NEW YORK STATE HOMES AND COMMUNITY RENEWAL
PRESERVATION PROGRAM RENEWAL FORM

Preservation Company

CONTRACT TERM: 07/01/2016 **TO** 06/30/2019

PROGRAM YEAR: 07/01/2018 **TO** 06/30/2019

Organization Name: Select an Organization

SHARS ID:

Mailing Street Address:

City:

State: New York Zip:

Telephone Number:

* Is this address the location where your Preservation Program activities are conducted?

☐ Yes If not, please fill out next section.

Physical Street Address:

City:

State: New York Zip: County:

Telephone Number:

Federal ID Number: _____

Charities Registration Number (6 Digits): _____

Email Address (General Inquiry Contact):

Company Web Site Address:

Executive Director:

Email:

Telephone Number:

Select an Organization

Board Chair/President:

Mailing Address:

City:

State: New York Zip:

Email:

Telephone Number:

Company Contact (If other than ED):

Title:

Email:

Telephone Number:

The funds requested are for the administration, planning, and implementation of the Work Plan activities included in this renewal and checked below.

Check the Appropriate Work Plan Activities

- ☐ Property Rehabilitation and Construction
- ☐ Client Assistance
- ☐ Community Renewal

Work Plan

EXHIBIT A- Property Rehabilitation and Construction Activities

Units to be In-Progress are those units whose work will **not** be completed by the end of the program year.
Units to be Completed are those units whose work will be completed during the program year.

Owner-Occupied Property Rehabilitation and Construction	Units to be In-Progress	Units to be Completed	Total Units	For In-Progress Units - Expected Completion Date (mm/yy)
Minor Repair (up to $5,000 per unit)				
Home Improvement ($5,001-$25,000)				
Moderate Rehabilitation ($25,001-$75,000)				
Substantial Rehabilitation (over $75,000)				
New Construction				
Tenant Property Rehabilitation and Construction	**Units to be In-Progress**	**Units to be Completed**	**Total Units**	**For In-Progress Units - Expected Completion Date** (mm/yy)
Minor Repair (up to $5,000 per unit)				
Home Improvement ($5,001-$25,000)				
Moderate Rehabilitation ($25,001-$75,000)				
Substantial Rehabilitation (over $75,000)				
New Construction				
Non-Residential Property Rehabilitation and Construction	**Units to be In-Progress**	**Units to be Completed**	**Total Units**	**For In-Progress Units - Expected Completion Date** (mm/yy)
Capital Improvements (up to $25,000 per unit)				
Capital Improvements ($25,001-$75,000)				
Capital Improvements (over $75,000)				
New Construction				

Special Populations Affected by Rehab and Construction Activities Listed Above	Number to be Served
Frail Seniors	
HIV/AIDS	
Developmental Disabilities	
Homeless Persons	
Homeless Families	
Physical Disabilities	
Victims of Domestic Violence	
Psychiatric Disorders	
Homeless Veterans	
Veterans - Substance Abuse	
Substance Abuse	

Exhibit A Narrative

Please describe the anticipated activities under ***Property Rehabilitation and Construction*** (Exhibit A). Please include location, work to be done, funding source(s) and impact.

Select an Organization

EXHIBIT B - Client Assistance

	# Individuals ≤90% AMI to be Served	# Individuals >90% AMI to be Served	Total
Financial Capability Counseling			
Reverse Mortgage/HECM			
Resolving/preventing mortgage delinquency/default			
Post-Purchase Counseling Non-Delinquency			
Evictions Prevented			
Tenant Assistance/Rental Counseling			
Subsidy Assistance			
Relocation Assistance/Mobility Counseling			
Homeless Assistance			
Entering/Returning to Work Force			
Pre-Purchase Counseling			
Downpayment/Closing Cost Assistance			
Mortgages/Loans Obtained*			
For loans above (*) sum in dollars			

	Total # Workshops	Total # Participants
Workshops Offered		

	Total # Associations	Total # Members
Tenant Associations		

	Total # Properties	Total # Units
Property Management		

Special Populations Affected by Activities Listed Above	# of Individuals to be Served
Frail Seniors	
HIV/AIDS	
Developmental Disabilities	
Homeless Persons	
Homeless Families	
Physical Disabilities	
Victims of Domestic Violence	
Psychiatric Disorders	
Homeless Veterans	
Veterans - Substance Abuse	
Substance Abuse	

Please describe in a **narrative format**, the activities to be completed under Client Assistance (Exhibit B). Be sure to include services offered, programs utilized, impact on community, etc.

EXHIBIT C- Community Renewal

	Total to be In-Progress	Total to be Completed	Total for Activity
Infrastructure - Assistance to Neighborhoods/Municipalities			
Planning - Assistance to Neighborhoods/Municipalities			
Grants - Assistance to Neighborhoods/Municipalities	**Total**		
Grant Applications Written			
Grants Administered			
Business Assistance	**Total**		
Provision of Business Loan Products			
Businesses Attracted			
Businesses Retained			
Formation/Participation in Local Merchants Associations			
Programs	**# Programs**	**# Served**	
Crime Watch			
Weed and Seed			
Block Clubs/Neighborhood Associations			
Youth			
Organizational Activities	**# Events**	**# Individuals**	
Staff/Board Development (Trainings/Conference/Workshops)			
Involvement with HCR Activities			
Partnerships Created	**Total Partnerships**		
With local agencies			
With the private sector			
With statewide or national nonprofits			

Please describe in **narrative** format, the tasks to be completed under ***Community Renewal*** (Exhibit C). Please list specific assistance to be offered, grants to be written/administered, etc.

Property Management Questionnaire

Complete this table for ALL properties owned and/or managed by your company.

	Properties Within Service Area		Properties Outside Service Area	
	HCR Oversight/ Regulated	Non-HCR Regulated	HCR Oversight/ Regulated	Non-HCR Regulated
Number of Units Managed				
Number of Units Owned				

Complete the table for all properties within your service area that are owned and/or managed by your company.

Property Address	**Number of Bldgs** **Number of Units**	**Name of Managing Company**	**Amount of Program funds used to offset costs?**	**Where on budget are these expenses listed?**	Does HCR regulate or have oversight over this property?

Complete the table for all properties within your service area that are owned and/or managed by your company.

Property Address	Number of Bldgs Number of Units	Name of Managing Company	Amount of Program funds used to offset costs?	Where on budget are these expenses listed?	Does HCR regulate or have oversight over this property?

BUDGET- TOTAL SALARIES

A. List the **name** and **title** of each staff person whose salary will be funded (all/in part) with **2018-2019 Preservation Program** funds.
B. List the **weekly** hours worked by that staff person on Preservation Program contract activities.
C. Indicate the amount of **Preservation Program** funds used for the salary of the staff member listed.
D. List the portion of salary covered by other funds. (These can be used as matching funds.)
E. Calculates staff member's total annual salary. Be sure this number is accurate.

A	B	C	D	E
Staff Person Name, Title	**Weekly Hours Worked on Preservation Program Activities**	**Salary Portion Funded by Preservation Program Funds**	**Salary Portion Funded by Other Sources**	**Total Annual Salary**
TOTALS	0	$ 0	$ 0	$ 0
TOTAL NUMBER OF Company STAFF PERSONS				
TOTAL NUMBER OF Preservation Program STAFF PERSONS				

BUDGET- TOTAL N/RPP FUNDS

Please complete this section by providing the Company's budget for use of Preservation Program funds and other funds related to Preservation Program activities in the **2018-2019 Program Year**.

* If funds are listed in one of the 'Other' categories, please write a brief description of the expense in the space provided.

ITEM	Preservation Program FUNDS	Non-Preservation Program Funds	Total Funding
Personnel Services			
Total Salaries	$ 0	$ 0	$ 0
Total Fringe Benefits			
Total Personnel Services	$ 0.00	$ 0.00	$ 0.00
Regulated Other than Personnel Services (OTPS)			
Insurance/Bonding			
Professional Services- Agency Audit			
Professional Services- Legal			
Professional Services-Other:			
Professional Services-Other:			
Equipment:			
Regulated OTPS Other:			
Regulated OTPS Other:			
Total Regulated OTPS	$ 0.00	$ 0.00	$ 0.00
General Other than Personnel Services (OTPS)			
Rent/Mortgage			
Utilities (Phone, Electric, Etc.)			
Office Supplies			
Printing/Postage			
Travel			
Bank Charges (not interest)			
General OTPS Other:			
General OTPS Other:			
Total General OTPS	$ 0.00	$ 0.00	$ 0.00
TOTAL BUDGET	$ 0.00	$ 0.00	$ 0.00

COMPANY'S TOTAL ANNUAL ADMINSTRATIVE BUDGET

The box on the left must be greater than or equal to the box above.

The Rural Preservation Program award amount is $88,305.08.

Be sure your Preservation Program Funds Total Budget is correct.

Organization Select an Organization **SHARS ID**

BOARD ROSTER

1. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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2. Name: Occupation:

Home Address (No PO Boxes): City: State: NY

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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3. Name: Occupation:

Home Address (No PO Boxes): City: State: NY

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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4. Name: Occupation:

Home Address (No PO Boxes): City: State: NY

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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5. Name: Occupation:

Home Address (No PO Boxes): City: State: NY

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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6. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

Organization Select an Organization **SHARS ID**

BOARD ROSTER

7. Name: Occupation:

Home Address (No PO Boxes): City: State: NY

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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8. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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9. Name: Occupation:

Home Address (No PO Boxes): City: State: NY

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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10. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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11. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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12. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

Organization Select an Organization **SHARS ID**

BOARD ROSTER

13. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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14. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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15. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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16. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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17. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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18. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

Organization Select an Organization **SHARS ID**

BOARD ROSTER

19. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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20. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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21. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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22. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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23. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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24. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

Organization Select an Organization **SHARS ID**

BOARD ROSTER

25. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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26. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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27. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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28. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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29. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

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30. Name: Occupation:

Home Address (No PO Boxes): City: State:

Zip Code: Home Phone Number: Initial Date Elected to Board:

Board Title: Resident of Neighborhood: Yes No

Additional Requirements:

Contract Renewal Agreement

- Must be completed and signed by person authorized in your 2016-19 Contract Board Resolution.

Certificate of Disability Insurance

- Certificate must name Housing Trust Fund Corp (HTFC) and The State of New York as the certificate holders: Housing Trust Fund Corp and
  the State of New York
  38-40 State Street
  Albany, NY 12207
- FEIN must match NPC/RPC FEIN even if covered by parent/affiliation company.
- Policy period must show coverage from at least 7/1/18 to present. If form is submitted prior to July 1st, be sure to email the updated certificate.

Certificate of Workers' Comp Insurance

- Certificate must name Housing Trust Fund Corp (HTFC) and The State of New York as the certificate holders: Housing Trust Fund Corp
  and the State of New York
  38-40 State Street
  Albany, NY 12207
- FEIN must match NPC/RPC FEIN even if covered by parent/affiliation company.
- Policy period must show coverage from at least 7/1/18 to present. If form is submitted prior to July 1st, be sure to email the updated certificate.

HTFC Disbursement Request Form

- Must be completed and signed by authorized personnel
- Scans of originals will be accepted.

HTFC Designation of Depository Form

- Must be completed and signed by authorized personnel from recipient organization.
- Scans of originals will be accepted.

Grants Gateway

- Must be Prequalified.

OCR Programs

- Must be in good standing with all other OCR programs.