STARK COUNTY CONSORTIUM
CHDO APPLICATION 2024

Applicant must also submit 2024 HOME application

Organization/Agency: _____

Address: _____

City: _____ State: _____ Zip:_____ Phone: ( )_____

Fax: ( )_____

Executive Director:_____

E-mail:_____ Website: _____

Contact Person (if different from above):_____

Date of Incorporation:_____ Tax ID Number:_____

CCR (SAMS) #: _____ DUNS #: _____

Provide the following documentation:

_____Copy of Charter, signed Articles of Incorporation; signed By-Laws and amendments;

_____Board Resolution(s) (if not indicated in the organization's By-Laws) which outlines the organization's formal written process that allows low income residents and program beneficiaries to advise the organization on relevant decisions concern the siting, development, design, location, and management of affordable housing;

_____A Board Resolution designating the current executive, by name, to execute contracts and negotiate in the name of the organization;

_____Copy of the 501(c)(3) or 501(c)(4) certificate from the Internal Revenue Service;

_____Notarized statement by the Chief Financial Officer or CPA certifying the organizations' financial system compliance with the financial accountability standards of 24 CFR 84.21;

_____Copy of organization's most recent audit;

_____Resumes and/or statements describing the experience accomplished by key staff who have successfully completed projects similar to those proposed for assistance with HOME funds; or

_____Copy of contract(s) with consultant firms or individuals (who have successfully completed projects similar to those proposed for assistance with HOME funds) and their detailed plan to train key staff of the organization;

_____A statement documenting at least one year of experience serving the community; or for new organizations, a statement that documents that its parent organization has at least one year of experience serving the community;

_____Board Member form for each member of the Board;

_____Completed Board Roster.

I certify that the information provided in this application and all accompanying documentation is accurate and correct to the best of my knowledge.

Printed Name	Signature	Date

Note: The information contained in this application refers to the definition of a Community Housing Development Organization (CHDO) as stated in Subpart A, Section 92.2 of the HOME Investment Partnership Program Final Rule as amended July 24, 2013.

Instructions: Select the one option which applies to your agency/organization for each letter within Sections I. – V.

I. LEGAL STATUS

a. The nonprofit is organized under the State of Ohio as evidenced by:
_____ A charter, or
_____ Articles of Incorporation

b. No part of its net earnings inure to the benefit of any member, founder, contributor, or individual as evidenced by:
_____ A charter, or
_____ Articles of Incorporation

c. The nonprofit has a tax exemption ruling from the Internal Revenue Service as evidenced by:
_____A 501(c)(3) Certificate or
_____A 501(c)(4) Certificate

d. Is classified as a subordinate of a central organization non-profit under section 905 of the Internal Revenue code, as evidenced by:

_____ A group exemption letter from the IRS that includes the CHDO

e. The nonprofit has among its purposes the provision of low- and moderate-income housing, as evidenced by:
_____ Charter – SECTION # _____
_____ Articles of Incorporation – SECTION # _____
_____ By-Laws – SECTION # _____
_____ Resolutions

II. CAPACITY

a. Your agency must conform to the financial accountability standards of 24 CFR 84.21, "Standards for Financial Management Systems." This is evidenced by:

_____ A notarized statement by the president or CFO,

_____ A certification from a CPA, or

_____ A HUD approved audit summary.

b. Your agency has a history of serving the community within which housing to be assisted with HOME funds is to be located. This is evidenced by:

_____A statement that documents at least one year of experience in serving the community, or

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

NOTE: The organization or its parent organization must be able to show one year of serving the community prior to the date the HOME funds are provided to the organization. In the statement, the organization must describe its history (or its parent organizations history) of serving the community by describing activities which it provided (or 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 facilities. The statement must be signed by the president or other authorized officials of the organization.

c. Your agency has a demonstrated capacity for carrying out activities assisted with HOME funds. This is evidenced by:

_____Resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with HOME funds, or

_____Contract(s) with consultant firms or individuals who have housing experience similar to projects to be assisted with HOME funds, to train appropriate key staff of the organization.

III.ORGANIZATIONAL STRUCTURE

a. At least 1/3 of your board membership must be for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations. This is evidenced by one of the following:

_____ By-Laws – SECTION # _____,

_____ Charter – SECTION # _____, or

_____ Articles of Incorporation – SECTION # _____.

b. No more than one-third of the governing board members may be public officials (including any employees of the PJ – Stark County, including the cities of Alliance and Massillon) or appointed by public officials, and government-appointed board members may not, in turn appoint any of the remaining board members. This is evidenced by the following:

_____ By-Laws,

_____ Charter, or

_____ Articles of Incorporation

c. If your agency is sponsored/created by a for-profit entity, the for-profit entity may not appoint more than one-third of the membership of your CHDO 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. This is evidenced by the following:

_____ By-Laws,

_____ Charter, or

_____ Articles of Incorporation

_____ Not Applicable

All members of your Board must complete the Board Member Information form. That information then must be compiled on the Board of Directors Roster form. Both "Board Member Information" form(s) and "Board of Directors Roster" form must be included.

d. Your agency provides a formal process for low-income, program beneficiaries to advise your organization in decisions regarding design, siting, development and management of affordable housing projects. This is evidenced by:

_____By-laws – SECTION # _____

_____Resolutions; or

_____Written operating procedures approved by the governing body.

IV. RELATIONSHIP WITH FOR-PROFIT ENTITIES

a. Your agency may not be controlled, nor receives direction from individuals or entities seeking profit from the organization. This is evidenced by:
_____ By-laws – SECTION # _____, or
_____ A Memorandum of Understanding (MOU) – Supply copy

b. If sponsored or created by a for-profit entity, the for-profit entity's primary purpose may not include the development or management of housing. This is evidenced by:
_____ The for-profit organization's by-laws
_____ Not Applicable

c. If sponsored or created by a for-profit entity, your agency must be free to contract for goods and services from vendor(s) of your own choosing. This is evidenced by:
_____ By-laws – SECTION # _____
_____ Charter – SECTION # _____
_____ Articles of Incorporation – SECTION # _____
_____ Not Applicable

d. If your agency is sponsored by a religious organization, the CHDO must be a separate secular entity from the religious organization, with membership available to all persons, regardless of religion or membership criteria. This is evidenced by:
_____ By-laws – SECTION # _____
_____ Charter – SECTION # _____
_____ Articles of Incorporation – SECTION # _____
_____ Not Applicable

V. CHDO OWNER, SPONSOR, DEVELOPER

Please indicate for which of the categories your organization will qualify as a CHDO for this application.

Rental Housing

_____OWNER – A CHDO that is an owner is required to own the HOME project during the development and throughout the period of affordability, and is required to hire a project manager or have a contract with a development contractor to oversee all aspects of the development.

_____DEVELOPER – A CHDO that is a developer of rental housing must arrange for the construction financing and is in sole charge of the construction, and must own the HOME-assisted housing throughout the period of affordability.

_____SPONSOR – A CHDO that is a sponsor of HOME-assisted rental housing "owns" and "develops" the rental housing project that it agrees to convey to a private non-profit organization at a predetermined time after completion of the development of the project.

Homebuyer Projects

_____DEVELOPER – Housing is developed by a CHDO if it is the owner (in fee simple absolute, or long-term ground leases) and developer of new housing that will be constructed or existing substandard housing that is owned or will be acquired by the CHDO and rehabilitated for sale to low-income families, in accordance with 92.254. The CHDO must arrange financing of the project and be in sole charge of the construction.

Sole General Partner

_____24 CFR 92.300(a)(a1) requires that if a CHDO owns a project in partnership, or owns the project through its wholly-owned for-profit or non-profit subsidiary, it must be the managing general partner. This also extends to LLCs.

VI. QUESTION AND ANSWER

As an attachment to this application, please provide responses to each of the questions below (Numbers 1-17). Please label each response with the corresponding number.

1) How your organization has demonstrated capacity for carrying out activities assisted with HOME funds; provide example projects.
2) Describe the CHDO-eligible activity(s) your organization plans to undertake under FY '24.
3) What is the relationship of the Board to the staff?
4) How long has the organization been in operation?
5) How have the services or programs changed since the organization began?
6) Is there a current business plan? If yes, please provide a brief overview.
7) What is the current status of projects funded in previous years?
8) Are affordable past rental projects still occupied by low-income tenants? If not, why?
9) Are past projects well maintained? Explain how they are maintained.
10) What is your current annual operating budget?
11) What was your operating budget for the last three years?
12) What sources are your operating funds coming from?
13) Will these funding sources continue?
14) Is the organization audited by a certified public accountant? Provide his/her name and address.
15) Is your organization financially solvent?
16) Who maintains your organizations' accounting records?
17) List the types of insurance policies/plans held by your organization.

BOARD MEMBER INFORMATION

Organization/Agency: _____

Please complete and return this form for each board member of the Organization (CHDO). You may duplicate this form as needed.

Please print or type

Name: _____

Home Address: _____

Street Address and Name

_____

City State Zip

Phone: _____

Home Business E-mail

Occupation: _____

Business Address: _____

Street Address and Name

_____

City State Zip

PLEASE CHECK THE FOLLOWING:

True	False	
		I am a resident of a low-income neighborhood. (This does not mean that you must be a low-income person only that your residence is in a low-income neighborhood.)
		I am a low-income resident of the community. (Community can mean neighborhood, the city, county, or metropolitan area.)
		I am an elected representative of a low-income neighborhood organization. (A low-income neighborhood organization is an organization composed primarily of resident of a low-income neighborhood. Examples of such organizations are: block groups, town watch organizations, civic organizations, neighborhood church groups, etc.)
		I am a representative of the public sector. (A public sector representative is any elected official, any appointed public official, any public/government employee of a public agency or department, or any individual who is appointed by a public official to serve on a CHDO board.)
		I also serve as a board member for the parent and or sponsoring organization of the CHDO.

I certify that the above information provided above is accurate and correct to the best of my knowledge.

_____

Printed Name Signature Date

BOARD OF DIRECTOR'S ROSTER

Organization/Agency: _____

Current as of: _____

TOTAL # BOARD MEMBERS: _____

Low/Mod Representatives: _____

Public Sector Representatives: _____

Officers

Chairman: _____

Vice Chairman: _____

Treasurer: _____

Secretary: _____

	Name/Address	Employment/Title	Board Position Committee Membership Tenure on Board	Low/Mod Representative Yes or No CT; BG	Public Sector Representative Yes or No
	EXAMPLE: Jane Doe 121 Main St. Alliance OH 44601	Diebold Accountant	Secretary Housing Comm. 5 years	Yes Census Tract: 1 Block Group 2	No
1					
2					
3					
4					
5					
6					
7					

Attach additional sheets if necessary.