Date Received
For DCA Use Only

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HOME INVESTMENT PARTNERSHIP PROGRAM
COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO)

2011 CHDO Qualification Application

In order to apply for HOME funds under the CHDO Set-Aside, nonprofits must meet two requirements: general CHDO eligibility and capacity requirements, and project-specific capacity requirements. This application identifies those nonprofits that meet the general CHDO eligibility and capacity requirements. Project-specific eligibility requirements will be determined through the review of the initial project application. The information contained in this qualification application refers to the definition of Community Housing Development Organization in Section 92.2 of 24 CFR Part 92, the HOME Final Rule.

Application Submission Deadlines

The State's qualification of a nonprofit as a CHDO expires each year on December 31st. The following CHDO Qualification Application deadlines will apply for the 2011 calendar year:

If you intend to apply for:	Your CHDO Qualification Application is Due:	Your Project Application is Due:
CHDO Predevelopment Loan for Application to the HOME Rental Housing Loan Program:	At the time of application for CHDO Predevelopment Loan submission	Applications accepted at any time.
CHDO Predevelopment Loan for Application to the Permanent Supportive Housing Loan Program (PSHP):	At time of CHDO Predevelopment Loan submission.	6 months prior to intended application submission for PSHP Loan.
CHDO Predevelopment Loan for Application to the Georgia Dream Single Family Development Program (GDSFDP):	At time of CHDO Predevelopment Loan submission	Applications accepted at any time until all funds are reserved.
Permanent Supportive Housing Loan:	At time of application submission for the PSHP Loan.	Applications accepted at any time until all funds are reserved.
Georgia Dream Single Family Development Program:	At time of application submission to GDSFDP	Applications accepted at any time.
CHDO Operating Assistance Program (COAP):	At time of application submission for the COAP Loan.	Applications accepted at any time until all funds are reserved.
HOME Rental Housing Loan Program through the State QAP	At time of application submission for HOME Rental Housing Loan Program.	Expected June, 2011

A complete Application package must include:

1) 2011 CHDO Qualification Application
   a. Complete and check-off all information that pertains to your organization.
   b. Identify the page number of the organization's charter, by-laws, resolutions or articles of incorporation which provides support for meeting the requested qualification items.
2) Table of Contents (Exhibit B) and all supporting documentation.
   a. The Table of Contents page will be your **first page** to the Application package.
   b. Create a binder that corresponds with the Tabs of the Table of Contents.
3) Completed Board Member Certification Package (Exhibit A).
   a. Make as many copies of the CHDO Board Member Certification and CHDO Board of Directors Composition forms as needed.

PLEASE REVIEW YOUR APPLICATION AND ALL SUPPORTING DOCUMENTATION BEFORE SUBMITTING YOUR APPLICATION TO DCA.

DCA will accept amendments to a CHDO's service area at any time.

I. ORGANIZATION PROFILE (Complete all)

Date of CHDO Qualification Application Submission:_____

Organization Name: _____

Contact Person:_____

Federal Tax ID Number: _____

Address:_____County:_____

City:_____State:_____Zip:_____

Phone: _____ Fax #:_____

Email Address: _____

Parent Organization, if any_____

Date of Incorporation:_____ State of Incorporation:_____

List counties in service area. (**This section must be completed by all applicants**).

_____
_____
_____
_____

List counties in which your organization or any related entity owns assets.

_____
_____

Summary of Housing Development Experience:

Unit Type Developed	Rehabilitation	New Construction	Total
Number of Rental Units			
Number of Ownership Units			

Has your organization applied for or been granted CHDO designation with any other PJs?

_____ **Yes** _____**No**

If yes, provide a copy of the CHDO designation letter.

Has your organization registered all rental properties that have been developed and/or owned by you on DCA's rental housing listing and locator service, GeorgiaHousingSearch.org, at www.GeorgiaHousingSearch.org ?

_____ **Yes** _____**No** _____**Not Applicable**

If yes, provide a list of those properties that have been registered.

2011 or 2012 Funding Request:

What funding source are you seeking in 2011 or 2012? **(Note: only those organizations actively contemplating submitting a 2011 or 2012 HOME CHDO funding request should submit a CHDO Qualification Application).**

_____ CHDO Predevelopment Loan _____ HOME Rental Housing Loan

_____ Permanent Supportive Housing Loan _____ HOME CHDO Operating Assistance

_____ Georgia Dream Single Family Development Program

If applicable in what county will the project(s) be located? _____

II. LEGAL STATUS (Complete all points, check and attach documentation).

A. Legal Authorization. The nonprofit organization is organized under Georgia or local laws, as evidenced by:

_____ Certificate of Incorporation issued by the Secretary of State;

OR

The nonprofit is legally authorized to operate in the State of Georgia as evidenced by:

_____ Certificate of Authority to Transact Business by the Secretary of State;

OR

_____ Certificate of Existence issued by the Secretary of State.

B. **Individual Benefit.** No part of its net earnings inure to the benefit of any member, founder, contributor, or individual, as evidenced by:

_____ Charter; OR Page Number _____

_____ Articles of Incorporation Page Number _____

- This statement or one of similar nature must be included in the above document(s).

C. **501(c) Status**. Has a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501(c) (3) or (4) of the Internal Revenue Code of 1986, as evidenced by:

_____ 501(c) Certificate letter from the IRS.

D. **Organizational Purpose.** Has among its purposes the provision of safe, decent housing that is affordable to low and moderate income people, as evidenced by a statement in the organization's:

_____ Charter, Page Number _____

_____ Articles of Incorporation, Page Number _____

_____ By Laws, OR Page Number _____

_____ Resolution

- This statement or one of similar nature must be included in the above document(s).

E. **Out-of-state nonprofits**. A nonprofit incorporated in a state other than Georgia wishing to become a CHDO in Georgia must meet the following additional requirements and provide evidence of the following:

1) An office in Georgia,
2) Paid staff located in Georgia, and
3) A board comprised of no less than 51% Georgia residents.

III. CAPACITY (Complete all points, check and attach documentation)

A. **Financial Management**. Conforms to the "standards for financial management systems" of 24 CFR 84.21 OMB Circular A-110 (Rev.) - "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and other Non-Profit Organizations," as evidenced by:

_____ A notarized statement by the president, or chief financial officer of the organization;

_____ A certification from a Certified Public Accountant; OR

_____ A HUD approved audit summary.

B. Financial Viability. Demonstrates the financial viability and capability of performing housing development functions throughout the predevelopment and development period, as evidenced by:

1) A nonprofit organization which has expended on an accrual basis **$100,000 or more** during its fiscal year in **State or Federal funds**:

- Shall provide the most recent annual audit of the financial affairs and transactions of all the nonprofit's funds and activities, including auditor's notes, the most recent month's internally prepared interim financial statements; and the current year's budget. The audit shall be performed in accordance with generally accepted accounting principals (GAAP).

2) A nonprofit which has spent on an accrual basis **less than $100,000** in **State or Federal funds** during the previous fiscal year:

- Shall provide the most recent financial statements, including auditor's notes must be submitted. If the financials were not audited, an additional statement by the president 1) stating the president's belief as to whether the statements were prepared in conformance with GAAP, or if not, describing the basis of presentation, and 2) describing any respects in which the statements were not prepared on a consistent basis with previous years' statements. Also the most recent month's internally prepared interim financial statements including the balance sheet, income/expense statement, and current year's budget must be submitted.

C. One-Year Experience. The nonprofit or its parent organization must be able to show one year of service to the community prior to the submission date of this CHDO Qualification Application.

- In the required documenting statement, the organization must describe its history (or, if newly created, its parent organization's history) of serving the community within which housing to be assisted with HOME funds is to be located by describing activities which it (or, if newly created, its parent organization) provided, such as developing new housing, rehabilitating existing stock and managing housing stock, or delivering non-housing services that have had lasting benefits for the community, such as counseling, food relief, or childcare. The statement must be signed by the president of the organization or by a HUD approved representative. The one-year of service to the community must be evidenced by either of the following:

  → A statement that documents at least one year of experience in serving the community; <u>OR</u>

  → For newly created organizations formed by local churches, service or community organizations, a statement that documents that its parent organization has at least one year of experience in serving the community.

D. Staffing. The nonprofit has its own full time, paid, professional staff as evidenced by:

_____ Resume and/or statements that describe the experience of key staff members reflecting current title and job responsibilities in the organization;

_____ Evidence of full time paid staff (e.g. pay stub or tax statement); <u>OR</u>

_____ Alternative staffing plan formalized through a written arrangement outline of the work to be undertaken and the service period.

E. Service Area. A CHDO must have a clearly defined geographic service area, i.e., neighborhood, city or county. Under the HOME program, the term "community" in the designation is defined for urban areas as one or several neighborhoods, a city, county, or metropolitan area. For rural areas, "community" is defined as one or several neighborhoods, a town, village, county, or multi-county area (but not the whole state).

The CHDO may have up to one-third (53) of the States Counties as its service area. The geographic service area is defined in:

_____ Charters; Page Number _____

_____ Articles of Incorporation; Page Number _____

_____ By-laws; Page Number _____

_____ Resolution Page Number _____

IV. ORGANIZATIONAL STRUCTURE (Complete all points, check and attach documentation).

A. Low-Income Representation. The nonprofit must maintain at least one-third of its governing board's membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations as evidenced by the organization's:

_____ Charter; Page Number _____

_____ Articles of Incorporation; OR Page Number _____

_____ By-laws. Page Number _____

B. Board Representation. The current governing board of the organization must maintain (1) at least one-third of its membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations; (2) at least one-third of the counties in the nonprofit's service area represented on the Board; (3) at least 51% of the board members must be Georgia residents; and (4) no more than one-third of the governing board members are public officials, as evidenced by :

1) Completed low-income representative certifications for each member of the governing board, **and**
2) Complete list (Exhibit A) of all governing board membership showing names, home addresses, occupations, employer, and any political appointments held.

C. **Low-Income Input**. The organization must provide a formal process for low-income program beneficiaries to advise the organization in all of its decisions regarding the design, siting, development, and management of all HOME-assisted affordable housing projects, as evidenced by:

_____ By-laws; Page Number _____

_____ Resolutions; OR Page Number _____

_____ A written statement of operation procedures approved by the governing body.

V. **RELATIONSHIP WITH PUBLIC SECTOR ENTITY (**Complete applicable points and attach documentation).

Is the nonprofit chartered by a state or local government or an instrumentality of a public body (e.g. public housing authority)? (If "No" skip to Section VI, if "Yes" complete A below).

Yes_____ **No**_____

A. **Public Sector Representation.** The nonprofit may be chartered by a State or local government or an instrumentality of a public body; however the State or local government or instrumentality may not appoint: (1) more than one-third of the membership of the organization's governing body; and (2) the board members appointed by the state or local government or instrumentality may not, in turn, appoint the remaining two-thirds of the board members;

_____ Charter; OR Page Number _____
_____ Articles of Incorporation; OR Page Number _____
_____ By-laws. Page Number _____

VI. **RELATIONSHIP WITH FOR PROFIT ENTITIES** (Complete applicable points, check and attach documentation).
Is the nonprofit sponsored or created by a for profit entity? (If "No" skip to Section VIII, if "Yes" complete A - C below).

Yes_____ **No**_____

A. **For-Profit Sponsorship.** If the nonprofit is sponsored or created by a for-profit entity, the for-profit entity may not appoint more than one-third of the membership of the nonprofit's governing body, and the board members appointed by the for-profit entity may not, in turn, appoint the remaining two-thirds of the board members, as evidenced by the CHDO's:

_____Charter; Page Number _____
_____Articles of Incorporation; Page Number _____
_____ By-laws;OR Page Number_____
_____ Board Resolution. Page Number _____

B. **For-Profit Control.** The nonprofit is not controlled, nor under the direction of individuals or entities seeking profit or gain from the organization, as evidenced by:

_____ Charter; Page Number_____
_____ Articles of Incorporation; Page Number_____
_____ By-laws; OR Page Number_____

_____ Board Resolution. Page Number_____

C. Non-Housing For Profit. A CHDO may be sponsored or created by a for profit entity if:

1) The for-profit entity's primary purpose does not include the development or management of housing, as evidence by:

_____The for profit organization's By-laws: Page Number_____

AND

2) The nonprofit is free to contract for goods and services from vendor(s) of its own choosing, as evidence in the nonprofits:

_____Charter; Page Number_____
_____Articles of Incorporation; Page Number_____
_____By-Laws; OR Page Number_____
_____Board Resolutioin.; Page Number_____

PLEASE REVIEW YOUR APPLICATION AND ALL SUPPORTING DOCUMENTATION BEFORE SUBMITTING YOUR APPLICATION TO DCA.

VII. AUTHORIZED OFFICIAL CERTIFICATION/SIGNATURE (Complete all).

1) The information and statements contained in this Application and any of its Attachments are true and correct;

2) Any information and/or documentation submitted in connection with this Application may be subject to public disclosure 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) No member, employee, officer, agent, consultant or official of the Applicant or Ownership Entity, nor any member of their immediate family, during his tenure or for one year thereafter, shall have any interest, direct or indirect, in any award of HOME funds made pursuant to this Application;

5) 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.

Executed this _____ day of_____ 201_____

By_____

(Full Name of Applicant)

By_____

(Signature, Nonprofit Authorized Official)

(SEAL)

Additional Information Requested

To better understand and serve your organizational needs, please provide additional information for the type of services provided directly by your organization: (Only check the items applicable to your organization).

Name of Nonprofit:_____

- ❑ Accessibility Improvements
- ❑ Architectural / Engineering
- ❑ Construction Management Services
- ❑ Credit Counseling
- ❑ Downpayment Assistance
- ❑ Employment Training
- ❑ Emergency / Transitional Housing Services
- ❑ Financial Consulting Services
- ❑ Grant Writing
- ❑ Historical Rehabilitation
- ❑ Homebuyer Education
- ❑ Housing Construction Company Owner / Subsidiary
- ❑ HUD Certified Housing Counseling Agency
- ❑ Legal Services
- ❑ Real Estate Development
- ❑ Real Estate Development Consultants
- ❑ Rental Property Management
- ❑ Rental Property Owner
- ❑ Single Family Rehabilitation
- ❑ Tool Bank
- ❑ Transportation & Delivery Services
- ❑ Weatherization Services

  Supportive Housing Special Needs Provider to:
  - ❑ Abused Spouses and Their Children
  - ❑ Elderly
  - ❑ Homeless
  - ❑ Individuals with Developmental Disabilities
  - ❑ Individuals with Mental Disabilities
  - ❑ Individuals with Physical Disabilities
  - ❑ Migrant Farm Workers
  - ❑ Older Persons
  - ❑ Persons with Alcohol or Other Drug Addictions
  - ❑ Persons with HIV / AIDS

Please list below additional services provided by your organization not listed above:

_____

_____

_____