



Homes and Community Renewal

KATHY HOCHUL
Governor

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Commissioner/CEO

Pro-Housing Communities Technical Assistance to Grow (TAG) Application for Funding

Instructions: save this to your computer and provide responses to the following questions using Adobe Acrobat. A Microsoft Word version is also available at hcr.ny.gov/phc. Once complete, email this and any supporting attachments to prohousing@hcr.ny.gov with the subject line “[your municipality] TAG PHC Application”.

APPLICANT INFORMATION

Municipality Name:

County:

Primary Contact Information

Name:

Position / Title:

Address:

Phone:

Email:

Project Description Questions

1. Is your community certified as Pro-Housing?
2. Describe in detail the project or initiative your municipality is seeking funding for. How specifically will this funding assist your municipality facilitate more housing?
3. When was your zoning code last revised? If revised within the last 20 years, please describe revisions.
4. How do you currently track building permits? (i.e. paper files, digital files, software, etc.)? If utilizing software, please identify.
5. Are you seeking to complete a plan or study for a specific area, or municipality wide? If a specific area or site, please identify.
6. Has your municipality identified a site(s) for housing development?

7. Describe what kind of housing you wish to see developed in your community. Examples include but not limited to: affordable, mixed-income, or market rate multi-family housing; affordable or market rate single family; townhouses, mixed-use etc.

8. Has your municipality done any recent (within the last five years) community engagement on an identified site or for a master plan that includes housing growth? Please describe.

9. Describe what other steps has your municipality taken (within the last five years) to demonstrate a commitment to housing growth.

10. Which department or individual will be assigned project management responsibilities of the procured vendor?

11. Has your municipality competitively procured professional services in the last five years?

12. If yes to Number 11, please describe the services procured, the method through which your municipality procured the services (sealed open bid, pre-qualified lists, quote comparison, etc.), where and how the solicitation was advertised, and if Minority and/or Women Owned Business Enterprises (MWBE) goals were established.

13. Which person or department is responsible for procuring professional services in your municipality?

BUDGET

1. Funding Requested for this grant

2. How did you estimate the funding needed for this request?

3. Does your budget request include staff time? If yes, please identify positions, salary, and anticipated time worked on grant activities.

Sources of funding (if additional available or secured):

Source	Amount

Certifications

By entering your name below, you certify that you are authorized on behalf of the applicant and its governing body to submit this application. You further certify that all of the information contained in this Application and in all statements, data and supporting documents which have been made or furnished for the purpose of receiving assistance for the project described in this application, are true, correct and complete to the best of your knowledge and belief. You acknowledge that offering a written instrument knowing that the written instrument contains a false statement or false information, with the intent to defraud the State or any political subdivision, public authority or public benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority or public benefit corporation of the State, constitutes a crime under New York State Law.
