

**Georgia Department of Community Affairs (DCA)
Housing Finance Division
CHDO Operating Assistance Program (COAP)
SFY 2010 Application**

In order to qualify for the COAP funding, a Community Housing Development Organization (CHDO) must meet the following eligibility requirements:

- The nonprofit must be currently qualified as a CHDO by the Department of Community Affairs (DCA).
- The CHDO must be the owner, developer or sponsor of a DCA HOME-funded affordable housing project for occupancy by moderate, low or very low-income households and that qualifies for the CHDO set-aside of HOME funds.
- To be considered as an “owner, developer or sponsor,” the Subject Project of the CHDO must also meet one of the two following characteristics:
 1. The construction loan of the Subject Project funded under the HOME Rental Housing Loan program allocated under Georgia’s Qualified Allocation Plan (QAP) or the Permanent Supportive Housing Program must have closed prior to the submission of the COAP application and the COAP application must be made prior to the conversion date of the Subject Project’s HOME loan.
 2. The Subject Project includes four (4) units authorized under an executed Conditional Commitment of Funds for the Georgia Dream Single Family Development Program (GDSFDP) where all of the units have been constructed and sold to an income qualified household prior to the submission of the COAP application and where the COAP application is submitted not more than six (6) months after the sale of the final unit authorized under the Conditional Commitment of Funds.

An applicant, the employees or officers of the ownership entity awarded funding through DCA’s program(s), or any proposed recipients of COAP funds must not be out of material compliance or disqualified from any program administered by the Department of Community Affairs or under debarment, proposed debarment, or suspension by a federal agency, and must meet all requirements outlined in the HOME Investment Partnerships Program Final Rule (24 CFR Part 92) and either the State of Georgia’s Qualified Allocation Plan (QAP) and associated application manual, and the Program Descriptions and associated application manuals for the Permanent Supportive Housing Program (PSHP) and the Georgia Dream Single Family Development Program (GDSFDP).

Organizational Profile:

Organization: _____

Contact Person: _____

Federal Tax ID Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email Address: _____

Qualified Project Profile – QAP or PSHP:

CHDO HOME Project Name: _____

Loan Closing Date: _____

Expected Conversion Date: _____

Project Profile – GDSEDP: (Attach additional Sheets as necessary)

SFDP Project Name: _____

Total Number of Units Authorized under Conditional Commitment of Funds: _____

Total Number of Units Sold: _____

Unit Address: _____ Sale Date: _____

A complete Application to the **COAP** must include following:

**Tab 1
Application**

- Complete COAP Application.
- Copy of Current State CHDO designation letter.
- CHDO Operating Assistance Program Budget Form (Appendix A) that details the proposed use of COAP funds. The proposed budget should not exceed \$25,000, or \$45,000 if Additional Funds are requested as detailed in the COAP Program Description.

**Tab 2
Capacity
Assessment Tool**

- Detailed narrative plan describing the CHDO’s proposed activities to be funded under the COAP. The plan must be linked to deficiencies identified in the Capacity Assessment Tool and/or areas whereby these funds will assist the organization to achieve its housing initiatives.
- Completed Capacity Assessment Tool (CAT) of the Applicant, including all support documentation found in the Document Review List. The CAT can be downloaded from the DCA web site www.dca.ga.gov/housing/housingdevelopment/programs/COAP.asp.
- Resolution by the CHDO’s Board of Directors attesting to their review and approval of the results of the Capacity Assessment Tool and planned use of the COAP funds.

**Tab 3
Audited
Financial
Statements**

- A copy of the most recent audited financial statements prepared in accordance with generally accepted accounting principles, including the balance sheet, income and expense statement, statement of cash flows, and all auditor comments.

**Tab 4
Consulting
Contracts
(If Applicable)**

- Copy of a completed self-evaluation Capacity Assessment Tool (CAT) by the Inexperienced CHDO, including supporting documentation.
- Resumes of organization's director and key personnel that will be providing the technical assistance.
- A signed and executed consulting contract including a Scope of Services to be performed and a detailed listing of the amount of hours to perform these activities.
- A listing of the Experienced CHDO's completed projects under the program to which the Inexperienced CHDO will apply.
- A description of the past consultant services provided over the last twenty-four (24) months, including the organization's receiving the services and the nature of the services provided.
- A copy of the current CHDO determination letter for the Inexperienced CHDO.

**Tab 5
Management
Agreement (If
Applicable)**

- Copy of the management agreement and management plan of a permanent supportive housing project for special needs and/or homeless populations not owned or controlled by the CHDO.

Authorized Official Certification/Signature

As an authorized representative of the Applicant, I fully certify to the following:

1. The information and statements contained in this Application and any of its Attachments are complete, true, and correct.
2. The Applicant understands and agrees that our application, all attachments thereto, and all correspondence relating to this application in particular or to DCA in general are subject to disclosure under the Georgia Open Records Act and that the Applicant expressly consents to such disclosure. The Applicant agrees to hold harmless the DCA, GHFA and the individual directors, employees, members, officers, and agents of DCA against all losses, costs, damages, expenses, and liability of any nature or kind (including, but not limited to attorney's fees, litigation and court costs) directly or indirectly resulting from or arising out of the release of all information pertaining to our application pursuant to a request under the Georgia Open Records Act.
3. Neither it nor any of its principals is presently debarred, suspended, proposed for debarment or suspension, declared ineligible or excluded from participation in the HOME Program by any Federal department or agency.
4. The Applicant further certifies that there are no criminal convictions, indictments, and pending criminal investigations of any persons, individuals, officers, directors, key employees, or other persons who have critical influence unless provided to DCA in this application documenting dates and details of each circumstance, unless otherwise prohibited by court order, statute or regulation.

5. No member, employee, officer, agent, consultant or official of the Applicant or Ownership Entity, nor any member of their immediate family, during his/her tenure or for one year thereafter, shall have any interest, direct or indirect, in any award of HOME funds made pursuant to this Application.
6. Recognize and accept the Applicant's obligation to notify DCA immediately in writing if we become aware of any subsequent events or information which would change any statements or representations previously submitted to DCA. The activities and costs must be accurately reflected in the COAP budget (Appendix A)
7. Any changes in the facts and information supplied in this Application or in any of its Attachments may result in denial or withdrawal of any HOME funding awarded and/or CHDO designation.
8. The Applicant further agrees that the proposed project complies with applicable local state and federal laws, and the application has been duly authorized by the governing body of the Applicant, and if funded, that Applicant will carry out the project activities in the manner described in the application. The Applicant further certifies that it shall maintain accounting records in accordance with generally accepted governmental accounting principles and that the funds awarded will be included in those audits of financial statements that cover all or part of the project duration period.
9. The Applicant further agrees that the award of any funds through this program is subject to the CHDO's on-going compliance with Section 50-20-1 through 50-20-8 of the Official Code of Georgia regarding contracting with nonprofit organizations.
10. Applicant further agrees that the award of funds through this program is subject to the Immigration Reform and Control Act of 1986 (IRCA), D.L. 99-603 and the Georgia Security and Immigration Compliance Act (O.C.G.A 13-10-90 et. seq.)

Date: _____

Applicant Name: _____

Notary Public Signature

By: _____
Authorized Signature

My Commission Expires

Title: _____

[Notary Seal]

Date: _____

**CHDO Operating Assistance Program Budget Form
Appendix A**

A. Salaries/Wages/Benefits	_____
B. Rent	_____
C. Utilities	_____
D. Taxes	_____
E. Insurance	_____
F. Equipment Lease Payments	_____
G. Travel	_____
H. Office supplies	_____
I. Equipment and materials (related to operational expenses)	_____
J. Training	_____
K. Professional Services/Consultants	_____
L. Other: _____	_____
M. Other: _____	_____
N. Other: _____	_____
O. Other: _____	_____
Total:	_____