



**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**".

## Exhibit A - Property Rehabilitation and Construction Activities

Preservation Program Contract Activities - Number of Units Assisted						Activities Performed NOT Under N/RPP Contract
OWNER OCCUPIED Property Rehabilitation and Construction	Units In Progress (from Latest Approved Work Plan)	Units In Progress (Actual)	Units Completed (from Latest Approved Work Plan)	Units Completed (Actual)	Total Units (Actual)	Total Units (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						
<b>TENANT</b> 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						
<b>NON-RESIDENTIAL</b> Property Rehabilitation and Construction						
Capital Improvements (up to \$25,000/unit)						
Capital Improvements (\$25,001-\$75,000)						
Capital Improvements (over \$75,000)						
New Construction						

Special Populations Affected by Rehab and Construction Activities Listed Above	# Served (Actual)
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	

**Exhibit A - Property Rehabilitation and Construction**

Please describe in a narrative format, the tasks completed under *Property Rehabilitation and Construction* in pursuit of the outputs listed in Exhibit A. Please include the location, work done, and impact.

**EXHIBIT B - Client Assistance**

Preservation Program Contract Activities						Activities Performed NOT Under N/RPP Contract	
	# Individuals ≤ 90% AMI (Latest Approved Work Plan)	# Individuals ≤ 90% AMI (Actual)	# Individuals ≥ 90% AMI (Latest Approved Work Plan)	# Individuals ≥ 90% AMI (Actual)	TOTAL (Actual)	# Individuals ≤ 90% AMI	# Individuals ≥ 90% AMI
Debt Consolidation/Credit Counseling							
Down Payment/Closing Cost Assistance							
Reverse Mortgage							
Foreclosures Prevented							
Evictions Prevented							
Relocation Assistance							
Homelessness Diversion							
Entering/Returning to Work Force							
First Time Homebuyers*							
Mortgages/Loans Obtained*							
For loans above (*) sum in dollars							
<b>WORKSHOPS</b>							
	# Workshops (Latest Approved Work Plan)	# Workshops (Actual)	# Individuals (Latest Approved Work Plan)	# Individuals (Actual)		# Workshops (Actual)	# Individuals (Actual)
Workshops Offered							
<b>TENANT ASSOCIATIONS</b>							
	Total (Latest Approved Work Plan)	Total (Actual)					Total (Actual)
Tenant Associations							
Members in Tenant Associations							
<b>PROPERTY MANAGEMENT</b>							
	Total (Latest Approved Work Plan)	Total (Actual)					Total (Actual)
Number of Units in Buildings Managed							
<b>Special Populations Affected by Client Assistance Activities Listed Above</b>							
	# Individuals Served (Actual)						
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							

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## **Exhibit B - Client Assistance**

Please describe in a narrative format, the tasks completed under Client Assistance in pursuit of the outputs listed in Exhibit B.

## Exhibit C - Community Renewal

Preservation Program Contract Activities - Number of Projects Assisted					Activities Performed NOT Under N/RPP Contract
	Total Projects to be In Progress (Latest Approved Work Plan)	Total Projects in Progress (Actual)	Total Projects to be Completed (Latest Approved Work Plan)	Total Projects Completed (Actual)	Total Projects In Progress/ Completed
<b>Infrastructure - Assistance to Neighborhoods/ Municipalities</b>					
<b>Planning - Assistance to Neighborhoods/Municipalities</b>					
<b>Grants - Assistance to Neighborhoods/Municipalities</b>	<b>Total (Latest Approved Work Plan)</b>	<b>Total (Actual)</b>			<b>Total (Actual)</b>
Grant Applications Written					
Grants Administered					
<b>Business Assistance</b>	<b>Total (Latest Approved Work Plan)</b>	<b>Total (Actual)</b>			<b>Total (Actual)</b>
Provision of Loan Products for Businesses					
Businesses Attracted					
Businesses Retained					
<b>Programs</b>	<b># Programs (Latest Approved Work Plan)</b>	<b># Programs (Actual)</b>	<b>Individuals Served (Latest Approved Work Plan)</b>	<b>Individuals Served (Actual)</b>	<b>Total Individuals Served (Actual)</b>
Crime Watch Programs					
Weed and Seed Programs					
Block Clubs/Neighborhood Associations Formed/Sustained					
Youth Programs					
<b>Organizational Activities</b>	<b># Events (Latest Approved Work Plan)</b>	<b># Events (Actual)</b>	<b># Individuals (Latest Approved Work Plan)</b>	<b># Individuals (Actual)</b>	<b>Total Individuals (Actual)</b>
Staff/Board Development (Trainings/Conferences/Workshops)					
Involvement with HCR Activities					
<b>Partnerships Created</b>	<b>Total Partnerships (Latest Approved Work Plan)</b>	<b>Total Partnerships (Actual)</b>			<b>Total (Actual)</b>
With local agencies					
With the private sector					
With statewide or national nonprofits					

Company Name:

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## Exhibit C - Community Renewal

Plase describe in nanarrative format, the tasks completed under ***Community Renewal*** in pursuit of the outputs listed in Exhibit C.

Company Name:

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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. These activities may be highlighted by HCR.

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

### Budget - Total Salaries

Please complete this section by providing the name and title of each Staff person that was funded (salary) as a portion of the 2015-16 Program Year funding. Please indicate in Column C the amount each staff person was funded with **Preservation Program funds ONLY**.

A Staff Person Name, Title	B Weekly Hours Worked on Preservation Program Contract	C Annual Salary	
		Actual Preservation Program Funded ONLY	D Total Salary
<b>TOTALS</b>			
<b>TOTAL Number Of COMPANY Staff Persons</b>			
<b>TOTAL Number Of PRESERVATION PROGRAM Staff Persons</b>			

## Budget to Actual

Program Year 07/01/2015 to 06/30/2016

A	B	C
Item	NPC/RPC Budget Contract (from Approved Budget)	NPC/RPC Expenditures (Actual)
<b>Personnel Services</b>		
Total Salaries		
Total Fringe Benefits		
<b>Total Personnel Services</b>		
<b>Regulated Other Than Personnel Services (OTPS)</b>		
Insurance/Bonding		
Professional Services - Agency Audit		
Professional Services - Legal		
Professional Services - Other (Define):		
Professional Services - Other (Define):		
Equipment		
Regulated OTPS Other (Define):		
Regulated OTPS Other (Define):		
<b>Total Regulated OTPS</b>		
<b>General Other Than Personnel Services (OTPS)</b>		
Rent/Mortgage		
Utilities (Phone, Electric, Etc.)		
Office Supplies		
Printing/Postage		
Travel		
Bank Charges (not interest)		
General OTPS Other (Define):		
General OTPS Other (Define):		
<b>Total General OTPS</b>		
<b>TOTAL BUDGET</b>		

What is your organization's total annual administrative budget?

## Funding Sources (Match and Leveraged) Program

Year 07/01/2015 to 06/30/2016

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 (MIP)			
Main Street New York			
Buffalo Main Street Initiative (BMSI)			
Access To Home			
Access to Home - Medicaid (MRTL)			
RESTORE			
Rural Area Revitalization Program (RARP)			
Rural Rental Assistance Program (RRAP)			
Urban Initiatives (UI)			
Other:			
Other:			
<b>TOTAL STATE</b>			

Company Name:

SHARS ID#:

### Funding Sources (Match and Leveraged)

Program Year 07/01/2015 to 06/30/2016

FEDERAL Agency/Program Name	AMOUNT OF MATCH		AMOUNT LEVERAGED
	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:			
Other:			
Other:			
Other:			
Other:			
<b>TOTAL FEDERAL</b>			

Company Name:

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### Funding Sources (Match and Leveraged)

Program Year 07/01/2015 to 06/30/2016

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

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

Company Name:

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**Funding Sources (Match and Leveraged)**

Program Year 07/01/2015 to 06/30/2016

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

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

FUNDING SOURCE TOTALS	TOTAL MATCH		Total Leverage	Source Total
	Administrative	Non-Administrative		
State				
Federal				
Private				
Local				
In-Kind				
<b>GRAND TOTAL</b>				

Company Name:

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**Board Roster Requirements**

By signing this report, we attest that our board of directors met the requirements for the appropriate program as listed here: (1) Minimum of five board members; (2) NPC has at least 33% members living in service area; RPC has at greater than 50% members living in service area.

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**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:

\*Be sure to save the file before submitting

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**FOR HCR USE ONLY**

**HCR Authorization**

**Reviewer's Name:**

<b>Company's activities have had impact on community's needs:</b>	<b>Yes</b>	<b>No</b>
<b>Company's Board of Directors is in compliance:</b>	<b>Yes</b>	<b>No</b>
<b>Company has met 1/2 match requirement:</b>	<b>Yes</b>	<b>No</b>
<b>Company has substantially completed work plan:</b>	<b>Yes</b>	<b>No</b>

**Reviewer's Comments**