



**Office of Temporary  
and Disability Assistance**

**ANDREW M. CUOMO**  
Governor

**SHARON DEVINE**  
Executive Deputy Commissioner

# Homeless Housing and Assistance Program Application

**2015**

**HOMELESS HOUSING AND ASSISTANCE PROGRAM  
APPLICATION PACKAGE**

**PLEASE READ THE REQUEST FOR PROPOSALS  
BEFORE COMPLETING THE APPLICATION**

**Due Date:** This RFP is an open RFP, meaning proposals will be accepted for consideration on a continuous basis until funds are no longer available for award or until HHAC terminates or suspends the open-ended RFP. **Please note, however that applications will not be accepted prior to 9:00 a.m., May 29<sup>th</sup>, 2015.** When available funds are committed and/or HHAC decides to terminate or suspend the acceptance of applications, a notice will be posted on the Office of Temporary and Disability Assistance (OTDA) website ([www.otda.ny.gov](http://www.otda.ny.gov)). Applicants are urged to check the website prior to completing and submitting an application to determine whether proposals are currently being accepted. The RFP and Application may be downloaded from OTDA's website.

**PROPOSALS SHOULD BE DELIVERED TO:**

Homeless Housing and Assistance Corporation  
c/o Bureau of Contract Management  
NYS Office of Temporary and Disability Assistance  
40 North Pearl Street, 12-B  
Albany, New York 12243  
(518) 486-6352  
Attention: John W. Printup

**Number of Copies Required:** One (1) original, two (2) hard copies, and five (5) complete electronic copies must be submitted.

Please note that the above contact is for delivery purposes only.

**QUESTIONS REGARDING THE RFP SHOULD BE DIRECTED TO:**

Homeless Housing and Assistance Corporation  
Brett Hebner  
NYS Office of Temporary and Disability Assistance  
40 North Pearl Street, 10-B  
Albany, New York 12243  
Fax: (518) 486-7068  
E-mail: [brett.hebner@otda.ny.gov](mailto:brett.hebner@otda.ny.gov)

Questions regarding this RFP will be accepted continuously. No telephone inquiries will be accepted. Answers to all questions will be posted on OTDA's website on an ongoing basis. Questions may be submitted via mail, fax or email. All questions must be typed.

## ***NOTE ON THE FORMAT OF THE APPLICATION***

### Hard Copy Applications

The hard copy applications and all supporting documents, with the exception of architectural plans, must be on 8 ½ x 11 letter-size paper. At least one complete set of full-size architectural plans is required, **and copies of the plans reduced to letter size must be included in each hard copy of the application.** Electronic copies of the applications should include scanned images of architectural plans (e.g. .pdf format).

Applications should be submitted in three-ring binders.

The Application is divided into five Exhibits. Each Exhibit must be separated by tabs (i.e., A-1, A-2, A-3, B-1, B-2, B-3, etc.). Supporting documents should be inserted after the HHAP Exhibit to which they relate. Documents relating to the Support Services Plan, for instance, should follow the page labeled “Exhibit C-4 Support Services Plan.” Please limit attachments to only relevant information that is directly responsive to the RFP. Excessive or ancillary supplementary information may not be reviewed and may adversely affect the application.

Bound audited financial statements can be inserted into the sleeve of the front cover of an application binder. Be sure to note in Exhibit D-3 where the audit can be found.

When the space provided in the Application is not adequate for a response to a question, attach an additional page and label it clearly as a continuation of the response to the question.

When the pages of supporting documents and continuation pages of an Exhibit have been inserted, the Exhibit should be numbered sequentially. For instance Exhibit A pages 1-15, Exhibit B pages 1-20, Exhibit C pages 1-23, etc. Page numbers should then be transferred to the “Checklist of Required Information and Documentation.”

Page numbers, along with the name of the applicant or an abbreviation for the name, should be in the lower right hand corner of each page.

To the extent possible, architectural plans should be bound within the submission package. Plans that are not bound must be clearly marked with the applicant’s name, the project name, the site address and date submitted.

Please do not submit the request for proposals itself or the definitions section of the HHAP application.

### Electronic Copies

Note that electronic copies must be submitted on one or more compact discs (CDs). Acceptable file types include Word (.doc, .docx), Excel (.xls, .xlsx), Adobe (.pdf), Joint Photographic Experts Group (.jpg), and Graphics Interchange Format (.gif), as appropriate to the format of the application and the supplementary information required. A table of contents listing all electronic files and clearly identifying the section of the application to which they pertain must be included. File names must begin with a reference to the section of the application to which they pertain. The table of contents and attachments should mirror the hard copies of the application. For instance, “Exhibit C-4 Support Services Plan.” The electronic copies of the application should consist of a series of Exhibits and backup documentation. **Electronic versions of the application that consist merely of a scanned version of the entire the application will be deemed unresponsive to the RFP.**

***NOTE ON THE COMPLETENESS OF THE APPLICATION***

All proposals received must be in the form and contain the content as set out in this Application. Applications which are deemed incomplete or otherwise fail to meet the requirements of the RFP may be disqualified from consideration.

## ***DEFINITIONS***

**Certificate of Good Standing** A document issued by the NYS Department of State that certifies the not-for-profit organization is in existence, in good standing and lists all amendments to the original Certificate of Incorporation that have been filed.

**Clerk of the Works** A person employed by the sponsor to inspect construction on the sponsor's behalf.

**Congregate Project** A congregate project is one in which residents are not provided with a self-contained dwelling unit (i.e., living, sleeping, kitchen and bath facilities). In congregate projects, tenants are provided with private or shared sleeping accommodations, but share common areas including kitchens, living rooms and bathrooms. In congregate projects, each sleeping room (regardless of the number of individuals it will accommodate) should be reported as one congregate unit. For instance, an emergency domestic violence facility located within a four-bedroom single family house that anticipates accommodating nine beds would be characterized as **four congregate units**.

**Construction Management/Manager** Special management services provided to a sponsor by an individual or firm with the requisite experience during the design and/or construction phases of a project. Such services may include advice on the time and cost consequences of design and construction decisions, scheduling, cost control, coordination of contract negotiations and awards, timely purchasing of critical materials and long-lead items, and coordination of construction activities.

**Equipment** All major appliances and systems should be included in the construction budget (Development Budget Summary line C.1). Equipment includes individual and/or central kitchen appliances, washers/dryers and security systems.

**Furnishings** All furnishing costs (including apartment, office and common areas) should be listed as "Furniture" under "Other than Project Costs" (Development Budget Summary line G.1). Those applicants not requesting funds for furniture must provide evidence of an adequate furniture allowance from other sources.

**General Contractor** The prime contractor responsible for most of the construction work, including work performed by subcontractors.

**Homeless** A homeless person is defined as an undomiciled person (whether alone or as a member of a family) who is unable to secure permanent and stable housing without special assistance, as determined by the Commissioner of OTDA.

**Letter of Commitment** A letter of commitment documents that a specific resource will be made available to the project such as in-kind services, other development funding, operating funding and donations. Commitment letters should be project specific, clearly delineate the resources to be made available and identify any terms and conditions.

**Letter of Support** A letter of support indicates that the author is in favor of the proposed project. Be sure that each letter accurately describes the project. All letters of support must be dated within six (6) months of the submission date of this application. Letters of support ***do not*** substitute for commitment letters or linkage agreements.

**Life-Cycle Cost** The total cost of acquisition, installation, operation, and maintenance of a building component (e.g. system, fixture, appliance, etc.), over and in relation to its useful life.

**Linkage Agreement** A linkage agreement documents working relationships with other organizations. Linkage agreements should include: the names of the agencies signing, specific details about the activities occurring under the agreement, which services/resources each party to the agreement has committed to provide, a timeline for the agreement, executive signatures and date signed. Linkage agreements are also known as Memorandums of Understanding (MOU) or Memorandums of Agreement (MOA).

**Moderate Rehabilitation** A project in which the per unit total development cost is no more than \$25,000.

**Operating Reserve** An operating reserve is a set aside of funds to cover unforeseen cash flow problems which may arise in a project, such as an unusually high vacancy rate and/or uncollectable rate.

**Operating HHAP Project:** An existing housing project that is under contract with HHAC to house the homeless.

Other than Project Costs Other than Project Costs include costs not directly associated with the development of the physical plant. These costs include Start-Up Costs and Reserves. Funding for Other than Project Costs is limited, in the aggregate, to 25% of the HHAP annual appropriation.

Existing Homeless Housing Unit An existing homeless housing unit is one that is under contract to house the homeless. Additionally, if an agency's corporate purpose is limited to providing services to the homeless, any units managed are considered existing units.

Repairs and Maintenance The amount of money set aside for painting, cleaning and general repair work that is necessary to keep the property and equipment in effective operating condition.

Replacement Reserve A replacement reserve is a set aside of funds earmarked to replace certain building components at the conclusion of their useful life.

Start-Up Costs These are non-recurring costs associated with the start-up of the project including personnel costs and initial operating expenses. Funding for such expenses is limited to no more than 25% of the first year operating budget.

SHARS The Statewide Housing Activity Reporting System (SHARS) is maintained by NY Homes and Community Renewal (HCR). SHARS is an automated system for tracking, reporting and monitoring certain housing projects that receive state funds. HHAP funded projects are included in this system. Projects that receive HHAP funding will be assigned a SHARS ID number. If a property included in this application has previously received an investment of state funds, please contact HCR to determine if a SHARS ID number already exists.

Subcontractor A person or firm who has a direct contract with the general contractor to perform a portion of the construction work. Examples include electrical, plumbing, painting, HVAC, etc.

Substantial Rehabilitation A project in which the per unit total development cost exceeds \$25,000.

Total Development Cost The sum of all costs directly related to the development of the physical plant including: Construction, Acquisition-Related Costs (but **not** the cost of the building/land), Professional Service Fees and Other Development Costs.

Total Project Cost The sum of Total Development Cost, Acquisition and Total Other than Project Cost.

Unit A Unit is a self-contained subdivision within a project. Such subdivision can include: a one-family apartment, a private sleeping room in a single room occupancy (SRO) residence, a single bedroom in a congregate facility, or each subdivision in a dormitory type setting. Any of these can include access to common areas in the building. Such common areas are not counted as units.

## **CHECKLIST OF REQUIRED INFORMATION AND DOCUMENTATION**

*This checklist should be completed after the rest of the application. The page numbers should reflect those which have been added on the lower right hand corner of each page.*

(Page 1 of 3)

**IMPORTANT NOTE:** If “Not Applicable” is checked for **any** item, provide an explanation following the appropriate Exhibit as to why the information is not included.

<b>Exhibit</b>	<b>Check if Provided</b>	<b>Page Number(s)</b>	<b>Check if Not Applicable</b>
A-1 Project Summary Information	<input type="checkbox"/>	_____	<input type="checkbox"/>
A-2 Applicant Information	<input type="checkbox"/>	_____	<input type="checkbox"/>
A-3 Co-Applicant/Supporting Organization Information	<input type="checkbox"/>	_____	<input type="checkbox"/>
A-4 Building Information	<input type="checkbox"/>	_____	<input type="checkbox"/>
A-5 Project Summary Narrative	<input type="checkbox"/>	_____	<input type="checkbox"/>
A-6 Development and Management Team	<input type="checkbox"/>	_____	<input type="checkbox"/>
A-7 Site Control	<input type="checkbox"/>	_____	<input type="checkbox"/>
Evidence of Site Control	<input type="checkbox"/>	_____	<input type="checkbox"/>
A-8 LDSS Approval/Community Relations	<input type="checkbox"/>	_____	<input type="checkbox"/>
Community Relations Narrative	<input type="checkbox"/>	_____	<input type="checkbox"/>
Evidence of Notification to Local Planning Authority	<input type="checkbox"/>	_____	<input type="checkbox"/>
Evidence of LDSS Notification	<input type="checkbox"/>	_____	<input type="checkbox"/>
Evidence of Support by Local Continuum of Care	<input type="checkbox"/>	_____	<input type="checkbox"/>
Letters of Community Support	<input type="checkbox"/>	_____	<input type="checkbox"/>
B-1 Development Budget Summary	<input type="checkbox"/>	_____	<input type="checkbox"/>
B-2 Explanation of Development Budget Items	<input type="checkbox"/>	_____	<input type="checkbox"/>
B-3 Description of Non-HHAP Funds Required for Development	<input type="checkbox"/>	_____	<input type="checkbox"/>
Evidence of Commitment of Non-HHAP Funds	<input type="checkbox"/>	_____	<input type="checkbox"/>
Mortgage/Partnership/Loan Agreements	<input type="checkbox"/>	_____	<input type="checkbox"/>
B-4 First Year Operating Budget	<input type="checkbox"/>	_____	<input type="checkbox"/>
B-5 Notes to First Year Operating Budget	<input type="checkbox"/>	_____	<input type="checkbox"/>
Evidence of Revenue Commitment(s)	<input type="checkbox"/>	_____	<input type="checkbox"/>
B-6 Projected Annual Operating Budget and Debt Service for 7 Years	<input type="checkbox"/>	_____	<input type="checkbox"/>
B-7 Explanation of Operating Budget Projections	<input type="checkbox"/>	_____	<input type="checkbox"/>
Documentation of Major Expense Categories	<input type="checkbox"/>	_____	<input type="checkbox"/>
B-8 Projected Revenue Stream and Cash Flow for Seven Years	<input type="checkbox"/>	_____	<input type="checkbox"/>

# **CHECKLIST OF REQUIRED INFORMATION AND DOCUMENTATION**

*(Page 2 of 3)*

<b>Exhibit</b>	<b>Check if Provided</b>	<b>Page Number(s)</b>	<b>Check if Not Applicable</b>
C-1 Documentation of Need	<input type="checkbox"/>	_____	<input type="checkbox"/>
C-2 Project Licensing/Certification	<input type="checkbox"/>	_____	<input type="checkbox"/>
Evidence of Application to/ Commitment from Regulatory Agency	<input type="checkbox"/>	_____	<input type="checkbox"/>
C-3 Program Description	<input type="checkbox"/>	_____	<input type="checkbox"/>
Documentation of Referral Sources	<input type="checkbox"/>	_____	<input type="checkbox"/>
C-4 Support Services Plan	<input type="checkbox"/>	_____	<input type="checkbox"/>
Linkage Agreements	<input type="checkbox"/>	_____	<input type="checkbox"/>
C-5 Management and Operating Plan	<input type="checkbox"/>	_____	<input type="checkbox"/>
D-1 Applicant Information and Financial Status			
Description of Applicant Agency	<input type="checkbox"/>	_____	<input type="checkbox"/>
Current Organization Chart	<input type="checkbox"/>	_____	<input type="checkbox"/>
Resumes of Key Staff	<input type="checkbox"/>	_____	<input type="checkbox"/>
Board of Directors Profile/Narrative of Relevant Experience	<input type="checkbox"/>	_____	<input type="checkbox"/>
Agency Development Experience	<input type="checkbox"/>	_____	<input type="checkbox"/>
Agency Funding History	<input type="checkbox"/>	_____	<input type="checkbox"/>
Certificate of Good Standing (long form)	<input type="checkbox"/>	_____	<input type="checkbox"/>
Certificate of Incorporation and all Amendments	<input type="checkbox"/>	_____	<input type="checkbox"/>
By-Laws and all Amendments	<input type="checkbox"/>	_____	<input type="checkbox"/>
IRS 501(c)(3) Ruling	<input type="checkbox"/>	_____	<input type="checkbox"/>
Sectarian Organization Compliance Checklist	<input type="checkbox"/>	_____	<input type="checkbox"/>
Current Audited Financial Statement (less than one year old)	<input type="checkbox"/>	_____	<input type="checkbox"/>
Most Recent A-133 Report (less than one year old)	<input type="checkbox"/>	_____	<input type="checkbox"/>
Management Letter (if applicable)	<input type="checkbox"/>	_____	<input type="checkbox"/>
Narrative Explanation of Financial Position	<input type="checkbox"/>	_____	<input type="checkbox"/>
LLC Articles of Organization	<input type="checkbox"/>	_____	<input type="checkbox"/>
LP Partnership Agreement	<input type="checkbox"/>	_____	<input type="checkbox"/>
Co-Applicant Membership Agreement & List of Members/ Directors	<input type="checkbox"/>	_____	<input type="checkbox"/>
List of Affiliates	<input type="checkbox"/>	_____	<input type="checkbox"/>
Affiliate Financial Statements	<input type="checkbox"/>	_____	<input type="checkbox"/>
Appendix B: Architect's Certification	<input type="checkbox"/>	_____	<input type="checkbox"/>



## **CHECKLIST OF REQUIRED INFORMATION AND DOCUMENTATION**

*(Page 3 of 3)*

<b>Exhibit</b>	<b>Check if Provided</b>	<b>Page Number(s)</b>	<b>Check if Not Applicable</b>
D-2			
EEO and M/WBE Requirements			
M/WBE-Equal Employment Opportunity Policy Statement	<input type="checkbox"/>	_____	<input type="checkbox"/>
EEO Staffing Plan	<input type="checkbox"/>	_____	<input type="checkbox"/>
M/WBE Subcontractor Utilization Plan	<input type="checkbox"/>	_____	<input type="checkbox"/>
M/WBE Subcontractors and/or Suppliers Letter of Intent to Participate	<input type="checkbox"/>	_____	<input type="checkbox"/>
M/WBE Subcontractor Request for Waiver Form	<input type="checkbox"/>	_____	<input type="checkbox"/>
D-3			
Required Certifications			
Contractor/Subcontractor Background Questionnaire	<input type="checkbox"/>	_____	<input type="checkbox"/>
Non-Discrimination in Employment in Northern Ireland	<input type="checkbox"/>	_____	<input type="checkbox"/>
Non-Collusive Bidding Certification Agreement	<input type="checkbox"/>	_____	<input type="checkbox"/>
E-1			
Site Description	<input type="checkbox"/>	_____	<input type="checkbox"/>
E-2			
Site Development Information	<input type="checkbox"/>	_____	<input type="checkbox"/>
Existing Certificate of Occupancy	<input type="checkbox"/>	_____	<input type="checkbox"/>
E-3			
Scope of Work and Cost Estimate	<input type="checkbox"/>	_____	<input type="checkbox"/>
Outline Specifications	<input type="checkbox"/>	_____	<input type="checkbox"/>
E-4			
Energy Efficiency	<input type="checkbox"/>	_____	<input type="checkbox"/>
E-5			
Zoning Analysis and Status of Local Approvals	<input type="checkbox"/>	_____	<input type="checkbox"/>
E-6			
Project Timeline	<input type="checkbox"/>	_____	<input type="checkbox"/>
E-7			
SHPO/SEQRA	<input type="checkbox"/>	_____	<input type="checkbox"/>
SPHO Project Review Cover Form	<input type="checkbox"/>	_____	<input type="checkbox"/>
SHPO Historical Resource Inventory Form	<input type="checkbox"/>	_____	<input type="checkbox"/>
SHPO Transmittal Form	<input type="checkbox"/>	_____	<input type="checkbox"/>
Short Environmental Assessment Form	<input type="checkbox"/>	_____	<input type="checkbox"/>
E-8			
Flood Plain Letter	<input type="checkbox"/>	_____	<input type="checkbox"/>
E-9			
Site Photographs	<input type="checkbox"/>	_____	<input type="checkbox"/>
E-10			
Existing Floor Plans	<input type="checkbox"/>	_____	<input type="checkbox"/>
Proposed Floor Plans*	<input type="checkbox"/>	_____	<input type="checkbox"/>

\* One complete set of full-size architectural plans must be submitted, and copies of the plans reduced to 8 ½" x 11" must also be included in each copy of the application.

## EXHIBIT A-1: PROJECT SUMMARY INFORMATION

(Page 1 of 4)

Applicant: \_\_\_\_\_

County: \_\_\_\_\_ (for the proposed project site)

Housing Type (Check all that apply):  Permanent  Transitional  Emergency

Population (Check all that apply):  Families  Singles  Families & Singles

Total Project Units: \_\_\_\_\_

Total HHAP Units: \_\_\_\_\_

Total Project Beds\*: \_\_\_\_\_

Total HHAP Beds\*: \_\_\_\_\_

Number of New Units: \_\_\_\_\_

Number of Preserved Units: \_\_\_\_\_

Preservation of an Operating HHAP Project:  Yes  No

Is this a Scattered Site Project:  Yes  No

Number of Buildings: \_\_\_\_\_

Gross Square Footage: \_\_\_\_\_

<b>Development Budget Summary</b>	
<u>Source</u>	<u>Amount</u>
1. HHAP Funds Requested	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
<b>Total Funds From All Sources</b>	<b>\$0.00</b>

<b>Construction Cost**</b>	
Total	\$
Per Unit	\$
Per Bed	\$
Per Square Foot	\$

<b>Total Project Cost***</b>	
Total	\$
Per Unit	\$
Per Bed	\$

\* Please use the following guidelines to estimate the number of beds per unit:

- Studio = 1 bed per unit
- 1 bd = 2 beds per unit
- 2 bd = 3 beds per unit
- 3 bd = 5 beds per unit

\*\* Line C1 from the Development Budget Summary

\*\*\* Line H from the Development Budget Summary

**EXHIBIT A-1: PROJECT SUMMARY INFORMATION**

(Page 2 of 4)

**Commitment of Development Funding Sources**

Identify below the other sources of development funding by agency, program, the status of commitment, and date of application, if not committed: *(check all that apply)*

<b>Agency</b>	<b>Program(s)</b>	<b>Committed</b>	<b>Date of Application</b>
<input type="checkbox"/> New York Homes and Community Renewal (HCR)	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Housing Finance Agency (HFA)	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Office of Mental Health (OMH)	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> NYC Department of Housing Preservation and Development (HPD)	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> NYC Housing Development Corporation (HDC)	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Other: _____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____

## PROJECT SUMMARY INFORMATION

(Page 3 of 4)

Special Populations (Specify **only** if the program will be specifically tailored, **in all respects**, to a special needs population [no more than three]; if there are no special populations, leave this section blank):

<input type="checkbox"/> Physically Disabled	Total Units: _____	HHAP Units: _____	NY/NY 4 Units _____
<input type="checkbox"/> Ex-Offenders	Total Units: _____	HHAP Units: _____	NY/NY 4 Units _____
<input type="checkbox"/> Mentally Disabled	Total Units: _____	HHAP Units: _____	NY/NY 4 Units _____
<input type="checkbox"/> Pregnant/Parenting Teens	Total Units: _____	HHAP Units: _____	NY/NY 4 Units _____
<input type="checkbox"/> Substance Abusers	Total Units: _____	HHAP Units: _____	NY/NY 4 Units _____
<input type="checkbox"/> Veterans	Total Units: _____	HHAP Units: _____	NY/NY 4 Units _____
<input type="checkbox"/> Victims of Domestic Violence	Total Units: _____	HHAP Units: _____	NY/NY 4 Units _____
<input type="checkbox"/> Youth/Runaway	Total Units: _____	HHAP Units: _____	NY/NY 4 Units _____
<input type="checkbox"/> Elderly	Total Units: _____	HHAP Units: _____	NY/NY 4 Units _____
<input type="checkbox"/> Youth Aging Out of Foster Care	Total Units: _____	HHAP Units: _____	NY/NY 4 Units _____
<input type="checkbox"/> Persons with HIV/AIDS	Total Units: _____	HHAP Units: _____	NY/NY 4 Units _____
<input type="checkbox"/> Developmentally Disabled	Total Units: _____	HHAP Units: _____	NY/NY 4 Units _____
<input type="checkbox"/> Other: _____	Total Units: _____	HHAP Units: _____	NY/NY 4 Units _____

Is the project eligible for Medicaid Redesign Team (MRT) funding? (The project must provide permanent supportive housing to homeless single adults whom exhibit conditions or histories recognized to be associated with high Medicaid usage)  Yes  No

If yes, indicate the number of MRT units: \_\_\_\_\_

Identify the population to be housed and briefly describe why the population is considered high-cost Medicaid users. \_\_\_\_\_

Is the project seeking capital and service & operating funding under the New York/New York 4 supportive housing initiative?  Yes  No

Will the project be certified, licensed or otherwise regulated?  Yes  No

If yes, facility type: \_\_\_\_\_ Regulatory/certifying agency: \_\_\_\_\_

## **PROJECT SUMMARY INFORMATION**

(Page 4 of 4)

If the project will provide New York/New York III Supportive Housing, specify the number of units and population below.

Total NY/NY III Units: \_\_\_\_\_ Total HHAP NY/NY III Units: \_\_\_\_\_

- Category A: Chronically homeless single adults who suffer from a serious and persistent mental illness (SPMI) or who are diagnosed as mentally ill and chemically addicted (MICA)

Total Units: \_\_\_\_\_ HHAP Units: \_\_\_\_\_

- Category B: Single adults who are presently living in NYS operated psychiatric centers or State-operated transitional residences and who could live independently in the community if provided with supportive housing and who would be at risk of street or sheltered homelessness if discharged without supportive housing

Total Units: \_\_\_\_\_ HHAP Units: \_\_\_\_\_

- Category C: Young adults, ages 18-24, who have a serious mental illness being treated in NYS licensed residential treatment facilities, State psychiatric facilities or leaving or having recently left foster care and who could live independently in the community if provided with supportive housing and who would be at risk of street or sheltered homelessness if discharged without supportive housing

Total Units: \_\_\_\_\_ HHAP Units: \_\_\_\_\_

- Category D: Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of household suffers from a SPMI or MICA disorder

Total Units: \_\_\_\_\_ HHAP Units: \_\_\_\_\_

- Category E: Chronically homeless single adults who have a substance abuse disorder that is a primary barrier to independent living and who also have a disabling clinical condition

Total Units: \_\_\_\_\_ HHAP Units: \_\_\_\_\_

- Category F: Homeless single adults who have completed a course of treatment for a substance abuse disorder and are at risk of street homelessness or sheltered homeless and who need transitional supportive housing

Total Units: \_\_\_\_\_ HHAP Units: \_\_\_\_\_

- Category G: Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a substance abuse disorder, a disabling medical condition or HIV/AIDS

Total Units: \_\_\_\_\_ HHAP Units: \_\_\_\_\_

- Category H: Chronically homeless single adults who are persons living with HIV/AIDS (who are clients HASA or who are clients with symptomatic HIV who are receiving cash assistance from NYC) and who suffer from a co-occurring serious and persistent mental illness, a substance abuse disorder or a MICA disorder

Total Units: \_\_\_\_\_ HHAP Units: \_\_\_\_\_

- Category I: Young adults (aged 25 years or younger) leaving or having recently left foster care or who had been in foster care for more than a year after their 16<sup>th</sup> birthday and who are at-risk of street homelessness or sheltered homelessness

Total Units: \_\_\_\_\_ HHAP Units: \_\_\_\_\_

**EXHIBIT A-2: APPLICANT INFORMATION**

Incorporated Name:

Contact Name: Mr.  Ms.

Executive Director: Mr.  Ms.

Title:

Title:

E-Mail:

E-Mail:

Mailing Address:

County:

Phone:

Fax:

Legal Status:  Not for Profit  Municipality  Public Corporation  
 Partnership  Local District  Other:

Charities Registration Number:

Federal Tax ID#:

Federal Tax Exempt Status Received?

Type (Check all that apply)

- City/ Town/ Village Government  Native American Tribal Organization  
 County Government  Public Benefit Corporation  
 Public Housing Authority  Not-for-Profit Corporation  
 Housing Development Fund Corporation  
 Jointly-Owned Entity (describe, and identify the involved not-for profit):  
\_\_\_\_\_  
\_\_\_\_\_

Legislative/Congressional Districts (for Applicant's offices)

NYS Assembly District #:

Representative:

NYS Senate District #:

Representative:

Congressional District #:

Representative:

SHARS Applicant ID:

President, Board of Directors: Mr.  Ms.

Mailing Address:

Phone:

E-Mail:



**EXHIBIT A-4: BUILDING INFORMATION** (Page 1 of 2)

Project Building Number: \_\_\_\_\_ of \_\_\_\_\_

**Note:** This section is used by HHAP to collect basic information about each building. This section should be completed AFTER the rest of the application has been prepared. **If more than one building is proposed for the project, duplicate and complete this page for each site (building) in the proposal and provide a summary page presenting cumulative information for all sites.**

Total Building Units:	_____	HHAP Units:	_____
Total New Units:	_____	HHAP New Units:	_____
Total Preserved Units:	_____	HHAP Preserved Units:	_____

**Building Units and Beds by Housing Type**

Total Emergency Units:	_____	HHAP Emergency Units:	_____
Total Transitional Units:	_____	HHAP Transitional Units:	_____
Total Permanent Units:	_____	HHAP Permanent Units:	_____
Total Building Beds:	_____	HHAP Beds:	_____
Total Emergency Beds:	_____	HHAP Emergency Beds:	_____
Total Transitional Beds:	_____	HHAP Transitional Beds:	_____
Total Permanent Beds:	_____	HHAP Permanent Beds:	_____

**Unit Breakdown**

SRO Units:	Total Units _____	HHAP Units _____
Studio Units:	Total Units _____	HHAP Units _____
One-Bedroom Units:	Total Units _____	HHAP Units _____
Two-Bedroom Units:	Total Units _____	HHAP Units _____
Three-Bedroom Units:	Total Units _____	HHAP Units _____
Four-Bedroom Units:	Total Units _____	HHAP Units _____
Five-Bedroom Units:	Total Units _____	HHAP Units _____
Congregate Units:	Total Units _____	HHAP Units _____

**Special Populations (from Exhibit A-1)**

_____	Total Units _____	HHAP Units _____
_____	Total Units _____	HHAP Units _____
_____	Total Units _____	HHAP Units _____

**Legislative/Congressional Districts (for proposed project site)**

NYS Assembly District #: _____	Representative: _____
NYS Senate District #: _____	Representative: _____
Congressional District #: _____	Representative: _____

**EXHIBIT A-4: BUILDING INFORMATION** (Page 2 of 2)

Project Building Number: \_\_\_\_\_ of \_\_\_\_\_

---

**Note:** This section is used by HHAP to collect basic information about each building. This section should be completed AFTER the rest of the application has been completed. **If more than one building is proposed for the project, duplicate and complete this page for each site (building) in the proposal.**

---

SHARS Building ID: \_\_\_\_\_

Prior Funding SHARS ID#: \_\_\_\_\_

Street: \_\_\_\_\_  
                    Number                    Name

Municipality: \_\_\_\_\_

Zip: \_\_\_\_\_

Municipality Type:    City            County        Town        Village

County: \_\_\_\_\_

Parcel Section #: \_\_\_\_\_      Block #: \_\_\_\_\_                      Lot #: \_\_\_\_\_

Easement #: \_\_\_\_\_              Census Tract #: \_\_\_\_\_

Current Owner: \_\_\_\_\_

Current Use:    Vacant Land        Residential Structure  
                     Mixed Use            Commercial/Industrial

Building Gross Square Footage: \_\_\_\_\_

---

**Activity Proposed** (Check all that apply):

Acquisition                               Moderate Rehabilitation  
 Substantial Rehabilitation        New Construction

**Tenure Type Proposed:**

Single Family    Condominium    Rental        Cooperative

**Can this site be developed "as of right"?**    Yes        No

**If No, identify contingencies:**

Code Variance    Speical Use Permit        Use Variance    Other: \_\_\_\_\_  
 Area Variance    Easement                       Site Plan Review

## ***EXHIBIT A-5: PROJECT SUMMARY NARRATIVE***

Provide a complete narrative summary of the proposal. The narrative should be presented in such a way so that someone who has not read the application will get a good sense of the proposed project. At a minimum, please include the following: sponsor; co-sponsor; HHAP request; total funding necessary to complete the project; sources and status of other funding; total number of units and beds; total number of HHAP units and beds; location; housing type; population; type of construction; and source of operating funds. ***Please be concise. There will be opportunity later in the application to provide greater detail.***

**Add additional sheets if needed and label Project Summary**

**EXHIBIT A-6: DEVELOPMENT AND MANAGEMENT TEAM (Page 1 of 2)**

Provide contact information for all members of the proposed development and management team. Add additional sheets as necessary.

**Consultant:**

Firm:

Contact: Mr.  Ms.

Mailing Address:

Phone:

Fax:

E-Mail:

**Architect:**

Firm:

Contact: Mr.  Ms.

Mailing Address:

Phone:

Fax:

E-Mail:

**Attorney:**

Firm:

Contact: Mr.  Ms.

Mailing Address:

Phone:

Fax:

E-Mail:

**Other (specify):**

Firm:

Contact: Mr.  Ms.

Mailing Address:

Phone:

Fax:

E-Mail:

**Other (specify):**

Firm:

Contact: Mr.  Ms.

Mailing Address:

Phone:

Fax:

E-Mail:

***EXHIBIT A-6: DEVELOPMENT AND MANAGEMENT TEAM***

*(Page 2 of 2)*

- A. Detail the respective roles and responsibilities of each entity necessary for the development, operation and provision of services at the proposed project. Please include a brief synopsis of the relevant experience of each entity, and identify any prior experience with HHAP, if applicable.
  
- B. Identify below whether there is any direct or indirect financial or other interest that any member of the development and/or management team may have with any other member of the team (including the applicant and/or co-applicant) or the funding of this project.
  
- C. Please refer to Appendix F of the Request for Proposals and identify below whether any potential conflict of interest exists.
  
- D. Following this page, please briefly describe the qualifications of the proposed consultant and include a draft scope of work.
  
- E. If the proposed project involves funding from Low Income Housing Tax Credits, please attach a proposed organization chart depicting the organizational and ownership structure, degree and nature of ownership interests, and roles of the entities to be involved in the project.



***EXHIBIT A-7: SITE CONTROL (continued)***

**FOR PRESERVATION OF HHAP OPERATING PROJECTS ONLY:**

If requesting funds for the preservation of an Operating HHAP Project, please provide the information below:

HHAC Contract Number:

Project ID number:

Describe any mortgages other than to HHAC and/or deed restrictions affecting the project site.

***EXHIBIT A-8: LOCAL DEPARTMENT OF SOCIAL SERVICES (LDSS) APPROVAL/  
COMMUNITY RELATIONS***

Following this page, please attach the items requested below:

- On a separate page marked “**Community Relations**”, describe the relationship between the project development efforts (both to date and planned for the future) and the community in which the project would be located. Specifically, detail the relationship with Neighborhood or Block Associations, if any, and their position relative to this application.
- Evidence that the local planning board (in NYC, Community Board) has been notified of the proposed project, and if no local planning board, its equivalent in the community the project is located.
- Documentation that the LDSS has at minimum been notified of the proposed project.
- If applicable, a statement from the local Continuum of Care supporting the proposed project.
- Letters of community support. All letters of support must be dated within six (6) months of the submission date of this application. Letters of support ***do not*** substitute for commitment letters or linkage agreements (Please refer to the definition section.)

## EXHIBIT B-1: DEVELOPMENT BUDGET SUMMARY

(Following this page detail Legal, Consultant, Furniture, Equipment and Start-Up Costs)

Address:	HHAP	Other Source 1	Other Source 2	TOTAL
<b>A. ACQUISITION</b>				
1. Cost of Building/Land	\$0	\$0	\$0	\$0
<b>B. ACQUISITION-RELATED COSTS</b>				
1. Appraisal	\$0	\$0	\$0	\$0
2. Closing Fees	\$0	\$0	\$0	\$0
3. Title Insurance	\$0	\$0	\$0	\$0
4. Legal Fees (Related to Acquisition)	\$0	\$0	\$0	\$0
5. Other (e.g. buydown of existing mortgage)	\$0	\$0	\$0	\$0
6. TOTAL LINES 1 -5	\$0	\$0	\$0	\$0
<b>C. CONSTRUCTION COSTS</b>				
1. Construction/Rehabilitation	\$0	\$0	\$0	\$0
2. Contingency (5% new; 10% rehab)	\$0	\$0	\$0	\$0
3. Construction Manager Fee (     %)	\$0	\$0	\$0	\$0
4. TOTAL LINES 1 - 3	\$0	\$0	\$0	\$0
<b>D. PROFESSIONAL SERVICE FEES</b>				
1. Architectural	\$0	\$0	\$0	\$0
2. Legal Fees (Unrelated to Acquisition)	\$0	\$0	\$0	\$0
3. Consultant*	\$0	\$0	\$0	\$0
4. Developer's Fee*	\$0	\$0	\$0	\$0
5. Other (define)	\$0	\$0	\$0	\$0
6. Other (define)	\$0	\$0	\$0	\$0
7. TOTAL LINES 1 - 6	\$0	\$0	\$0	\$0
<b>E. OTHER DEVELOPMENT COSTS</b>				
1. Survey	\$0	\$0	\$0	\$0
2. Asbestos Test, Abatement, Monitoring	\$0	\$0	\$0	\$0
3. Owners Insurance for Construction	\$0	\$0	\$0	\$0
4. Tax Exemption Fees	\$0	\$0	\$0	\$0
5. Lead Test, Abatement, Monitoring	\$0	\$0	\$0	\$0
6. Other (define)	\$0	\$0	\$0	\$0
7. TOTAL LINES 1 - 6	\$0	\$0	\$0	\$0
<b>F. TOTAL DEVELOPMENT COST (B - E)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>G. OTHER THAN PROJECT COSTS</b>				
1. Furniture and Equipment	\$0	\$0	\$0	\$0
2. Start-up Costs	\$0	\$0	\$0	\$0
3. Replacement Reserve	\$0	\$0	\$0	\$0
4. Operating Reserve	\$0	\$0	\$0	\$0
5. TOTAL LINES 1 -4	\$0	\$0	\$0	\$0
<b>H. TOTAL PROJECT COST (A+F+G)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\*Refer to Maximum limits allowed by RFP

If more than one site, whether identified or not, this form MUST be completed for each site and a cumulative budget representing all sites must be presented. The Development Budget should reflect construction financing. Permanent sources and uses are described in section B-3.

***EXHIBIT B-2: EXPLANATION OF DEVELOPMENT  
BUDGET ITEMS***

Please describe the basis for determining the cost of all items in the development budget (other than construction, acquisition, and professional fees). Specifically include how the amounts requested were determined for the following items, if applicable: hazardous materials testing, abatement, and monitoring; insurances; developer's fees; furniture; equipment; start-up costs. If the costs are based on quotes, please attach documentation of the quotes following this page. If based on agency experience with a similar project, identify and describe that project.

***EXHIBIT B-3: DESCRIPTION OF NON-HHAP FUNDS  
REQUIRED FOR DEVELOPMENT***

Please summarize below the status of commitment as well as the terms and conditions (i.e., interest rate, restrictions, timeline for availability, length of loan, etc.) of:

- Any mortgages currently held on the project site (if the applicant already owns the property and/or will assume or buy down any existing mortgages).
- Any loans or major grants required for project development that have been applied for or already have committed to the project.
- Any private investment/partnership involved in project financing. If a partnership will be involved, include information, if available, on the identity and background of the general partner and actual or potential investors, structure of the syndication, and other relevant details of the proposed partnership.

Attach copies of all letters of commitment/interest from other funding sources.

If the project anticipates equity generated from the sale of low income housing credits, provide the equity calculation and include the amount of the credit allocation, the anticipated raise and the total equity to be realized as a result of the allocation and raise.

Do any of the funding sources involved in the project trigger prevailing wage requirements?

- No
- Yes

Please check the appropriate box if the documents listed below are applicable and available, and insert these documents after this page:

- Existing mortgage (if the applicant owns the property)
- Draft mortgage or loan documents
- Draft partnership agreement
- Evidence of commitment of any other development funding source not included in items 2 and 3

**EXHIBIT B-3: DESCRIPTION OF NON-HHAP FUNDS  
REQUIRED FOR DEVELOPMENT (Continued)**

For projects with multiple funding sources, please list and differentiate between the sources of construction and/or permanent financing below:

**CONSTRUCTION FINANCING**

<b><u>Source</u></b>	<b><u>Amount</u></b>
HHAP	
Other:	
Total Sources \$	

**PERMANENT FINANCING**

<b><u>Source</u></b>	<b><u>Amount</u></b>
HHAP	
Other:	
Total Sources \$	

**Please include any explanatory notes to the plan for construction financing and permanent conversion, if applicable:**

**Add additional sheets if necessary and label Non-HHAP Funding Continuation Sheet**

**EXHIBIT B-4: FIRST YEAR OPERATING BUDGET**

<b>REVENUES</b>						
<b>1. HHAP Units – Initial Rents (Per month x 12 or per day x 365)</b>						
SRO Units	( )	@	_____	Per	_____	= \$0
Studio Units	( )	@	_____	Per	_____	= \$0
1 Bedroom Units	( )	@	_____	Per	_____	= \$0
2 Bedroom Units	( )	@	_____	Per	_____	= \$0
3 Bedroom Units	( )	@	_____	Per	_____	= \$0
4 Bedroom Units	( )	@	_____	Per	_____	= \$0
5 Bedroom Units	( )	@	_____	Per	_____	= \$0
Congregate	( )	@	_____	Per	_____	= \$0
Total HHAP Unit Rents						\$0
Less Vacancy/Uncollectable (5%)						\$0
Net HHAP Rents						\$0
<b>2. Non-HHAP Units – Initial Rents (Per month x 12 or per day x 365)</b>						
SRO Units	( )	@	_____	Per	_____	= \$0
Studio Units	( )	@	_____	Per	_____	= \$0
1 Bedroom Units	( )	@	_____	Per	_____	= \$0
2 Bedroom Units	( )	@	_____	Per	_____	= \$0
3 Bedroom Units	( )	@	_____	Per	_____	= \$0
4 Bedroom Units	( )	@	_____	Per	_____	= \$0
5 Bedroom Units	( )	@	_____	Per	_____	= \$0
Congregate	( )	@	_____	Per	_____	= \$0
Total Non-HHAP Unit Rents						\$0
Less Vacancy/Uncollectable (5%)						\$0
Net Non-HHAP Rents						\$0
<b>3. Commercial Units</b>						
Commercial Rent (0 sq. ft. @ 0.00/sq.ft.)						\$0
Less Vacancy/Uncollectable (5%)						\$0
Net Commercial Rents						\$0
<b>4. Other Income (Specify)</b>						
_____						\$0
_____						\$0
_____						\$0
Total Other Income						\$0
<b>TOTAL REVENUES</b>						<b>\$0</b>

<b>EXPENSES</b>	
1. Building Maintenance and Operations	_____
2. Replacement and Operating Reserves	_____
3. Management Fee	_____
4. Maintenance Payroll	_____
5. Program Costs	_____
6. Debt Service	_____
<b>TOTAL EXPENSES</b>	<b>\$0</b>

<b>NET INCOME OR (LOSS)</b>	<b>\$0</b>
-----------------------------	------------

***EXHIBIT B-5: NOTES TO FIRST YEAR OPERATING BUDGET***

*(Page 1 of 2)*

**REVENUES**

1. Describe the source of rents and/or subsidies for the HHAP units (e.g, Public Assistance Shelter Allowance, Section 8, negotiated reimbursement rates, etc.). Attach preliminary commitment letters for these revenues.
  
2. Describe the source of non-HHAP residential rents (staff apartments, higher income tenants, etc.).
  
3. Describe the type of tenants expected to occupy the commercial and/or non-residential space and provide evidence that the projected rent is sustainable for the area.
  
4. Explain the source of “Other Income” listed and provide documentation of the availability of this income.
  
5. Explain any vacancy/uncollectable rate that varies from the standard 5%.

**Add additional sheets if necessary and label Notes to First Year Operating Budget Continued**

**EXHIBIT B-5: NOTES TO FIRST YEAR OPERATING BUDGET**

(Page 1 of 2)

**EXPENSES**

**Please Show Calculation of Management Fee, if any.**

<b>Maintenance Payroll</b>				
<b>Position Title/Annual Salary</b>	<b># of Positions</b>	<b>% of Time on Project</b>	<b>Project Share</b>	<b>Total</b>
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
Maintenance Payroll Total				\$0
Fringe Benefits @ ____%				\$0
Total Maintenance Personnel Costs				\$0

<b>Support Services Payroll</b>				
<b>Position Title/Annual Salary</b>	<b># of Positions</b>	<b>% of Time on Project</b>	<b>Project Share</b>	<b>Total</b>
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
			\$0	\$0
Support Services Payroll Total				\$0
Fringe Benefits @ ____%				\$0
Total Support Services Personnel Costs				\$0

**Please Show Calculation of Debt Service, if any.**

**Add additional sheets if necessary and label Notes to First Year Operating Budget Continued**



**EXHIBIT B-7:**  
**EXPLANATION OF OPERATING BUDGET PROJECTIONS**

For each item in the Projected Annual Operating Budget, describe the basis for estimated first year figures and the rationale for increases and decreases over the first seven years of the contract period. Following this page, attach documentation supporting assumptions for the larger categories of expenses such as taxes, utilities, fuel and insurance. Be sure to include contact information for individuals/firms providing estimates. If estimates are based on agency experience with a similar project, describe that project following this page.

BUDGET ITEM		BASIS FOR FIRST YEAR ESTIMATE	PROJECTED PERCENTAGE CHANGE PER YEAR
<b><u>A. OPERATING BUDGET</u></b>			
1.	Real Estate Tax		0.00%
2.	Water and Sewer Tax		0.00%
3.	Fire, Liability and Other Insurance		0.00%
4.	Fuel		0.00%
5.	Utilities		0.00 %
6.	Exterminating		0.00 %
7.	Carting		0.00%
8.	Repairs and Maintenance		0.00%
9.	Legal and Accounting		0.00%
10.	Miscellaneous		0.00 %
11.	Replacement Reserve		0.00%
12.	Operating Reserve		0.00%
13.	Management Fee	See Exhibit B-4, Page 2	0.00%
14.	Maintenance Payroll	See Exhibit B-4, Page 2	0.00%

<b><u>B. PROGRAM BUDGET</u></b>			
1.	Support Services Payroll	See Exhibit B-4, Page 2	0.00%
2.	Laundry		0.00%
3.	Food		0.00 %
4.	Program Admin. Costs		0.00%
5.	Other Program Costs		0.00 %

<b><u>C. ANNUAL DEBT SERVICE</u></b>			
1.	Loan Term & Interest Rate	See Exhibit B-4, Page 2	0.00%

**EXHIBIT B-8: PROJECTED REVENUE STREAM AND  
CASH FLOW FOR SEVEN YEARS**

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7
<b>A. TOTAL REVENUES</b>							
1. Net HHAP Rents	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2. Net Non-HHAP Rents	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3. Net Commercial Rents	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4. Total Other Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5. Total Revenues	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>B. TOTAL EXPENSES</b>							
	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>C. NET INCOME OR (LOSS)</b>							
	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Explain any projected increases in Project Income:

Explain how positive cash flow will be used:

**FOR PRESERVATION OF OPERATING HHAP PROJECTS ONLY:**

If requesting funds for the preservation of an Operating HHAP Project, please provide a narrative which, in conjunction with the projected operating budgets, demonstrates that the need for additional HHAP funds will not be ongoing:

**EXHIBIT C-1:  
DOCUMENTATION OF NEED**

Please provide a comprehensive, narrative description of homelessness within the community where the project will be located and the population to be housed. The narrative should address each of the below items in sequence. Failure to address each component completely will adversely affect the competitiveness of the proposal. All information provided should be verifiable; source documentation, including date, should be identified. It is **not** necessary to include source documents with the application. However, if source documents are included, ***only*** the information provided in direct response to the question will be evaluated and scored. The applicant is required to analyze and summarize data from supporting documents.

**1. DESCRIPTION OF HOMELESSNESS WITHIN THE PROJECT COMMUNITY**

Information in response to this section should be based on the total homeless population within a given community, and not solely focused on a special needs (target) population. A community for other than New York City locations should encompass at a minimum the county and any applicable contiguous counties served. Please provide current statistical data to support the description and include:

- Number of homeless families and individuals.
- Characteristics of the homeless population within the community where the project will be located (household size, educational achievement, economic status, special needs, etc.).
- Number of emergency/transitional housing placements, including the average length of stay for the most recent year.
- A description of the current housing market including fair market rent, vacancy rate, availability of affordable housing and quality of the housing stock.
- An analysis of the current local employment situation in the community. Be sure to include a description of the job market, unemployment rate, area median income, employment opportunities/major employers.

**FOR PRESERVATION OF OPERATING HHAP PROJECTS ONLY:**

If requesting funds for the preservation of an Operating HHAP Project, community description information requested above is not required. Please complete the remainder of the Documentation of Need section.

**2. TARGET POPULATION**

Describe the population to be housed. Information should be based on statistical data ***as well as*** the applicant agency's experience.

- Provide the demographics and characteristics of the target population to be housed including: age, income, household size and any other relevant information.
- What factors have created and perpetuated homelessness among the target population?
- Why does the target population need supportive housing?

**EXHIBIT C-1:**  
**DOCUMENTATION OF NEED** *(continued)*

**NOTE:** If the project involves the creation of new units, please respond to question three. If the project involves the preservation of existing units, please respond to question four. If the project involves a combination of creating new units and preserving existing units, please respond to questions three and four.

**3. GAP ANALYSIS – New Units**

If you are proposing the creation of new units, demonstrate that the proposed project will meet an identified local need as documented and described in Sections 1 and 2 above.

- Are there existing supportive housing resources within the community for the target population? If so, please detail.
- Describe any critical gaps in supportive housing for the target population in the area that you propose to serve.
- Explain how the project you are proposing will respond to the supportive housing needs of the tenant population as identified above.
- Detail the applicant agency's efforts to secure funding other than HHAP.

**4. GAP ANALYSIS – Preservation of Existing Units, Including Operating HHAP Projects**

If proposing the preservation of existing units (please refer to the definitions section of this Application), demonstrate that there is a compelling need for HHAP funding.

- Indicate why preservation of the existing units is necessary in view of the impact the potential loss of the units would have on the homeless delivery system in the community. Are there existing supportive housing resources within the community for the target population? If so, please detail.
- Document that the conditions, if not corrected, are severe enough to impact the health and safety of tenants and/or the ongoing viability of the project.
- Demonstrate that HHAP funding is necessary to ensure the continued operation of the homeless units.
- Document that any other available sources and reasonable alternatives for meeting such costs have been pursued and exhausted (including, but not limited to reserves, insurance or warranty coverage, other available public and foundation grants, and debt service).

**EXHIBIT C-1:**  
**DOCUMENTATION OF NEED** *(continued)*

**FOR PRESERVATION OF OPERATING HHAP PROJECTS ONLY:**

Indicate if funding is being requested for repairs, expansion of units, or other modifications necessary to:

- Enhance the quality of life or facilitate appropriate supportive services for tenants;
- Accommodate population changes in response to community needs; and/or
- Address one or more significant operational issues that are related to sustaining the availability of the project as a community resource for homeless individuals and/or families.

For each box checked above, fully describe and document the issue(s) to be corrected, as well as the proposed solution, in order to clearly demonstrate the need for HHAP funding.

NOTE: Applications involving the preservation of an Operating HHAP Project need only respond to Questions 2 (Target Population) and 4 (Gap Analysis - Preservation) in Exhibit C-1. However, if the project involves an expansion of an Operating HHAP Project, the application must also respond fully to all other questions in Exhibit C-1: Documentation of Need indicated above.

**5. CONTINUUM OF CARE SUPPORT**

If a Continuum of Care coalition (CoC) exists in the community where the project will be located, please include evidence of CoC support for the project.

- Does the proposed project serve a homeless population(s) identified as having an unmet housing need within an applicable local CoC planning document? Please provide excerpts from the local CoC plan supporting the need for the project as well as a letter of support from the CoC as verification.

**EXHIBIT C-2:  
PROJECT LICENSING/CERTIFICATION**

1. If the proposed project requires licensure, certification or other approvals by a state or local agency, check one of the following and complete questions 2 and 3.
  - Currently agency does not have a certified facility and project will require certification.
  - Currently agency has a certified facility, but project will require a different kind of certification or an amended operating certificate.
  - Currently agency has a certified facility and the project's operations will be covered under the existing operating certificate.
  
2. For agencies whose operations are currently certified or projects requiring a new or amended operating certificate, please provide the following:

Certifying Agency and Division: \_\_\_\_\_

Type of Certificate Required: \_\_\_\_\_

Contact Person at Certifying Agency: \_\_\_\_\_

Telephone Number: \_\_\_\_\_
  
3. Following this page, please attach documentation that any certification which is required has been applied for and that the certifying or licensing agency will be prepared to grant the necessary approval when the project is ready for occupancy.

**NOTE: HHAC will not consider funding licensed, certified or otherwise regulated programs without sufficient revenue identified and without a preliminary commitment.**

**EXHIBIT C-3:  
PROGRAM DESCRIPTION**

Provide a detailed description of the day-to-day operation of the proposed program. Describe the process for tenants from referral to discharge (if appropriate).

1. Explain how the applicant agency will perform outreach for the proposed program.
  
2. Identify anticipated tenant referral sources. Complete the table below showing approximate percentages of tenants expected to come from each referral source. Describe referral sources other than HRA, DHS or local districts and following this page document that a sufficient number of referrals will be received.

<b>New York City Project Referral Sources</b>		<b>Rest of State Project Referral Sources</b>	
DHS	%	LDSS	%
HRA	%	Nonprofit Organizations	%
Nonprofit Organizations	%	SPOA	%
Other	%	Other	%
Total all Referral Sources	100%	Total all Referral Sources	100%

3. Describe the intake process, including tenant eligibility and the plan to document homelessness. Also describe any persons who would not normally be accepted for occupancy.
  
4. Explain the requirements for program participants, including house rules.
  
5. Detail how program staff will interact with property management personnel.

**EXHIBIT C-4:**  
**SUPPORT SERVICES PLAN**

HHAP is a supportive housing program. Therefore, the availability of and access to various support services are critical components of every project funded under HHAP. The services can be provided on or off site (or a combination of both), and either directly by the project sponsor or through linkages with other community based agencies (or a combination of both).

1. Provide a detailed narrative description of the support services to be offered to project tenants. Be certain to include a discussion of the baseline services that will be available to assist tenants to stabilize in their housing and increase their ability to live independently. In matrix form, identify all support services that will be provided, by whom, and whether they will be provided on or off site.
2. For emergency and transitional housing, provide length of stay limitations and a description of the plans for placing tenants in permanent housing at the conclusion of their stay. Be sure to include how affordable permanent housing will be identified and made known to participants upon leaving the program.
3. Describe the applicant organization's working relationships with other local agencies. What specific benefits will residents gain through these relationships? Attach linkage agreements with other service providers (*do not* include letters of support).
4. Describe the activities and efforts to be undertaken to assist tenants to achieve self-reliance and economic independence. Identify the anticipated tenant accomplishments to be achieved in the areas of independence, education and employment. Provide statistical information detailing the program graduation, employment placement and employment retention rates of any employment and training programs to be accessed by project tenants.
5. Describe how the delivery of services will be supervised to ensure that results are achieved and properly documented.

NOTE that if the application proposes a supportive housing project solely targeted to veterans or that will give priority to veterans, please include service agreements with a range of veterans' services providers, and delineate processes for referral, intake, and supportive service provision that take into consideration the specific needs of homeless veterans and their families.

***EXHIBIT C-5:  
MANAGEMENT AND OPERATING PLAN***

The management and operating plan (MOP) should set forth staff and management responsibilities and policies for maintenance of the physical plant, identify a regular preventive maintenance schedule, and incorporate necessary and appropriate safety and security measures. The plan should also describe rent collection, eviction and turnover procedures. Additionally, the plan should describe the work order system for repairs, emergency procedures for basic types of emergencies, include a long-term replacement plan, and identify what data will be collected to monitor the performance of the housing project. Note that appending an MOP is allowable, but in isolation, is not sufficiently responsive to this Exhibit. The questions below must also be answered.

1. Describe the proposed involvement of tenants in the project.
2. Describe the plan to ensure a stable occupancy/collectible level. This plan must include rent collection and unit turnover procedures.
3. Describe procedures for handling evictions and other tenant related problems.
4. Detail the plan for safety and security measures, as well as emergency procedures. Describe any special considerations based on the needs of the tenant population.
5. Set forth the plan to manage and maintain the building's physical plant, including emergency, routine and preventive maintenance, the procedures for reporting and documenting repairs (work order system), and a replacement plan for major building components.
6. Identify what data will be collected to monitor the performance of the housing project.

**FOR PRESERVATION OF OPERATING HHAP PROJECTS ONLY:**

In addition to responding to the questions above, please provide a copy of the current Management and Operating Plan associated with the project for which additional HHAP funding is being requested.

**EXHIBT D-1:  
APPLICANT INFORMATION AND FINANCIAL STATUS**

- Agency Narrative: Provide a description of the applicant organization, and if applicable, any co-sponsor or supporting organization, including the year it was founded, its mission, and major accomplishments. Describe the applicant agency’s experience in housing development, ownership and management, and human services. Provide other information that demonstrates the applicant’s capacity to carry out the proposed project such as information regarding the applicant’s experience with special needs populations proposed for the project.

**NOTE:** Please refer to Section IV.F of the RFP. HHAC is only interested in funding projects that will be developed, financed, completed and operated in accordance with the terms of this RFP, HHAP’s statute, regulations and contractual requirements. Therefore, HHAC reserves the right to consider relevant information during the review process that may impact the feasibility of a project. HHAC may either deduct points from an applicant’s Phase II and Phase III score or may disqualify any project if HHAC determines that one or more circumstances exist that may threaten the successful completion and/or operation of the proposed project. If any items identified in Section IV.F of the RFP apply to the project, the applicant is strongly encouraged to include an explanation for HHAC’s consideration as part of the Agency Narrative.

In addition to each narrative, for each corporate entity involved in the project (applicant, co-applicant, and supporting organization), please refer to the matrix below and attach the required information, as applicable, unless available through the Grants Gateway Document Vault. Shaded areas indicate that the item is not available through the Grants Gateway Document Vault and must be included with the application. Please note that although current financial statements are among the items available in the Document Vault, HHAC requires that a copy of the organization’s current financial statements, as well as the financial statements from the previous fiscal year, be included with the application, including the Single Audit (U.S. Office of Management and Budget [OMB] circular A-133), if required.

Required Information	Include With Application	Included in Grants Gateway Document Vault
<b>General Information</b>		
Current organizational chart		
Resumes of key staff to be involved in project development, management and/or the provision of services		
Applicant Agency Development Experience	(form provided)	
Applicant Agency Funding History	(form provided)	
Affirmative Action Statement	(form provided)	

**EXHIBT D-1:**  
**APPLICANT INFORMATION AND FINANCIAL STATUS (continued)**

<b>Corporate Documents</b>		
(Supporting Organizations Exempt)		
Board of Directors Profile and a narrative description of the relevant experience of Board Members		Yes
Certificate of Good Standing (long form)*	Yes	
Certificate of Incorporation and any and all Amendments thereto, along with filing receipts with the New York State Department of State with respect to each document.		Yes
By-Laws, including any and all amendments thereto		Yes
IRS 501(c)(3) Ruling		Yes
Faith-Based (Sectarian) Organization Compliance Checklist **	(form provided)	
A complete set of current (less than one year old) audited financial statements prepared by an independent certified public accountant for the applicant agency and any supporting organization or co-applicant ***. Financial statements for the two most recent fiscal years available are required .	Yes	Yes
Singe Audit (A-133), if required.	Yes	Yes

For applicants, co-applicants, developers or co-developers that are organized as a Limited Liability Company (LLC) or Limited Partnership (LP), the following information must also be included, as applicable:

<b>Required Information</b>	<b>Include With Application</b>	<b>Included in Grants Gateway Document Vault</b>
Articles of Organization		
Partnership Agreement, Membership Agreement, or other equivalent organizational document		
A listing of members, directors, owners, and/or officers, and their respective degree of ownership interest.		

\* A Certificate of Good Standing can be obtained from the NYS Department of State ([www.dos.state.ny.us](http://www.dos.state.ny.us)). Please allow sufficient time to order the Certificate to ensure that it is included in the application and make sure to order the long form, rather than the short form, which lists only name change amendments.

\*\* The NYS Attorney General's Office has determined that any organization whose incorporated name carries a sectarian moniker must list themselves as a sectarian organization. This includes all YWCA/YMCA's, Catholic Charities, and organizations that carry the names of saints, biblical figures, etc. Designation as a sectarian organization will not adversely affect the proposal as long as the form indicates that the applicant will not discriminate in providing services.

\*\*\*It is HHAC's responsibility to determine in its opinion whether applicants appear financially stable, not only currently, but also over the life of the project (currently a minimum of 25 years). As such, we will closely scrutinize the financial information provided and evaluate whether applicants possess the organizational infrastructure necessary to both develop the HHAP project and successfully maintain it for the contractually-mandated period of time. The financial statements should present a classified balance sheet identifying current assets and current liabilities, as required by Generally Accepted Accounting Principles (GAAP). Any management letters issued should also be provided.

To complete the financial review, HHAC must understand the financial impact of affiliated organizations on the applicant. Therefore, please provide:

- a list of affiliates, their purpose, any significant contingencies and the relationship of the affiliate to the applicant; and
- the consolidated audit and the separate audited financial statements of any significant affiliate if not included in the consolidated audit statements provided above.

NOTE: Please remember that the audited financial statement must stand on its own. Do not assume that the reviewers know anything about the applicant organization. Therefore, if the applicant's financial statements are more than one year old or contain information that may reasonably imply that the applicant organization is or may be experiencing financial difficulties (i.e., negative working capital, maximized line(s) of credit, audit findings, pending lawsuits, etc.), a narrative explanation of fiscal standing must be included.

**AGENCY DEVELOPMENT EXPERIENCE**

Complete the information below for each development project the applicant has carried out within the past ten years to which the organization has served in a “hands on” or major participating role. List only those projects which have activities, features and/or are similar in size or scope to the proposed project. Add additional pages as needed. If a supporting organization or co-applicant has been identified, the same information must be attached for this group. **The name, and phone number of the contact person at the funding agency MUST be included. Failure to do so may result in the disqualification of the proposal.**

Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Applicant Role (Developer/Owner/Co-Sponsor): \_\_\_\_\_  
Use (Residential/Commercial): \_\_\_\_\_ Number of Units: \_\_\_\_\_  
Activity (Check all that apply):  Acquisition  New Construction  Rehabilitation  
Construction Start Date: \_\_\_\_\_ Construction End Date: \_\_\_\_\_  
Total Development Budget: \_\_\_\_\_  
Funding Source (Include Contact Person and Phone Number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Applicant Role (Developer/Owner/Co-Sponsor): \_\_\_\_\_  
Use (Residential/Commercial): \_\_\_\_\_ Number of Units: \_\_\_\_\_  
Activity (Check all that apply):  Acquisition  New Construction  Rehabilitation  
Construction Start Date: \_\_\_\_\_ Construction End Date: \_\_\_\_\_  
Total Development Budget: \_\_\_\_\_  
Funding Source (Include Contact Person and Phone Number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Applicant Role (Developer/Owner/Co-Sponsor): \_\_\_\_\_  
Use (Residential/Commercial): \_\_\_\_\_ Number of Units: \_\_\_\_\_  
Activity (Check all that apply):  Acquisition  New Construction  Rehabilitation  
Construction Start Date: \_\_\_\_\_ Construction End Date: \_\_\_\_\_  
Total Development Budget: \_\_\_\_\_  
Funding Source (Include Contact Person and Phone Number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## ***FAITH-BASED (SECTARIAN) ORGANIZATION COMPLIANCE CHECKLIST***

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Is the applicant agency a faith-based (sectarian) organization? (For example, a corporation organized under the religious corporation law or a corporation which has as a corporate purpose the provision of services to a particular religious group or promoting the doctrine of a particular religion or religion in general.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are any of the services proposed in this application sectarian in nature?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the applicant have as its goal the furthering of any sectarian purpose?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are services to be provided by sectarian staff (clergy)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are services being delivered in a building owned by a faith-based organization?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Will the proposed services be provided on the basis of race, religion, color or national origin?  | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above answers if yes, below please provide specific information relating to the response.

**EXHIBIT D-2:  
EQUAL EMPLOYMENT OPPORTUNITY  
AND M/WBE REQUIREMENTS**

- M/WBE-Equal Employment Opportunity Policy Statement (OTDA-4970)\*
- Equal Employment Opportunity Staffing Plan (OTDA-4934.1)\*
- M/WBE Subcontractor Utilization Plan (OTDA-4937)\*
- M/WBE Subcontractors and/or Suppliers Letter of Intent to Participate (OTDA-4938)
- M/WBE Subcontractor Request for Waiver Form (OTDA-4969)

*\* Please complete all forms according to the instructions. Required forms are included below. The Letter of Intent to Participate and Request for Waiver forms are not included in the application. If necessary and applicable to the application, these forms are located on OTDA's website at <http://otda.ny.gov/contracts/mwbe/forms.asp>*

*Note that an M/WBE Waiver Form may only be submitted and considered in circumstances where good faith efforts can be documented as detailed more fully in the instructions of the M/WBE Waiver Form.*

*Note that the submission of MWBE Quarterly Reports will be required throughout the development of the project, as HHAP funds are expended.*

**MINORITY/WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL  
EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

**M/WBE AND EEO POLICY STATEMENT**

I, \_\_\_\_\_, the (awardee/contractor) \_\_\_\_\_ agree to adopt the following policies with respect to the project being developed or services rendered at \_\_\_\_\_

This organization will require its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participation goals and provide Equal Employment Opportunities set by NYS OTDA for the State-funded project by taking the following steps:

**M/WBE**

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from NYS-OTDA and solicit bids from them directly.
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- (4) Where feasible, divide the work into smaller portions to increase participation by M/WBEs and encourage the formation of joint ventures and other partnerships among M/WBE contractors to encourage their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain, or, where appropriate, require its subcontractors to maintain and submit, as required by OTDA, records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that project payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and/or other credit requirements may, in the sole discretion of OTDA, be waived and/or appropriate alternatives are developed to encourage M/WBE participation.
- (7) This organization will include the provisions of sections (1) through (6) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

**EEO**

- (a) This organization will not discriminate against any employee or applicant for employment because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status, or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.
- (b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status,
- (c) At the request of the contracting agency, this organization shall request that each employment agency, labor union, or authorized representative will not discriminate on the basis of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status, and that such union or representative will affirmatively cooperate in the implementation of this organization’s obligations herein.
- (d) This organization will include the provisions of sections (a) through (c) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

By \_\_\_\_\_

Print:

Title:

**Minority/ Women Business Enterprise Liaison**

\_\_\_\_\_ is designated as the Minority/Women Business Enterprise Liaison  
(Name of Designated Liaison)

responsible for administering the Minority and Women-Owned Business Enterprises-Equal Employment Opportunity (M/WBE-EEO) program.

\_\_\_\_\_  
(Authorized Representative)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Contact:**

**NYS OTDA  
M/WBE Program Management Unit  
Harlem Center - 9<sup>th</sup> Floor  
317 Lenox Avenue  
New York, NY 10027  
(212) 961-8214**

### EEO Staffing Plan

OTDA – 4934.1 ELW (Rev. 7/13)  
 EQUAL EMPLOYMENT OPPORTUNITY  
 STAFFING PLAN  
 Submit with Bid or Proposal – Instructions on page 2

Solicitation/Program Name:	Report includes: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total work force
Offeror's Name:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor Subcontractor's name _____
Offeror's Address:	

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification								Disabled (M) (F)		Veteran (M) (F)			
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)						Native American (M) (F)	
Officials/Administrators																	
Professionals																	
Technicians																	
Service Maintenance Workers																	
Office/Clerical																	
Skilled Craft Workers																	
Paraprofessionals																	
Protective Service Workers																	
Totals																	

PREPARED BY (Signature):	TELEPHONE NO.:	DATE:
	EMAIL ADDRESS:	
NAME AND TITLE OF PREPARER (Print or Type):	SUBMIT COMPLETED WITH BID OR PROPOSAL	

**General instructions:** All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be

separated out from the contractor's or subcontractor's total work force, the Offeror shall complete this form for the contractor's or subcontractor's total work force.

**Instructions for completing:**

1. Enter the Solicitation number or RFP number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the total work force by race/ethnic background and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the Designated Contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

**RACE/ETHNIC IDENTIFICATION**

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

**ISLANDER**

- **NATIVE INDIAN (NATIVE AMERICAN/ ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**OTHER CATEGORIES**

- **DISABLED INDIVIDUAL** any person who:
  - has a physical or mental impairment that substantially limits one or more major life activity(ies)
  - has a record of such an impairment; or
  - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER**

**Subcontractor Utilization Plan**

OTDA - 4937 ELW (Rev. 7/13)

**M/WBE SUBCONTRACTOR UTILIZATION PLAN**

**INSTRUCTIONS:** This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) subcontractor under the contract. Attach additional sheets if necessary.

Offeror's Name:

Federal Identification Number:

Address:

Solicitation Number:

City, State, Zip Code:

Telephone Number:

Region/Location of Work:

M/WBE Goals in the Contract: MBE    %

WBE    %

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts / Supplies/Services and intended performance dates of each component of the contract.
A.	NYS ESD CERTIFIED MBE WBE			
B.	NYS ESD CERTIFIED MBE WBE			
<p><b>PREPARED and APPROVED BY:</b> NAME AND TITLE OF PREPARER (Print or Type):</p> <p>Signature: _____ Authorized Signature</p> <p>DATE:</p> <p>TELEPHONE NO:</p> <p>EMAIL ADDRESS:</p> <p>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. M/WBE 100 (Revised 1</p>			<i>FOR AGENCY USE ONLY</i>	
			REVIEWED BY:	DATE:
			<p>UTILIZATION PLAN APPROVED: YES NO Date: _____</p> <p>Contract No:</p> <p>Contract Award Date:</p> <p>Estimated Date of Completion:</p> <p>Amount Obligated Under the Contract:</p> <p>NOTICE OF DEFICIENCY ISSUED: YES NO Date: _____</p> <p>NOTICE OF ACCEPTANCE ISSUED: YES NO Date: _____</p>	

## **M/WBE GOAL REQUIREMENTS CERTIFICATION OF GOOD FAITH EFFORTS**

**Contractors** (to include those who submit bids/proposals in an effort to be selected for contract award as well as those successful bidders/proposers with whom OTDA enters into State contracts) must document “good faith efforts” to provide meaningful participation by New York State Certified M/WBE subcontractors or suppliers/vendors in the performance of this contract.

The undersigned hereby acknowledges that he/she took or may need to take the following actions on behalf of the Contractor to demonstrate, and upon request by OTDA, to provide written verification to document the aforesaid good faith efforts:

- (a) The Contractor attended any pre-bid, pre-award, or other meetings scheduled by the contracting agency or the NYS Department of Economic Development or its designee to inform certified minority- or women-owned business enterprises of contracting and subcontracting opportunities available on the project, for purposes of complying with contract participation goal requirements;
- (b) The Contractor identified economically feasible units of the project that could be contracted or subcontracted to certified minority- and women-owned business enterprises in order to increase the likelihood of participation by such enterprises on the contract;
- (c) The Contractor undertook efforts to reasonably structure the contract scope of work for purposes of subcontracting with certified minority- and- women-owned business enterprises;
- (d) The Contractor advertised in a timely fashion and in appropriate general circulation, trade and minority- and women-oriented publications, if any, concerning the contracting or subcontracting opportunity;
- (e) The Contractor made written solicitations in a timely fashion to a reasonable number of certified minority- and women- owned business enterprises identified from current certified lists of such business enterprises provided or maintained by the NYS Empire State Development’s Division of Minority and Women Owned Business Development, or its designee, of the contracting or subcontracting opportunity. The directory of certified businesses can be viewed at: <http://esd.ny.gov/index.html>
- (f) The Contractor can document if any timely responses to any such advertisements and solicitations were provided by certified minority- and women-owned business enterprises;
- (g) The Contractor followed-up initial solicitations by contacting the enterprises to determine whether the enterprises were interested in such contracting or subcontracting opportunity;
- (h) The Contractor provided interested certified minority- and women-owned business enterprises in a timely fashion with adequate information about the plans, specifications or terms and conditions of the State contract and requirements for the contracting or subcontracting opportunity so as to prepare an informed response to a contractor solicitation;

- (i) The Contractor submitted a completed, acceptable utilization plan in accordance with applicable requirements to meet goals for participation of certified minority-and women-owned business enterprises established in the State contract;
- (j) The Contractor used the services of community organizations, contractor groups, state and federal business assistance offices and other organizations identified by the NYS Department of Economic Development or its designee that provide assistance in the recruitment and placement of minority and women business enterprises;
- (k) The Contractor negotiated in good faith with certified minority- and women-owned business enterprises submitting bids, proposals, or quotations and did not, without justifiable reason, reject as unsatisfactory any bids, proposals or quotations prepared by any certified minority- or women-owned business enterprise. "Good faith" negotiating means engaging in good faith discussions with certified minority- or women-owned business enterprises about the nature of the work, scheduling, requirements for special equipment, opportunities for dividing of work among the bidders, proposers, and various subcontractors and the bids of the minority or women businesses, including sharing with them any cost estimates from the request for proposal or invitation to bid documents, if available; and,
- (l) The Contractor undertook efforts to make payments for any work performed by certified minority- and women-owned business enterprises in a timely fashion so as to facilitate continued performance by certified minority- and women-owned business enterprises.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Contract Number

\_\_\_\_\_  
Program/Solicitation Name

***EXHIBIT D-3:  
REQUIRED CERTIFICATIONS***

- Contractor/Subcontractor Background Questionnaire. ***For the purposes of this document, the applicant is the CONTRACTOR and must complete and sign this form.*** In addition, the questionnaire must be completed by any proposed co-applicant or supporting organization.
- Nondiscrimination in Employment in Northern Ireland
- Non-Collusive Bidding Certification
- Agreement

## CONTRACTOR/SUBCONTRACTOR BACKGROUND QUESTIONNAIRE

### General Information

Federal Identification Number: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Actual Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

### Background Questionnaire

The following section must be fully completed by the Bidder or bid will be deemed non-responsive. Where appropriate, provide additional details using space provided or by inserting additional sheets following this part. Any proposed subcontractor must also complete this form if the value of that subcontract will be in excess of \$10,000.

<p>1a. If you, the bidder, are a natural person, are you a New York State resident?</p>	<p>____ NO      ____ YES</p>
<p>1b. If you are a corporation, are you a New York State corporation?</p>	<p>____ NO      ____ YES</p>
<p>1c. Are you registered with the New York State Department of State (DOS) to do business in New York State?</p>	<p>____ NO      ____ YES</p>
<p>If no, you will be required to comply with the New York State Department of State guidelines for doing business in New York State before you will be eligible for a Contract award. Do you agree to these conditions?</p>	<p>____ NO      ____ YES</p>
<p>2. How many years has the bidder been in business?</p>	<p>____ Years</p>
<p>3a. Are you a certified minority owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by minority group members (i.e. Black, Hispanic, Asian, Pacific Islander, American Indian or Alaskan Native)?</p>	<p>____ NO      ____ YES</p>
<p>3b. Are you a woman owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by women)</p>	<p>____ NO      ____ YES</p>
<p>4. How many people are employed by the bidder?</p>	<p>____ Employees</p>
<p>5. Total number of people employed by the bidder:</p> <ul style="list-style-type: none"> <li>* Within New York State?</li> <li>* Outside of New York State?</li> <li>* Outside of United States?</li> </ul>	<p>____ ____ ____</p>
<p>6. Is the bidder independently owned and operated?</p>	<p>____ NO      ____ YES (If no, provide details)</p>
<p>7. List and describe any liquidated damages assessed, and/or liens or claims over \$25,000 filed against the bidder and remaining undischarged or unsatisfied for more than 90 days, on any contracts within the past five years.</p>	<p>____ NO      ____ YES</p>

8. Within the past five years has the bidder, any affiliate, any predecessor company or entity, any owner of 5.0% or more of the bidder's equity, or any director, officer, partner, or employee, or other agent of the bidder who either routinely or frequently acts for the bidder, or has acted for the bidder at any time in conjunction with the pending contract, or any similar contract with New York State, been the subject of:

Check any that apply. If "yes", describe using additional pages if necessary)

- |  |        |         |
|--|--------|---------|
| a) A judgment of conviction for any business-related conducts constituting a crime under state or federal law?   | ___ NO | ___ YES |
| b) A currently pending indictment for any business-related conducts constituting a crime under state or federal law?   | ___ NO | ___ YES |
| c) A grant of immunity for any business-related conducts constituting a crime under a state or federal law?  | ___ NO | ___ YES |
| d) A federal suspension or debarment, New York rejection of any bid or disapproval of any proposed subcontract for lack of responsibility, denial or revocation of pre-qualification in any state, or a voluntary exclusion agreement?   | ___ NO | ___ YES |
| e) A civil or criminal investigation of the New York State Ethics Commission involving a violation(s) of Section 73 and/or Section 74 of the Public Officer's Law?   | ___ NO | ___ YES |
| f) Any bankruptcy proceeding?  | ___ NO | ___ YES |
| g) Any suspension or revocation of any business or professional license?   | ___ NO | ___ YES |
| h) Anyone whose license to provide health care services under investigation, citation, suspension (including suspension stayed on compliance with compulsory terms) and/or conviction by any State licensing authority for reasons bearing on professional competence, professional conduct, or financial integrity? | ___ NO | ___ YES |
| i) Any failure to notify the OTDA of any investigation, citation, suspension (including suspension stayed on compliance with compulsory terms) and/or conviction by a State agency of a matter within its jurisdiction?  | ___ NO | ___ YES |
| j) Any citations, Notices, violation orders, pending administrative hearings or proceedings or determinations for violations of:   | ___ NO | ___ YES |
| * federal, state or local health laws, rules or regulations;   | ___ NO | ___ YES |
| * unemployment insurance or workers compensation coverage or claim requirements;   | ___ NO | ___ YES |
| * ERISA (Employee Retirement Income Security ACT);   | ___ NO | ___ YES |
| * federal, state or local human rights laws; or,   | ___ NO | ___ YES |
| * federal, state security laws?  | ___ NO | ___ YES |
| k) A grant of immunity for any business-related conducts constituting a crime under a state or federal law?  | ___ NO | ___ YES |
| l) Any federal determination of a violation of any labor law or regulation, or any OSHA serious violation?   | ___ NO | ___ YES |
| Was violation willful?   | ___ NO | ___ YES |
| m) Any state determination of a violation of any labor law or regulation?  | ___ NO | ___ YES |
| n) Any state determination of a Public work violation?   | ___ NO | ___ YES |
| Was violation deemed willful?  | ___ NO | ___ YES |
| o) A revocation of MBE or WBE certification?   | ___ NO | ___ YES |
| p) A rejection of a low bid on a state contract for failure to meet statutory affirmative action or MWBE requirements?   | ___ NO | ___ YES |
| q) A consent order with the NYS Department of Environmental Conservation, or a federal or state enforcement determination involving a construction-related violation of federal or state environmental laws?   | ___ NO | ___ YES |

9. Does your company retain partnership or reciprocal agreements with hardware and/or software companies, or with associated manufacturers in this industry?	___ NO ___ YES
10. Does the bidder hold any current contracts with the State of New York, its departments or political subdivisions, valued in excess of \$100,000?	___ NO ___ YES (If yes, provide details)
11. Does the bidder hold any current contracts with governmental entities outside of New York State, valued in excess of \$100,000:	___ NO ___ YES (If yes, provide details)
12. Your firm is responsible for providing worker's compensation insurance pursuant to state law. The State has the option to require proof of current worker's compensation insurance or proof of exemption if applicable. Do you comply with this requirement?	___ NO ___ YES
13. Your firm is responsible for providing disability insurance pursuant to state law. The State has the option to require proof of current worker's compensation insurance or proof of exemption if applicable. Do you comply with this requirement?	___ NO ___ YES
14. Does your firm employ any non-U.S. citizens or resident legal aliens?	___ NO ___ YES
15. If yes, are the forms on file and available for inspection?	___ NO ___ YES

## CERTIFICATION

The undersigned: 1) recognizes that this questionnaire is submitted for the express purpose of inducing the New York State Office of Temporary of Disability Assistance to award a contract or approve a subcontract; 2) acknowledges that the Office may in its discretion, by means which it may choose, determine the truth and accuracy of all statements made herein; 3) acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law 210.40 or a misdemeanor under Penal Law 210.35 or 210.45, and may also be punishable by a fine of up to \$10,000 or imprisonment of up to five years under 18 U.S.C. 1001; 4) states that the information submitted in this questionnaire and any attached pages is true, accurate and complete; and, 5) acknowledges that submission of false or misleading information will constitute grounds for the Office to terminate its contract (or revoke its approval of a subcontract) with the undersigned or the organization of which s/he is an officer.

**Authorized Signature:**

\_\_\_\_\_

**Name:**

\_\_\_\_\_

**Title:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

***NONDISCRIMINATION IN EMPLOYMENT IN  
NORTHERN IRELAND:  
MACBRIDE FAIR EMPLOYMENT PRINCIPLES***

In accordance with section 165 of the State Finance Law, the bidder, by submission of this bid certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership interest, or any individual or legal entity that holds a 10% or greater ownership in the bidder, either: (answer yes or no to one or both of the following, as applicable):

1. Has business operations in Northern Ireland

Yes       No

if yes,

2. Shall take lawful steps in good faith to conduct any business operations that it has in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of their compliance with such Principles.

Yes       No

---

Signature

***NON-COLLUSIVE BIDDING CERTIFICATION REQUIRED  
BY SECTION 139-D OF THE STATE FINANCE LAW***

SECTION 139-D. Statement of Non-Collusion in Bids to the State:

**BY SUBMISSION OF THIS BID, BIDDER AND EACH PERSON SIGNING ON BEHALF OF BIDDER CERTIFIES, AND IN THE CASE OF A JOINT BID, EACH PARTY THERETO CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OR PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:**

[1] The prices of this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor;

[2] Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and

[3] No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

**A BID SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2] AND [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE BIDDER(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE BIDDER SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE:**

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT]

Subscribed to under penalty of perjury under the laws of the State of New York, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ as the act and deed of said corporation or partnership.

Potential Contractor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Title: \_\_\_\_\_

If applicable, responsible Corporate Officer

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**JOINT OR COMBINED BIDS MUST BE CERTIFIED ON BEHALF OF EACH PARTICIPANT.**

\_\_\_\_\_  
Legal name of person, firm or corporation

\_\_\_\_\_  
Legal name of person, firm or corporation

By: \_\_\_\_\_  
Name

By: \_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
City/State

**AGREEMENT**

It is understood and agreed to by the applicant and co-applicant, if and, that: (1) Applicant organization meets the requirements of a local recipient organization. It is a municipality, non-profit corporation or charitable organization, has an accounting system, and practices non-discrimination. (2) Funds received from the New York State Homeless Housing and Assistance Program will be expended in accordance with the state guidelines established for such purposes. (3) The organization agrees to comply with the requirements of the Civil Rights Act of 1964 as amended, and all applicable Federal Regulations contained in 44 CFR, Part 7, entitled "Nondiscrimination in Federally-Assisted Programs," and agrees that the expression of religious belief or religious activity shall not be a condition to receiving shelter or services. (4) The funds may be terminated in whole, or in part, by the Commissioner of the New York State Office of Temporary & Disability Assistance. Such termination shall not affect obligations incurred under the grant prior to the effective date of such termination. (5) When funds are advanced, any unexpected balance at the end of the approval period will be returned. (6) Any significant revision of the approved project proposal will be requested in writing by the grantee prior to the enactment of the change. (7) Progress reports will be submitted as required by the grantor. The final program and financial reports will be submitted as required by the grantor. Final program and financial reports will be submitted within one month after the project terminates. Necessary records and accounts, including financial and property controls, will be maintained and made available to the New York State Office of Temporary & Disability Assistance for audit purposes. (8) All reports of investigations, studies, publications, etc., made as a result of this proposal will acknowledge the support provided by the New York State Office of Temporary & Disability Assistance and the Homeless Housing and Assistance Corporation. (9) All personal information concerning individuals served or studied under the project is confidential and such information may not be disclosed to unauthorized persons. (10) The New York State Office of Temporary & Disability Assistance and Homeless Housing and Assistance Corporation reserve a royalty-free non-exclusive license to use and authorize others to use all copyrighted material resulting from this project. (11) The applicant shall comply with all program requirements stated in this Request for Proposals, and with all applicable laws and regulations, in establishing and operating its Homeless Project.

The applicant and co-applicant, if any, certifies that to the best of its knowledge and belief the data in this application are true and correct, that it will comply with the above agreement if it receives funding, and that this constitutes a firm offer for 120 days.

---

**APPLICANT AGENCY**

---

**SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN FOR APPLICANT**

---

**Date**

---

**TITLE**

---

**CO-APPLICANT AGENCY**

---

**SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN FOR CO-APPLICANT**

---

**Date**

---

**TITLE**

***EXHIBIT E-1: SITE DESCRIPTION***  
*(Duplicate this page for each building in the proposed project)*

**Please refer to Appendix A: Technical Submission Guidelines and Requirements for Exhibit E, and Appendix B: Architect's Certification**

Site \_\_\_\_ of \_\_\_\_

Site Address: \_\_\_\_

A. Former use of Building or Site which is intended to be the site of the proposed project.

- |   |  |
|---|--|
| <input type="checkbox"/> Hotel/Motel              | <input type="checkbox"/> SRO/Lodging House               |
| <input type="checkbox"/> Multiple Family Dwelling | <input type="checkbox"/> Single Family Dwelling          |
| <input type="checkbox"/> Institution              | <input type="checkbox"/> Commercial/Industrial, Specify: |
| <input type="checkbox"/> Vacant Land              | <input type="checkbox"/> Other, Specify:                 |

Note that a Phase I Environmental Site Assessment (ESA) should be included where known site conditions or a known previous use of the site is indicative of potential hazardous materials, soil or water contamination, underground storage tanks, asbestos, mold and/ or lead based paint.

- B. Describe the design and current condition of the project premises, including soil conditions, topography, wetlands, and the existence of asbestos, lead paint, and/or any hazardous material. If a Phase I ESA has been conducted and Phase II ESA is recommended, the results of both reports should also be included with the application.
- C. Describe how subsurface conditions were considered, and the efforts to investigate any known or suspected conditions on or near the site that may impact the cost and development of the project. For example, include the number and location of borings (if applicable), or other information to be relied on. Attach and label any available supplemental material such as geo-technical proposals or surveys conducted. Note that failure to adequately investigate or plan for subsurface conditions may result in the rejection of the proposal, or the rescinding of an HHAP award.
- D. Describe the characteristics of the surrounding area and the approximate age, condition and architectural design of structures in the immediate neighborhood.
- E. Detail the proximity of this site to public transportation, community and municipal services, day care, shopping and medical services, etc.
- F. Describe any housing and/or services that will be provided to a non-homeless population at this site.

- G. Describe any plans to relocate current tenants (if any) from this site or integrate them into the proposed project.

**Add additional sheets if needed and label Project Site Information**

**EXHIBIT E-2: SITE DEVELOPMENT INFORMATION**

*(If more than one site, whether identified or not, duplicate this exhibit for each building in the proposed project and provide a summary of E-2 pages 1 and 2 setting forth cumulative information.)*

*(Page 1 of 4)*

Architectural or Engineering Firm: \_\_\_\_\_

Name of Architect/Engineer: \_\_\_\_\_

Address/Phone Number: \_\_\_\_\_

NYS Architectural License #: \_\_\_\_\_

WBE \_\_\_\_\_ MBE \_\_\_\_\_ NYS Certified?  Yes  No

Site \_\_\_\_\_ of \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date(s) of Site Inspection: \_\_\_\_\_

Number of floors in building including basement: \_\_\_\_\_

**Dwelling Units by Size**

Type of Unit	Number of HHAP Units	Number of Non-HAP Units	Total Units	Average Square Footage per Unit	Total Square Footage
SRO					
Studio/Efficiency					
One-Bedroom					
Two-Bedroom					
Three-Bedroom					
Four-Bedroom					
Five Bedroom					
Congregate *					
Total Residential Square Footage					

\* Refer to Definitions section.

**SITE DEVELOPMENT INFORMATION**

(Page 2 of 4)

Site \_\_\_\_\_ of \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. Total square footage of congregate dining areas/kitchens  
common living rooms, lounges and other public rooms \_\_\_\_\_

2. Total square footage of social service and ancillary service  
space directly serving building residents (describe) \_\_\_\_\_

\_\_\_\_\_

3. Total square footage of commercial space \_\_\_\_\_

4. Total square footage of circulation, mechanical, other (specify) \_\_\_\_\_

\_\_\_\_\_

5. Total square footage of area NOT to be improved (describe) \_\_\_\_\_

\_\_\_\_\_

6. Total gross square footage to be constructed/improved \_\_\_\_\_

**Total Gross Square Footage of Building after Completion: \_\_\_\_\_**

**SITE DEVELOPMENT INFORMATION**

(Page 3 of 4)

Site \_\_\_\_\_ of \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**List Below the Available Utilities and Other Public Infrastructure.**

\_\_\_\_\_

**Certificate of Occupancy (If existing C of O is available, please attach copy)**

- (a) Existing Certificate of Occupancy for (use, number of units, size, occupancy class) \_\_\_\_\_
- (b) Proposed Occupancy (occupancy class, number of units, size)  
\_\_\_\_\_
- (c) Is a new Certificate of Occupancy expected to be issued at the completion of construction?  
 Yes       No

If no, please explain below.

\_\_\_\_\_

**Accessibility for Persons with Disabilities**

Which state and/or local building code provision(s) governs handicapped accessibility for this site?

\_\_\_\_\_

What, in summary, is required by this code?

\_\_\_\_\_

What is proposed?

\_\_\_\_\_

**SITE DEVELOPMENT INFORMATION**

(Page 4 of 4)

Site \_\_\_\_\_ of \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Proposed Building Construction Classification**

New York State Code

New York City Code

Check One Below:

1a

IA

IC

Fire Resistive

1b

IB

ID

2a

IE

Non-Combustible

3

IIA

Heavy Timber

4a

IIB

Ordinary

4b

IIC

5a

IID

Wood Frame

5b

IIE

In summary, what constraints does this construction place on the proposed building (e.g., sprinklers required, additional egress, horizontal or vertical separation)?

**EXHIBIT E-3:**  
**SCOPE OF WORK AND COST ESTIMATE** (Page 1 of 4)  
(If more than one site, duplicate this section for each building in the proposed project.)

Site \_\_\_\_\_ of \_\_\_\_\_

Site Address: \_\_\_\_\_

**Level of Construction Work Required**

- |   |  |
|---|--|
| <input type="checkbox"/> Acquisition Only           | <input type="checkbox"/> Moderate Rehabilitation |
| <input type="checkbox"/> Substantial Rehabilitation | <input type="checkbox"/> New Construction        |

**Project will be Constructed by:**

- General Contractor Selected via Bid; or
- Preselected\* General Contractor (GC); or
- Construction Manager\* Selected via Bid; or
- Preselected Construction Manager\*\*(CM) with Subcontractors Selected via Bid; or
- Other, specify:

If proposing a preselected construction manager or contractor, identify the individual or firm below and provide contact and other information as required in Exhibit A-6. In addition, please provide justification for utilizing the services of a preselected GC or CM and indicate whether the firm is a W/MBE.

WBE \_\_\_\_\_ MBE \_\_\_\_\_ NYS Certified?  Yes  No

\* A note regarding the use of a preselected GC or CM. HHAC requires that a minimum of 50% of the value of the work is competitively bid, which may be accomplished through trade subcontractors.

\*\* A note regarding Construction Managers. Generally, HHAC will not entertain utilizing the services of a Construction Manager as Advisor (CMA); HHAC will only consider utilizing the services of a Construction Manager as Constructor (CMC).

## **SCOPE OF WORK AND COST ESTIMATE**

(Page 2 of 4)

Site \_\_\_\_\_ of \_\_\_\_\_

Site Address: \_\_\_\_\_

### **Scope of Work**

Based on the current condition of the building as described in Exhibit E-1, provide a narrative scope of work describing in detail construction work to be performed. The scope of work for rehabilitation projects should be comprehensive and should address each significant building component and state whether it is to be repaired and/or replaced and to what extent. The scope should cover heating and ventilation; domestic hot water; electrical; gas; plumbing; elevators; sprinklers; kitchens and baths, including fixtures, cabinets, and appliances; windows and doors; interior finishes; public spaces; security systems; lead and asbestos; roof; building structure and building envelope. The narrative should address whether the capacity, age, and effectiveness of existing systems was considered.

Be sure to address site conditions, such as soil, hazardous materials, and predictable subsurface conditions such as rock and groundwater, wetlands, etc. based on a due diligence review of available information, as appropriate. Identify any areas not accessible for inspection, provide an analysis of potential implications and an estimate of related additional costs.

Please attach outline specifications detailing the proposed construction work. Again, refer to Appendix A: Technical Submission Guidelines and Requirements for Exhibit E.

In addition, provide a detailed estimate of the cost of construction by Construction Standards Institute (CSI) category (format provided following this page). Please note that while HHAP funding does not trigger prevailing wage requirements, some funding sources do. Indicate below whether the attached cost estimate is based on prevailing wages.

Please provide an explanation of how life-cycle costs were considered in developing the scope of work in terms of durability of materials and equipment, cost and ease of maintenance and operations.

Also, provide a brief narrative describing how the design in general is appropriate for the proposed population. If applicable, describe what aspects of the design or work proposed are beneficial to the population to be served, and how.

The construction cost estimate is  is not  based on prevailing wages.

**An incomplete response to this section may result in the disqualification of the proposal.**

## ***SCOPE OF WORK AND COST ESTIMATE***

*(Page 3 of 4)*

### **FOR PRESERVATION OF OPERATING HHAP PROJECTS ONLY:**

If requesting funds for the preservation of an Operating HHAP Project, describe how the scope was determined and limited to the items and conditions that, if not corrected, may impact the health and safety of tenants and/or the ongoing viability of the project.

If applicable, the narrative must also describe how the scope of work is limited to those repairs, expansion of units, or other modifications necessary to:

- (a) Enhance the quality of life or facilitate appropriate supportive services for tenants;
- (b) Accommodate population changes in response to community needs; and/or
- (c) Address one or more significant operational issues that are related to sustaining the availability of the project as a community resource for homeless individuals and/or families.

**SCOPE OF WORK AND COST ESTIMATE** (Page 4 of 4)  
*(If more than one site, duplicate this page for each building in the proposed project  
and provide a summary page setting forth cumulative cost information.)*

Site \_\_\_\_\_ of \_\_\_\_\_

Site Address: \_\_\_\_\_

Division 1	General Requirements	\$ <u>0</u>
Division 2	Demolition and Site Work	\$ <u>0</u>
Division 3	Concrete	\$ <u>0</u>
Division 4	Masonry	\$ <u>0</u>
Division 5	Metals	\$ <u>0</u>
Division 6	Wood & Plastic	\$ <u>0</u>
Division 7	Thermal & Moisture Protection	\$ <u>0</u>
Division 8	Doors & Windows	\$ <u>0</u>
Division 9	Finishes	\$ <u>0</u>
Division 10	Specialties	\$ <u>0</u>
Division 11	Equipment	\$ <u>0</u>
Division 12	Furnishings	\$ <u>0</u>
Division 13	Special Construction	\$ <u>0</u>
Division 14	Conveying systems	\$ <u>0</u>
Division 15	Mechanical	\$ <u>0</u>
Division 16	Electrical	\$ <u>0</u>

**Total Building Construction Cost (without contingency) \$0**

*(this figure should be transferred to Exhibit B-1, Line C.1)*

(Includes \_\_\_\_\_% General Conditions, \_\_\_\_\_% Overhead, \_\_\_\_\_% Profit)

**Construction Change Order Contingency \$0**

(10% for Rehabilitation; 5% for New Construction)

**Total Construction Cost \$0**

Building Gross Square Footage (GSF) 0

*(this figure should be the same as Exhibit E-2, line 2)*

Construction Cost (without contingency) divided by GSF \$\_\_\_\_\_/GSF

***EXHIBIT E-4:***  
***ENERGY EFFICIENCY***

Proposals should demonstrate that the project will incorporate measures to achieve high energy efficiency. Proposals may meet this requirement by one of the following methods, as applicable to the project. Please indicate below which of the following are attached.

**A) For applicants participating in the New York State Energy Research and Development Authority (NYSERDA) Multifamily Performance Program:**

- Letter of Interest/Partner Letter from NYSERDA.
- A copy of a signed contract with a NYSERDA-approved Performance Partner.

**B) For applicants Participating in NYSERDA's Low-Rise Residential New Construction Programs (applicants must achieve either the New York ENERGY STAR Certified Homes or the New York Energy Smart designation):**

- A copy of a signed contract with a Builder or a Home Energy Rating System (HERS) Rater who participates in NYSERDA's program; OR
- A HERS-based plan review completed by a participating HERS rater to affirm the project design will meet the high efficiency guidelines required to meet NYSERDA's program requirements

**C) For applicants participating in NYSERDA's Home Performance with ENERGY STAR Program:**

- A copy of a signed contract with a participating Home Performance contractor that commits to complying with the requirements of the program.

**D) For applicants committing to design the project in conformance with the U. S. Environmental Protection Agency (EPA) ENERGY STAR Multifamily High Rise Program (version 1.0, in either the prescriptive path or the performance path to achieve a 15% improvement in energy efficiency beyond that required by the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) 90.1-2007 standard):**

- A copy of a signed contract with an energy consultant which explains the methodology to be utilized to ensure that the standard is met.

***EXHIBIT E-4:***  
***ENERGY EFFICIENCY (continued)***

**E) For applicants committing to design the project in conformance with EPA ENERGY STAR New Homes (version 3.0, in either the prescriptive path or the performance path):**

A copy of a signed contract with a RESNET certified HERS Rater which explains the methodology to be utilized to ensure that the standard is met.

**F) For rehabilitation projects, applicants committing to design an existing non-complaint building(s) to meet current energy code standards (the Energy Conservation Construction Code of New York State 2010):**

Evidence that that the renovated building(s) will reduce overall energy usage by 20%, as compared to average energy usage for the last two years of operation. The projected reduction in energy usage must be demonstrated by submitting an energy analysis by an architect or engineer licensed in the State of New York, or RESNET certified HERS Rater.

**G) None of the above alternatives are applicable to the project:**

A narrative and supporting documentation evidencing that the proposed project will incorporate measures to achieve high energy efficiency.

This project does not incorporate specific Energy Efficiency measures.

**EXHIBIT E-5:**  
**ZONING ANALYSIS AND STATUS OF LOCAL APPROVALS**  
*(If more than one site, duplicate this page for each building in the proposed project.)*

Site \_\_\_\_\_ of \_\_\_\_\_

Site Address: \_\_\_\_\_

**Zoning Analysis**

Current Zoning \_\_\_\_\_ (attach map)

Permitted Uses \_\_\_\_\_ (attach applicable excerpt of regulations)

This Use \_\_\_\_\_

What is permitted floor area? (Most conservative estimate) \_\_\_\_\_

Does the proposed design and density conform to local zoning? If not, describe the situation and explain why the project cannot be re-designed to be “as of right”.

If a zoning change, variance, special use permit or other related approval is required for the project to operate, explain the action and the time required to accomplish such a change or gain approval. Attach evidence that the local planning or building authority has been notified of the intent to seek the change or approval, that the action has been applied for, and, if already approved, evidence of such approval.

**Status of Local Approvals**

List below the local approvals necessary to develop the proposed project and describe the current status of such approvals. Following this page attach documentation of all approvals that have been granted.



**EXHIBIT E-7:**  
**STATE HISTORIC PRESERVATION OFFICE (SHPO) SUBMISSION AND**  
**STATE ENVIRONMENTAL QUALITY REVIEW (SEQR)**

1. All applicants must complete the SHPO Project Review Cover Form and the Building Structure Inventory Form and submit these forms to the State Office of Parks, Recreation and Historic Preservation for eligibility review **prior** to submitting the application. If there are existing structures on the proposed project site(s) that will be rehabilitated or removed, applicants must complete and submit to SHPO a Building Structure Inventory Form for each structure **prior** to application submission. Please visit [www.nysparks.com/shpo/environmental-review/](http://www.nysparks.com/shpo/environmental-review/) for further information. (Appropriate forms follow this page.)

If the project site is a historic building or in a historic district, what impact will this have on project cost and design? Has either local landmarks or State Historic Preservation been consulted on this project? If so, describe any comments/concerns identified and how they will be addressed.

2. Submission of the short Environmental Assessment Form (EAF provided) with the application is required for compliance with the State Environmental Quality Review Act (SEQRA) procedures. The applicant is responsible for completing only Part 1 of the two part form. The Lead Agency will complete Part 2, as necessary.



**New York State Office of Parks, Recreation and Historic Preservation  
Historic Preservation Field Services Bureau**  
Peebles Island Resource Center, PO Box 189, Waterford, NY 12188-0189 (Mail)  
Delaware Avenue, Cohoes 12047 (Delivery) (518) 237-8643

*Please complete this form and attach it to the top of **any and all information submitted to this office** for review.  
Accurate and complete forms will assist this office in the timely processing and response to your request.*

This information relates to a previously submitted project.

PROJECT NUMBER \_\_\_\_\_ PR \_\_\_\_\_

COUNTY \_\_\_\_\_

If you have checked this box and noted the previous Project Review (PR) number assigned by this office you do not need to continue unless any of the required information below has changed.

2. This is a new project.

If you have checked this box you will need to complete ALL of the following information.

Project Name \_\_\_\_\_

Location \_\_\_\_\_  
You MUST include street number, street name and/or County, State or Interstate route number if applicable

City/Town/Village \_\_\_\_\_  
List the correct municipality in which your project is being undertaken. If in a hamlet you must also provide the name of the town.

County \_\_\_\_\_  
If your undertaking\* covers multiple communities/counties please attach a list defining all municipalities/counties included.

**TYPE OF REVIEW REQUIRED/REQUESTED** (Please answer both questions)

A. Does this action involve a permit approval or funding, now or ultimately from any other governmental agency?

No  Yes

If Yes, list agency name(s) and permit(s)/approval(s)

Agency involved	Type of permit/approval	State	Federal
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you consulted the NYSHPO web site at **\*\*<http://nvsparks.state.ny.us>** to determine the preliminary presence or absence of previously identified cultural resources within or adjacent to the project area? If yes:

	Yes	No
Was the project site wholly or partially included within an identified archeologically sensitive area?	<input type="checkbox"/>	<input type="checkbox"/>
Does the project site involve or is it substantially contiguous to a property listed or recommended for listing in the NY State or National Registers of Historic Places?	<input type="checkbox"/>	<input type="checkbox"/>

**CONTACT PERSON FOR PROJECT**

Name \_\_\_\_\_ Title \_\_\_\_\_

Firm/Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

\*\*\*<http://nvsparks.state.ny.us> then select HISTORIC PRESERVATION then select On Line Resources

## The Historic Preservation Review Process in New York State

In order to insure that historic preservation is carefully considered in publicly-funded or permitted undertakings\*, there are laws at each level of government that require projects to be reviewed for their potential impact/effect on historic properties. At the federal level, Section 106 of the National Historic Preservation Act of 1966 (NHPA) directs the review of federally funded, licensed or permitted projects. At the state level, Section 14.09 of the New York State Parks, Recreation and Historic Preservation Law of 1980 performs a comparable function. Local environmental review for municipalities is carried out under the State Environmental Quality Review Act (SEQRA) of 1978.

regulations on line at:

<http://nysparks.state.ny.us> then select **HISTORIC PRESERVATION** then select **Environmental Review**

Project review is conducted in two stages. First, the Field Services Bureau assesses affected properties to determine whether or not they are listed or eligible for listing in the New York State or National Registers of Historic Places. If so, it is deemed "historic" and worthy of protection and the second stage of review is undertaken. The project is reviewed to evaluate its impact on the properties significant materials and character. Where adverse effects are identified, alternatives are explored to avoid, or reduce project impacts; where this is unsuccessful, mitigation measures are developed and formal agreement documents are prepared stipulating these measures.

### **Project Description**

Attach a full description of the nature and extent of the work to be undertaken as part of this project. Relevant portions of the project applications or environmental statements may be submitted.

### **Maps Locating Project**

Include a map locating the project in the community. The map must clearly show street and road names surrounding the project area as well as the location of all portions of the project. Appropriate maps include tax maps, Sanborn Insurance maps, and/or USGS quadrangle maps.

### **Photographs**

Photographs may be black and white prints, color prints, or color laser/photo copies; standard (black and white) photocopies are NOT acceptable.

*-If the project involves rehabilitation,* include photographs of the building(s) involved. Label each exterior view to a site map and label all interior views.

*-If the project involves new construction,* include photographs of the surrounding area looking out from the project site. Include photographs of any buildings (more than 50 years old) that are located on the project property or on adjoining property.

**NOTE: Projects submissions will not be accepted via facsimile or e-mail.**

\***Undertaking** is defined as an agency's purchase, lease or sale of a property, assistance through grants, loans or guarantees, issuing of licenses, permits or approvals, and work performed pursuant to delegation or mandate.



# HISTORIC RESOURCE INVENTORY FORM

NYS OFFICE OF PARKS, RECREATION  
& HISTORIC PRESERVATION  
P.O. BOX 189, WATERFORD, NY 12188  
(518) 237-8643

Office Use Only  
USN: \_\_\_\_\_

## IDENTIFICATION

Property name (if any) \_\_\_\_\_  
Address or Street Location \_\_\_\_\_  
County \_\_\_\_\_ Town/City \_\_\_\_\_ Village/Hamlet: \_\_\_\_\_  
Owner \_\_\_\_\_ Address \_\_\_\_\_  
Original use \_\_\_\_\_ Current use \_\_\_\_\_  
Architect/Builder, if known \_\_\_\_\_ Date of construction, if known \_\_\_\_\_

## DESCRIPTION

Materials -- please check those materials that are visible

Exterior Walls:	<input type="checkbox"/> wood clapboard	<input type="checkbox"/> wood shingle	<input type="checkbox"/> vertical boards	<input type="checkbox"/> plywood
	<input type="checkbox"/> stone	<input type="checkbox"/> brick	<input type="checkbox"/> poured concrete	<input type="checkbox"/> concrete block
	<input type="checkbox"/> vinyl siding	<input type="checkbox"/> aluminum siding	<input type="checkbox"/> cement-asbestos	<input type="checkbox"/> other: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof:	<input type="checkbox"/> asphalt, shingle	<input type="checkbox"/> asphalt, roll	<input type="checkbox"/> wood shingle	<input type="checkbox"/> metal <input type="checkbox"/> slate
Foundation:	<input type="checkbox"/> stone	<input type="checkbox"/> brick	<input type="checkbox"/> poured concrete	<input type="checkbox"/> concrete block

Other materials and their location: \_\_\_\_\_

Alterations, if known: \_\_\_\_\_ Date: \_\_\_\_\_

Condition:  excellent  good  fair  deteriorated

## Photos

Provide several clear, original photographs of the property proposed for nomination. Submitted views should represent the property as a whole. For buildings or structures, this includes exterior and interior views, general setting, outbuildings and landscape features. Color prints are acceptable for initial submissions.

Please staple one photograph providing a complete view of the structure or property to the front of this sheet. Additional views should be submitted in a separate envelope or stapled to a continuation sheet.

## Maps

Attach a printed or drawn locational map indicating the location of the property in relationship to streets, intersections or other widely recognized features so that the property can be accurately positioned. Show a north arrow. Include a scale or estimate distances where possible.

Prepared by: \_\_\_\_\_ address \_\_\_\_\_

Telephone: \_\_\_\_\_ email \_\_\_\_\_ Date \_\_\_\_\_

(Continued on Next Page)

PLEASE PROVIDE THE FOLLOWING INFORMATION

IF YOU ARE PREPARING A NATIONAL REGISTER NOMINATION, PLEASE REFER TO THE ATTACHED INSTRUCTIONS

**Narrative Description of Property:** Briefly describe the property and its setting. Include a verbal description of the location (e.g., north side of NY 17, west of Jones Road); a general description of the building, structure or feature including such items as architectural style (if known), number of stories, type and shape of roof (flat, gabled, mansard, shed or other), materials and landscape features. Identify and describe any associated buildings, structures or features on the property, such as garages, silos, privies, pools, gravesites. Identify any known exterior and interior alterations such as additions, replacement windows, aluminum or vinyl siding or changes in plan. Include dates of construction and alteration, if known. Attach additional sheets as needed.

**Narrative Description of Significance:** Briefly describe those characteristics by which this property may be considered historically significant. Significance may include, but is not limited to, a structure being an intact representative of an architectural or engineering type or style (e.g., Gothic Revival style cottage, Pratt through-truss bridge); association with historic events or broad patterns of local, state or national history (e.g., a cotton mill from a period of growth in local industry, a seaside cottage representing a locale's history as a resort community, a structure associated with activities of the "underground railroad."); or by association with persons or organizations significant at a local, state or national level. Simply put, why is this property important to you and the community. Attach additional sheets as needed.

State of New York  
Homeless Housing and Assistance Corporation  
40 North Pearl St. 10<sup>th</sup> Fl.  
Albany, NY 12243  
Attn: Mr. David Galdun

Date / /

## SHPO Transmittal Letter

To: NYS Office of Parks, Recreation & Historic Preservation  
Historic Preservation Field Services Bureau  
Peebles Island, P.O. Box 189  
Waterford, New York 12188-0189  
(518) 237-8643 ext. 3283

From: Applicant \_\_\_\_\_  
Applicant's Address \_\_\_\_\_  
Applicant's Contact Person \_\_\_\_\_  
Project's Name \_\_\_\_\_  
Project's Address \_\_\_\_\_

Please review the SHPO Building Structure Inventory Form enclosed for the above referenced project to determine if it is eligible to be listed in the National Register of Historical Places. Please respond in writing within ten (10) business days to our contact person mentioned above with the findings. Thank you.

We are applying for project funding from the following sources:

- State – Homeless Housing and Assistance Program
- Federal
- Historic Tax Credit

## *Short Environmental Assessment Form*

### **Instructions for Completing**

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 - Project and Sponsor Information</b>			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			<b>NO</b>
If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<b>YES</b>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency?			<b>NO</b>
If Yes, list agency(s) name and permit or approval:			<b>YES</b>
3.a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	<b>NO</b>	<b>YES</b>	<b>N/A</b>
b. Consistent with the adopted comprehensive plan?			
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<b>NO</b>	<b>YES</b>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____ _____	<b>NO</b>	<b>YES</b>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<b>NO</b>	<b>YES</b>	
b. Are public transportation service(s) available at or near the site of the proposed action?			
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?			
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<b>NO</b>	<b>YES</b>	
10. Will the proposed action connect to an existing public/private water supply? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing potable water: _____ _____	<b>NO</b>	<b>YES</b>	
11. Will the proposed action connect to existing wastewater utilities? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing wastewater treatment: _____ _____	<b>NO</b>	<b>YES</b>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	<b>NO</b>	<b>YES</b>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	<b>NO</b>	<b>YES</b>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	<b>NO</b>	<b>YES</b>	
16. Is the project site located in the 100 year flood plain?	<b>NO</b>	<b>YES</b>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES  b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____	<b>NO</b>	<b>YES</b>	

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____ _____	<b>NO</b>	<b>YES</b>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____ _____	<b>NO</b>	<b>YES</b>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____ _____	<b>NO</b>	<b>YES</b>
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor name: _____		Date: _____
Signature: _____		

**Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2.** Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept “Have my responses been reasonable considering the scale and context of the proposed action?”

	<b>No, or small impact may occur</b>	<b>Moderate to large impact may occur</b>
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?		
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

**Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3.** For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.	
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

***EXHIBIT E-8:  
FLOOD PLAIN LETTER***

Following this page, attach a flood plain letter from the jurisdictional authority or equivalent official determination indicating whether the project site(s) are in a Special Flood Hazard Area (SFHA). Be sure to verify that the information presented is based on the most current map/ official flood zone determinations.

***EXHIBIT E-9:  
SITE PHOTOGRAPHS***

Following this page, attach six (6) color photographs of the site(s), one facing the front of the site, one facing the rear of the site, and views from the site looking east, west, north and south. If more than one site is proposed, provide photographs of each project site and make sure that the photos are clearly labeled.

**FOR PRESERVATION OF OPERATING HHAP PROJECTS ONLY:**

If requesting funds for the preservation of an Operating HHAP Project, please include photo documentation of the site conditions that, if not corrected, may impact the health and safety of tenants and/or the ongoing viability of the project.

**EXHIBIT E-10:  
FLOOR PLANS**

Following this page, for each project site, provide:

- Location plan showing the location of the project in the context of surrounding buildings/ neighborhood (1" = 100' scale).
- "As is" existing floor plans
- Sketch Plans of the proposed building: site plan (minimum scale 1" = 40'), each floor plan (minimum scale 1/8" = 1.0"), typical unit. (1/4" = 1' scale)

***One full set of architectural plans and copies of plans reduced to letter size (8 1/2 x 11) must be provided with each hard copy of the application submitted. Plans included in the electronic copy of the submission should be provided in .pdf format and printable to a maximum of ledger sized paper.***