



2009 CHDO RECERTIFICATION APPLICATION

**CITY OF ATLANTA
DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT
Bureau of Housing
68 Mitchell Street, SW Suite 1200
Atlanta, Georgia 30303
(404) 330-6390
(404) 658-6950 (Fax)**

COMMUNITY HOUSING DEVELOPMENT ORGANIZATIONS (CHDO) ELIGIBILITY QUESTIONNAIRE

To apply for HOME funds under the CHDO Set-Aside, non-profits must meet the requirements as defined in Section 92.2 of CFR Part 92, the HOME Final Rule as a Community Housing Development Organization (CHDO). 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 applicants.

The City's qualification of a nonprofit as a City of Atlanta CHDOs expires bi-annually on December 31st. After a review of the application by the City, applicants will receive one of the following statuses: a) notification that the recertification is awarded; b) a request for further information; or c) notification that the recertification is denied. The City will notify applicants recertifying as a City of Atlanta CHDO as to the status of their applications by December 31, 2008.

Applicants that receive a request for further information are required to respond by a particular deadline. Denied applicants can resubmit during the next application cycle. While the City will advise applicants as to the reasons for the rejection, it is the responsibility of the applicants to resolve all identified issues.

The City must receive all of the information outlined in the following pages for an organization to be considered for CHDO eligibility no later than **December 12, 2008 by 4:00 p.m.** **PLEASE REVIEW YOUR APPLICATION AND ALL SUPPORTING DOCUMENTATION BEFORE SUBMITTING YOUR APPLICATION TO THE CITY.** If you have any questions, please contact the December Thompson, Housing Development Specialist, Senior at (404) 330-6390.

Submit two (2) Copies in a 3 ring binder to:

City of Atlanta
Bureau of Housing
Attn: CHDO Certification
68 Mitchell Street Suite 1200
Atlanta, Georgia 30303

APPLICANT INFORMATION

Organization	
Federal Tax I.D. Number	
Executive Director	
Office Address	
City/State/Zip	
Mailing Address (if different than above)	
City/Stat/Zip	
Phone Number	
Fax Number	
Email Address	
Website	
Board President	
Home Address	
City/State/Zip	
(Home) Phone #	
Fax #	
Email Address	

CERTIFICATION

All of the information presented to be used for consideration of CHDO eligibility is true and correct to the best of my knowledge.

Organization

Signature of Executive Director

Date

Typed Name of Executive Director

Signature of Board President

Date

Typed Name of Board President

APPLICATION OVERVIEW

Please respond appropriately to the questions below and provide any explanation necessary to assist the City of Atlanta in its determination of CHDO eligibility for certification. While brevity is appreciated, applicants should provide as much information as necessary to ensure that all questions are answered completely. Applicants must also provide the supplemental information requested at the end of this questionnaire. Two copies of all information must be provided in a 3-ring binder. The agency’s information should be organized, with a table of content serving as the first page based on the order of the application. The required supplemental information must be tabbed and identified in the application table of contents. Please retain a copy of the information requested for your records.

The purpose of the following checklist is to help the applicant organize the documents considered “supplemental information”. Review these questions first, then the list of supplemental information, then prepare and organize the supplemental information, leaving the completion of the checklist as the final task.

APPLICATION INSTRUCTIONS

Please check the appropriate response. If necessary, on a separate sheet provide further explanation to assist the Bureau of Housing with assessing your application. Please note that a separate response to the following questions does not negate answering the questions or substitutes for the required narratives.

1. Is the organization chartered as a private, non-profit corporation under Chapter of the Georgia Revised Code and any local laws, as evidenced by:

Certification of Incorporation issued by the Secretary of State;

OR

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

Certification of Authority to Transact Business by the Secretary of State;

OR

Certification of Existence issued by the Secretary

2. Does the organization have among its purposes, as described in its Articles of Incorporation, Charter, Resolutions, or By-laws, activities related to the provision of decent, safe, and sanitary housing affordable to low and moderate income persons or households? Yes [] No []

Charter, Page Number ____

Articles of Incorporation, Page Number ____

By Laws, OR Page Number ____

Resolution Page Number ____

3. Does any part of the organization's net earnings (profits) personally benefit of any member, founder, contributor, or individual? If so, please provide a detail explanation. Yes [] No []

Charter, Page Number ____

Articles of Incorporation, Page Number ____

4. Is the organization tax-exempt under 501(c) of the Internal Revenue code of 1986? (Organizations that have applied for but not yet received their 501(c) ruling do not meet this requirement.)

Yes [] No []

When did the organization receive its tax-exempt status?
Date:

5. Is at least two thirds of the organization's governing board comprised of individuals who are acting in a private capacity (i.e. the individuals are not legally bound to act on behalf of a public body and is not being paid by a public body while performing functions in connection with the non-profit organization)? Yes [] No []

Charter, Page Number ____

Articles of Incorporation, Page Number ____

By Laws, Page Number ____

- Please provide a chart with the board members demographics.
- Complete low-income representative certification for each member of the governing board, and
- Does a public body have the authority to appoint more than one third of the members of the organization's board? Yes [] No []

By Laws, OR Page Number ____

Resolution Page Number ____

A written statement of operation procedures approved by the Governing body.

- Is more than one third of the organization's board comprised of public officials? Yes [] No []

By Laws, OR Page Number ____

Resolution Page Number ____

A written statement of operation procedures approved by the Governing body.

6. Is the organization either controlled by, or under the direction of, individuals or entities, seeking to derive profit or gain from the organization?

Yes []

No []

If the answer is "Yes", then:

- Is the entity's primary purpose the development or management of housing, real estate management, construction or development?

Yes []

No []

Page Number ____

- Does this entity appoint more than one third of the organization's board?

Yes []

No []

Page Number ____

- Do those board members appointed by this entity appoint any of the remaining board members?

Yes []

No []

Page Number ____

- Is the organization free to contract with any vendor for goods and services?

Yes []

No []

Page Number ____

7. Does the organization's financial management system conform to 24 CFR 84.21 "Standards for Financial Management Systems"? Please provide a copy of your most recent audit (2006 or 2007). Yes [] No []

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.

8. Are the organization's activities limited to a geographically defined target area? Please explain any activities the organization is undertaking outside their target area. Yes [] No []

Charter, Page Number ____

Articles of Incorporation, Page Number ____

By Laws, OR Page Number ____

Resolution Page Number ____

9. Is at least one third of the organization's board comprised of low-income residents from the target/service area, or community or elected representatives of low-income neighborhood organizations?

Yes []

No []

If the answer is "Yes", then:

- Does the organization works within a multi-county area, and are there representatives from each county? Yes [] No []

10. Does the organization provide a formal process for low-income program beneficiaries to advise the organization in its decisions regarding the design, siting, development, and management of affordable housing? Please explain how

your organization receives information from the community concerning affordable housing development in the target area.

Yes [] No []

11. Does the organization have the demonstrated capacity (i.e. an experienced staff person(s) who has successfully completed similar projects, or a consultant with successful experience and a plan to train appropriate staff members of the organization) to carry out HOME assisted activities? If not, please provide additional information.

Yes [] No []

12. Has the organization or its parent served the target area/community that would receive HOME assistance for at least two years?

Yes [] No []

13. Is the organization primarily a religious organization, for example a church?

Yes [] No [] If the answer is "No", then

- A service organization? Yes [] No []
- A neighborhood organization? Yes [] No []

14. Has your organization been certified as a CHDO by another Participating Jurisdiction?

Yes [] No []

- If yes, which PJ provided certification? _____
- What year was the organization certified? _____

If no, and the applicant is located in a PJ, explain in a separate attachment why the applicant has not sought local certification. Also describe any situation when certification was denied.

15. If you believe the organization, based upon the criteria of the HOME Program, will qualify as a CHDO, does the organization anticipate applying for HOME funds?

Yes [] No []

Provide the following information ONLY if you did not receive a CHDO Operating Grant from the City of Atlanta in the past six months. Separate each item in the application with a tab, and identify the tab in a table of contents. If your organization did receive a CHDO Operating Grant in the past six months, THIS INFORMATION IS REQUIRED ONLY IF CHANGES OCCURED DURING THE GRANT PERIOD.

ITEMS REQUIRED ONLY IF NO CURRENT CHDO OPERATING GRANT

- Copy of the organization's Charter (if applicable)
- Copy of the organization's Articles of Incorporation
- Copy of the organization's By-laws
- Copy of the organization's incorporation papers as filed with the Georgia Secretary of State
- Copy of the organization's 501(c)(3) ruling as provided by the IRS

ITEMS REQUIRED FOR ALL ORGANIZATIONS SUBMITTING AN APPLICATION

- Complete the attached spreadsheet to list the current board members. Please include their full name, home address (including city, state and zip code), home telephone number, email address, employer's name and address, and occupation. In addition, please identify which board members are low or moderate-income residents (based upon the Area Median Income for the Metropolitan Statistical Area or county) or representatives of low-income neighborhood organizations based on the rule Organizational Structure on page 7.
 1. What does each board member contribute to housing initiatives? How will their experience or education help the organization successfully complete affordable housing projects?
 2. Statement describing the method used to select board members.
- Describe, in detail, the formal process that allows low-income residents and program beneficiaries to advise the organization on decisions concerning the siting, development and management of affordable housing.
- Describe the need(s) the organization will serve in the targeted service area as a CHDO. Provide data, maps, and other information as necessary.
- Map and narrative description of the proposed service area.
- Provide a letter of support from the Neighborhood Planning Unit (NPU) for the designated target area that demonstrate their supports for the organization's overall affordable housing strategy plan. The NPU should indicate at least two (2) housing development projects they support in the letter and state why they feel such a development will benefit the neighborhood.
- Copy of the 2006 & 2007 Federal 990 tax return
- Copy of the organization's most recent audit: 2006 required immediately and 2007 must be received no later than January 31, 2008 if the application is approved.

- Copy of the entire organizations job descriptions (filled & vacant positions). Copy of resumes of all employees and a separate statement that describe the experience of all employees who will work directly on HOME funded projects. The statements of experience should highlight staff experience in the following areas:
 - Conducting or facilitating market analyses and assessments
 - Identifying and negotiating for appropriate sites
 - Selecting and working with design professionals, consultants, government officials, and building professionals
 - Complying with local, state, and federal regulations governing zoning, planning, and building standards
 - Creating project development and operating pro formas/budgets
 - Setting rents or sales prices
 - Working with lenders and other funding providers
 - Managing a construction project
 - Marketing a project
- Provide a detailed statement that describes the organization's plan affordable housing developments. This statement should include a description of the predevelopment activities undertaken, potential sources of financing, and any other information that will describe the organization progress in pursuing the project.
- Statement describing the organizations relationship with local government, businesses in the proposed service area, and other non-profit organizations. Describe how these relationships, or partnerships, will help the organization meet its housing goals.
- Describe the current human and financial capacity of the organization.
- If the organization plans to use consultants, please prepare a detailed statement indicating what services the consultant will perform and how will their involvement build the capacity of the organization. This statement should reflect the training the consultant will provide to the organization. This training should lead to a self-sustaining organization that does not have to rely on the use of consultants to develop projects.

APPLICATION REVIEW PROCESS

All applications will be reviewed by the Bureau of Housing to determine whether the recertification is approved. The application review is not a competitive process. Therefore, the Bureau does not use a scoring process to determine who will receive recertification. The process is determined based on the responses and documentation provided by the organization in the application and the Bureau's risk assessment of the organization.

At the conclusion of this initial review, the Bureau will request additional information, if necessary. The organization is responsible for providing the required documentation by the stated deadlines for review and to assist the Bureau with making a decision. All organizations will be notified in writing of the final decision.