



Homes and Community Renewal

Office of Resilient Homes
and Communities

Application for Funding Request Resilient Retrofit Program

INSTRUCTIONS: This is the application form to request funding for the Resilient Retrofit Program. Review the eligibility criteria in the Notice of Funding Availability (NOFA) notice and complete the application form. Answer each of the questions below and save the PDF file that includes your organization's name (*i.e. Community Bank_Resilient Retrofit Application*). Submit to Nofa_Applications@hcr.ny.gov by or before the application deadline.

I. GENERAL INFORMATION

1. Organization's Legal Name:

2. Federal Identification Number (FEIN):

3. Organization Address:

4. General Phone Number:

5. Website:

6. What is the funding request amount?

7. What County(ies) does the organization serve:
 - 7a. NYS Assembly District Number:
 - 7b. NYS Senate District Number:
 - 7c. US Congressional District Number:

II. PRIMARY CONTACT INFORMATION

Contact Person Responsible for Completing this Application and Primary Contact:

1. Primacy Contact Full Name
2. Title
3. Email Address
4. Phone Number

Contact Authorized to Execute Grant Agreement (If Different from Primary Contact Above)

5. Authorized Signatory Name
6. Title:
7. Email Address:
8. Phone Number

III. ORGANIZATIONAL BACKGROUND & EXPERIENCE

1. Describe the organization's experience in the background and experience working in the housing, emergency response and/or economic development sector?

IV. ORGANIZATIONAL CAPACITY & READINESS TO PROCEED

2. Describe the work it currently conducts or has done in the past working with homeowners to mitigate environmental disasters and or work in sustainable development, such as energy efficiency/electrification.

3. How many homeowners does the organization directly serve, with either a loan or grant product on an annual basis?

V. STAFFING AND ADMINISTRATION

4. Which geographic regions will the organization serve? Please list by County. If ability to serve statewide, but with certain concentration of regions, please indicate as such.

5. What is the staffing plan for administering this program? Please list staff names and titles if possible. If roles are to be hired, please indicate as such. Include details on any subcontracting agencies or consultants that will be hired.

6. What technological systems will be utilized to operate this program? *e.g. loan underwriting systems, credit check systems etc.* If a needed system is not in place, what is the plan to obtain it and deployment timeline?

VI. ABILITY TO GENERATE DEMAND

7. Describe the organization's marketing plan. What methods will be utilized to generate demand from homeowners. How will the organization help homeowners learn about the different resiliency measures they can take. What is the organization's case-management plan with applicants?

Budget Narrative: Provide a brief description of how the expenses listed will support the delivery of the program.

VIII. ADDITIONAL ATTACHMENTS

Please attach additional documents to the application form.

1. All applicants must show that they are licensed with New York State Department of Financial Services and are able to do lending in New York State.