budget to upload as CDOL Attachment 1.

The final budget amount should equal the amount requested in this section.

1. Local Program Name:
A Program Name was entered on the main menu when the application was created. The Program Name will auto populate from the main menu into this field; however, a new name can be created using this field. Please enter a brief, descriptive name. If awarded, the 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 2020 HOME Program.

2. HOME LPA Funds Requested:
This field will be automatically filled based on responses entered in fields below.

3. HOME LOCAL Program Information

3b. HOME Program Activities/Uses of Funds:
Identify the Activity or Use of Funds proposed in the application. Enter the number of households for TBRA or units for all others that will be assisted and the dollar amount (rounded to the nearest dollar) of HOME funds requested. Use the information and limits below to complete this section.

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

ELIGIBLE ACTIVITIES, MAXIMUM AWARD AMOUNTS, MAXIMUM PER UNIT AMOUNTS:

Note – all activities require a minimum request of $100,000.

1. **Housing Rehabilitation**
   Funds may be requested for the repair or rehabilitation of an owner-occupied single-family dwelling. All HOME assisted units must meet NYS and/or Local Code upon completion of construction activities. Applicants that propose to assist rental units must receive special prior approval to apply by contacting Homeprogram@nyshcr.org and must demonstrate superior knowledge of HOME rental requirements.

   Maximum Award up to $600,000 – Maximum Per-unit up to $65,000

2. **Homebuyer Down Payment Assistance**
   Funds may be requested to assist homebuyers with down payment and/or closing costs to purchase a single family, non-HOME assisted existing home, newly constructed home, condominium, or co-op. The home to be purchased must meet NYS and/or Local Code prior to closing in order to be HOME eligible. Funds may also be requested to assist with housing rehabilitation for the home to be purchased in addition to down payment and/or closing costs assistance. Applicants that propose to assist rental units must receive special prior approval to apply by contacting Homeprogram@nyshcr.org and must demonstrate superior knowledge of HOME rental requirements.

   Without Rehab Maximum Award up to $800,000 – Maximum Per-unit up to $80,000
   With Rehab Maximum Award up to $800,000 – Maximum Per-unit up to $100,000

3. **Manufactured Housing Replacement**
   Funds may be requested to assist an owner to demolish and dispose of a sub-standard manufactured or mobile home and replace it with a new manufactured home.
   The unit must be installed on the same lot and can replace a unit that was demolished within the last 12 months prior to the date of commitment. Assistance may be provided to replace manufactured homes in parks (where land is rented by the homeowner), parks cooperatives, or for homes sited on land owned by the homeowner. Programs may propose to provide assistance to specific manufactured home parks, including overall park infrastructure and scatter site replacement units. Applicants that wish to provide both replacement of existing units and purchase new units for currently vacant sites must receive prior approval to apply by contacting Homeprogram@nyshcr.org.

   Maximum Award up to $1,400,000 – Maximum Per-unit up to $140,000

4. **Tenant Based Rental Assistance (TBRA)**
   Funds may be requested to provide monthly tenant-based rental assistance to assist families at or below 60% of area median income. Security deposits and tenant utility deposits may also be eligible as part of the larger TBRA program.

Maximum Award up to $600,000 – Maximum Per-unit up to $50,000

NOTE: Applicants must select one (1) activity per application, as identified in Exhibit 1A section

3c. Homebuyer Down Payment Assistance
Required if applying for Homebuyer Down Payment Assistance. Applicants must answer item "c" indicating if the program will include rehabilitation.

3d. Manufactured Housing Replacement
Required if applying for Manufactured Housing Replacement. Applicants must answer item "d" indicating if the program will be replacing units in parks for.

Press "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

Exhibit 1B. Applicant Information

If the applicant organization information has already been verified, as instructed above, limited fields on this screen require completion. These may include:

5b. If applicable, indicate whether or not all required periodic or annual written reports have been filed in a timely manner (non-profit applicants only).

5c. Enter the Unique Entity Identifier (UIE) assigned by SAM.gov for the associated with applicant entity. (REQUIRED)

- The Unique Entity ID is a 12-character, alphanumeric value generated while registering in SAM.gov. If you are registered in SAM.gov (active or not), you already have a Unique Entity ID. It is viewable at SAM.gov. If you are new to SAM.gov and will be registering for the first time, you will get your Unique Entity ID during registration. Receiving this ID is required prior to project setup in IDIS.

- Use these instructions for look up your UIE number - GSAFSD Tier 0 Knowledge Base - How can I view my Unique Entity ID?

6. Select the Official Mailing Address for correspondence related to this application.

8. Complete this section for the individual who will be the primary contact person for correspondence related to this application if awarded. **This person should be part of the applicant organization and not a consultant**. If this person also is the individual authorized to execute an agreement with the HTFC should the proposal be funded, select "Yes" next to that question. If "Yes" is selected do not complete question 9, an error message will occur. If "No" is selected completing question 9 is required. Please note for City, County, Town, or Village applicants only the Chief Elected. Official is authorized to execute a contract with HTFC.

9. If the contact selected as the primary contact is not authorized to execute a contract with Housing Trust Fund Corporation (HTFC), complete the fields to identify a contact who is authorized. Please note for City, County, Town, or Village applicants only the Chief Elected Official is authorized to execute a contract with HTFC.

Press "Submit" at the bottom of the screen and use the "Next" link in the top right to move to the next screen.

Exhibit 1C. Program Detail Information

1C-1. Counties/Municipalities

1. Project County: Select the county from the drop-down menu.
2. Countywide: Indicate if the project proposed is scattered site and will serve the entire county.
3. If 'yes' is selected for the above question, click 'submit' and go on to the next page.
   If 'no' is selected, choose the municipality to be served from the drop-down Municipality menu. Click 'submit'. The page will be redisplayed with the county name and selected municipality in a grid. If multiple municipalities are to be served, add another municipality by clicking the 'add' button at the bottom of the grid. 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.
4. 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.

NOTE: Programs do not need to serve the same NPP or RPP service area.

Press "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

1C-2. Regional Council

Select the Regional Council(s) associated with the region(s) in which the project is located. Information is available for reference here: http://regionalcouncils.ny.gov

Press "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

1C-3. Latitude & Longitude

Enter the program latitude and longitude. Applicants must enter the latitude and longitude with enough digits to completely fill the question field. If the source used does not result in enough digits to completely fill the field, just add zeros at the end. Applicants may use online sources to obtain the Latitude or Longitude.

Using the link in CDOL https://itouchmap.com/latlong.html, applicants can follow the instructions to obtain the data.

Note – the Longitude data is a negative number

- 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, multiple counties, select a central point, or use the address of the applicant organization's office if centrally located.

Press "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

1D. Political Districts

Locate and click on the name(s) of the Assembly Member who represents the locality in which the project will be administered. Click on the top arrow to move the name into the box on the right. (A name can be removed by clicking on the bottom arrow). Repeat this as necessary for each Assembly, Senate and Congressional Representative who serves the project Municipality(ies).

Press "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

1E. Income Targets

Income targets are not a scoring criterion. This section is prepopulated from units/households entered in 1A and cannot be altered.

Use "Next" link at the top right to advance to the next screen.

1F. Target Populations

Target populations are not a scoring criterion. This section is prepopulated from units/households entered in 1A and cannot be altered.

Use "Next" link at the top right to advance to the next screen.

VII. Exhibit 2 – Proposal and Program Design

Exhibit 2A. Program Abstract

All applicants must complete this section. Follow the sample text provided to draft 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, service area, requested amount of funds, main goal(s) of the program, proposed activity (Rehabilitation, Down Payment Assistance, Manufactured Housing Replacement, Tenant Based Rental Assistance), proposed unit goals, and any special emphasis of the program, such as special needs populations or areas/neighborhoods to be served.

Sample text: The Sample Organization proposes to utilize $300,000 in HOME funds to provide renovations to approximately 15 low-income homeowners in the City of Sample. The project will also utilize $100,000 from the City of Sample and $50,000 from other grant sources (specify) to supplement the HOME funds for a total project cost of $450,000.

PLEASE NOTE: Applications are subject to public inspection following the completion of the funding round. Therefore, all information that is provided must be in a "blind" format. Do NOT provide information that identifies individual residents of the service area.

Press "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

Exhibit 2B. Area Median Income

All applicants must complete this section. Using the Census data indicated below, enter the percentage of individuals below 80% AMI in the proposed service area.

1. Look up the most current (FY2022) HOME income limit (80% AMI/Low Income) for the proposed service area county for a 4-person household: https://www.hudexchange.info/programs/home/home-income-limits/
2. Go to the census data webpage https://data.census.gov/cedsci/ (use an alternate web browser if site will not load)
3. In the Census search bar enter the service area county and "S1901"
    a. example *Albany County S1901*
4. Select Table S1901 Income in the Past 12 months
5. Using the table, add up the percentage of households below 80% AMI retrieved in step 1 above.
    a. Round down to the nearest income bracket so that the ending interval number does not exceed 80% AMI
    b. Example – if the service area is Albany County,
        i. the HUD income limit (80% AMI/Low Income) is $84,800 for a 4-person household
        ii. using the census table, add up the Household percentages that are below 80% AMI.
        iii. in this case add up the percentages up to $74,999, since the HUD limit is $84,800

	Albany County, New York
	Households
Label	Estimate
Total	128,122
Less than $10,000	5.8%
$10,000 to $14,999	4.1%
$15,000 to $24,999	7.1%
$25,000 to $34,999	7.9%
$35,000 to $49,999	11.8%
$50,000 to $74,999	17.2%
$75,000 to $99,999	12.6%
$100,000 to $149,999	17.7%
$150,000 to $199,999	7.6%
$200,000 or more	8.2%

Press "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

Exhibit 2C. Service Area

All applicants must complete the following narrative:

- Identify the targeted service area and explain how the proposed service area was selected.
- Explain how the applicant regularly works with the proposed service area.
- Explain how the proposed program will address the needs in the service area.
- Please include any housing related experience with the community

Press "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

Exhibit 2D-2G are based on based on the activity selected in Exhibit 1A.3.

2D – Housing Rehabilitation
2E – Homebuyer Down Payment Assistance
Note: If applying for DPA with Rehab, applicant must also complete Exhibit 2D
2F – Manufactured Housing Replacement
2G – Tenant Based Rental Assistance

NOTE: The non- applicable activity exhibits will still be viewable in CDOL but cannot be edited. Applicant should choose next to skip through non-applicable screens as needed.

Exhibit 2D. Housing Rehabilitation

To be completed by applicants requesting HOME funds for Housing Rehabilitation Activities

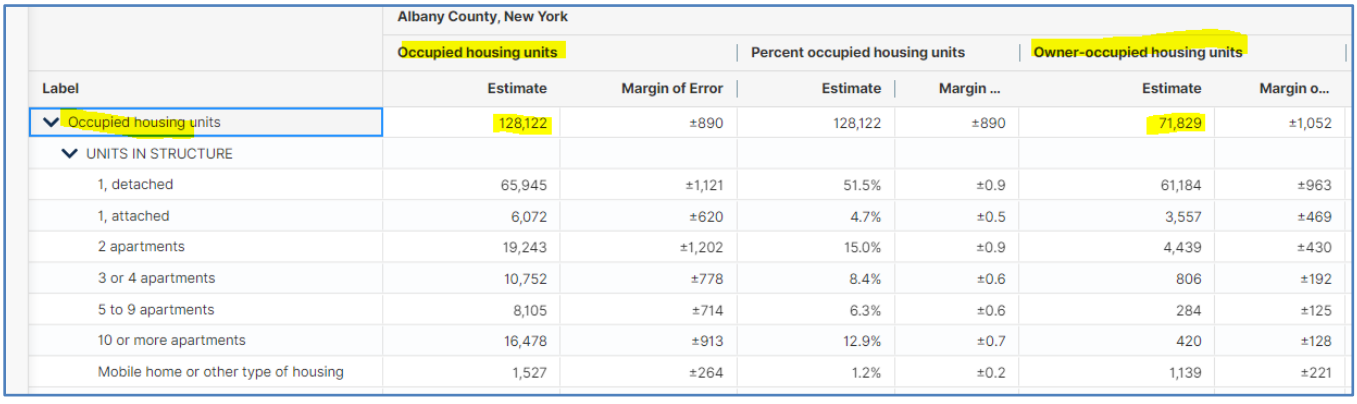
1. Need

Explain in narrative form the need for Housing Rehabilitation in the proposed service area including but not limited to:

- Percent of owner-occupied housing units
- Percentage of owner-occupied housing units built before 1980
- Median year structure built by tenure

a. The percent of owner-occupied housing units

i. https://data.census.gov/cedsci/ (use an alternate web browser if site will not load)
ii. In the Census search bar enter the service area county and "S2504"
iii. example *Albany County S2504*
iv. Select table S2504 Physical Housing Characteristics for Occupied Housing Units
v. Use the table to look up the number of occupied housing units and the number of owner-occupied housing units
vi. Divide the number of owner-occupied housing units by the number of occupied housing units
vii. Identify the percent of owner-occupied housing units in the narrative



	Albany County, New York					
	Occupied housing units		Percent occupied housing units		Owner-occupied housing units	
Label	Estimate	Margin of Error	Estimate	Margin ...	Estimate	Margin o...
Occupied housing units	128,122	±890	128,122	±890	71,829	±1,052
UNITS IN STRUCTURE						
1, detached	65,945	±1,121	51.5%	±0.9	61,184	±963
1, attached	6,072	±620	4.7%	±0.5	3,557	±469
2 apartments	19,243	±1,202	15.0%	±0.9	4,439	±430
3 or 4 apartments	10,752	±778	8.4%	±0.6	806	±192
5 to 9 apartments	8,105	±714	6.3%	±0.6	284	±125
10 or more apartments	16,478	±913	12.9%	±0.7	420	±128
Mobile home or other type of housing	1,527	±264	1.2%	±0.2	1,139	±221

b. Percentage of owner-occupied housing units built before 1980

i. Use the same table S2504

ii. In the column Percent Owner-Occupied Housing Units, scroll down to the row titled Year Structure Built
iii. Add the estimates from the following fields “Built 1960 to 1979”, “Built 1940 to 1959”, and “Built 1939 or earlier” to get the total percentage built prior to 1980.
iv. Identify the percent of units built before 1980 in the narrative

	Albany County, New York							
	Occupied housing units		Percent occupied housing units		Owner-occupied housing units		Percent owner-occupied housing units	
Label	Estimate	Margin of Error	Estimate	Margin ...	Estimate	Margin o...	Estimate	Margin of Er...
Occupied housing units	128,122	±890	128,122	±890	71,829	±1,052	71,829	±1,052
UNITS IN STRUCTURE								
1, detached	65,945	±1,121	51.5%	±0.9	61,184	±963	85.2%	±0.8
1, attached	6,072	±620	4.7%	±0.5	3,557	±469	5.0%	±0.6
2 apartments	19,243	±1,202	15.0%	±0.9	4,439	±430	6.2%	±0.6
3 or 4 apartments	10,752	±778	8.4%	±0.6	806	±192	1.1%	±0.3
5 to 9 apartments	8,105	±714	6.3%	±0.6	284	±125	0.4%	±0.2
10 or more apartments	16,478	±913	12.9%	±0.7	420	±128	0.6%	±0.2
Mobile home or other type of housing	1,527	±264	1.2%	±0.2	1,139	±221	1.6%	±0.3
YEAR STRUCTURE BUILT								
2014 or later	2,823	±448	2.2%	±0.4	1,057	±220	1.5%	±0.3
2010 to 2013	2,428	±377	1.9%	±0.3	1,174	±263	1.6%	±0.4
2000 to 2009	7,131	±615	5.6%	±0.5	4,523	±449	6.3%	±0.6
1980 to 1999	23,767	±983	18.6%	±0.8	14,385	±736	20.0%	±1.0
1960 to 1979	32,466	±1,119	25.3%	±0.8	17,147	±789	23.9%	±1.1
1940 to 1959	25,500	±1,104	19.9%	±0.9	17,219	±955	24.0%	±1.3

c. Median year structure built by tenure

i. In the Census search bar enter the service area county and “B25037”
- example *Albany County B25037*

ii. Identify the Median Year Structure Built by Tenure for owner occupied units in the narrative

	Albany County, New York	
Label	Estimate	Margin of Error
Median year structure built --		
Total:	1963	±1
Owner occupied	1963	±2
Renter occupied	1964	±2

2. Activity Regulations

Describe the following key components of Housing Rehabilitation:
- The process and timing for inspecting a unit
- The method that will be used to determine the after-rehab value
- How to determine the order of priority for work to be completed

Press “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

Exhibit 2E. Homebuyer Down Payment Assistance

To be completed by applicants requesting HOME funds for Homebuyer Down Payment Assistance

NOTE- If applying for Down Payment Assistance with rehabilitation, exhibit 2D is required.

1. Need

Explain in narrative form the need for Homebuyer Down Payment Assistance in the proposed service area including but not limited to:

- Percentage of listing price received
- Median sale price
- Percent change in median sale price from 2020
- Percentage of homeowners with a mortgage spending 30% or more on housing costs

For the first three bullet points, use the appropriate data source based on the proposed service areas. For service areas in Albany, Montgomery, Rensselaer, Saratoga, Schenectady, and Schoharie County, use the Capital Region instructions.

All other counties can skip below to 'All Other Counties".

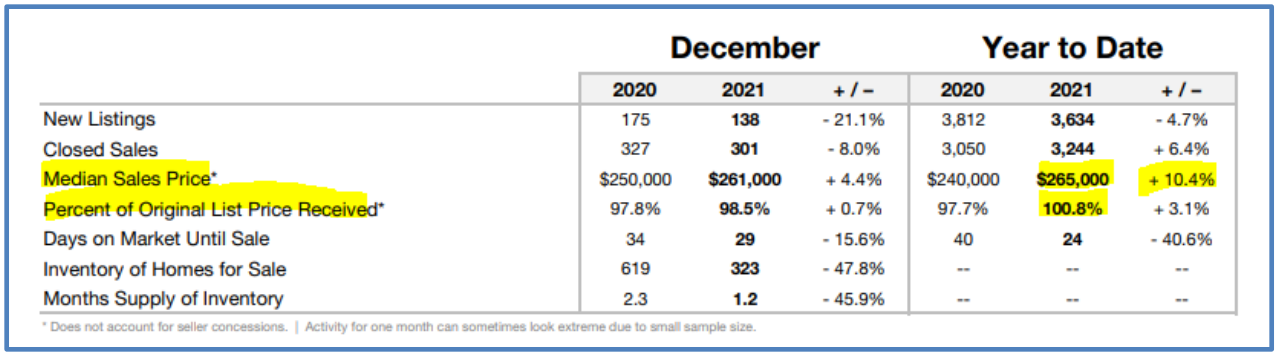
All applicants will use the same source for the last bullet point.

a. Percentage of Listing Price Received, Median Sale Price & Percent change in Median sale price from 2020

Capital Region service areas – including the following counties: Albany, Montgomery, Rensselaer, Saratoga, Schenectady, and Schoharie County

Use this chart to answer the first three bullet points.
Capital Region Real Estate Market Statistics – Greater Capital Association of Realtors (gcar.com)

i. Click on the report link above
ii. Select the December 2021 report for the proposed service area county
iii. In the top far left, identify the Percent of Original List Price Received for Year-to-Date 2021 in the narrative
iv. Identify the Median Sale Price for Year-to-Date 2021 in the narrative
v. Identify the +/- percent of change in the median sale price for the Year to Date in the narrative.



	December			Year to Date		
	2020	2021	+ / –	2020	2021	+ / –
New Listings	175	**138**	- 21.1%	3,812	**3,634**	- 4.7%
Closed Sales	327	**301**	- 8.0%	3,050	**3,244**	+ 6.4%
Median Sales Price*	$250,000	**$261,000**	+ 4.4%	$240,000	**$265,000**	+ 10.4%
Percent of Original List Price Received*	97.8%	**98.5%**	+ 0.7%	97.7%	**100.8%**	+ 3.1%
Days on Market Until Sale	34	**29**	- 15.6%	40	**24**	- 40.6%
Inventory of Homes for Sale	619	**323**	- 47.8%	--	--	--
Months Supply of Inventory	2.3	**1.2**	- 45.9%	--	--	--

* Does not account for seller concessions. | Activity for one month can sometimes look extreme due to small sample size.

All Other Counties –

Use this chart to answer the first three bullet points.
https://www.nysar.com/wp-content/uploads/2022/01/NYSAR_ANN_2021.pdf

i. Click on the report link above
ii. Scroll down to the section *Area Overviews (page 7 of 10)*
iii. Identify the Percent of List Price Received from the last column for the county service

area in the narrative

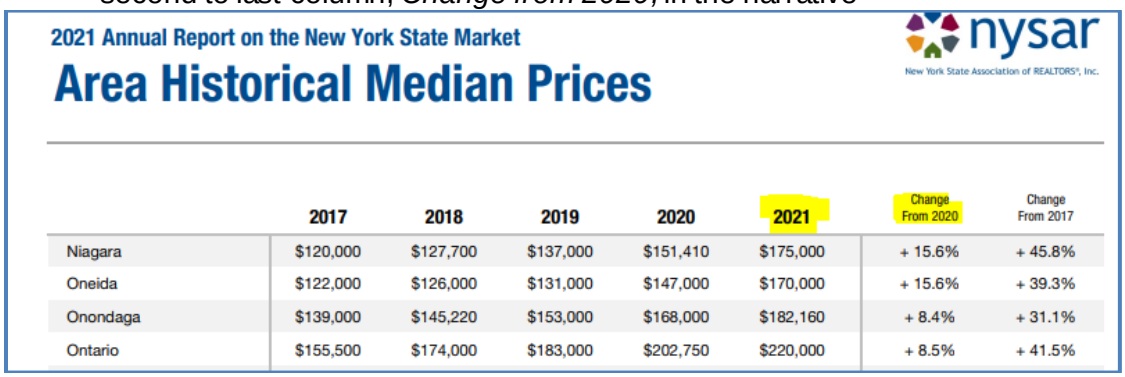
2021 Annual Report on the New York State Market

Area Overviews

nysar
New York State Association of REALTORS®, Inc.

	Total Closed Sales	Change from 2020	Change from 2017	New Listings	Inventory of Homes for Sale	Months Supply of Inventory	Pct. of List Price Received
Niagara	2,232	+ 7.9%	+ 3.2%	2,560	210	1.1	104.2%
Oneida	2,102	+ 14.9%	- 3.1%	2,445	1,809	10.5	99.1%
Onondaga	5,291	+ 6.3%	- 5.4%	5,965	497	1.1	103.1%
Ontario	1,327	+ 2.0%	+ 2.9%	1,608	138	1.2	102.8%
Orange	5,113	+ 12.6%	+ 15.4%	5,793	744	1.8	100.6%

iv. Using the same report, scroll down to the section *Area Historical Median Prices (page 9 of 10)*
v. Identify the amount listed for the 2021 Median Price for the service area county in the narrative
vi. Using the same report and section, identify the +/- percentage change listed in the second to last column, *Change from 2020,* in the narrative



2021 Annual Report on the New York State Market

Area Historical Median Prices

nysar
New York State Association of REALTORS®, Inc.

	2017	2018	2019	2020	2021	Change From 2020	Change From 2017
Niagara	$120,000	$127,700	$137,000	$151,410	$175,000	+ 15.6%	+ 45.8%
Oneida	$122,000	$126,000	$131,000	$147,000	$170,000	+ 15.6%	+ 39.3%
Onondaga	$139,000	$145,220	$153,000	$168,000	$182,160	+ 8.4%	+ 31.1%
Ontario	$155,500	$174,000	$183,000	$202,750	$220,000	+ 8.5%	+ 41.5%

b. Percentage of homeowners spending 30% or more on their mortgage

i. https://data.census.gov/cedsci/ (use an alternate web browser if site will not load)
ii. In the census search bar enter the service area county and "S2506". For example, Albany County S2506
iii. Select the table S2506 Financial Characteristics for Housing Units with a Mortgage
iv. Scroll down to the row titled Monthly Housing costs as a Percentage of Household Income
v. Add up the percentage for 30% or more for each income bracket to get a total percentage of homeowners with a mortgage paying more than 30% on housing costs and identify the percentage in the narrative

	Albany County, New York	
	Owner-occupied housing uni...	Percent owner-occupied housing units with a mortgage
Label	Estimate	Estimate
Median (dollars)	1,722	1,722
MONTHLY HOUSING COSTS AS A PERCENTAGE OF ...		
Less than $20,000	1,302	2.9%
Less than 20 percent	15	0.0%
20 to 29 percent	0	0.0%
30 percent or more	1,287	2.9%
$20,000 to $34,999	1,862	4.1%
Less than 20 percent	0	0.0%
20 to 29 percent	96	0.2%
30 percent or more	1,766	3.9%
$35,000 to $49,999	3,035	6.8%
Less than 20 percent	164	0.4%
20 to 29 percent	568	1.3%
30 percent or more	2,303	5.1%
$50,000 to $74,999	6,085	13.5%
Less than 20 percent	1,060	2.4%
20 to 29 percent	2,225	4.9%
30 percent or more	2,800	6.2%

2. Activity Regulations

Describe the following key components of Homebuyer Down Payment Assistance:

- The process for determining the maximum purchase price of a unit
- The process of underwriting including but not limited to affordability, feasibility, and ongoing housing costs
- What HUD certified counseling agency will perform pre-purchase homebuyer counseling

Press “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

Exhibit 2F. Manufactured Housing Replacement

To be completed by applicants requesting HOME funds for Manufactured Housing Replacement Activities

1. Need

Explain in narrative form the need for Manufactured Housing Replacement in the proposed service area including but not limited to:

- Rate of ownership of manufactured home
- Percentage of owner-occupied units built before 1980
- Number of health violations in mobile home parks

a. Percentage of ownership of Manufactured home

i. Use the census data https://data.census.gov/cedsci/ (use an alternate web browser if

site will not load)

ii. In the census search bar enter the service area county and “S2504”. For example, Albany County S2504”

iii. Select table S2504 Physical Housing Characteristics for Occupied Housing Units

iv. Use the table to look up the percentage of *owner-occupied* units for Mobile home or other type of housing owner-occupied housing units. Be sure to use the column “Percent owner-occupied housing units” and the row labeled “Mobile home or other Type of housing”.

Label	‹d housing units		Owner-occupied housing units		Percent owner-occupied housing units
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Occupied housing units	128,122	±890	71,829	±1,052	71,829
UNITS IN STRUCTURE					
1, detached	51.5%	±0.9	61,184	±963	85.2%
1, attached	4.7%	±0.5	3,557	±469	5.0%
2 apartments	15.0%	±0.9	4,439	±430	6.2%
3 or 4 apartments	8.4%	±0.6	806	±192	1.1%
5 to 9 apartments	6.3%	±0.6	284	±125	0.4%
10 or more apartments	12.9%	±0.7	420	±128	0.6%
Mobile home or other type of housing	1.2%	±0.2	1,139	±221	1.6%
YEAR STRUCTURE BUILT					

v. Identify the rate (percentage) of owner-occupied mobile homes in the narrative

b. <u>Percentage of owner-occupied housing units built before 1980</u>

i. Use the same table S2504

ii. In the column Percent Owner-Occupied Housing Units, scroll down to the row titled Year Structure Built

iii. Add the estimates from the following fields “Built 1960 to 1979”, “Built 1940 to 1959”, and “Built 1939 or earlier” to get the total percentage built prior to 1980.

iv. Identify the percent of units built before 1980 in the narrative

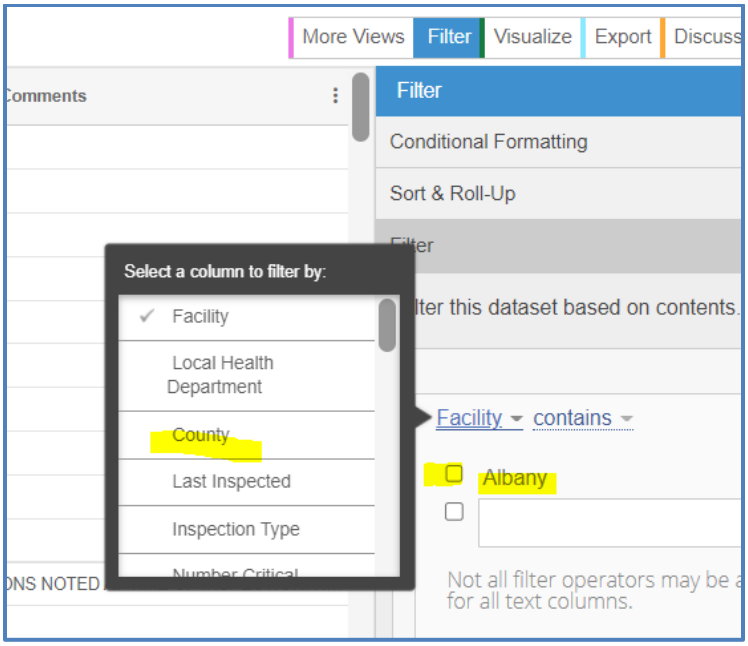
c. <u>Number of Health Violations in Mobile Home parks</u>

i. Use the data provided here: https://health.data.ny.gov/Health/Mobile-Home-Parks-Last-Inspection/d3mj-xg62/data

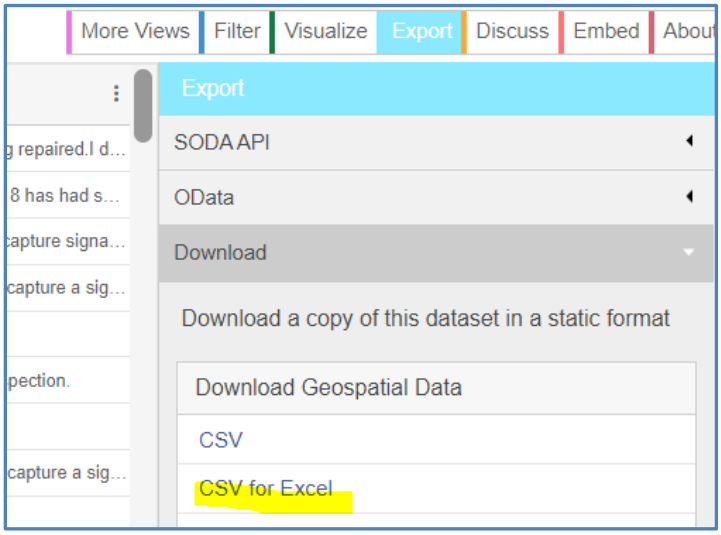
ii. Click on the filter tab on the right

iii. Enter your service area county

iv. Enter a check in the box, which will then filter the list be the county entered



v. Click on the Export Tab
vi. Select CSV for Excel



vii. Once report is exported, add up all the violations for all 3 columns F, G, & H- *Number Critical Violations, Number Critical Not Corrected and Number Non-Critical Violations*
viii. Identify the total in Number of Health Violations in Mobile Home Parks in the narrative

2. Activity Regulations

Describe the following key components of Manufactured Housing Replacement:

- The expected per unit cost to meet the permanent foundation requirement and how this requirement will be met
- The program's method for installing a permanent foundation
- The applicant's definition of a sub-standard manufactured or mobile housing unit

- Temporary relocation and other fees related to relocation (storage) that are expected per unit

Press "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

Exhibit 2G. Tenant Based Rental Assistance
To be completed by applicants requesting HOME funds for Tenant Based Rental Assistance Activities

1. Need

Explain in narrative form the need for Tenant-Based Rental Assistance in the proposed service area including but not limited to:

- Percentage of rental households whose rent is greater than 30% of their income
- Percent of rental households in the county
- Annual income needed to afford a 2-bedroom apartment compared to the estimated renter median household income

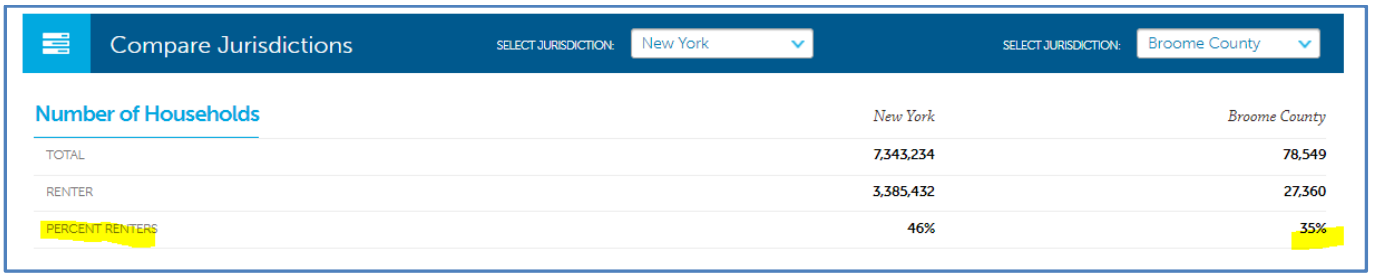
a. <u>The percentage of rental households whose rent is greater than 30% of income.</u>

i. Use the census data https://data.census.gov/cedsci/ (use an alternate web browser if site will not load)
ii. In the census search bar enter the service area county and "DP04". For example, Albany County DP04"
iii. Select table DP04 Selected Housing Characteristics
iv. In the first column, scroll down to the bottom of the data to the row titled Gross Rent as a Percentage of Household Income
v. Add up the rows with percentage of renters paying 30.0-34.9 percent and 35.0 percent or more in the column titled Percent
vi. Identify the combined total percentage in the narrative

GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI)			
Occupied units paying rent (excluding units where GRAPI cannot...	54,301	±1,274	54,301
Less than 15.0 percent	6,694	±630	12.3%
15.0 to 19.9 percent	8,444	±736	15.6%
20.0 to 24.9 percent	7,932	±807	14.6%
25.0 to 29.9 percent	6,918	±694	12.7%
30.0 to 34.9 percent	4,776	±614	8.8%
35.0 percent or more	19,537	±975	36.0%

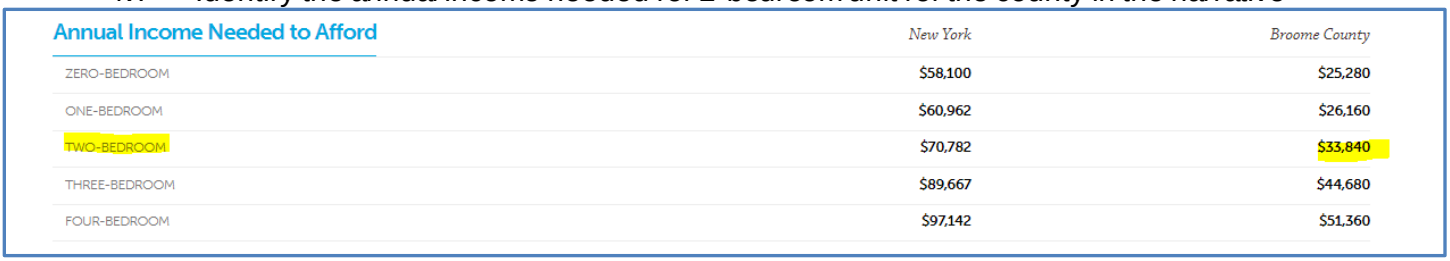
b. <u>Percent of rental households in county</u>

i. Use the National Low Income Housing Coalition data https://reports.nlihc.org/oor/new-york
ii. Scroll down to the Compare Jurisdictions section, and in the *select jurisdiction* drop down on the right-hand side, select the service area county
iii. Once the county data is displayed, under the heading *Number of Households,* identify the total percentage of renter households for the county in the narrative

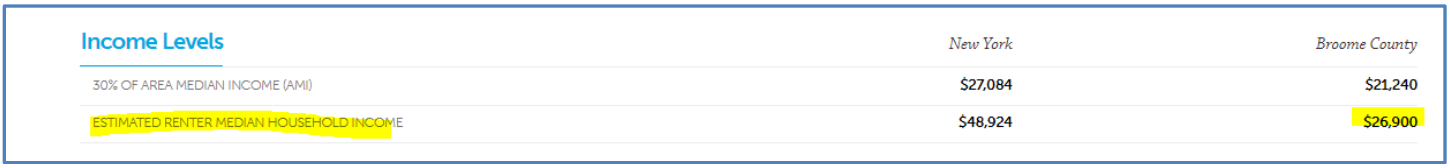


c. Annual income needed to afford a 2-bedroom apartment compared to the estimated renter median housing income

i. Use the same National Low Income Housing Coalition data https://reports.nlihc.org/oor/new-york
ii. Scroll down to the Compare Jurisdictions section, and in the select jurisdiction drop down, select the service area county
iii. Once the county data is shown, scroll down to the Annual Income Needed to Afford
iv. Identify the annual income needed for 2-bedroom unit for the county in the narrative



v. Scroll down to Income Levels and identify the Estimated Renter Median Housing Income and compare to the Annual Income Need to Afford a 2-bedroom apartment noted above in the narrative



d. Number of households on Section 8 waiting list

i. Contact the local Section 8 program for your service area to obtain this information
ii. Identify the number of households on the Section 8 waiting list in the narrative

2. Activity Regulations

Demonstrate understanding of key components of the Tenant-Based Rental Assistance program by describing:

- How the rent standard, monthly subsidy, minimum tenant contribution, utility allowance will be determined
- If applicable, how the security or utility deposit will be determined for an assisted unit
- What procedures are in place to conduct annual income certification and HQS inspection

Press “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

Exhibit 2H. Waitlist

All applicants must complete the following narrative.

Is there a pool of applicants that are pre-qualified to receive HOME assistance if awarded? This could also include a pipeline or referrals from another service agency. Income qualification can be preliminary, based on stated income.

If yes, describe the current waitlist and the process of how an applicant would be placed on it including how long the applicants have been on the list. Ex - If Applying for TBRA, are the organization working with a Section 8 agency?

If no, explain how the proposed program will be ready to proceed. Describe how waitlist, pipeline, or referrals ensure enough applicants to fulfill the proposed number of units.

Press “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

Exhibit 2I. Program Regulations

All applicants must complete this narrative section. Answers provided in this section will be used to assess applicant’s understanding of HOME State and Federal regulations.

An answer to each regulatory item is required.

NOTE – applicant may enter N/A if role listed is not applicable to proposed program, such as TBRA.

- Procurement: Will the applicant will procure consultants, subrecipients and/or contractors and for what services. Explain the procurement process for selecting consultants, subrecipients and contractors. Include a description of the oversight process for contracted services.

- Fair Housing: What policies and procedures are in place to ensure fair housing? Does applicant currently have a fair housing /affirmative marketing plan?

- Code Compliance: Explain the process for obtaining code compliance for each unit including but not limited to who will be performing code inspections, when code compliance is required and how it will be documented.

- Security Instrument (Grant Enforcement Mortgage): Summarize how and when a homeowner/ homebuyer will be informed of the terms of the security instrument(s). Describe what information will be verbally communicated to the homeowner/homebuyer including but not limited to the length of the POA, when the POA begins, when the note and mortgage will be signed, and how the note and mortgage will be publicly recorded.

- Written Agreement: Summarize how and when a homeowner/homebuyer/tenant will be informed of the terms of the written agreement. Describe what information will be verbally communicated to the homeowner/homebuyer/tenant including but not limited to when the written agreement will be signed, the difference between the written agreement and the security instrument(s), and the timing of documenting eligibility.

- Income Certification: Describe the process of determining income eligibility including but not limited to the area median income limit, which method will be utilized [92.203(b)], the amount of source documentation required, how to utilize the HUD CPD calculator, and the timing of when to document income eligibility/recertification.

- Amount of HOME assistance: Describe how the amount of HOME assistance for each household will be determined including the maximum per unit subsidy and breakdown of hard costs, soft costs, and project delivery.

Press "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

Exhibit 2J. Program Schedule

All applicants must provide a detailed narrative of how the number of units proposed will be completed by the end of the contract term. Please reference the NYS HOME Local Program Schedule on the NYS HOME website https://hcr.ny.gov/nys-home-program.

The narrative should include but not be limited to:
- identifying key milestones such as the first file review
- obtaining environmental clearance
- project setups in IDIS,
- disbursements
- completions in IDIS

Press "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

VIII. Exhibit 3 Organizational Capacity

All applicants must complete this Exhibit

Exhibit 3A. Key Staffing

Identify the employees or consultants assigned to work on the proposed program for each of the roles listed below. Include their relevant experience and the estimated number of hours per week they will be working on the HOME program.

NOTE – applicant may enter N/A if role listed is not applicable to proposed program, such as TBRA.

1. General HOME Program Management and Compliance Oversight
2. Income Eligibility/Application Review
3. Construction Management and Inspections
4. Preparation of Scope of Work/Cost Estimates
5. Procurement Efforts
6. Environmental Review Activities
7. Lead Based Paint/Asbestos Activities
8. Disbursements/ Fiscal Management
9. Homebuyer Counseling (DPA, enter N/A if not DPA)
10. Rental Administration (TBRA, enter N/A if not TBRA)

Press “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

Exhibit 3B. Relevant Experience

Provide examples for up to five recent HOME awards or similar programs that applicant has administered within the past three to five years, including those that are in progress and/or those completed during that timeframe.

If experience is not with the Office of Community Renewal, applicant must upload a Grant Verification Form for each source of funding under Attachment 2.

Check the ‘Not Applicable’ box at the top right of the Exhibit if there is no relevant experience to report.

- Program Name: Enter a descriptive name for the project/program, such as *Sample Town Homebuyer Program 2016*.

- Program Administrator/Contact Person Name: Provide the name of the individual able to provide additional details if needed.

- Type: From the drop-down menu, select the type of activity that best describes the project/program.

- Contract Start/End Dates and Project Completed: Enter the month and year (mm/yyyy) that work on the project/program began, the month it was completed, or the expected completion date, and the percentage of program completion.

- Number of Units: Enter the total number of units or households assisted by the program.

- Population Served: Enter a brief description of the target populations that were served by the program, for example, Frail Elderly.

- Award Amount: Enter the total award amount

- Total Cost: Enter the total cost of the program, rounded to the nearest thousand.

- Program Funding Source: Enter the name of the primary funding program that provided funding for the project/program.

- Program Funding Agency: Enter the name of the agency that administers the funding source listed above.

- Funding Source Contact Name and Phone Number: Enter the name and phone number of the primary contact person for the program listed in the spaces provided above.

When all required data has been entered, click ‘Submit’ and the data will be redisplayed in a grid format. To add another record, click the ‘Add’ button at the bottom of the grid and repeat the steps listed above.

Press “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

Exhibit 3C. Administrative Experience

1. Identify policies and procedures in place to ensure timely implementation of the proposed program. This should include how the applicant and staff working on HOME will ensure timely implementation of the program.

2. Why/how is the applicant uniquely positioned to accomplish the goals of their application?

3. Briefly explain an accomplishment while administering a previous housing related program.

4. Briefly explain any obstacles, delays or administrative issues while administering a previous housing- related program and how they were overcome or if changes were implemented to ensure successful administration of future grants.

Press "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

IX. Exhibit 4 – Budget/Financing Plan

All applicants must complete this Exhibit.

Please refer to the NYS HOME Local Program Budget Policy and Budget Worksheets by activity available on the HCR HOME Program website (https://hcr.ny.gov/nys-home- program) for instructions and requirements for creating the program budget.

Exhibit 4A. Sources of Funds

Sources from the Budget Worksheet submitted as CDOL Attachment 1 should match this section. The Total Sources entered in this section (permanent, construction, and other) must equal the Total Program Cost entered in Section 4B of this Exhibit.

An entry for NYS HOME Program funds must be added as a Source to complete this section.

a. Source: Select the funding source name from the drop-down list. Funding sources are listed according to source type (HCR/HTFC, Federal Government, Local Government, Non-HCR State Government, and Private). If a specific funding source is not available, each source category has a generic source code that can be selected (for example, 'Federal Program – Other').

b. Specify Source: If any of the funding sources in the drop-down menu are followed by 'Specify', the applicant must enter the source name, program, lender, etc. in this space.

c. Funds Requested: Enter the amount of funds to be contributed by the source.

d. Financing Type: Select the type of financing from the drop-down menu: construction, permanent, both (both construction and permanent) or other. Please note if using other sources of funds: Only a choice of "Permanent" or "Both" will allow for program cost entries in the "Other Funds" column in "4B Program Costs." TBRA must select "Other"

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

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

g. Financing Term Type: If a Financing Term was provided, select either months or years. Otherwise, select 'Not Applicable'.

Click the 'Submit' button for the first source, and the page will be redisplayed as a grid. To add another funding source, click the 'Add' button at the bottom of the grid and repeat the steps outlined above. Please note that if a source of funds with an incorrect fund "Source" identified and submitted, the only option is to delete the source and redo it. Editing the "Source" field is not possible.

Exhibit 4B. Program Costs

Provide a line-item breakdown of all costs associated with the proposed program as follows:

- Under the column titled 'HOME funds', enter the total amount to be paid with HOME funds.
- Under the column titled 'Other Funds', enter the total amount to be paid with funds other than the HOME.

Upon clicking the 'submit' button, CDOL will add the columns together and display the total in the column titled 'Total Cost'. It will also calculate the total cost per unit in the column 'Cost/Unit.'

Budget items in this section should match the Budget Worksheet submitted as CDOL Attachment 1 and be consistent with the NYS HOME Program Budget Policy.

1. Project Costs
2. Project Delivery/Project Soft Costs
3. Staff Costs of Project Delivery (Project Delivery)
4. Administration (Administrative)
5. Total: CDOL will total the amounts entered

Press "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

Exhibit 4C. Budget Narrative

Use this field to explain the project budget. It must be consistent with the required Sources and Uses budget (Exhibit 4A) and the Budget Worksheet (Attachment 1).
Applicants must upload the NYS HOME Local Program Budget Worksheet as Attachment 1.

Specifically, identify:

a. The total project cost (including HOME funds and other funds if applicable)
b. How budget figures were determined (estimates, previous grant experience etc.)
c. The expected amount of HOME assistance per unit and how that was determined
d. If major budget items will not be paid for with HOME funds, will the items be paid for with other sources of funding or conducted in-house
e. The plan for covering project costs prior to the disbursement of HOME funds
f. The internal process for requesting disbursements including the staff responsible and separation of duties

Return to the Menu using the navigation link in the top left corner of the screen.

X. Validating Application Exhibits

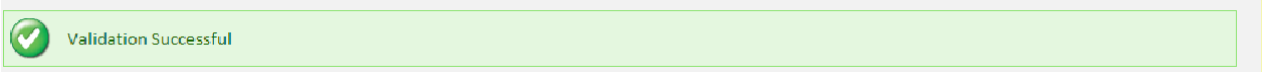
An application must pass a series of validations before the application exhibits can be certified and submitted. To validate the application, return to the Menu using the navigation links in the top left corner of

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.



XI. Applicant / Owner Certification

Certifying Application Exhibits

Please Note: Once the application is certified, the application it cannot be changed.

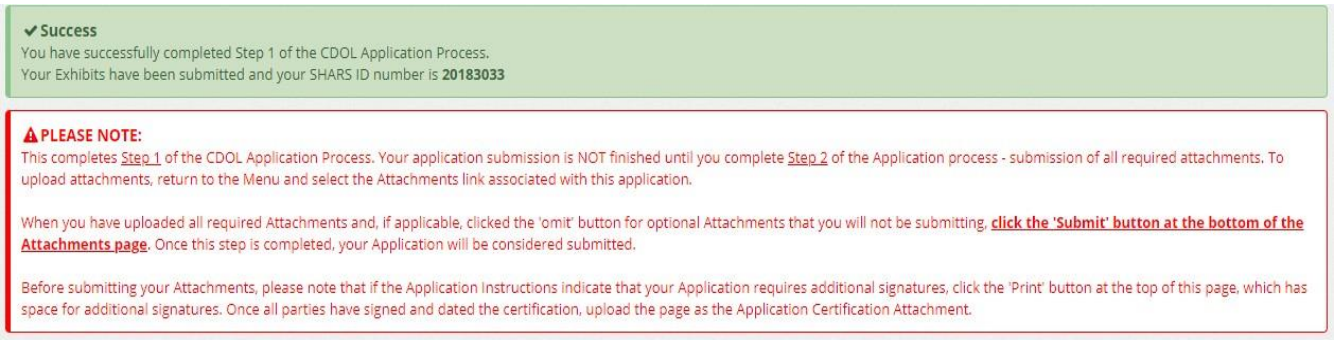
After successful validation the 'Certify' link will be made available to users with the authorization to certify the application. If the person completing the application is not the person authorized on the Security Manager Designation Form to electronically certify the application, the person who is 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 4 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 applications.

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.**



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.

XII. Application Attachments

Attachment 1 – NYS HOME Local Program Budget Worksheet (Required)
Attachment 2 – Grant Verification Form (Optional)
Attachment 3 – Vendor Responsibility Questionnaire (Optional)
Attachment 4 – Applicant Certification Detail (Optional)

Attachment Instructions

Mandatory attachments are indicated in CDOL. **For optional items, applicant must select 'omit' if attachments will not be uploaded.**

Attachment 1 – NYS HOME Program Budget Worksheet (Required)
The NYS HOME Local Program Budget Policy is available on the HCR HOME program website https://hcr.ny.gov/nys-home-program. This policy provides instructions and requirements for creating the program budget using an activity specific Budget Worksheet. Use the Budget Policy document to create program budget worksheet to upload as CDOL Attachment 2.

Be sure to use the budget that matches proposed activity and submit the document in excel spreadsheet form, not PDF.

Attachment 2 – Grant Verification Form (if applicable)
If relevant experience is not with the Office of Community Renewal, applicant must upload a Grant Verification Form available here https://hcr.ny.gov/nys-home-program located under Funding Round Documents for each experience listed in Exhibit 3B.

Attachment 3 – Vender Responsibility Questionnaire (VRQ) (required for non-profits)
All non-profits must submit the VRQ

Units of local government do not have to submit this form.

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/state-vendors/vendrep/not-profit-construction-questionnaire.

The Questionnaire must be signed, dated within the calendar year of the application and include the VRQ Contract History Form if the organization has received 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 4 – Applicant Certification Detail (Optional)
If the applicant is unable to select "Agree" to any of the items in the CDOL certification, a detailed explanation must be provided in the Applicant Certification Detail attachment.

XIII. Uploading & Certifying Attachments

Uploading Attachments

Return to the Menu, then click on the 'Attachments' link to the right of the application name. 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 may upload multiple files for each attachment. Please limit the uploaded files to those documents specifically requested in the Attachment Instructions. Whenever possible, combine multiple files into one. All required attachments must be uploaded before the group can be submitted.

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' then an 'Attachment Certification' which must both be clicked 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 HOME LPA 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.

NYS HOME Program Application exhibits and attachments must be submitted and certified in the CDOL system no later than 4:00 PM (EST) Friday September 23, 2022. Applications and supplemental materials will not be accepted after the stated deadline.