

New York State HOME Program

FY 2020

Community Development Online (CDOL) Application
Instructions



**Homes and
Community Renewal**

OFFICE OF COMMUNITY RENEWAL

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I. NEW YORK STATE HOME PROGRAM

A. 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.

B. Eligible applicants

1. Eligible applicants for this funding round are units of local government to include counties, cities, towns and villages (contracted with the HTFC as State recipients) or non-profit corporations incorporated under State Non-Profit Corporation Law.
2. The State anticipates that some HOME funds may be used for eligible activities that are in local HOME Participating Jurisdictions (HOME PJs). Preference will be given to projects in which the applicant collaborates directly with the local HOME PJ to leverage funds and reduce the amount that the NYS HOME Program must contribute.
3. 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 Homeprogram@nyshcr.org.

NYS HOME Program Application exhibits and attachments must be submitted and certified in the CDOL system by 4:00 PM (EST) Friday January 22, 2021.

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

A. Registering Applicant & Security Manager

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

To use CDOL, applicants must:

1. Be registered in the New York State Homes and Community Renewal (HCR)

Statewide Housing Activity Reporting System (SHARS)

2. Have designated a Security Manager for their organization. The Security Manager will serve as the individual who authorizes and monitors access to CDOL for the applicant's organization, including which people can update the organization's applications. Security Managers may go into CDOL system and add or remove users for their organization. Forms are available on HCR's website: <https://hcr.ny.gov/nys-home-program>.

- **If the organization has not previously applied to HCR for funding:**

Submit an Applicant Registration Form to register as a SHARS Applicant following directions on the form itself. This form also contains a section to designate a Security Manager for the organization. HCR staff will register the organization and Security Manager and e-mail a USER ID and password to access CDOL.

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

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

- **If the organization has previously used the CDOL system to apply to HCR for funding:**

Applicants who used CDOL in the past will still be registered and may use the user ID and password previously assigned to them. To retrieve a forgotten password, go to CDOL and enter the USER ID and e-mail address a new password will be automatically e-mailed. If the email address associated with the USER ID has changed, and the password or USER ID has been lost, please send an email to ocrinfo@nyshcr.org for assistance.

B. Identifying and Registering Organization's Electronic Signatory

Applications submitted through the CDOL system must be electronically certified by an authorized representative of the applicant's organization. The person who will certify the application must be set up in CDOL as a user for the applicant organization. The Security Manager (identified on the Security Manager Registration Form) may add the certifier by following these steps:

Log into CDOL and click on the User Administration link at the top of the page. The organization name will be displayed with a list of CDOL users.

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

3. Select their access level from the drop-down box. Applicant inquiry allows the user to view but not change the application. Applicant update allows the user to make changes to the application.
4. Click the box that reads 'Authorized to Sign Certification'
5. Click the box next to the organization name. Then click 'Submit'.
6. CDOL will generate an e-mail providing the user with their User ID and temporary password. Later, when the application exhibits are complete, validated and ready to be submitted, the certifier must log-in to the CDOL, complete the certification, and submit the application exhibits. Required application attachments must also be certified prior to submission.

C. Verifying Applicant Information

Prior to beginning a new application using the CDOL system, the applicant organization must verify and update the organization information. To do so, login and from the CDOL Main Menu, select the 'View' button to the right of the organization's name, under the 'Organization' heading. A pop-up window will appear with the organization information HCR has on file. If any of the information displayed is incorrect or needs updating, close the pop-up window, and select the 'Edit' button to the right of the organization name. Please be sure to include the name and mailing address for the contact authorized to execute a contract with 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.

III. **APPLICATION OVERVIEW**

A. Contents of Application

A complete NYS HOME Program application includes five (5) exhibits, an electronic certification, and up to five (5) possible attachments.

Exhibit 1 – Application Summary

Exhibit 2 – Program Summary and Financing Plan

Exhibit 3 – Needs Statement Summary

Exhibit 4 – Relevant Experience

Exhibit 5 – Budget/Financing Plan

Attachment 1 – Administrative Plan Questions (Required)

Attachment 2 – NYS HOME Program Budget Worksheet (Required)

Attachment 3 – LPA Funding Commitment Letters

Attachment 4 – Supportive Services Agency Commitments (agreements, MOUs, letters of support)

Attachment 5 – Applicant Certification Detail (if applicable)

B. Application Process

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

1. Completing 5 online application exhibits;

2. Validating online application exhibits;
3. Certifying and submitting online application exhibits
4. Uploading and submitting attachments
5. Certifying attachments.

III. COMPLETING APPLICATION EXHIBITS

A. Creating a New Application in CDOL

- Log in to CDOL.
- Next to ‘Start a New Application’ under the ‘Applications’ heading, enter a 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.
- Select ‘HOME LPA’ from the ‘Application Type’ drop-down menu.
- 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.

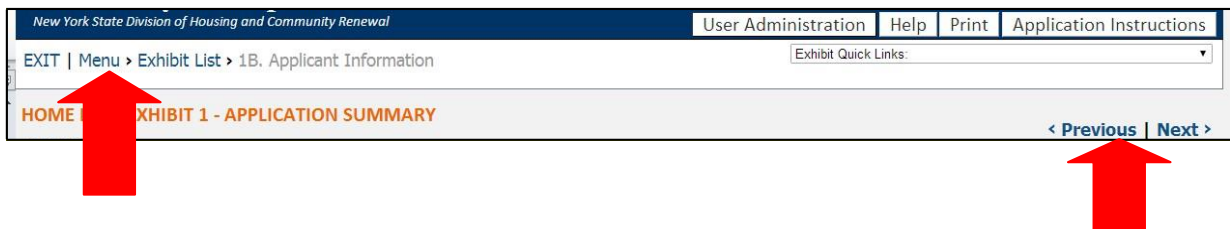
B. Application Exhibit Navigation

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.



- If the Exhibit is complete and accurate, a message will appear at the top of the screen in green to notify the applicant that the ‘Updates have been successfully saved’.
- If errors are present in the Exhibit, a message will appear in 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.

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

C. Instructions for Completing Application Exhibits

Exhibit 1 - Application Summary

Please note do not enter zero '0' in exhibit fields. If the applicant does not intend to request funds for a particular activity, the field must be left blank.

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

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 2.

- 1. Local Program Name:** A Project Name was entered on the main menu when the application was created. The Project Name will auto populate from the main menu into this field; however, you can also create a new name using this field. See instructions below. 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 2016 HOME Program*.
- 2. HOME LPA Funds Requested:** This field will be automatically filled based on responses entered in fields below.
- 3. HOME Program Activities/Uses of Funds:** Identify the Activity or Use of Funds to be proposed in the application. Enter the number of units or households 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.

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

A. Housing Rehabilitation

Funds may be requested for the repair or rehabilitation of an owner-occupied single-family (1-4 unit) dwelling. All HOME assisted units must meet NYS and/or Local Code upon completion of construction activities.

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

B. 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.

Manufactured home replacement is considered reconstruction for the purposes of the HOME program. 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.

Maximum Award up to \$1,250,000 – Maximum Per-unit up to \$125,000

C. Homebuyer Down Payment Assistance

Funds may be requested to assist homebuyers with down payment and/or closing costs to purchase a single family (1-4 unit), non-HOME assisted existing home or newly constructed home. 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.

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

D. 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.

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 3b, for a maximum of two (2) applications per applicant.

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

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 nine-digit DUNS Number associated with your entity. **(REQUIRED)**

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 you selected “Yes” do not complete question 9,

as an error message will occur. If you select “No” 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.

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.

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>

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 you are using 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 Google Maps, a user can right-click on an area of the map and select “*What’s here?*” from the drop-down menu. An info card with coordinates will appear under the search box.

- 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.

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).

1E. Income Targets

Enter the number of residential units (or households) which are to be occupied by persons in each corresponding income group. The total residential units (or households) entered on this screen must be equal to the total units entered on screen 1A.

1F. Target Populations

If the program elects to serve a special needs population, the applicant must have a current service provider agreement that will send direct referrals of applicants of the special needs population. The service provider agreement must be uploaded as Attachment 4 CDOL.

On this screen, enter the number of units targeted to special population households. The total number of units entered on this screen must be equal to the total units entered on screen 1A. *If no special populations will be targeted, then enter the total amount of units next to "No Target Population (or Unknown)".*

Exhibit 2 – Program Summary & Financing Plan

2A. Program Abstract

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, location of the program/project, HOME program request amount, estimated total project cost, other sources of funding, main goal(s) of the program, activities HOME funds will be used for (new construction, rehabilitation, conversions, acquisitions, occupied or vacant) including proposed unit goals, and any special emphasis of the program, such as special needs populations or areas/neighborhoods to be served, income ranges to be targeted, etc. A time frame for work should also be included.

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. All improvement projects will incorporate the results of an energy audit into the scope of work, and added insulation, Energy Star rated appliances, light fixtures and heating systems will be utilized when indicated. \$100,000 from the City of Sample and \$50,000 from other grant

sources (specify) will supplement the HOME funds for a total project cost of \$450,000. This project will target households at or below 60% of area median income.

2B. Program Administration

2B-1. Key Staffing & Activities

Complete this section for each key staff member who will be responsible for the activities listed on the page.

1. Enter the name of the person responsible for one of the listed activities.
2. Enter the person's title.
3. Select the person's employer from the drop-down menu.
4. Qualifications - Describe specific staff experience or training relevant to the implementation of the proposed HOME Program. Include qualifications, licenses and certifications. Provide estimate of time to be committed in support of the proposed HOME Program.
5. Select each of the activities that the person will be responsible for.
6. If the person will perform activities other than those listed, use the "Other Activities" box to briefly describe them.
7. If the person is authorized to enter into contractual agreements and/or to request disbursements, select the applicable box (es).
8. Indicate if this person will be paid with HOME Program funds.

After you submit information about the first staffer, the page will be Re-displayed as a grid. Click the 'Add' button to list additional staff.

2B-2a. Procurement & Oversight of Subrecipients, Consultants and Contractors

If consultants, subrecipients or contractors will perform functions for the program, describe how they will be selected. Procurement regulations at 2 CFR Part 200.381-326 may apply. Also, describe the controls the recipient will maintain over consultants and contractors to ensure compliance with things such as HOME Program requirements, quality control, timeliness and cost-effectiveness.

If not applicable, select 'Not Applicable' in the upper-right corner.

2B-2b. Consultant/Subrecipient/Contractor Listing

- Enter the name of the consultant/subrecipient/contractor that will be paid to perform administrative duties.
- Enter the amount they will be paid to perform these duties.
- Briefly describe how the pay rate was determined.

After submitting information about the first consultant/subrecipient/contractor, the page will be redisplayed as a grid. Click the 'Add' button to add another. This page will not be open for updates if the applicant selected 'Not Applicable' in Section 2B-2a.

2C. Supportive Services Agency Commitments

If the program elects to serve a special needs population in Exhibit 1 Section 1F, the LPA must have a current service provider agreement that will send direct referrals of applicants of the special needs population.

The service provider agreement must be uploaded as Attachment in CDOL 4. Enter each supportive service agency from which you have received a written commitment to provide services to special needs clients, or to maintain a referral system.

Provide the following information: source name, a brief description of the services to be provided, the date of the written commitment letter, the expiration date of the letter if applicable, and the name of the person who signed the commitment letter.

Verification may be requested if awarded and prior to entering into a contract.

After entering information about the first commitment, press submit and the page will be redisplayed as a grid. Click the 'Add' button to list additional commitments.

Click 'Not Applicable' where no supportive service agency commitments exist.

Exhibit 3 – Needs Statement Summary

PLEASE NOTE: Information provided in this Exhibit is used to determine the relative need in the program service area. It is not intended to measure the needs of occupants of the units to be assisted, or to identify the incomes and/or poverty characteristics of actual program beneficiaries. 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.

3A. Individual Poverty

This section must be completed by all applicants.

Enter the total number and percentage of individuals below poverty in the proposed service area on lines 1 and 2, respectively. Select the source of the data on line 3.

Suggested data source for this section is below.

1. <https://data.census.gov/cedsci/>
2. Enter the location and type of information you are looking for in the Search field under "Explore Census Data". For example, "Albany County NY Poverty".
3. A box indicating the percentage poverty should appear. Select that box to bring you to the table that indicates both percentage and individuals below the poverty level in separate columns.

3B. Housing Rehabilitation

This section is only for Housing Rehabilitation and Manufactured Housing

Replacement.

Enter the total number of housing units in the service area and total housing units built before 1960.

CDOL will calculate the percentage built prior to 1960 for the service area on line 3 when you click 'Submit'.

Select the source of the data from the drop-down menu. If the source is not included, specify the source in the field below.

Suggested data source for this section is below.

1. <https://data.census.gov/cedsci/>
2. Enter the location and type of information you are looking for in the Search field under "Explore Census Data". For example, "*Albany County NY Housing*".
3. A box indicating the total housing units should appear. Select that box to bring you to the table that indicates both total housing units and housing built before 1960.

Add the estimates from the following fields to get your answer: "Built 1950 to 1959", "Built 1940 to 1949", and "Built 1939 or earlier".

3C. Homebuyer Down Payment Assistance

This section is for Homebuyer Down Payment Assistance with or without Housing Rehabilitation only.

Enter the total number of occupied housing units and total number of owner-occupied housing units.

The percentage of owner-occupied housing units will be calculated by the CDOL when you 'submit' the entire page.

Select the source of the data from the drop-down menu. If the source is not included, specify the source in the field below.

Suggested data source for this section is below.

1. <https://data.census.gov/cedsci/>
2. Enter the location and type of information you are looking for in the Search field under "Explore Census Data". For example, "*Albany County NY Housing*".
3. A box indicating the total housing units should appear. Select that box to bring you to the table that indicates both total housing units and scroll to bottom of the page to see number of owner-occupied units.

5. Affordability Index Worksheet:

A. Available Income: This section will determine the monthly income available for housing.

1. **80% of Area Median Family Income**: Enter the income limit for a low-income family of four (80% of Area Median Family Income) in the county or MSA in which

your program is located. This number can be found here:

<https://www.hudexchange.info/programs/home/home-income-limits/>.

2. Monthly Income: When the entire page is completed and submitted, CDOL will update this field by dividing the number in line 1 (80% of Area Median Family Income) by 12.
 3. Monthly Income Available for Housing: When the entire page is completed and submitted, CDOL will update this field by multiplying line 2 (Monthly Income) by 0.30.B. Monthly Housing Payment: This section will determine the monthly housing payment.
 4. Median Sales Price: Enter the current median sales price for the local program area. If your program spans multiple jurisdictions, determine the median sales prices for each jurisdiction, and average the sales prices. Median sales price data can be obtained from the local Board of Realtors or from the National Association of Home Builders; the data must be specific to your program county. Enter the source of your data in the space provided.
 5. Mortgage Amount: When the entire page has been completed and submitted, CDOL will update this line by multiplying line 1 (Median Sales Price) by 0.95 (assumes a five percent down payment).
 6. Monthly Principal and Interest: When the entire page has been completed and submitted, the CDOL will update this line by multiplying line 2 (Mortgage Amount) by 0.00632 (assumes a 30-year mortgage at 6% interest, the mortgage constant).
 7. Monthly Taxes/Source of Data: Enter the monthly estimated monthly taxes for the local program area (annual property tax divided by 12). Property tax rates must be documented by the local assessor's office, with equalization rates applied to provide an accurate tax figure for a typical unit. Be sure to include all municipal and school taxes that apply (but not fees such as water and garbage pickup). If your program spans multiple jurisdictions, determine the tax rates for each jurisdiction, and average the sales prices and rates. Enter the source of your data in the space provided.
1. Monthly Housing Payment: When the entire page has been completed and submitted, CDOL will update this line by adding together line 3 (Monthly Principal and Interest) and line 4 (Monthly Taxes).
- B. Affordability Index: When the entire page has been completed and submitted, the CDOL will calculate line 3 (Affordability Index) by dividing the Monthly Income Available for Housing (A3) by the Monthly Housing Payment (B5).

An Affordability Index that is greater than 1 indicates a more affordable housing market.

3D. Tenant-Based Rental Assistance (TBRA):

This section is for TBRA only.

Enter the total number of very low-income renter households (<=50% of Median Family Income) with a cost burden >30% of income.

Obtain the CHAS data using the instructions below.

1. <https://www.huduser.gov/portal/datasets/cp.html>.
2. Scroll to bottom of page and enter information for proposed program or project.
3. Scroll to bottom of chart to find the heading "Income by Cost Burden (Renters Only)"
4. From the "Cost Burden >30%" column, add both rows "Household Income <=30% HAMFI" and "Household Income >30% to <=50% HAMFI" to capture all very low-income households.

To show evidence of demand for the program in the proposed service area, please provide following information:

1. Enter the total number of households on the Section 8 rental assistance waiting list for the service area.
2. Enter the estimated length of time a household will remain on the Section 8 rental assistance waiting list.
3. If you have a previous program and your own waiting list use those numbers as well.

Exhibit 4 – Relevant Experience

Complete this Exhibit for each organization involved in the proposed NYS HOME Program, including the applicant, any organization that will administer the program, and/or any consultant involved in the in the administration of the program.

Provide examples for up to five recent HOME awards or similar programs that these organizations have been involved with for the past three to five years, including those that are in progress and/or those completed during that timeframe.

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

4A. Relevant Experience

At the top of the page, select the role of the organization or person that the relevant experience is being reported for (applicant, consultant or administrator who is not the applicant).

- 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.

- Role: From the drop-down menu, choose the role that the organization assumed in the project/program.
- 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.
- 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.
- Detail: Provide brief description of project accomplishments. Describe how this experience is relevant to the proposed program, and address grant administration problems, delays or monitoring findings.

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.

Exhibit 5 – Budget/Financing Plan

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.

5A. Sources of Funds

Sources from the Budget Worksheet submitted as CDOL Attachment 2 should match this section. The Total Sources entered in this section (permanent, construction, and other) must equal the Total Program Cost entered in Section 5B of this Exhibit.

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

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').

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.

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

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 "5B Program Costs." TBRA must select "Other"

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

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

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

All sources of funds other than HOME must be formally committed or else they will not be counted. The date of the commitment letter and the signatory should be entered and a copy of the commitment submitted as Attachment 3.

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 you submit a source of funds with an incorrect fund "Source" identified, your only option is to delete the source and redo it. Editing the "Source" field is not possible.

5B. 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 2 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. ~~Developer Fee~~ **N/A for this funding round
6. Total: CDOL will total the amounts entered

5C. Budget Narrative

Use this field to explain the project budget. Explanations should be specific and consistent with the Sources and Uses budget tables in Sections 5A and B. All sources should be committed, but this section can be used to identify funds that may be committed in the future, prior to award.

- Identify the total project cost and describe each source of committed funds and proposed use(s).
- Identify sources and amounts of available construction financing, if any.

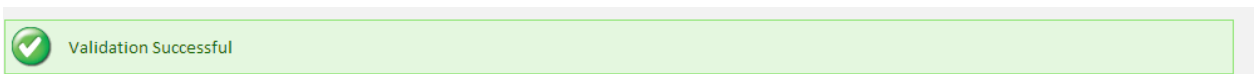
IV. Validating Application Exhibits

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

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

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

If any incomplete Exhibits, fields or inconsistencies are found, the applicant will receive the message: "Validation failed, please make the necessary corrections." Below this message, an explanation(s) of the problems found during the validation process will be displayed. Return to the Exhibits identified and complete them and/or correct the inconsistencies found. Each problem listed will have a link that will return the user to the applicable Exhibit. If there are a number of 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.



V. Applicant / Owner Certification

A. 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 labeled Application Certification Detail. Attachments may be uploaded at any time during the application process, including after certification is complete.

To electronically certify and submit the application exhibits, click the 'Certify' link on the Validation page. At the bottom of the Applicant/Owner Certification enter the password and title, and click the 'Submit' button. If the certification and submission was successful, CDOL will display a message acknowledging successful submission of the Exhibits or Step 1 of the CDOL Application Process. This message will also provide the 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.**

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

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

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

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

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

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

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

VI. Application Attachments

- Attachment 1 – Administrative Plan Questions (Required)
- Attachment 2 – NYS HOME Local Program Budget Worksheet
- Attachment 3 – LPA Funding Commitment Letters

Attachment 4 – Supportive Services Agency Commitments (agreements, MOUs, letters of support)

Attachment 5 – Application Certification Detail

A. Attachment Instructions

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

Attachment 1 - Administrative Plan Questions (Required)

Submit the answers to the administrative plan questions here in either Word or PDF format.

The questions related to the eligible activities are located on the HCR HOME Program website <https://hcr.ny.gov/nys-home-program>.

Attachment 2 – 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 your activity and submit the document in excel spreadsheet form, not PDF.

Attachment 3 – LPA Funding Commitment Letters (if applicable)

If applicable, attach documentation for each funding source identified in Exhibit 5A – Sources of Funds. All sources of funds other than HOME must be formally committed or else they will not be counted and the applicant may lose scoring points. If no other sources select “Omit”.

Attachment 4 – Supportive Services Agency Commitments (If applicable)

Supporting documentation must be provided for each Supportive Services Agency Commitment identified in Application Exhibit 2C. If the program elects to serve a special needs population, the applicant must have a current service provider agreement that will send direct referrals of applicants of the special needs population or no points will be awarded. If there are no special needs populations to be served, select “Omit”.

Attachment 5 – Applicant Certification Detail (If applicable)

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

VII. Uploading & Certifying Attachments

A. 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.

B. Submitting and Certifying Application Attachments

When all required application attachments have been uploaded, the organization's authorized signatory must log-in and click 'Submit' on the Attachment Upload page. CDOL will display an 'Attachment Receipt' 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 January 22, 2021. Applications and supplemental materials will not be accepted after the stated deadline.