

APPLICATION FOR CITY OF FLINT CHDO CERTIFICATION

2023-24 ANNUAL ACTION PLAN YEAR

Each organization wishing to be certified OR recertified as a HOME Community Housing Development Organization (CHDO) must complete the following application, in its entirety, and provide all applicable supporting documents, along with a narrative explanation. Applicants that fail to complete the application and meet the threshold requirements for document submission will not be reviewed for certification and the application will be returned to the respondent.

At least 15 percent of HOME funds must be set aside for specific activities to be undertaken by a special type of nonprofit called a Community Housing Development Organization (CHDO). This chapter summarizes the set-aside requirement, the qualifications of a CHDO and the types of assistance PJs may provide CHDOs. The CHDO application must be completed and submitted with the HOME application for organization seeking CHDO funding for their project.

Applications must be emailed to communitydevelopment@cityofflint.com

No faxes or hand deliveries will be accepted.

CHDO QUALIFYING CRITERIA

A CHDO is a specific type of private non-property entity. CHDO's must meet certain requirements as generally indicated below, see application for complete requirements:

1. CHDO's must have received a tax exempt ruling from IRS under Section 501(c) (3) or (4) status.
2. Clearly defined geographic service area.
3. At least 1/3 of board membership is for residents of low-income neighbors, other low-income community residents, or elected representative of low income neighborhood organizations.
4. Capacity and Experience: a CHDO must also demonstrate that it has at least one year of experience serving the community where it intends to develop the HOME assisted housing.
5. Financial Standards: CHDO's must have financial accountability standards that conform to 2 CFR 200.302 'Financial Management' and 2 CFR 200.303, 'Internal Controls'.
6. The non-profit has no part of its net earnings inuring to the benefit of any member, founder, contributor, or individual.
7. The non-profit is not controlled, nor receives directions from individuals, or entities seeking profit from the non-profit
8. Has among its purposes the provision of decent housing that is affordable to low-income and moderate-income persons, as evidenced in its charter, articles of incorporation, resolutions or by-laws

SECTION I

CERTIFICATION/RECERTIFICATION APPLICATION INSTRUCTIONS

Each organization wishing to be certified or recertified as a HOME Community Housing Development Organization (CHDO) must complete the following application in its entirety and provide an applicable supporting documents and narrative explanation. Applications that fail to complete the application and meet the threshold requirements for document submission will not be reviewed for certification and the application will be returned to the respondent.

QUESTIONS AND TECHNICAL ASSISTANCE

Questions regarding the CHDO certification process should be referred to Sarah Quellmalz, Program Manager, HOME and Housing, Community and Economic Development Division at (810)766-7426 or email at squellmalz@cityofflint.com. Information on the City of Flint HOME RFP application process is also available through the City's website at www.cityofflint.com.

The City of Flint may provide a limited amount of technical assistance, upon request, to an organization in helping the applicant to understand the CHDO requirements and documentation required. It is up to the interested organization, however, to make sure that they take the necessary steps to comply with the CHDO requirements.

APPLICATION FORMAT

Applications must be typewritten or computer generated in the provided format indicated below and provided templates must be used. The format of provided templates should not be revised.

Application material must be in the following format at submission and in electronic format:

- 8 ½ x 11 format
- single-sided

SECTION II

Certification

Current CHDO recertification

PART I: ORGANIZATIONAL PROFILE

Organization Name:	
Date of Incorporation:	
Number of years serving the community:	
FEIN:	DUNS:
Contact Person:	Title:
Phone Number:	Email:
Parent Organization, if applicable:	
IRS Tax Status (circle one): 501(c)3 501(c)4 Other 501(c)	
Explain 'Other 501(c) if applicable:	

BOARD COMPOSITION:

No more than one-third of the governing board members may be public officials or employees of a governmental entity [§92.2 CHDO definition paragraph (5)]

NAME	POSITION	MOST RECENT DATE OF APPOINTMENT	LOW-INCOME REPRESENTATIVE?*		PUBLIC OFFICIAL?	
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO

**For each board member listed above, please provide proof of low income representation using provided template on page .*

BUDGET INFORMATION

Annual Budget: \$ _____

What are your main sources of operating funding? List source, type and approximate annual amount:

SOURCE	TYPE (GRANTS, LOAN, REVENUE, ETC?)	APPROX. AMOUNT ANNUALLY

ORGANIZATIONAL STRUCTURE

Please provide the following information on your organization:

- (a) Number of paid personnel working 35 hours or more per week: _____
- (b) Number of paid personnel working less than 35 hours: _____
- (c) Number of volunteers: _____ More than 15 hours/week: _____ Less than 35 hours/week: _____
- (d) Approximate number volunteer hours contributed annually: _____
- (e) Consultants: _____

Is the Executive Director experienced in housing development? Yes No

Are there other staff experienced in housing development? Yes No

Please note that consultants cannot be used to meet organizational capacity. If consultant firms or individuals are to be used, indicate how the consultant has housing experience with projects similar to the ones your organization is planning.

Acknowledgement by Authorized Person:

To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with all the HOME program requirements if the organization is certified as a HOME CHDO and HOME funding is awarded.

Authorized Representative: _____
Signature

Please Type: _____
Name of Authorized Representative Title Date

PART II: CHDO CERTIFICATION/RECERTIFICATION CHECKLIST

Please complete the checklist below, check the applicable boxes evidencing the response provided and documents provided to support the information.

The checklist may request a narrative and/or a supporting document which must be provided as an attachment.

- 1) Enter the requested narrative in the corresponding section of Part III;
- 2) Number each supporting attachment in descending order;
- 3) Number attachment based on the answers provided in the response section and mark with tabs in application.

QUALIFICATION CRITERIA- APPLICANT	RESPONSE (CHECK ONE)	ATTACHMENT NUMBER
1. ORGANIZATION STATUS AND MISSION- THRESHOLD REQUIREMENTS (ITEMS A, B, AND C)		
a) Is the applicant a nonprofit organized under State or local laws as evidenced by: <input type="checkbox"/> Charter OR <input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b) Applicant has a tax exemption ruling from the IRD as evidenced by: <input type="checkbox"/> A 501(c)3 or 4 Certificate OR <input type="checkbox"/> Group exemption letter under Section 905	<input type="checkbox"/> YES <input type="checkbox"/> NO	
c) Applicant has among its purposes the provision of low- and moderate-income housing as evidenced by: <input type="checkbox"/> Charter Page # _____ OR Articles of Incorporation Page # _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDITIONAL REQUIREMENTS:		
<u>Certificate of Good Standing</u> : Can the applicant deliver a certificate of good standing or other documents from State/Federal/City agencies if requested? (<i>NOTE: City will run internal check of this at application time</i>)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>Service Area</u> : Does applicant have a documented service area consistent with its CHDO activities? Evidenced by: <input type="checkbox"/> Service area map OR <input type="checkbox"/> Neighborhood Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. BOARD COMPOSITION- THRESHOLD REQUIREMENTS (ITEMS A,B, AND C)		
a) At least 1/3 of the board membership is for residents of low-income neighborhoods, other low-income community residents, or elected representation of low-income neighborhood organizations? Evidenced by: <input type="checkbox"/> By- Laws page # _____ <input type="checkbox"/> Charter page # _____ OR <input type="checkbox"/> Articles of Incorporation page # _____ AND <input type="checkbox"/> Board member certification (see template) Attachment 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

QUALIFICATION CRITERIA- APPLICANT	RESPONSE (CHECK ONE)	ATTACHMENT NUMBER
b) No more than 1/3 of the governing board members may be public officials or appointed by public officials, and governing appointed board members may not, in turn, appoint any of the remaining board members, as evidenced by: <input type="checkbox"/> By-laws page # _____ <input type="checkbox"/> Charter page # _____ OR <input type="checkbox"/> Articles of Incorporation page # _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
c) If the CHDO is sponsored/created by a for-profit entity, the for-profit entity may NOT APPOINT more than 1/3 of the membership of the CHDO's governing body, AND the board member appointed by the for-profit entity MAY NOT, in turn, appoint the remaining 2/3 of the board members, as evidenced by the CHDO's: <input type="checkbox"/> By-laws page # _____ <input type="checkbox"/> Charter page # _____ OR <input type="checkbox"/> Articles of Incorporation page # _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDITIONAL REQUIREMENTS:		
<u>Board Stability:</u> Has there been stability/continuity of board members over the last several years? Evidence by: <input type="checkbox"/> Narrative on board history (Enter in Part III, Section II) <input type="checkbox"/> Narrative verifying meeting consistently	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>Development Oversight:</u> Does the board have a committee structure or other means of overseeing planning and development in the organization? Evidence by <input type="checkbox"/> List of board subcommittees in narrative section (Enter in Part III, Section II)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>Board Skills:</u> Do members have professional skills directly relevant to housing development? Evidence by <input type="checkbox"/> Board Experience Matrix (see template)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>Decision Making:</u> Has the board demonstrated the ability to make timely decisions? Evidence by <input type="checkbox"/> Narrative statement verifying the board's decision making capacity (Enter in Part III, Section II)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>Board- Staff Relations:</u> Is there evidence of good relationships between the board and staff? Evidence by <input type="checkbox"/> Narrative on relationship between board and staff (Enter in Part III, Section II)	<input type="checkbox"/> YES <input type="checkbox"/> NO	

QUALIFICATION CRITERIA- APPLICANT	RESPONSE (CHECK ONE)	ATTACHMENT NUMBER
3. SPONSORSHIP/INDEPENDENCE- THRESHOLD REQUIREMENTS (ITEMS A, B,C)		
a) CHDO is not controlled by, nor receives directions from individuals or entities seeking profit from the organization, as evidenced by: <input type="checkbox"/> The organizations By-laws page # _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
b) If the CHDO is sponsored or created by a for-profit entity, the for-profit entity's primary purpose DOES NOT include the development or management of housing, as evidenced by: <input type="checkbox"/> For-profit's by-laws, page # _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
c) If sponsored by a religious organization, the CHDO is a separate secular entity from the religious organization, with membership available to ALL persons, regardless of religion or membership criteria, as evidenced by: <input type="checkbox"/> Narrative on the identity of interest (In Part III, Sec. 4) OR <input type="checkbox"/> Conflict of Interest Statement (see template)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDITIONAL REQUIREMENTS:		
<u>Identity of Interest:</u> Does the applicant use affiliates as contractors, vendors, consultants, and professionals for projects? As evidenced by: <input type="checkbox"/> Narrative on the identity of interest (In Part III, Sec. 4) OR <input type="checkbox"/> Conflict of Interest Statement (see template)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. RELATIONSHIP/SERVICE TO THE COMMUNITY- THRESHOLD REQUIREMENTS (ITEMS A AND B)		
a) Organization has a history of serving the community within which the housing to be assisted with HOME funds is to be located, evidenced by: <input type="checkbox"/> Narrative documenting at least one year of experience in serving the community (Enter in Part III, Section 4) OR <input type="checkbox"/> For new organizations, narrative that its parent organization has at least one year of experience in serving the community. (enter in Part III, section 4)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDITIONAL REQUIREMENTS:		
<u>Needs:</u> Are current plans well-grounded in an understanding of current housing conditions, housing needs, and need for supportive services? Has it done any analyses of the local housing market and housing needs of low-income households? As evidenced by: <input type="checkbox"/> Housing needs study, OR <input type="checkbox"/> Area development plan (see template), OR <input type="checkbox"/> Narrative demonstrating market and housing needs. (enter in Part III, section 4)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>Relations:</u> Is the current reputation of the corporation and the relationship with the community strong? As evidenced by: <input type="checkbox"/> Endorsement/support letters, memorandum of understanding with other community groups.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

QUALIFICATION CRITERIA- APPLICANT	RESPONSE (CHECK ONE)	ATTACHMENT NUMBER
<p><u>Local Government Relations:</u> Have you received City of Flint funding for your housing activities in the past? As evidenced by:</p> <p><input type="checkbox"/> Statement of previous project relationships with the city. (enter in Part III, section 4)</p> <p><input type="checkbox"/> Summary narrative of results of any monitoring or monthly reports. (enter in Part III, section 4)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
5. FINANCIAL MANAGEMENT AND CAPACITY- THRESHOLD REQUIREMENT- ITEM A		
<p>a) The organization conforms to 2 CFR 200.302 'Financial Management' and 2 CFR 200.303, 'Internal Controls'. as evidenced by:</p> <p><input type="checkbox"/> A notarized statement by the president or CFO;</p> <p><input type="checkbox"/> A certification from a CPA, OR</p> <p><input type="checkbox"/> A HUD approved audit summary</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
ADDITIONAL REQUIREMENTS:		
<p><u>Audit:</u> Does the CHDO have an annual audit? What year is the most recent audit? _____</p> <p><input type="checkbox"/> Copies of prior two years audit</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p><u>Audit Findings:</u> Were there management or compliance findings in the last two years? Are the findings resolved?</p> <p><input type="checkbox"/> Related management letters and responses</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p><u>Year To Date Financials:</u> Is the organization able to provide current financial including balance sheet, cash flow and income statement prepared by a certified public accountant?</p> <p><input type="checkbox"/> Copies of YTD financials</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p><u>Budgeting:</u> Does it do annual budgeting of its operations and all activities or programs? Does it track and report budget vs. actual income and expenses?</p> <p><input type="checkbox"/> Current annual budget summary</p> <p><input type="checkbox"/> Brief narrative on budget process (enter in Part III, section 5)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p><u>Reporting:</u> Is the financial reporting regular, current and sufficient for the board to forecast and monitor the financial status of the corporation?</p> <p><input type="checkbox"/> Narrative on financial reporting including section from policies and procedures, if available (enter in Part III, section 5)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p><u>Cash Flow Management:</u> Does it know its current cash position and maintain controls over expenditures?</p> <p><input type="checkbox"/> Year-to-date monthly cash flow</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p><u>Internal Controls:</u> Does it have adequate internal controls to ensure separation of duties & safeguarding of corporate assets? Is there sufficient oversight of all financial activities?</p> <p><input type="checkbox"/> Statement from CPA or Financial officer regarding compliance with financial management requirements. (see template)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	

QUALIFICATION CRITERIA- APPLICANT	RESPONSE (CHECK ONE)	ATTACHMENT NUMBER
<p><u>Procurement/Conflict of Interest:</u> Does the organization have a conflict of interest policy governing employees and development activities, particularly in procurement of contract services and the award of housing units for occupancy?</p> <input type="checkbox"/> Conflict of interest policy	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p><u>Insurance:</u> Does your organization maintain adequate insurance – liability, fidelity bond, workers comp, property hazard, & project?</p> <input type="checkbox"/> Narrative summary of available insurance policies and expiration dates. (enter in Part III, section 5)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p><u>Financial Stability:</u> Does the current balance sheet and budget indicate sufficient funds to support essential operations? Does your organization have diversified and stable funding sources for operations? What revenue sources is predictable year-to-year? Does the CHDO have an established fundraising program for both capital & operational needs?</p> <input type="checkbox"/> Narrative responding to the questions (enter in Part III, section 5)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p><u>Portfolio Financial Condition:</u> If it has a portfolio of properties, are they in stable physical and financial condition or are they a drain on corporate resources? Does it collect adequate management fees from the properties?</p> <input type="checkbox"/> List of properties with no. of units & vacancy rate. Attach list of properties. <input type="checkbox"/> Narrative report on properties based on questions (enter in Part III, section 5)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p><u>Liquidity:</u> Does the organization have liquid assets available to cover current expenses?</p> <input type="checkbox"/> Year-to-date monthly cash flow	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. DEVELOPMENT CAPACITY- THRESHOLD REQUIREMENT- ITEM A		
<p>a) It has a demonstrated capacity for carrying out activities assisted with HOME funds, as evidenced by:</p> <input type="checkbox"/> Narrative on experience of key staff who have completed similar projects to HOME-funded activities, OR <input type="checkbox"/> Contract(s) with consultants who have relevant housing experience, to train key staff. If a consultant, provide narrative on role of consultant and a plan for transfer of skills to staff. <input type="checkbox"/> Project experience chart using template provided	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDITIONAL REQUIREMENTS		
<p><u>Structure:</u> Can the current corporation structure support housing development activities, or are there operations or activities that need to be organizationally separate from housing development activities and portfolios?</p> <input type="checkbox"/> Narrative regarding the organizational structure (enter in Part III, section 6) <input type="checkbox"/> Organizational chart	<input type="checkbox"/> YES <input type="checkbox"/> NO	

QUALIFICATION CRITERIA- APPLICANT	RESPONSE (CHECK ONE)	ATTACHMENT NUMBER
<p><u>Portfolio</u>: Does its portfolio of projects/properties evidence competent management and oversight? Do the properties appear to have adequate funding?</p> <p><input type="checkbox"/> Narrative on property management status, cash flow and funding (enter in Part III, section 6)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p><u>Previous Performance</u>: Has the organization done CHDO activities previously? Did the organization complete the projects on time and on budget?</p> <p><input type="checkbox"/> Narrative on CHDO projects (enter in Part III, section 6)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p><u>Management Capacity</u>: Does the current management have the ability to manage additional development activities?</p> <p><input type="checkbox"/> Narrative based on the above questions (enter in Part III, section 6)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p><u>Procedures</u>: Are the corporate lines of authority for development activities clear? Are policies & procedures in place governing development activities?</p> <p><input type="checkbox"/> Narrative on lines of authority (enter in Part III, section 6) <input type="checkbox"/> Narrative on development policies and procedures and when updated (enter in Part III, section 6)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p><u>Project Management</u>: Does the organization have procedures for monitoring the progress of a project? Does it have the capacity to monitor project-level cash flow and construction scheduling?</p> <p><input type="checkbox"/> Narrative on monitoring, use of project management software (Microsoft Project, etc.) or other monitoring tool (enter Part III, section 6) <input type="checkbox"/> Narrative on database use (enter in Part III, section 6)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p><u>Personnel</u>: Does it have staff that is assigned responsibilities for housing development? Are personnel policies and job descriptions clear? As evidenced by:</p> <p><input type="checkbox"/> Narrative plus resumes, list of similar project and roles (enter in Part III, section 6)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p><u>Staff Skills</u>: Are staff skills adequate in the following areas: Legal/financial aspects of housing development , Management of real estate development, Oversight of design & construction management, Marketing, intake, Property management (if applicable) as evidenced by:</p> <p><input type="checkbox"/> Resumes and job description <input type="checkbox"/> Narrative on staff skills (enter in Part III, section 6)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p><u>Training</u>: Is staff encouraged to obtain training and develop new skills?</p> <p><input type="checkbox"/> Staff Training plan, if applicable. <input type="checkbox"/> List of certifications held by current staff</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p><u>Board Member Involvement</u>: Is the membership active and in support of housing activities of the organization?</p> <p><input type="checkbox"/> Narrative on board member involvement (enter in Part III, section 6)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

QUALIFICATION CRITERIA- APPLICANT	RESPONSE (CHECK ONE)	ATTACHMENT NUMBER
<p><u>Use of Consultants:</u> Does the CHDO have access to and make use of qualified development consultants? How well do consultants interact with staff? Is the consulting focus on training staff? Explain: _____</p> <p><input type="checkbox"/> Narrative based on questions (enter in Part III, section 6)</p> <p><input type="checkbox"/> Consultant profile, resume, or biography</p> <p><input type="checkbox"/> Staff Training plan</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p><u>Funding Access:</u> Does the organization have adequate funds meet the capital requirements of a project? How strong are relationships with funders of housing? With lenders?</p> <p><input type="checkbox"/> Narrative on relationships with other funders (enter in Part III, section 5)</p> <p><input type="checkbox"/> Proof of fundraising plan (enter in Part III, section 5)</p> <p><input type="checkbox"/> List of most recent grants (enter in Part III, section 5)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p><u>Opportunity Costs:</u> If the organization pursues housing development under the City's RFP, are other ongoing projects and activities likely to suffer or not be able to be pursued due to the effort required for development activities?</p> <p><input type="checkbox"/> State which activities in narrative section (enter in Part III, section 5)</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	

PART III

SECTION I: NARRATIVE DESCRIPTIONS

For each CHDO certification area above, enter narrative requested in the checklist above under the relevant heading below. Use the relevant subject heading or sub-headings to identify the narrative. Add extra pages, if needed.

1. ORGANIZATIONAL STATUS AND MISSION:

2. BOARD COMPOSITION:

3. SPONSORSHIP/INDEPENDENCE:

4. RELATIONSHIP/SERVICE TO THE COMMUNITY:

5. FINANCIAL MANAGEMENT AND CAPACITY:

6. DEVELOPMENT CAPACITY:

SECTION III: CERTIFICATION OF LOW-INCOME REPRESENTATION

Each board member representing the interests of low-income families in the Applicant's service area must complete a copy of this certification. Please maintain a copy of this certification in your files and send a copy to the City. Note: the board member needs to check at least one of the three criteria listed below.

Board Member Name: _____

I certify that I am a governing board member in good standing with _____ (Name of the CHDO organization seeking certification) and that I represent the interests of low-income families in the Applicant's service area.

Please check and complete one of the following:

I certify that I have reviewed HUD's definition of low-income for the area and that I qualify because my income is at or below 80% of the area median income adjusted for family size for _____, a community in the Applicant's service area. In order to qualify under this criterion, the board member must be a low-income resident of a community that the CHDO is planning to serve or is currently serving. Low-income is defined as 80% or less of area median family income. **Please attach a self-certification or other proof of income eligibility.**

OR

I am a resident of a low-income neighborhood in _____, a community in the Applicant's service area. In order to qualify under this criterion, the board member must live in a low-income neighborhood where 51% or more of the residents are low-income. The board member does not have to be low-income. **Please attach a copy of census or block group map of community and data verifying that it is a considered low income area.**

OR

I am an elected representative of _____, a low-income neighborhood organization within _____, a community in the Applicant's service area. In order to qualify under this third criterion, the person must be elected by a low-income neighborhood organization to serve on the CHDO Board. The organization must be composed primarily of residents of a low-income neighborhood and its primary purpose must be to serve the interests of the neighborhood residents. Such organizations might include block groups, neighborhood associations, and neighborhood watch groups. The group must be a neighborhood organization and IT MAY NOT BE THE CHDO ITSELF. **If the member is representing a low-income neighborhood organization, please attach a copy of the signed resolution from the organization naming the individual as their representative on the CHDO.**

Signature

Date

BOARD PROFILE MATRIX

Applicants must complete the following Board Profile Matrix and submit it along with their application for City of Flint CHDO certification. Please list each board member by name, then place a Yes or No indicating the representation that member brings to the Board in regards to income. Please list only current or approved board members. Do not list prospective board members who have not been approved to join the board.

Board Member Name	Residential Address	# of Years on Board	Occupation	Employer	Expertise	Low Income/ Y or N

I certify that the above listing of current, participating board members is accurate.

Board President Signature

Date

PROJECT EXPERIENCE

Staff/Consultant Name: _____

Area of Expertise: _____

1) PREVIOUS PROJECTS

Project Name/Location	Project Type	# of Units	Role in Project	Start Date	Completion Date	Total Development Cost

2) PROJECTS IN PROGRESS

Project Name/Location	Project Type	# of Units	Role in Project	Start Date	Completion Date	Total Development Cost

DEVELOPMENT PLAN TEMPLATE

Please include a MAP of your project area. Area should be no more than 16 blocks square (4 blocks by 4 blocks).

Along with the map, include a narrative which describes your overall development plan for this project area and how your proposed housing projects fit into this plan.

This Development Plan should address at least the following items:

1. The overall condition of the housing in the area (including: typical sales price of houses; typical rental costs, percentage of renter versus home ownership);
2. The major assets located in the area (e.g.: local institutions, block associations, parks, commercial enterprises) of the neighborhood;
3. Specific problems that need to be addressed in order to improve property values in the area (for example: abandoned houses, crime, and code-enforcement);
4. Your organization's goals for how your proposed housing project will have a positive impact on the area (for example: increase in housing value, stabilizing specific blocks, stimulating private investment);
5. Any partnerships or coalitions that will assist your organization in reaching these goals.
6. Please state in detail the most critical housing issues that exist within your CHDO boundaries.
7. Please state in detail the housing projects you have completed within the CHDO boundaries.
 - Numbers of Units
 - Location
 - Total Development Costs
8. What community groups exist in the CHDO boundaries?
 - a. What efforts has your Organization made to include these community groups and the community in general, in your current plans for the expanded area? Please include letters of support from these organizations.
 - b. What ongoing efforts does your organization plan to undertake to include residents from the CHDO area in your future planning processes?

ACCOUNTING STATEMENT

To receive federal grant funds, it is necessary for organizations to submit a certification of the adequacy of their accounting system. This certification must be completed by an Independent Certified Public Accountant.

On behalf of _____, I hereby certify that the accounting system for the above organization is adequate to manage federal grant funds in accordance with generally accepted accounting principles and standards set forth in the Code of Federal Regulations at 2 CFR Part 200.

Signed: _____
Independent CPA

Date

Firm Name

Address

City, State, Zip Code