**RESTORE Program
Monitoring Questionnaire**

**SHARS ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Local Program Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
Please provide responses to the questions below. Submit the monitoring questionnaire and supporting documentation to NYS Homes and Community Renewal’s (HCR) at OCRStatePrograms@hcr.ny.org within 15 business days to initiate the project monitoring and closeout process.

1. Was a consultant involved in program administration? If so, describe the procurement process that was used for consultant selection.
2. Was a written agreement with the consultant developed? Provide a brief summary of the scope of the consultant’s grant administration duties.
3. Describe the marketing and outreach efforts conducted to notify target area property owners of the availability of financial assistance through the RESTORE program.
4. Describe the application intake process that was used for participation in the RESTORE program and attach a copy of the template application.
5. Describe the application review and project-selection process for participation in the RESTORE program.
6. Were formal award announcements made and documented in the file? Provide a minimum of one letter as an example.
7. Were there property owners that applied for RESTORE funding, but were not selected for assistance? Describe how these decisions are documented in the project files?
8. Describe the process for developing the formal scope of work for the project. How was the nature of the emergency identified and documented?
9. Describe the process followed for soliciting, receiving, and selecting bids.
10. Were women- and minority-owned businesses afforded an equal opportunity to participate in the RESTORE program? Describe the outreach efforts and compliance with the Grant Agreement.
11. Did SHPO issue conditions for any projects? If so, describe how they were addressed and provide documentation conditions were incorporated into the project scope of work.
12. Describe the progress-inspection and final-inspection process for each individual project, including, who was present, and how the inspection was documented.
13. Describe the method for documenting adherence to the RESTORE timeline.
14. Describe the dispute resolution policy for the grant. Include a copy of the policy that is provided to participants.
15. The RESTORE Grant Agreement outlines the Regulatory Period requirements. The recipient organization is responsible for requiring each participating property owner to execute a Property Maintenance Declaration (PMD) to be filed in the County Clerk’s Office. The Property Maintenance Declaration and instructions are available on the New York State Homes and Community Renewal web site, here: <https://hcr.ny.gov/restore-program>. Please submit copies of the Declarations and filing receipts for HCR review. Originals should remain in the project files. **Please ask** **Program manager to identify required project PMDs that have not been submitted to date.**
16. The RESTORE Grant Agreement includes a directive for Ongoing Maintenance. Submit a formal monitoring plan to explain how the recipient organization intends to meet the requirements for monitoring ongoing maintenance of assisted properties. This plan should address staff assignment of this responsibility and continuity of operations. As part of this plan, staff from the recipient organization will periodically inspect assisted properties and conduct any inspections directed by HCR.
17. At the time of application, applicants propose program accomplishments, including the number of units to be assisted with the grant funds.

a) Explain how the proposed unit goals were developed at the time of application.

b) Explain how the project selection criteria and review process were structured to best meet the proposed accomplishment.

c) How many units were completed with RESTORE funds?

d) Explain any impediments to reaching the proposed accomplishments.

e) Explain how the process will be adjusted for future RESTORE applications.

1. Provide a summary of the program outcome and impacts on the target area and community. Provide any additional relevant information about the project, including, but not limited to job creation figures, other impact statistics, project briefing sheets, final budget or private funds leveraged, etc.

**Certification**

I am authorized to execute contract materials for the program award to the Local Program Administrator (LPA) named above. I have read this Questionnaire and by signing this document agree with the statements made herein and agree that, to the best of my knowledge, the provided information is true, accurate, and complete.

Name, Title (Signature) Date

Prepared by

Title

Phone

Email

**OCR – Program Manager Review Stamp**

**OCR – Program Director Approval Stamp**