

Exhibit A

CHDO Operation Assistance Program (COAP) Disbursement Procedures and Reporting Requirements SFY 2010

Program funds will be disbursed for approved activities listed in Appendix A (CHDO Operating Assistance Budget) of the Agreement. No other activity or change of activities will be funded without written approval from DCA. The Grantee must submit a funding disbursement request, which includes the following documentation:

- A. Invoices, receipts, purchase orders and/or contracts pertaining to the specific request for disbursement.
- B. Completed Disbursement Request Form, Exhibit B.
- C. Completed Draw Request Requisition Form, Exhibit C.
- D. Completed Clearance of Individual/Entity Form, Exhibit D if the request for disbursement includes expenses associated with a contractual agreement between the Grantee and a contractor and/or consultant. DCA will only approve the Disbursement Request when the contract is completed and the activity is accepted by the Grantee.
- E. Completed MBE/WBE Data Collection Form, Exhibit E.
- F. A progress narrative is required of all activities funded by the Program before any Disbursement Request is processed and funded. The narrative report must include the following:
 - (1) A statement explaining how the capacity of the organization has been changed or affected by the use of Program funds.
 - (2) A statement explaining the accomplishments and /or progress of the activity to date.
- G. A final progress narrative is required of all activities funded by the Program before the last Disbursement Request is processed and funded. The narrative report must include the following:
 - (1) The successes or limitations encountered by the Grantee as a result of participating in the Program.
 - (2) For each activity funded under the COAP, an assessment of the activity's value to the Grantee. Explain your answer and be specific using examples to support your results.

DCA will review the report/activity for completeness and compliance with DCA guidelines and the Agreement. DCA at its sole discretion, can modify, add or delete items(s) of this Exhibit.

Exhibit B

**CHDO Operating Assistance Program (COAP)
Disbursement Request Form
SFY 2009**

Date: _____

Request Number: _____

Mail To: Nonprofit & Special Programs Manager
Office of Special Housing Initiatives
Housing Finance Division
Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, GA 30329-2231

Grantee: _____

Mailing Address: _____

This Request covers the period from _____ to _____.

In accordance with the COAP Grant Agreement in the amount of \$ _____, dated _____, 20__ between the Grantee and GHFA, the Grantee requests that \$ _____ be drawn and proceeds paid by wire to the Grantee whose invoices are attached.

This is to certify that all items have been paid for which previous requests were submitted and payments received, that the labor, materials and/or services for which this draw will pay and for which previous draws have paid were for approved expenses, that all representations and warranties under the COAP program are true and correct, and that no default exists thereunder.

By: _____

Print Name: _____

Title: Sworn to and subscribed before me this _____ day of _____, 20 ____

NOTARY PUBLIC: _____

My Commission Expires: _____

Exhibit C

**CHDO Operation Assistance Program (COAP)
Draw Request Form
SFY 2009**

Date _____

Draw # _____

Expense Item	Total Grant Awarded	Amount Requested for this Period	Previous Draws	Total Grant Funds Remaining
Salaries, Wages, Benefits				
Rent				
Utilities				
Taxes				
Insurance				
Equipment Lease Payments				
Travel				
Office Supplies				
Equipment & Materials				
Training				
Professional Services/Consultants				
Other				
Other				
Other				
Total				

- A progress narrative is required of all activities funded by the Program before any Disbursement Request is processed and funded.
- All disbursement requests for studies, plans or other activities in which a written report is generated must include either an executive summary prepared by the Grantee or the consultant, or a copy of the full study, plan or other written report.

Exhibit D

CHDO Operating Assistance Program (COAP)
Clearance of Individual/Entity Form
SFY 2009

DCA is required to verify that each contractor or entity involved in a project funded with HOME monies is not included on the "List of Parties Excluded from Federal Procurement and Nonprocurement Programs." Each Owner is required to submit this Form for each Individual/Entity involved in this project prior to entering into an Agreement for the receipt of HOME funds. Any changes or additions to the list of Individuals/Entities involved in the project must be cleared by DCA prior to the beginning of their involvement in the project. A separate form is required for each Individual/Entity. Forms should be submitted directly to the Contact Person listed in the DCA Agreement for funding.

PROJECT INFORMATION:

Name of Project: _____

DCA Program Name: _____

Name of Project Contact: _____

Address of Project Contact: _____

Phone Number: _____

Email Address: _____

INFORMATION ON INDIVIDUAL/ENTITY FOR WHICH CLEARANCE IS REQUESTED:

Individual/Entity Name: _____

Address: _____

Role in Project (Circle One) Owner Developer Sponsor _____

Type of Work in Project: _____

DCA REVIEW:	
Cleared: _____	Review Performed by: _____
Not Cleared: _____	Signature: _____

Exhibit E

CHDO Operating Assistance Program (COAP)
Immigration and Security Form
SFY 2009

- A. In order to insure compliance with the Immigration Reform and Control Act of 1986 (IRCA), D.L. 99-603 and the Georgia Security and Immigration Compliance Act OCGA 13-10-90 et.seq., Contractor must initial one of the section below:

_____ Contractor has 100 or more employees and Contractor warrants that Contractor has complied with the Immigration Reform and Control Act of 1986 (IRCA), DL. 99-603 and the Georgia Security and Immigration Compliance Act by registering at www.vis-dhs.com/EmployerRegistration and verifying information of all new employees; and by executing any affidavits required by the rules and regulations issued by the Georgia Department of Labor set forth at Rule 300-10-1-.01 et.seq.

_____ Contractor has 99 or fewer employees and Contractor warrants that no later than July 1, 2009, Contractor will register will register at www.vis-dhs.com/EmployerRegistration to verify information of all new employees in order to comply with the Immigration Reform and Control Act of 1986 (IRCA), DL. 99-603 and the Georgia Security and Immigration Compliance Act; and by executing any affidavits required by the rules and regulations issued by the Georgia Department of Labor set forth at Rule 300-10-1-.01 et.seq.

- B. Contractor warrants that Contractor has included a similar provision in all written agreements with any subcontractors engaged to perform services under this Contract.

_____	_____
Signature	Title
Firm Name:	_____
Street/Mailing Address:	_____
City:	_____
State, Zip Code:	_____
Telephone Number:	_____
Email Address:	_____