

APPENDIX I:

CHDO and NON-PROFIT CERTIFICATION APPLICATION

Organization Name:

Tax ID Number:

Mailing Address (include physical address if different from mailing address):

Contact Name / Title:

Organization President/CEO/Executive Director Name & Title:

Contact Phone Number and E-mail Address:

President/CEO/Executive Director Phone Number & E-mail Address:

Board President Name:

Board President Phone Number and E-mail Address:

PLEASE DESCRIBE THE CHDO-ELIGIBLE ACTIVITIES YOUR ORGANIZATION PLANS TO UNDERTAKE AS A CHDO:

LIST EACH GEOGRAPHIC AREA TO BE CONSIDER FOR CHDO CERTIFICATION:

Locality

Locality

1.

4.

2.

5.

3.

6.

I certify that the submission of this application has been approved by a two-thirds vote of the Board of Directors.

Board President Signature

Date

APPENDIX II:

CHDO & Non-Profit Certification Application Attachments Checklist

Please complete the applicant portion of this checklist. Include the requested information in the Attachments indicated and check-off the item in the checklist. Articles of Incorporation, By-Laws, Charters, Memorandums of Understanding, Contracts, Certifications and Resolutions must be signed and dated by the Board President or other authorized signor. Incomplete applications will not be considered.

LEGAL STATUS	SCRHC Use Only
<p>A The nonprofit organization is organized under State or local laws. As Attachment A-1, please provide a signed and dated copy of:</p> <p>_____ A Charter, -OR- _____ Articles of Incorporation</p> <p>As Attachment A-2, please provide a Certificate of Good Standing from the South Carolina Secretary of State's office. If the organization is newly created and has been in existence less than one year, a Certificate of Existence will suffice.</p> <p>Date of incorporation: _____</p>	<p style="text-align: center;">Requirement Met?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B No part of its net earnings inure to the benefit of any member, founder, contributor, or individual. As Attachment B, please provide and highlight the appropriate area in the following documents:</p> <p>_____ A Charter, -OR- _____ Articles of Incorporation</p>	<p style="text-align: center;">Requirement Met?</p> <p style="text-align: center;">Yes No</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p>
<p>C Has either a tax exemption ruling or conditional designation from the Internal Revenue Service (IRS) under Section 501(c) of the Internal Revenue Code of 1986. As Attachment C, please provide complete copy of:</p> <p>_____ A 501(c) Certificate from the IRS, -OR- _____ Letter of conditional designation from the IRS</p>	<p style="text-align: center;">Requirement Met?</p> <p style="text-align: center;">Yes No</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p>

LEGAL STATUS		SCRHC Use Only
D Has among its purposes the provision of decent housing that is affordable to low- and moderate-income people. As Attachment D , please provide and highlight the appropriate area in one of the following document: _____ Charter _____ Articles of Incorporation _____ By-laws _____ Resolutions	Requirement Met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E Conforms to the financial accountability standards of Attachment F of OMB Circular A-110, "Standards for Financial Management Systems. As Attachment E , please provide a copy of one of the following: _____ 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.	Requirement Met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CAPACITY/EXPERIENCE		
F Has a demonstrated capacity for carrying out activities assisted with HOME funds. As Attachment F , please provide the following: _____ Resumes and/or narrative that describes the experience of key staff and board members who have successfully completed HOME-funded projects similar to those to be undertaken as a CHDO.	Requirement Met?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CAPACITY/EXPERIENCE		SCRHC Use Only
<p>G Has a history of serving the community where HOME assisted housing will be produced.</p> <p>As Attachment G, provide one of the following:</p> <p>_____ Statement signed by the Board President that details at least one year of experience in serving each community for which Certification is sought,</p> <p>-OR-</p> <p>_____ For newly created organizations formed by local churches, service or community organizations, a statement signed by the Board President that details that its parent organization has at least one year of experience in serving each community for which Certification is sought.</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
ORGANIZATIONAL STRUCTURE		
<p>H Maintains 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.</p> <p>As Attachment H, highlight the relevant text in one of the following:</p> <p>_____ By-Laws</p> <p>_____ Charter</p> <p>_____ Articles of Incorporation</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>I Provides 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.</p> <p>As Attachment I, highlight the relevant text in one of following:</p> <p>_____ The organization's By-laws, -OR-</p> <p>_____ Resolutions, AND</p> <p>_____ A written statement of operating procedures approved and signed by the governing body.</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

ORGANIZATIONAL STRUCTURE		SCRHC Use Only
<p>J A CHDO may be chartered by a State or local government, however, the State or local government may not appoint:</p> <p>(1) more than one-third of the membership of the organization's governing body;</p> <p>(2) the board members appointed by the State or local government may not, in turn, appoint the remaining two-thirds of the board members; and</p> <p>(3) no more than one-third of the governing board members are public officials.</p> <p>As Attachment J, highlight relevant text in one of the following which describes the process for selecting the remaining two-thirds of the board members:</p> <p>_____ By-Laws</p> <p>_____ Charter</p> <p>_____ Articles of Incorporation</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>K Is the CHDO sponsored or created by a for-profit entity?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, the for-profit entity may not appoint more than one-third of the membership of the CHDO's board and the board members appointed by the for-profit entity may not, in turn, appoint the remaining two-thirds of the board members.</p> <p>As Attachment K, highlight the relevant text in one of the following which describes the process for selecting the remaining two-thirds of the board members:</p> <p>_____ By-Laws</p> <p>_____ Charter</p> <p>_____ Articles of Incorporation</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
RELATIONSHIP WITH FOR-PROFIT ENTITIES		
<p>L Does the CHDO have a relationship with a for-profit entity?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, the CHDO cannot be controlled by, nor receive directions from, individuals or entities seeking profit from the organization. As Attachment L, highlight the relevant text and provide one of the following:</p> <p>_____ The organization's By-laws, -OR-</p> <p>_____ A Memorandum of Understanding (MOU).</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

RELATIONSHIP WITH FOR-PROFIT ENTITIES		SCRHC Use Only
<p>M Is the CHDO sponsored or created by a for-profit entity?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, a CHDO may be sponsored or created by a for-profit entity, however:</p> <p>(1) The for-profit entity's primary purpose does not include the development or management of housing. As Attachment M-1 provide:</p> <p>_____ The for-profit organization's By-Laws, AND;</p> <p>(2) The CHDO is free to contract for goods and services from vendor(s) of its own choosing. As Attachment M- 2, highlight relevant text in the following CHDO:</p> <p>_____ By-Laws _____ Charter _____ Articles of Incorporation</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
HOUSING AS PRIMARY PURPOSE		SCRHC Use Only
<p>N Certification is available only to organizations whose primary purpose is to provide and develop affordable housing. Please provide as Attachment N, a copy of the following:</p> <p>_____ Copy of current fiscal year's full operating budget categorized by program, AND</p> <p>_____ Description of current and planned affordable housing activities.</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

BOARD CERTIFICATION		SCRHC Use Only
O The Board and its low-income representatives must certify that it meets the low-income CHDO requirements. As Attachment O , attach _____ Certification of Low Income Representation (form attached), AND _____ Certification of Board Status	Requirement Met? <input type="checkbox"/> Yes <input type="checkbox"/> No	
P _____ Do board members have professional skills directly relevant to housing development (e.g. real estate, legal, architecture, finance, management)? If so, as Attachment P , attach written documentation of each board member's profession and relative experience.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

For SCRHC Use Only:

Approved Disapproved

CHDO Coordinator Signature: _____

Date: _____

CHDO Capacity Assessment
(Attach to CHDO & Non-Profit Certification Application)

CHDO
Applicant: _____

Completed by: _____ Date: _____
(Name and title)

*Please provide **detailed** answers to the following questions regarding your organization's capacity to act in the role of a CHDO developer and to administer CHDO set-aside funds. Your responses to this assessment will be used in conjunction with the CHDO Certification Application to evaluate your organization's readiness and capacity to be a CHDO and will assist in the SCRHC's determination to award the CHDO designation.*

Organizational Status

1. Can your organization provide a Certificate of Good Standing from the South Carolina Secretary of State's Office? If yes, please attach.

2. Has your organization produced a strategic plan that specifies an action plan for housing development? If yes, please attach.

Board of Directors

3. Has there been stability and continuity in the members of your organization's board of directors over the last several years? Please explain.

4. Does the board have a committee structure or other means of overseeing planning and development? Please describe.

5. Describe the professional skills of the board members that are directly relevant to housing development (e.g., real estate, legal, architecture, finance, management).

6. Describe the relationship between the board of directors and the staff of your organization. Do the board and staff have shared goals?

Identity of Interest

7. Are there any identity of interest issues between your organization and any of the contractors, consultants or other professional service providers that are used for development activities that might constitute a real or perceived conflict of interest? Please explain.

Relationship/Service to the Community

8. Are the current housing development plans for your organization well grounded in an understanding of current housing conditions, housing needs and market demand? Has your organization done any analyses of the local housing market and the housing needs of low- income households? Please describe.
9. How strong is the current reputation of your organization and the relationships with the communities it serves?
10. To what extent does NIMBY (not in my back yard) opposition exist to low income housing in your organization's service area? What mechanisms are utilized to negotiate with the community and potential opponents?
11. Does your organization have strong, favorable relationships with the local governments in your service area? How strongly do local governments and elected officials support your housing activities?

Financial Management

12. Does your organization undertake annual budgeting of operational and project/program activities? Are budget versus actual income and expenses tracked and reported? Please explain.
13. Does your organization maintain controls over expenditures? How regularly are cash flow problems experienced?

20. Describe the strength of your organization's relationships with other housing funders and lenders.

Development Capacity

21. Describe the skills of key housing staff in the following areas:

- Market analysis
- Legal/financial aspects of housing development
- Management of real estate development
- Oversight of design and construction management
- Marketing and client intake
- Property management (if proposing rental activities)

22. Does your organization utilize the services of qualified consultants or other partners in your housing developments? Describe the training these third parties provide to your staff and board members to build their capacity.

Certification of Low-Income Representation

Board Member Name: _____

I certify that I am a current member in good standing of the governing board for

_____ (Name of the CHDO organization)

and that I represent the interests of low-income families in this organization's targeted service area. I have checked below the manner in which I meet the qualification as a low-income representative:

I qualify as a low-income resident under the HOME Program definition. The gross annual income of my household of _____ people is at or below 80% of the _____ area median income in the amount of \$ _____.
(Name of City or County) (80% AMI limit)

I live in a low-income area (where 51% or more of the households in my US Census tract have incomes at or below 80% of the median household income, as defined by HUD), which is part of the CHDO's targeted service area. My census tract is _____. **The Census tract data must accompany this certification.**
(Census tract number)

I am an elected representative of _____, (Name of low-income neighborhood organization) located within _____, (Name of City or County)

which is part of the CHDO's targeted service area. **The meeting minutes and election roster that demonstrates the election of the member must be provided.**

If the board member is representing a low-income neighborhood organization, please attach a copy of the signed resolution from the neighborhood organization naming the individual as their representative on the CHDO's board of directors.

By signing and dating this statement, I hereby certify that I meet the low-income representation characteristic checked above.

Board Member Signature _____

Date _____

Board President Signature _____

Date _____