New York State Homes and Community Renewal SHARS-CDOL Applicant Registration Form

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Α.	General Applicant Info	mation:								
	Legal Name of									
	Organization/Municipality	/								
	Federal Identification #									
	DOS Charitable Organiz	ation #								
	Fiscal Year End Date (M	M/DD)								
	Acronyms and/or Aliases	3								
В.	Type of Applicant - Che	eck ALL that	apply							
	01-Individual					16-Charitable Organization				
	02-Neighborhood Preservation Con			npany			17-Financial Institution			
	03-Rural Preservation Company 04-Local Program Administrator						18-Mobile Home Resident Association			
							19-Mobile Home Park Cooperation			
	05-Public Housing Authority					20-Native American Tribal Organization				
	06-Housing Development Fund Co.) .			21-Partnership (Not Limited)			
	07-Town Governme	ent					NYS Agency	,		
	08 Village Governm	nent				23-	Public Benefit Co	orporation		
	09-City Governmer	t				24-	Limited Partners	hip		
	10—County Government					25-Community Housing Development				
11-Municipal Designeee						26-Tax Exempt Status (501(C)(3)				
	12-Non-Profit Corporation						27-Limited Liability Corporation			
	13-Limited Profit Corporation					28-Section 8 Administrator				
	14-For Profit Corporation					29-Weatherization Subgrantee				
	15-Unincorporated	Association								
C.	Applicant Phone and Ir	iternet Data:								
	Phone Number			Ext.			Fax Number			
	Email Address									
	URL									
_										
D.	Applicant's Primary M	ailing Addres	SS:							
	Full Street Address	Т		1				Room/Suite #		
	P.O. Box (if applicable)		City							
L			~,	_1						

County

State

Zip

	Last Name	First Name							
	Title	Email							
F.	Other Applicant Principals - If applicable, please enter the Names & Titles of the Applicant's Executive Director, Chairperson, Board President, N/RPC Contact Person,								
	Last Name First Name								
	Title	Email							
	Last Name	First Name							
	Title	Email							
	Last Name	First Name							
	Title	Email							
	Last Name	First Name							
	Title	Email							
	Last Name	First Name							
	Title	Email							
	Security Manager Designation for Web-based Applications: In order to submit an application for funding to the Office of Community Renewal (OCR) using the Community Development Online (CDOL) Applications System, you must designate a Security Manager to authorize and monitor access to the System. You may also designate a second Security Manager if you wish. The Security Manager's responsibilities include: 1. designating on-line those employees (System Users) who will be allowed access to the CDOL; 2. ensuring that each System User is assigned the appropriate permissions within the CDOL; 3. notifying System Users of their User IDs and initial passwords, 4. keeping the System User's information current; 5. resetting System User's passwords as necessary; and 6. inactivating System Users as necessary.								
S	ecurity Manager 1 Information								
	Full Name								
	Email Address								
	Is this person authorized certify and submit Applications?								

E. Applicant's Primary Contact Person:

ager 2 Information										
ess										
on authorized certify and submit Applications?	′es □ No									
Applicant Certification: I certify that I am authorized to file this Form with DHCR/HTFC on behalf of the corporation/municipality/firm/person/ association/partnership, and to execute all necessary documents. I certify that all of the data contained on this Form is true, complete and correct to the best of my knowledge and belief. I will report any changes or additions to the information provided in this Form and will furnish such further documentation or information as may be requested by DHCR/HTFC. I further certify that I am authorized to designate the person(s) named in this Form as the Applicant's Security Manager(s) for the CDOL, and that it is my responsibility to notify DHCR/HTFC immediately if this person leaves the Applicant's employ.										
rtifying representative Title	 Date									
Email Address										
m authorized to file this Form with DHCR/HTFC on behalf of the sociation/partnership, and to execute all necessary documents of the data contained on this Form is true, complete and correct report any changes or additions to the information provided in thation or information as may be requested by DHCR/HTFC. Ithat I am authorized to designate the person(s) named in this ger(s) for the CDOL, and that it is my responsibility to notify Dhathe Applicant's employ. Intertifying representative Title	ect to the best of my known this Form and will furnis Form as the Applicant's HCR/HTFC immediately if									

Email completed form to: OCRInfo@nyshcr.org
Please add in the "Subject" line of the email "CDOL Security Manager Request Form"
Once the form is processed the username and passwords will be emailed to the designated Security
Managers.