

Company Name: _____

SHARS ID#: _____

Service Area Profile

Please visit HCR's Affordable Housing Directory at <http://nyhousingsearch.gov>, click on "Weatherization & Housing Organizations" then search for and read the current profile for your organization. In the space below provide an updated profile of your organization or indicate, "No Changes". The profile should briefly describe your organization and the type of services provided to your service area.

If the needs of your community have changed since submitting the Application for Funding or current Work Plan, please describe them and how your program activities were modified to meet those needs. If not, please indicate **"No Changes"**.

Company Name: _____

SHARS ID#: _____

Exhibit A - Property Rehabilitation and Construction Activities

Preservation Program Contract Activities - Numbers of Units Assisted										Activities Performed NOT Under N/RPP Contract		
OWNER OCCUPIED actual % contract completed on Property Rehabilitation and Construction	# of 1-4 Unit Buildings/ Co-Ops (Latest Approved)	# of 1-4 Unit Buildings/ Co-Ops	# of Units at or Below 90% AMI (Latest Approved)	# of Units at or Below 90% AMI (In Progress & Completed)	# of Units Above 90% AMI (Latest Approved)	# of Units Above 90% AMI (In Progress & Completed)	Total Units	Units In Progress	Units Completed	Total Units at or Below 90% (In Progress & Completed)	Total Units Above 90% (In Progress & Completed)	
Minor Repair (Up to \$5,000/unit)												
Home Improvement (\$5,001-\$25,000)												
Moderate Rehabilitation (\$25,001-\$75,000)												
Substantial Rehabilitation (Over \$75,000)												
New Construction												
TENANT _____%completed Property Rehabilitation and Construction												
Minor Repair (Up to \$5,000/unit)												
Home Improvement (\$5,001-\$25,000)												
Moderate Rehabilitation (\$25,001-\$75,000)												
Substantial Rehabilitation (Over \$75,000)												
New Construction												
NON-RESIDENTIAL _____%completed Property Rehabilitation and Construction							# of Units (Latest Approved)	Total Units (Actual)	Units In Progress	Units Completed	Non N/RPP # Units (In Progress)	Non N/RPP # Units (Completed)
Capital Improvements (up to \$25,000/unit)												
Capital Improvements (\$25,001-\$75,000)												
Capital Improvements (over \$75,000)												
New Construction												

of Owner Occupied Special Needs/Supportive Housing Units: _____

of Rental Special Needs/Supportive Housing Units: _____

of Owner Occupied Buildings/Units placed on tax rolls: Buildings: _____ Units: _____

of Rental Buildings/Units placed on tax rolls: Buildings: _____ Units: _____

Company Name: _____ SHARS ID#: _____

_____ % of Contract to be expended in **Property Rehabilitation and Construction** category (From Latest Approved Work plan).

_____ % of Contract completed in **Property Rehabilitation and Construction** category.

Please describe the tasks completed under **Property Rehabilitation and Construction** in pursuit of the outputs listed in Exhibit A on page 3. Appendix 1 lists some of the various tasks associated with Property Rehabilitation and Construction activities. In order to receive the appropriate credit for your work, please list all the tasks associated with your project(s). Category weighting based on percentage of allocation (both on this page and page 3) will serve as the basis for determining work plan completion.

Company Name: _____ SHARS ID#: _____

Please list the goals in your Strategic Plan relating to ***Property Rehabilitation and Construction*** that your Company has addressed in your work plan. Please make sure to link your goals to your outputs and outcomes.

EXHIBIT B - Client Assistance

Workshops	Preservation Program Contract Activities					Activities Performed NOT Under N/RPP Contract	
	# of Participants at or Below 90% AMI (Latest Approved)	# of Participants at or Below 90% AMI (Actual)	# of Participants Above 90% AMI (Latest Approved)	# of Participants Above 90% AMI (Actual)	TOTAL (Actual)	# of Participants at or Below 90% AMI	# of Participants Above 90% AMI
Actual % Contract Expended:							
First Time Homebuyer							
Home Maintenance/Repair							
Foreclosure/Mortgage							
Tenant Education							
Loan/Grant Availability							
Affordable Housing Opportunity							
Job Fairs/Employment							
Other:							
Other:							
Property Management	# of Participants at or Below 90% AMI (Latest Approved)	# of Participants at or Below 90% AMI (Actual)	# of Participants Above 90% AMI (Latest Approved)	# of Participants Above 90% AMI (Actual)	TOTAL (Actual)	# of Participants at or Below 90% AMI	# of Participants Above 90% AMI
Actual % Contract Expended:							
Total Number of Units in Buildings Managed							
Human Services Provided- List:							
Linkages to Support Services Provided- List and indicate if an M.O.U. is in place for these Services:							
Financial/Other Assistance (Individuals)	# of Participants at or Below 90% AMI (Latest Approved)	# of Participants at or Below 90% AMI (Actual)	# of Participants Above 90% AMI (Latest Approved)	# of Participants Above 90% AMI (Actual)	TOTAL (Actual)	# of Participants at or Below 90% AMI	# of Participants Above 90% AMI
Actual % Contract Expended:							
Debt Consolidation/Credit Counseling							
First Time Homebuyer Assistance							
Mortgage Restructuring/Foreclosure Prevention Counseling							
Mortgage/Grant Origination							
Subsidy Assistance							
Relocation Assistance							
Eviction Prevention							
Housing Court Assistance							
New Homeowners							
	Total # Loans (participants income at or below 90% AMI)	Total Loan Amount (participants income at or below 90% AMI)	Total # Loans (participants income above 90% AMI)	Total Loan Amount (participants income above 90% AMI)		Total # of Loans (not under N/RPP Contract)	Total Loan Amount (not under N/RPP Contract)
Provision of Loan Products for Individuals							
Human Services Assistance (Individuals)	# of Participants at or Below 90% AMI (Latest Approved)	# of Participants at or Below 90% AMI (Actual)	# of Participants Above 90% AMI (Latest Approved)	# of Participants Above 90% AMI (Actual)	TOTAL (Actual)	# of Participants at or Below 90% AMI	# of Participants Above 90% AMI
Actual % Contract Expended:							
Homeless Services (Temporary Housing; Diversion from Homelessness)							
Job Training/Return to Workforce Preparation							
Job Placement							
Veteran Services (Expand)							
Identification of Subsidy Assistance for Homeless and Veteran Populations							
Tenant Associations	# of Associations/ Meetings (Latest Approved)	Total # of Members (Latest Approved)	# of Associations/ Meetings (Actual)	Total # of Members (Actual)		# of Associations/ Meetings	Total # of Members
Actual % Contract Expended:							
Tenant Associations Formed and/or Assisted							
Tenant Associations Workshops/ Orientations							

Company Name: _____ SHARS ID#: _____

_____ % of Contract to be expended in **Client Assistance** category (From Latest Approved Work plan).

_____ % of Contract completed in **Client Assistance** category.

Please list the goals in your Strategic Plan relating to **Client Assistance** that your Company has addressed in your work plan. Link your goals to your outputs and outcomes. Category weighting based on percentage of allocation (both on this page and page 6) will serve as the basis for determining work plan completion.

Company Name: _____

SHARS ID#: _____

Exhibit C - Community Renewal

Preservation Program Contract Activities - Number of Projects Assisted					Activities Performed NOT Under N/RPP Contract		
Assistance to Neighborhoods/Municipalities - Infrastructure _____ % completed	Total Projects to be In Progress (Latest Approved)	Total Projects (Completed)	Total Projects to be Completed (Latest Approved)	Total Projects Completed	Total Projects In Progress/Completed		
Parks Built/Maintained							
Sidewalks/Roads Built/Maintained							
Street Lighting Installed/Enhanced							
Open Space Maintenance							
Waste Manage Systems Developed							
Water Systems Developed							
Other:							
Assistance to Neighborhoods/Municipalities-Planning _____ %completed	Latest Approved	TOTAL (Completed)			TOTAL		
Neighborhood Plan/Municipal Plan/ Comprehensive Plan/Historic Preservation							
Smart Growth Plan/Program							
Land Use/Zoning Ordinance							
Housing Study/Market Studies							
Energy Savings/Green Building Initiatives							
Marketing and Promotion of Neighborhood Assets							
Assistance in Tourism or Other Community Revitalization Project							
Other:							
Assistance to Neighborhoods/Municipalities-Grants _____ %completed	Latest Approved	TOTAL (Completed)			TOTAL		
Number of Grant Applications to be Written							
Number of Grant Applications to be Administered							
Loan/Grant Assistance _____ % completed	Latest Approved	TOTAL (Completed)			TOTAL		
					Total Loan(s) Amount \$ (Latest Approved)	TOTAL	
Provision of Loan Products for Businesses							
Assistance in Local Investment							
Business Assistance _____ % completed	Latest Approved	TOTAL (Completed)			TOTAL		
Businesses Attracted							
Businesses Retained							
Formation of or Participation in Local Merchants Association							
Crime Prevention _____ %completed	Latest Approved	TOTAL (Completed)					TOTAL
Crime Watch Programs							
Weed and Seed Programs							
Block Clubs/Neighborhood Associations Formed/Sustained							
Youth Programs (Number served)							
Organizational Activities _____ % completed	Latest Approved	TOTAL (Completed)			TOTAL		
Staff/Board Development (Trainings/Conferences/Workshops)							
Involvement with DHCR Activities							

Company Name: _____ SHARS ID#: _____

_____ % of Contract to be expended in **Community Renewal** category (From Latest Approved Work plan).

_____ % of Contract completed in **Community Renewal** category.

Please describe the tasks completed under **Community Renewal** in pursuit of the outputs listed in Exhibit C on page 8. Appendix 2 lists some of the various tasks associated with Community Renewal activities. In order to receive the appropriate credit for your work, please list all the tasks associated with your community renewal activities. Category weighting based on percentage of allocation (both on this page and page 8) will serve as the basis for determining work plan completion.

Company Name: _____ SHARS ID#: _____

Please list the goals in your Strategic Plan relating to **Community Renewal** that your Company has addressed in your work plan. Please make sure to link your goals to your outputs and outcomes.

Company Name: _____ **SHARS ID#:** _____

Please use the space below as necessary to provide any additional information regarding your Work Plan activities. HCR is particularly interested in activities/projects that have achieved success and may be replicable by other organizations.

Please use the space below to describe unique projects initiated by your company which may be highlighted by HCR.

Please use the space below to elaborate on work completed outside the contract service area.

Company Name: _____

SHARS ID#: _____

BUDGET TO ACTUAL

Program Year 07/01/2014 to 06/30/2015

(A) Item	(B) NPC/RPC Budget Contract (Approved)	(C) NPC/RPC Expenditures (Actual)
Total Salaries		
Total Fringe Benefits		
Total Personnel Services		
Regulated Other Than Personnel Services (OTPS)		
Insurance/Bonding		
Professional Services: Certified Financial Report		
Agency Audit		
Legal		
Other:		
Equipment		
Other:		
Total Regulated OTPS		
General Other Than Personnel Services (OTPS)		
Rent/Mortgage/Utilities		
Telephone		
Office Supplies		
Printing/Postage		
Travel		
Staff Development/Training		
Service Agreements & Maintenance		
Bank Charges (not interest)		
Other:		
Total General OTPS		
TOTAL BUDGET		

What is your organization's total annual administrative budget? _____

Company Name: _____

SHARS ID#: _____

Funding Sources (Match and Leveraged)

Program Year 07/01/2014 to 06/30/2015

STATE	AMOUNT OF MATCH		AMOUNT LEVERAGED
Agency/Program Name	Administrative	Non-Administrative	
Affordable Home Ownership Development Program (AHC)			
Affordable Rental Housing Program			
Homeless Housing Assistance Program (HHAP)			
Homeless Prevention Program			
Homeless Rehousing Assistance Program			
Housing Shelter Allowance			
Housing Opportunities for Persons with AIDS (HOPWA)			
Housing Trust Fund (HTF)			
Legislative Member Item Program (MI)			
Main Street New York			
RESTORE			
Rural Area Revitalization Program (RARP)			
Rural Rental Assistance Program (RRAP)			
Urban Initiatives (UI)			
Access To Home			
Other:			
TOTAL STATE			

Company Name: _____ SHARS ID#: _____

Funding Sources (Match and Leveraged)

Program Year 07/01/2014 to 06/30/2015

FEDERAL	AMOUNT OF MATCH		AMOUNT LEVERAGED
Agency/Program Name	Administrative	Non-Administrative	
CDBG			
Community Service Block Grant			
Rural Housing Services 502 (FMHA)			
Rural Housing Services 504			
Rural Housing Services 514/516			
Rural Housing Services 515			
Rural Housing Services 533			
Federal Home Administration			
HEAP			
HOME			
HOPE			
HUD 202			
Low Income Housing Tax Credits			
Section 8 Voucher Program			
Section 8 Construction			
Section 8 Moderate Rehabilitation			
Weatherization Assistance Program			
Other:			
TOTAL FEDERAL			

Company Name: _____

SHARS ID#: _____

Funding Sources (Match and Leveraged)

Program Year 07/01/2014 to 06/30/2015

LOCAL	AMOUNT OF MATCH		AMOUNT LEVERAGED
Agency/Program Name	Administrative	Non-Administrative	
Municipal Program			
Permanent Housing for Homeless			
Other:			
TOTAL LOCAL			

PRIVATE	AMOUNT OF MATCH		AMOUNT LEVERAGED
Agency/Program Name	Administrative	Non-Administrative	
Building Revenue (Management Fees)			
Bank, Identify:			
Equity and Developers Fees			
Individual Fundraisers			
Foundations/Corporate Contributions			
Local Utility (NYSEG, NIMO, ConEd, etc.)			
Other:			
TOTAL PRIVATE			

Company Name: _____ SHARS ID#: _____

Funding Sources (Match and Leveraged)

Program Year 07/01/2014 to 06/30/2015

IN-KIND	AMOUNT OF MATCH		AMOUNT LEVERAGED
Agency/Program Name	Administrative	Non-Administrative	
Personnel Services			
Identify:			
Other than Personnel Services			
Identify:			
TOTAL IN-KIND			

Please describe the in-kind source including the method for determining the dollar value associated with the service.

Funding Source	TOTAL MATCH		Total Leverage	Source Total
	Administrative	Non-Administrative		
State				
Federal				
Private				
Local				
In-Kind				
GRAND TOTAL				

Company Name: _____

SHARS ID#: _____

BOARD ROSTER

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () - _____

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () - _____

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () - _____

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () - _____

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () - _____

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () - _____

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Company Name: _____ SHARS ID#: _____

BOARD ROSTER (continued)

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Company Name: _____ SHARS ID#: _____

BOARD ROSTER (continued)

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Company Name: _____ SHARS ID#: _____

BOARD ROSTER (continued)

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Company Name: _____ SHARS ID#: _____

BOARD ROSTER (continued)

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Name: _____ Occupation: _____

Home Address: _____

State: _____ Zip Code: _____ Home Telephone Number: () -

Board Title: _____ Initial Date Elected to Board: / /

Resident of Neighborhood: Yes No

Company Name:

SHARS ID#:

Company Certification of Annual Report

I certify that all information contained in this report is **true and accurate** and that _____ is in compliance with Article XVI or XVII of the Private Housing Finance Law, the Rules and Regulations of Article XVI or XVII and the N/RPP Manual.

Signature Executive Director: _____ Date:

Signature Board Chair: _____ Date:

FOR HCR USE ONLY

HCR Authorization

Reviewer's Name: _____

Company's activities have had impact on community's needs: Yes No

Company's Board of Directors is in compliance: Yes No

Company has met 1/2 match requirement: Yes No

Company has substantially completed work plan: Yes No

Total % of work plan completed (Must complete 80% of work plan): _____

Reviewer's
Comments: