

NEW YORK STATE HOMES & COMMUNITY RENEWAL

Neighborhood and Rural Preservation Programs

ANNUAL PERFORMANCE REPORT

Directions: Please submit the Annual Performance Report for the organization via EMAIL no later than July 31, 2019, to NRPP@nyshcr.org. By completing page 16, the company acknowledges and certifies that the information provided is accurate. The information contained in this report will be included in HCR's Annual Report to the Legislature, and the organization's profile will be updated in HCR's Affordable Housing Directory.

Preservation Company

Contract Program Year:

to

SHARS ID#:

Date of Latest Approved Workplan:

Date Form Completed:

Company Name:

Mailing Address:

City:

State: **NY**

Zip Code:

County:

Telephone Number:

Email Address (for publication):

Internet Web Site (if applicable):

Executive Director:

Board Chair:

Email Address (for Executive Director):

Contact Person, if other than ED:

Title:

Email Address for Contact:

Federal Employer ID#:

Charitable Registration Number:

Date of Most Recent Needs Assessment:

Date of Most Recent Strategic Plan:

Work Plan Activities: Please indicate the Work Plan activities for this contract from the latest approved Work Plan. The funds requested under this application are for the administration, planning, and implementation of the Work Plan activities checked below.

ACTIVITIES	<i>Check Appropriate Work Plan Activities</i>
Property Rehabilitation and Construction	
Client Assistance	
Community Renewal	

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 the organization. In the space below, provide an updated profile of the organization or indicate, "No Changes." The profile should briefly describe the organization and the type of services provided to the service area.

If the needs of the community have changed since submitting the Application for Funding or current Work Plan, please describe them and how 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
	Numbers from Latest Approved Work Plan		ACTUAL Numbers from 2018-19 Program Year			
OWNER OCCUPIED Property Rehabilitation and Construction	Units in Progress	Units Completed	Units in Progress	Units Completed	Total Units	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						
TENANT 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 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

In **narrative** format, describe the tasks completed under ***Property Rehabilitation and Construction*** (Exhibit A). Please include the location, work done, funding sources, and impact on the community, if applicable.

Exhibit B - Client Assistance

Preservation Program Contract Activities						Activities Performed NOT Under N/RPP Contract	
	Numbers from Latest Approved Work Plan		Actual Numbers from 2018-19 Program Year				
	# Individuals ≤ 90% AMI	# Individuals > 90% AMI	# Individuals ≤ 90% AMI	# Individuals > 90% AMI	TOTAL	# Individuals ≤ 90% AMI	# Individuals > 90% AMI
Financial Capability Counseling							
Reverse Mortgage/HECM							
Resolving/preventing mortgage delinquency							
Post-Purchase Counseling Non-Delinquency							
Evictions Prevented							
Tenant Assistance/Rental Counseling							
Subsidy Assistance							
Relocation Assistance/Mobility Counseling							
Homeless Assistance							
Entering/Returning to Work Force							
Pre-Purchase Counseling							
Mortgages/Loans Obtained*							
For loans above (*) sum in dollars							
WORKSHOPS							
	Number of Workshops	Number of Individuals	Number of Workshops	Number of Individuals		Number of Workshops	Number of Individuals
Workshops Offered							
TENANT ASSOCIATIONS							
	Number of Associations	Number of Tenants	Number of Associations	Number of Tenants		Number of Associations	Number of Tenants
Total Number							
PROPERTY MANAGEMENT							
	Properties	Units	Properties	Units		Total Units	Total Units
Total Number							

Special Populations Affected by Client Assistance 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 B - Client Assistance

Please describe in a **narrative format**, the tasks completed under Client Assistance (Exhibit B). List specific activities, funding sources, etc.

Exhibit C - Community Renewal

Preservation Program Contract Activities - Number of Projects Assisted					Activities Performed NOT Under N/RPP Contract
		Numbers from Latest Approved Work Plan		Actual Numbers from 2018-19 Program Year	
	Total Projects to be In-Progress	Total Projects Completed	Total Projects to be In-Progress	Total Projects Completed	Total Project In-Progress/ Completed
INFRASTRUCTURE - Assistance to Neighborhoods/ Municipalities					
PLANNING - Assistance to Neighborhoods/Municipalities					
GRANTS - Assistance to Neighborhoods/Municipalities	Grants Written	Grants Administered	Grants Written	Grants Administered	Grants Written and Administered
Totals					
BUSINESS ASSISTANCE	Total		Total		
Provision of Loan Products for Businesses					
Businesses Attracted					
Businesses Retained					
PROGRAMS	Number of Programs	Number of Individuals Served	Number of Programs	Number of Individuals Served	
Crime Watch Programs					
Weed and Seed Programs					
Block Clubs/Neighborhood Associations Formed/Sustained					
Youth Programs					
ORGANIZATIONAL ACTIVITES	Number of Events	Number of Individuals	Number of Events	Number of Individuals	
Staff/Board Development (Trainings/Conferences/Workshops)					
Involvement with HCR Activities					
PARTNERSHIPS CREATED	Total Partnerships		Total Partnerships		
With local agencies					
With the private sector					
With statewide or national nonprofits					

Exhibit C - Community Renewal

In **narrative** format, describe the tasks completed under ***Community Renewal*** (Exhibit C). List municipalities, grants, partnerships, etc.

Company Name:

SHARS ID:

Please use the space below as necessary to provide any additional information regarding the company's 2018-2019 Work Plan activities. HCR is particularly interested in activities / projects that have achieved success and may be replicated 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.

Company Name:

SHARS ID:

Budget - Total Salaries

Please complete this section by providing the name and title of each staff person whose salary was funded (in part or completely) with **2018-19** Program Year funding. Please indicate in Column C the amount each staff person was funded with **Preservation Program Funds only**. Column D should contain the total annual salary paid to each individual.

A	B	C	D
Staff Person Name, Title	Weekly Hours Worked on Preservation Program Contract	Salary Portion Funded by Preservation Program Funds	Total Annual Salary
TOTALS			
TOTAL Number Of COMPANY Staff Persons			
TOTAL Number Of PRESERVATION PROGRAM Staff Persons			

Company Name:

SHARS ID:

Budget to Actual
07/01/2018 to 06/30/2019

This column should
be copied directly
from the approved
2018-19 Renewal.

This column contains
the actual expenses
for the 2018-19
program year.

A	B	C
Item		
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 (Define):		
Professional Services - Other (Define):		
Equipment		
Regulated OTPS Other (Define):		
Regulated OTPS Other (Define):		
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 (Define):		
General OTPS Other (Define):		
Total General OTPS		
TOTAL BUDGET		

What is the organization's total annual administrative budget?

2018-19 NPP Funding was: \$88,671.33 and RPP funding was: \$88,305.08.
Be sure the company's Preservation Program Funds Total Budget is correct.

Company Name:

SHARS ID#:

**Funding Sources (Match and Leverage)
07/01/2018 to 06/30/2019**

STATE	AMOUNT OF MATCH		AMOUNT OF LEVERAGE
Agency/Program Name	Administrative	Non-Administrative	AMOUNT OF LEVERAGE
Affordable Home Ownership Development Program (AHC)			
Affordable Rental Housing Program			
Community Development Block Grant (CDBG)			
Community Restoration Fund (CRF)			
HOME			
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) - NOT NPP/RPP			
Legislative Member Item Program (MIP)			
Main Street New York			
Buffalo Main Street Initiative (BMSI)			
Access to Home (ACSS)			
Access to Home - Medicaid (MRTL)			
Access to Home Veterans (ACSV)			
RESTORE			
Rural Area Revitalization Program (RARP)			
Rural Rental Assistance Program (RRAP)			
Urban Initiatives (UI)			
Other:			
Other:			
Other:			
Other:			
TOTAL STATE			

Funding Sources (Match and Leverage)

07/01/2018 to 06/30/2019

FEDERAL	AMOUNT OF MATCH		AMOUNT OF LEVERAGE
Agency/Program Name	Administrative	Non-Administrative	
Community Service Block Grant			
Federal Housing Administration (FHA)			
HEAP			
HOPE			
HUD 202			
HUD Comprehensive Housing Counseling			
Low Income Housing Tax Credits			
National Foreclosure Mitigation Counseling			
Rural Housing Services 502 (FMHA)			
Rural Housing Services 504			
Rural Housing Services 514/516			
Rural Housing Services 515			
Rural Housing Services 533			
Section 8			
Weatherization (WAP)			
Other:			
Other:			
Other:			
TOTAL FEDERAL			

Funding Sources (Match and Leverage)
07/01/2018 to 06/30/2019

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

PRIVATE	AMOUNT OF MATCH		AMOUNT OF LEVERAGE
Agency/Program Name	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:			
TOTAL PRIVATE			

Funding Sources (Match and Leverage)
07/01/2018 to 06/30/2019

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

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				
Local				
Private				
In-Kind				
GRAND TOTAL				

Company Name:

SHARS ID#:

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.

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:

Signature Board Chair:

*Be sure to save the file before submitting.

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 1/3 match requirement:	Yes	No
Company has substantially completed work plan:	Yes	No

Reviewer's Comments