

**NEW YORK STATE
HOMES AND COMMUNITY RENEWAL
PRESERVATION PROGRAMS APPLICATION
2021-2022**

Application and supporting documents must be submitted via CDOL by July 16, 2021

Select Program: **Neighborhood** **Rural**

Applicant Name:

Mailing Address:

City: State: New York

Zip Code: _____ **County:** _____

Telephone: Website

Office Address*:

General Email:

Federal ID Number: _____ **Charities Number:** _____

Executive Director:

Email:

Telephone:

Board President:

Mailing Address:

Email: _____ **Telephone:** _____

Primary Contact:
(N/RPP Point Person)

Title:

Email: _____ **Telephone:** _____

*If the applicant's mailing address differs from its office address located within the applicant's service area, please include the physical office address on this line.

SECTION A - SERVICE AREA CERTIFICATION & PROGRAM DESCRIPTION

By checking this box, the organization submitting this application to the Housing Trust Fund Corporation hereby certifies that the Neighborhood or Rural Preservation Program service area meets statutory requirements found in Section 903 (3)(b) of Article XVI for the Neighborhood Preservation Program and in Section 1003(3)(b) of Article XVII for the Rural Preservation Program.

Service Area Certification - Needs Statement

Provide a narrative description of the applicant's service area and describe the housing and community development needs in the area. Describe how the service area qualifies under Section 903 (2) of Article XVI for Neighborhood Preservation Program or Section 1003(2) of Article XVII for Rural Preservation Program using demographic data.

Service Area Questions

Answer the following questions using census data* for the service area.

1. Calculate the percentage of census tracts in the organization's service area whose annual median income (AMI) is at or below 90% of the AMI for the municipality** (NPP) or state (RPP).
2. Calculate the percentage of all renters that are considered cost burdened in the organization's service area.
3. Calculate the percentage of housing units built prior to 1960 in the organization's service area.
4. Calculate the percentage of all persons living below poverty in the organization's service area.
5. Calculate the percentage of homeowners in the organization's service area paying 30% or more of their income for housing expenses.
6. Calculate the percentage of vacant housing units in the organization's service area.

*2020 Census Data or American Community Survey 5-year estimates

**Except for NPCs in NYC and Long Island--use the AMI for the county

SECTION B. GOVERNANCE & BOARD REQUIREMENTS

1. The applicant has the required minimum of five Board members for RPP and seven for NPP. ☐ YES ☐ NO
2. The applicant has the required minimum of Board members that **reside** in the service area. ☐ YES ☐ NO
NPP: 33% of Board members must reside in service area.
RPP: 51% of Board members must reside in service area.
3. The organization's bylaws conform to the Not-for-Profit Revitalization Act of 2013. ☐ YES ☐ NO
4. Financial statements are presented to the Board for review in accordance with the organization's bylaws. ☐ YES ☐ NO
5. The organization is up to date with NYS Charities Bureau filings. This is a requirement for Preservation Program funding. ☐ YES ☐ NO
6. The organization will require Board members, the Executive Director, and all consultants receiving Preservation Program funds to complete conflict of interest declarations. ☐ YES ☐ NO
7. Are any of the Board members current or recent (within the last two years) employees of NYS Homes & Community Renewal? ☐ YES ☐ NO
8. The organization's fiscal year ends on: _____.
9. Please use the space below to describe other community preservation activities the applicant is completing in the service area that may not be captured in the work plan.

Please use the space below to explain any "No" responses to questions 1-6.

SECTION C. FISCAL & ORGANIZATIONAL CERTIFICATIONS

Confirm that the following statements are true by checking "Agree." If the applicant is unable to select "Agree," provide an explanation in the field at the end of the section.

1. If approved, the organization will execute a N/RPP Grant Agreement by December 31, 2021. *Failure to execute a Grant Agreement by December 31, 2021 will result in a de-obligation of funds for the 2021-2022 program year.* ☐ AGREE
2. If approved, the organization will request final payment of Preservation Program funds no later than March 18, 2022. ☐ AGREE
3. The applicant has qualified staff and requisite office space necessary to carry out the activities proposed in the 2021-22 Preservation Program work plan, as required by the Program Rules & Regulations. ☐ AGREE
4. The applicant will meet the 1/3 match requirement for the 2021-22 program year, as required by Articles XVI and XVII of Private Housing Finance Law. ☐ AGREE
5. If approved, the organization will submit the most recent agency-wide audit that contains a schedule that details preservation program costs (as required by the Preservation Program Rules & Regulations) with the Mid-Year Report. ☐ AGREE
6. The applicant certifies that professional services or consultants paid with Preservation Program funds will have a written agreement and fees will be paid in accordance with HCR policy. ☐ AGREE
☐ NA
7. The applicant has a system in place to track Preservation Program funds and hours worked by Preservation Program staff. Private Housing Finance Law and the Program Rules & Regulations require organizations to maintain accurate records of all financial transactions related to the performance of the contract. ☐ AGREE
8. The applicant has a system in place to inventory equipment purchased with Preservation Program funding and a disposition policy for this equipment. ☐ AGREE
Choose NA only if the organization does not plan to use Preservation Program funds to purchase equipment. ☐ NA
9. Neither the applicant, nor any of its affiliates has filed for bankruptcy in the last seven years. Financial and organizational capacity are critical to execute a successful preservation program. ☐ AGREE
10. The applicant finished the most recent fiscal year with a positive fund balance. ☐ AGREE
11. The applicant will determine if it is a covered provider under Executive Order 38 <https://www.eo38.ny.gov/xo/login> and, if applicable, submit the determination with this application. EO 38 applies if the applicant has any employees whose salaries exceed \$199,900.00 ☐ AGREE
12. If awarded, the applicant certifies that NRPP funds will be used for stated eligible administrative expenses only and not for capital expenses such as: construction, repair, renovation, rehabilitation, operation, demolition, clearance or sealing of any building or other structure. ☐ AGREE

13. Sections §907 of Article XVI and § 1007 of Article XVII prohibit applicants from engaging in political activity or using program funds to influence legislation. Per NRPP Rules and Regulations, please certify neither any voting members, officers of the organization's board, nor staff in management positions, except where otherwise required by statute, hold any of the following positions:
- State legislators or legislative staffers who hold policymaking positions;
 - Commissioners and chairpersons of State departments; deputies and assistants (including members or directors of public authorities, public benefit corporations, boards, commissions, or councils);
 - Staff of NYSHCR;
 - Statewide elected officials and staffers who hold policymaking positions;
 - Chief executive officials and members of legislative bodies of counties having a population of 275,000 or more, or cities, towns, and villages having a population of 20,000 or more, within the county where the organization is located except where board membership for such persons is mandated by other relevant Federal or State statutes; and
 - Political party chairpersons, party organization leaders and members of the executive committees in the State, counties having a population of 275,000 or more, within which the organization is located, or cities, towns and villages having a population of 20,000 or more, within the county in which the organization is located.
14. The applicant will submit a Vendor Responsibility Questionnaire (VRQ) that is signed by the executive director and notarized. The VRQ must also include a listing of all state grants received, the funding source, and amounts over the last three years, including NRPP.

☐ AGREE

☐ AGREE

If needed, please use the space below to explain any answers in Section C.

SECTION D. OTHER HCR CONTRACTS AND PROPERTY MANAGEMENT

1. Does the applicant receive funding from other HCR funded programs or contracts? If the applicant does not receive any other funding from HCR, proceed to the next section. ☐ YES ☐ NO
- 1a. If YES, is the applicant currently in good standing with other HCR funded programs? If NO, please elaborate in the space below. ☐ YES ☐ NO
2. Does applicant own or manage any property? ☐ YES ☐ NO
If YES, please answer the following questions:
3. Are any of the properties owned or managed under the same FEIN as the applicant ? **If YES, please fill out the Property Management Form.** ☐ YES ☐ NO
4. If any of the properties owned by the applicant are monitored by HCR's Asset Management Unit, are the properties in good standing with Asset Management? ☐ YES ☐ NO
☐ NA

Question 1a and Question 4 follow-up --Using the space below, explain why the applicant is not in good standing with other HCR programs and / or HCR's Asset Management Unit.

SECTION E. WORK PLAN

1a. Property Rehabilitation and Construction Activities

Use this section to explain the proposed Property Rehab and Construction Activities in the applicant's service area for the 2021-2022 Program Year.

- Units to be *In-Progress* are those units whose work will not be completed by the end of the program year (6/30/2022).
- Units to be Completed are those units whose work will be completed during the program year (7/01/21 -6/30/22).

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)
Home Improvements (up to \$25,000)				
Home Rehabilitation (\$25,000 and above)				
New Construction				

Rental Property Rehabilitation and Construction	Units to be In Progress	Units to be Completed	Total Units	For In-Progress Units - Expected Completion Date (mm/yy)
Home Improvements (up to \$25,000)				
Home Rehabilitation (\$25,000 and above)				
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 (\$25,000 and above)				
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		

1b. Property Rehabilitation and Construction Narrative

Please describe the applicant's anticipated activities under ***Property Rehabilitation and Construction***. Include location in the service area, type work / projects to be done, funding source(s) and impact only. Do not copy and paste from previous applications. Use the future tense when describing project work. For example, "XYZ Organization will complete 4 exterior renovations at the following locations... Work will include new windows, roofs, and cladding. The approximate cost is \$250,000 and will be funded by..." Please keep the response to 500 words or less.

SECTION E. WORK PLAN

2a. Client Assistance

Use this section to explain the applicant's proposed client assistance activities in the service area for the 2021-2022 Program Year.

	# Individuals ≤90% AMI to be Served	# Individuals >90% AMI to be Served	Total
Financial Capability / Pre-Purchase Counseling			
Reverse Mortgage /Home Equity Conversion Mortgage			
Resolving / Preventing Mortgage Delinquency / Default			
Post-Purchase Counseling Non-Delinquency			
Evictions Prevented			
Tenant Assistance/Rental Counseling			
Subsidy Assistance (Section 8; SCRIE; Vouchers, etc.)			
Relocation Assistance / Mobility Counseling			
Homeless Assistance			
Entering / Returning to Work Force			
Assistance to Mobile / Manufactured Homes			
Downpayment / Closing Cost Assistance			
Number of Mortgages / Loans Obtained*			
For Mortgages / Loans Obtained* (approx. 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	
Victims of Domestic Violence	
Homeless Persons	
Homeless Families	
Physical Disabilities	
Developmental Disabilities	
Psychiatric Disorders	
Homeless Veterans	
Substance Abuse--Veterans	
Substance Abuse	

2b. Client Assistance Narrative

In a narrative format, describe the activities to be completed under ***Client Assistance*** in the applicant's service area. Include services offered, programs utilized, community impact, etc. Do not copy and paste from previous applications. *Use the future tense when describing program work. For example, "XYZ organization estimates it will prevent 300 evictions in the course of the program year and will provide tenant assistance / counseling to 600 clients. The organization will hold 25 workshops on foreclosure prevention and estimates 1,200 people will attend those workshops." Please keep the response to 500 words or less.

SECTION E. WORK PLAN

3a. Community Renewal

Use this section to explain the proposed Community Renewal activities in the applicant's service areas for the 2021-2022 Program Year.

	Total to be In-Progress	Total to be Completed	Total for Activity
Assistance to Neighborhoods / Municipalities			
Community Planning - Neighborhoods / Municipalities			
Grants - Assistance to Neighborhoods / Municipalities	Total		
Grant Applications Written			
Grants Administered			
Business Assistance	Total		
Business Loan Products Provided			
Businesses Attracted			
Businesses Retained			
Formation / Participation in Local Merchants Associations			
Programs	# Programs	# Served	
Block Clubs / Neighborhood Associations			
Youth (i.e. Recreation; After-school, etc.)			
Food Assistance (i.e. Food Bank / Pantry)			
Organizational Activities	# Events	# Individuals	
Staff & Board Development (Trainings / Conferences, etc.)			
Partnerships Created	Total Partnerships		
With Local Agencies			
With the Private Sector			
With Statewide or National Not-for-Profits			

3b. Community Renewal Narrative

In narrative format, describe the tasks to be completed under ***Community Renewal***. List specific assistance to be offered, grants to be written / administered, etc. Do not copy and paste from previous applications. *Use the future tense when describing program work. For example, "XYZ Organization" will assist with the Roundout Neighborhood Redevelopment Plan as a community partner. The goal of the plan is to provide clear direction on the future of the Roundout Neighborhood. The organization will also submit three grant applications to the following programs--Access to Home; NYMS; and HOME." If awarded, these grants will..." Please keep the response to 500 words or less.

Property Management Form

Complete this table for ALL properties owned and/or managed by the applicant.

	Properties Owned / Managed by the Applicant	
	HCR Oversight / Regulated	Non-HCR Regulated
Number of Units Managed		
Number of Units Owned		

Complete the table for all properties that are owned and / or managed by the applicant.

[illegible]

Complete the table for all properties that are owned and / or managed by the applicant.

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

SECTION F - Budget

Salaries to Be Funded by Preservation Program Award

- List the name and title of each staff person whose salary will be funded all or in part with Preservation Program funds.
- List the weekly hours worked by that staff person on Preservation Program contract activities.
- Indicate the amount of Preservation Program funds used for the salary of the staff member listed.
- List the remaining portion of the employees total annual salary--the total salary should include all funding sources that comprise the employees total annual salary.
- For applicants with affiliates, Preservation Program funds cannot be used as match for other organizations applying for / participating in the NRPP.
- Form calculates staff member's total annual salary. Confirm this number is accurate.

A	B	C	D	E
Employee Name & Title	Weekly Hours Worked on Preservation Program Activities	Portion of Salary Funded by Preservation Program Funds	Portion Salary Funded by Other Sources	Total Annual Salary
Total Salaries for other employees <u>not</u> funded by N/RPP				
TOTALS				
Total Number of Employees				
Total Number of N/RPP Funded Employees				

SECTION F - Budget

TOTAL N/RPP FUNDS

Please complete this section by providing the applicant's proposed use of Preservation Program funds and other funding related to Preservation Program activities for the 2021-2022 Program Year.

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

	<u>Preservation Program Funds</u>	<u>Non- Preservation Program Funds</u>	<u>Total Funding</u>
Personnel Services			
Total Salaries			
Total Fringe Benefits			
Total Personnel Services			
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			
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			
TOTAL BUDGET:			

TOTAL ANNUAL BUDGET:

1. Total Preservation Program Funds should be: **\$91,223.02 for NPP and \$89,827.59 for RPP**
2. Required Match Funding is 1/3rd of the Program Funds: **\$30,408.00 for NPP and \$29,943.00 for RPP**

Section G. OCR Program Application Certification

The Applicant certifies:

The information and supporting documentation contained in this application are complete and accurate, and acknowledges that falsification of information will result in disqualification of application, denial of funding, rescinding of subsequent award and contract or required repayment of funds disbursed for any Office of Community Renewal (OCR) Program. The undersigned further recognizes and accepts the responsibility and obligation to notify the Housing Trust Fund Corporation (HTFC) and the Office of Community Renewal (OCR), in writing, if the Applicant becomes aware of any subsequent events or information which would change any statements or representations previously submitted to HTFC / OCR. The Applicant will notify OCR within five (5) calendar days of any change of staff related to the program award and administration.

☐ AGREE

No member of the Board of Directors or staff of the Applicant organization will directly or indirectly benefit financially from administration of the program. Any matter regarding any potential conflict of interest or appearance of impropriety arising in connection with this program must be disclosed at the time of application or when the conflict is identified.

☐ AGREE

The Applicant will comply with all rules, regulations, statutory requirements, and conflict of interest policies of Article XVI and Article XVII of Private Housing Finance Law and accepts the administrative, programmatic, and reporting responsibilities under these programs.

☐ AGREE

The Applicant will disclose if any of its employees affiliates, program partners, subcontractors, and /or consultants have been the subject of a criminal investigation and /or charged with a crime in the last five (5) years at the time of application or within one (1) week of the issue being identified. OCR reserves the right to deny the Applicant's request for funding based on concerns for the Applicant's overall organizational health and / or capacity.

☐ AGREE

The Applicant will disclose in this application if it or any of its affiliates has filed for bankruptcy in the last seven (7) years. OCR reserves the right to deny the Applicant's request for funding based on concerns for the Applicant's overall fiscal health and / or capacity.

☐ AGREE

The Applicant has not experienced any of the following and shall notify OCR within five (5) calendar days after obtaining knowledge of: a) the commencement of any investigation or audit of its activities by any governmental agency, specifically housing discrimination; or b) the alleged default by the Applicant under any mortgage, deed of trust, security agreement, loan agreement or credit instrument executed; or c) the allegation of ineligible activities, misuse of any award, or failure to comply with the terms of the Application. Upon receipt of such notification, OCR may, in its discretion, withhold or suspend payment of some or all of the Award and reserves the right to deny application for funds for any OCR program.

☐ AGREE

Neither the Applicant, nor any principal, partner, or staff member of the Applicant organization has experienced default, non-compliance, debarment, suspension or termination of funds, or been otherwise restricted by DOL, HUD, USDA, ESDC, HFA, HTFC, DHCR, AHC or other federal, state, or local authority. Applicant further certifies there are no unresolved findings raised as a result of audits, management reviews, or other investigations concerning projects, contracts, or programs for which the Applicant organization is involved, and Applicant has not been the subject of a claim under an employee fidelity bond.

☐ AGREE

Signature of Executive Director or Board Chair: _____

Name of Executive Director or Board Chair:

Date: