**Contract Status Report**

**NYS HOME Local Program**

## Homeowner Housing Rehabilitation With or Without Rental Units

***INSTRUCTIONS:***

*Please submit a separate report for each contract/SHARS ID.  The reporting periods are based on the calendar year.  Please insert year and check box as to which quarter is being reported. Complete all questions accurately and in detail.  Do not leave blanks, mark N/A as applicable.*

***The report must be submitted to your NYS HOME Local Program Manager by the 10th business day following the end of the reporting period. Please fill in all shaded areas in the report.  Answers to narrative questions are limited to 600 characters. Responses in this report must be typed in 12 point Arial font. When complete, print report, sign and date, copy as a PDF file and e-mail to your HOME Local Program Manager by the deadline.***

Year:

Reporting Period :  January-June  July-December

Name of Local Program Administrator:

SHARS ID #     Name of Program:

Program Contact Person:       Email:

Title:       Telephone:

Has the contact person above changed since your last submission?  Yes  No

Name of Person completing this form, title and contact info:

|  |  |  |  |
| --- | --- | --- | --- |
| Program Summary | | | |
| **Award Amount:** |  | **Contract Execution Date:** |  |
| **Contract Expiration Date** |  | **Contract Extension Date** |  |
| **Projected date 100% of Funds Committed:** |  | **Projected date 100% of funds Expended:** |  |

1. **Program Complexity**
2. **Status of HOME Local Funds**

Q1. Of your total awarded HOME Local contract, what is the total amount to date of funds

expended? Of that total, break out what has been spent for administration, staff costs

of project delivery, project hard costs and project soft costs.

Q2. What is the total amount to date of funds that are committed to activities and set up in

IDIS?

Q3. How much in HOME funds are committed to a specific project/address, but is not yet

set up in IDIS?

1. **Status of Other Funds**

Q1. Have there been any changes regarding other funding sources that were included in

your program or budget?

Q2. Please list, other than this current contract, all **open** HOME Local contracts by SHARS

ID #, the amount of the award and how much has been expended to date

1. **Audits & Management Findings**

Q1. Was an audit completed in this quarter?

Q2. Do you have outstanding Audit requirements and/or documentation due to the Office of

Community Renewal?

Q3. Have you submitted your Federal Assistance Expenditure (FAE) form within 60 days of

your most recent fiscal year end date? If required, have you submitted your Audit?

Q4. Please list any unresolved audit and/or management findings for your Agency.

1. **Capacity**
2. **Agency Obligations**

Q1. Has the staff responsible to administer this HOME Local contract been tasked with new

affordable housing contracts or other initiatives to administer since this contract was

executed?

1. **Program Staffing**

Q1. Please fill out the chart below for all agency staff currently working in the HOME Local

program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Years w/ LPA** | **Years w/ HOME** |
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Q2. Have you had staff turnover or vacancies since this contract was executed? If yes,

was the vacancy filled?

1. **Use of Sub-contractors/Consultants**

Q1. Do your procured sub-contractors and/or consultants have prior HOME funded

program administration experience?

Q2. Have you had changes in sub-contractors or consultants since this contract was

executed?

1. **Performance**
2. **Current Performance Against Approved Schedule**

Q1. Please refer to the schedule in your Administrative Plan and complete the charts below

|  |  |  |
| --- | --- | --- |
| **Progress and Performance** | | |
|  | | |
| **Target** | **Projected to be completed to date** | **Actual completed to date** |
|  |  |  |
| **# of applicants qualified for assistance** |  |  |
| **# of units with rehabilitation in progress** |  |  |
| **# of units set up in IDIS** |  |  |
| **# of units completed in IDIS** |  |  |
|  | | |
| **(***List type below*) **Special Populations Assisted** | | |
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|  | | |
| **Household Income** | | |
| **<30%** |  |  |
| **31% - 40%** |  |  |
| **41% - 50%** |  |  |
| **51% - 60%** |  |  |
| **61% - 70%** |  |  |
| **71% - 80%** |  |  |

Q2. Is your unit production progressing according to the schedule? If not, why?

Q3. Please identify any obstacles and/or actions taken to ensure successful progress and

completion.

Q4. Have you received technical assistance from your Program Manager this quarter? If

yes, on what subject?

Q5. Please list below all funds counted as match this quarter.

1. **Compliance with Administrative Plan**

Q1. Have you reviewed the administrative plan with your staff?

Q2. Have there been any issues implementing the Administrative Plan such as with Tier 2

environmental approval, lead based paint, project set up and completion, property

standards, file documentation or reporting obligations?

1. **IDIS**

Q1. Have you been contacted by your program manager regarding an IDIS Red Flag issue,

such as for not submitting a disbursement request for a unit that was set up more than

12 months ago?

Q2. Have project set up or completion forms been returned due to inaccurate information, if

yes, why?

Q3. Have completion reports been submitted along with the final disbursement request

within 30 days of project completion? If not, why?

1. **File Documentation**

Q1. Are you using the Program and Project file checklists to ensure your files contain all of

the applicable documentation required?

Q2. Have you completed an initial file review with your HOME Local Program Manager?

1. **Reporting**

Q1. LPAs are required to report Section 3 activity to the New York State Fair and Equitable

Housing Office, even if there has been no activity during the quarter. Have you

submitted the required reports to FEHO?

Q2. LPAs are required to report Minority and Women Business Enterprise (MWBE) activity

to the Office of Community Renewal (OCR) based on a federal fiscal year timeframe

(October 1-Sept. 30) Have you submitted the required report to the OCR?

1. **Complaints**

Q1. Has the program received any complaints from program beneficiaries in the past

quarter? If so, please describe the nature of the complaint and the resolution.

1. **Production (this Quarter)**

Q1. How many qualified applicants have executed the written agreement and are waiting

for rehabilitation to begin?

Q2. How many new applications this quarter have you processed and qualified for

assistance?

Q3. From a complete application submission, how long does it typically take to approve the

applicant and execute the construction contract?

Q4. Once the construction contract has been executed, how long is the typical housing

rehabilitation construction process?

Q5. Have there been issues with contractors or the bidding process?

Q6. If rental units have been assisted, are they all occupied by eligible tenants within 30 to

60 days of completion of construction?

# Financial Management

## Disbursements

The NYS HOME Local Program is a reimbursement basis program. This means that LPAs will be reimbursed by the HTFC for eligible HOME expenses that have already been paid for by the LPA. However, the HTFC does allow LPAs to request a disbursement to pay an invoice as soon as the cost has occurred.

Q1. Are you paying for eligible HOME expenses up front or are you billing immediately

after the cost has occurred and using HOME Local funds to pay the invoice?

Q2. Are you having any issues with approval of back up documentation when submitting

a disbursement request?

Q3. Does your agency invoice the HTFC within 30 to 60 days of the actual cost

occurring? If no, why not?

Q4. Did you disburse all HOME funds within 15 days of receipt that were due to sources

not previously paid by you?

## Program Income

NYS HOME Local Program Awardees must return any HOME recaptured funds and/or program income to the HTFC within 30 days of receipt.

Q1. Did you return all recaptured funds or program income within 30 days of receipt?

Q2. Please list below all funds returned to the HTFC this quarter. Include the date,

amount of program income, the address of the unit that was assisted, the IDIS

Activity number, and corresponding SHARS ID.

# Summary & Additional Information

Q1. What would you like HTFC HOME Local Program staff to know about your progress?

Q2. Has your funded program experienced barriers and/or obstacles that impeded unit

production?

Q3. Can we assist you with additional technical assistance on any topic?

Q4. Do you have positive developments/success stories you can tell us?

## Certification

I certify that the information contained in this report is truthful, accurate, and that all activities reported have been implemented in compliance with NYS HOME Local Program requirements, the Administrative Plan and our contract with the HTFC.

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Name Date

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Title