

## **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.

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 mailed or hand delivered to: Housing Services Division, Housing & Revitalization Department Attention: Anthony D. Smith, Two Woodward Avenue, Detroit, MI 48226 Suite 908.

No faxes or other electronic submissions 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 status 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 24 CFR 84.21, "Standards for Financial Management Systems".
  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.**

CITY OF DETROIT  
APPLICATION FOR DESIGNATION

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Community Housing Development Organization  
(CHDO)



## TABLE OF CONTENTS

Section I .....	3
Certification/Recertification Application Instructions .....	3
Questions and Technical Assistance .....	3
Application Format.....	3
Section II.....	4
Part I: Organizational Profile.....	4
Board Composition .....	4
Part II: CHDO Certification/Recertification Checklist .....	6
Part III:.....	12
Section I: Narrative Description.....	12
Section II: Supporting Document Checklist .....	14
Part IV: Certification of Low-Income Representation .....	16
Board Profile Matrix.....	17
Project Experience .....	18
Sample Letter from CPA .....	19
Minimum Criteria for Compliance with OMB Circular A-110 .....	20
Development Plan.....	21

## **SECTION I**

### **CERTIFICATION/RECERTIFICATION APPLICATION INSTRUCTIONS**

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Applications must be mailed or hand delivered to: Housing Services Division, Planning and Development Department Attention: Darwin Heard, 65 Cadillac Square, 19th floor, Detroit, MI 48226.

No faxes or other electronic submissions will be accepted.

### **QUESTIONS AND TECHNICAL ASSISTANCE**

Questions regarding the CHDO certification process should be referred to Darwin Heard, Manager of the Housing Services Division of the City of Detroit Planning and Development Department at (313) 628-2565. Information on the City of Detroit HOME NOFA application process may also be available through the City's website at [www.detroitmi.gov](http://www.detroitmi.gov) or applications can be picked up at the Housing Services Division at 65 Cadillac Square, 19<sup>th</sup> floor receptionist, Detroit, MI.

The City of Detroit 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 and the provided format indicated below and in provided templates must be used. The format of provided templates should not be revised.

Application material must be:

- 8 ½ x 11 format
- single-sided
- indexed and tabulated as described below
- bound in three ring or spiral binder

## SECTION II

☐ Certification

☐ Current CHDO recertification

### PART I: ORGANIZATIONAL PROFILE

**Legal Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person & Title:** \_\_\_\_\_

**Telephone & Email:** \_\_\_\_\_

**Date of Incorporation:** \_\_\_\_\_

**Federal Tax ID#:** \_\_\_\_\_ **Michigan Tax ID#:** \_\_\_\_\_

**Parent Organization (if applicable):** \_\_\_\_\_

**IRS Tax Status:**    501(c)(3):    Received ☐                      Pending ☐                      None ☐

                                 501(c)(4):    Received ☐                      Pending ☐                      None ☐

### BOARD COMPOSITION:

Complete and check applicable boxes. See attached certification form to be completed by each member.

Name of Member*	Board Position	Low Income Representative	Public Official
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>

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

City of Detroit HOME CHDO Certification/Recertification Application

Annual Budget:\$\_\_\_\_\_

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

Source	Type (grants, loans, revenues)	Approximate Annual Amt.

Number of years serving the community: \_\_\_\_\_

**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. Enter the requested narrative in the corresponding section of Part III. Number each supporting attachment in descending order and complete attachment document checklist in Section III, Part II below.

**(To be completed by Applicant)**

Qualification Criteria - Applicant	Response (Check one)
<b>1. Organization Status &amp; Mission – Threshold requirements: Items a, b and c</b>	
a) Is the Applicant a nonprofit organized under State or local laws, as evidenced by: <input type="checkbox"/> A Charter, Page number OR <input type="checkbox"/> Articles of Incorporation Page number	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Applicant has a tax exemption ruling from the Internal Revenue Service as evidenced by: <input type="checkbox"/> A 501(c)(3) or (4) Certificate from the IRS, OR <input type="checkbox"/> A group exemption letter under Section 905 from the IRS that includes the CHDO.	<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 number OR <input type="checkbox"/> Articles or restated Articles of Incorporation, Page number	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Requirements:</b>	
<b>Certificate of Good Standing:</b> Can Applicant deliver a certificate of good standing or other documents from the State/Federal/City agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Service Area:</b> Does Applicant have a documented service area consistent with its CHDO activities? As evidenced by: <input type="checkbox"/> Service area map OR <input type="checkbox"/> Neighborhood Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Strategic Plan:</b> Has Applicant produced a strategic plan that specifies an action plan for housing development or an area development plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Shared Commitment:</b> Do board and staff exhibit shared commitment to Applicant's housing development mission? As evidenced by: <input type="checkbox"/> Approved plan OR <input type="checkbox"/> Statement/resolution	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. Board Composition- Threshold requirements: Items a, b and c</b>	
a. 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, as evidenced by: <input type="checkbox"/> By-Laws, Page number <input type="checkbox"/> Charter, Page number OR <input type="checkbox"/> Articles Incorporation, Page number AND <input type="checkbox"/> Board member certification (see template)	<input type="checkbox"/> Yes <input type="checkbox"/> No

City of Detroit HOME CHDO Certification/Recertification Application

Qualification Criteria - Applicant	Response (Check one )
<p>b. No more than one-third of the governing board members may be public officials (including any employees of the City of Detroit) or appointed by public officials, and government-appointed board members may not, in turn, appoint any of the remaining board members, as evidenced by:</p> <p><input type="checkbox"/> By-Laws, Page number                      OR</p> <p><input type="checkbox"/> Charter, Page number                      OR</p> <p><input type="checkbox"/> Articles of Incorporation Page number</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>c. If the CHDO is sponsored/created by a for- profit entity, the for-profit entity may not appoint more than one-third of the membership of the CHDO'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:</p> <p><input type="checkbox"/> By-Laws, Page number</p> <p><input type="checkbox"/> Charter, Page number                      OR</p> <p><input type="checkbox"/> Articles of Incorporation. Page number</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<b>Additional Requirements:</b>	
<p><b>Board Stability:</b> Has there been stability/continuity of board members over the last several years? as evidenced by:</p> <p><input type="checkbox"/> Narrative on board history (enter in Part III, section 2)</p> <p><input type="checkbox"/> Narrative verifying meeting consistently</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>Development Oversight:</b> Does the board have a committee structure or other means of overseeing planning and development?</p> <p><input type="checkbox"/> List of board subcommittees in narrative section (Enter in Part III, section 2.)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>Board Skills:</b> Do members have professional skills directly relevant to housing development (e.g., real estate, legal, architecture, finance, management)?</p> <p><input type="checkbox"/> Board Experience Matrix (see template)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>Decision-making:</b> Has the board demonstrated the ability to make timely decisions?</p> <p><input type="checkbox"/> Narrative statement verifying the board's decision making capacity (enter in Part III, section 2)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>Board-staff Relations:</b> Is there evidence of a good relationship between board and staff and shared goals? <input type="checkbox"/> Evidence of a Strategic Plan</p> <p><input type="checkbox"/> Narrative on relationship between board and staff (enter in Part III, section 2)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<b>3. Sponsorship/Independence - Threshold requirements: Items a, b and c</b>	
<p>a) The CHDO is not controlled, nor receives directions from individuals, or entities seeking profit from the organization, as evidenced by:</p> <p><input type="checkbox"/> The organization's By-Laws, Page number                      OR</p> <p><input type="checkbox"/> A Memorandum of Understanding (MOU).</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>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:</p> <p><input type="checkbox"/> The for-profit organization's By-Laws. Page number</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>



City of Detroit HOME CHDO Certification/Recertification Application

Qualification Criteria - Applicant	Response (Check one )
<p>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:</p> <p><input type="checkbox"/> By-Laws, Page number</p> <p><input type="checkbox"/> Charter, Page number                      OR</p> <p><input type="checkbox"/> Articles of Incorporation. Page number</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<b>Additional Requirements:</b>	
<p><b>Identity of Interest:</b> Does the Applicant use affiliates as contractors, vendors, consultants, and professionals for its projects? As evidenced by:</p> <p><input type="checkbox"/> Narrative on the identity of interest. (enter in Part III, section 3)</p> <p><input type="checkbox"/> Conflict of interest policy statement (see template)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<b>4. Relationship/Service to the Community - Threshold requirements: Items a and b</b>	
<p>a) It has a history of serving the community within which housing to be assisted with HOME funds is to be located, as evidenced by:</p> <p><input type="checkbox"/> Narrative documenting at least one year of experience in serving the community, (enter in Part III, section 4) OR</p> <p><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)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>b) It provides a formal process for low-income, program beneficiaries to advise the organization in decisions regarding design, siting, development, &amp; management of affordable housing projects, as evidenced by:</p> <p><input type="checkbox"/> The organization's By-Laws, Page number</p> <p><input type="checkbox"/> Resolutions, Page number                      OR</p> <p><input type="checkbox"/> A written statement of operating procedures approved by the governing body. (see template)include annual meeting procedures</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<b>Additional Requirements:</b>	
<p><b>Needs:</b> 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:</p> <p><input type="checkbox"/> Housing needs study, OR</p> <p><input type="checkbox"/> Area development plan, OR</p> <p><input type="checkbox"/> Narrative demonstrating market and housing needs. (enter in Part III, section 4)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>Relations:</b> Is the current reputation of the corporation and the relationship with the community strong?</p> <p><input type="checkbox"/> Endorsement/support letters, memorandum of understanding with other community groups.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>Local Government Relations:</b> Is your organization's relationship with the City of Detroit strong? Does the City of Detroit support your housing activities?</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>

City of Detroit HOME CHDO Certification/Recertification Application

Qualification Criteria - Applicant	Response (Check one )
<b>5. Financial Management &amp; Capacity - Threshold requirements: Item a</b>	
a) The organization conforms to the financial accountability standards of 24 CFR 84.21, “Standards for Financial Management Systems”, as evidenced by:  <input type="checkbox"/> A notarized statement by the president or CFO; <input type="checkbox"/> A certification from a CPA, OR <input type="checkbox"/> A HUD approved audit summary	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Requirements:</b>	
<b>Audit:</b> Does the CHDO have an annual audit? What year is the most recent audit? <input type="checkbox"/> Copies of prior two years audits	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Audit Findings:</b> Were there management or compliance findings in the last two years? Are the findings resolved? <input type="checkbox"/> Related management letters and responses	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Year To Date Financials:</b> Is the organization able to provide current financial including balance sheet, cash flow and income statement prepared by a certified public accountant? <input type="checkbox"/> Copies of YTD financials	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Budgeting:</b> Does it do annual budgeting of its operations and all activities or programs? Does it track and report budget vs. actual income and expenses? <input type="checkbox"/> Current annual budget summary <input type="checkbox"/> Brief narrative on budget process (enter in Part III, section 5)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reporting:</b> Is the financial reporting regular, current and sufficient for the board to forecast and monitor the financial status of the corporation? <input type="checkbox"/> Narrative on financial reporting including section from policies and procedures, if available (enter in Part III, section 5)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cash Flow Management:</b> Does it know its current cash position and maintain controls over expenditures? <input type="checkbox"/> Year-to-date monthly cash flow	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Internal Controls:</b> Does it have adequate internal controls to ensure separation of duties & safeguarding of corporate assets? Is there sufficient oversight of all financial activities? <input type="checkbox"/> Statement from CPA or Financial officer re-compliance with financial management requirements. (see template)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Procurement/Conflict of Interest:</b> 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? <input type="checkbox"/> Conflict of interest policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Insurance:</b> Does your organization maintain adequate insurance – liability, fidelity bond, workers comp, property hazard, & project? <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

## City of Detroit HOME CHDO Certification/Recertification Application

Qualification Criteria - Applicant	Response (Check one )
<b>Financial Stability:</b> 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? <input type="checkbox"/> Narrative responding to the questions (enter in Part III, section 5)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Portfolio Financial Condition:</b> 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? <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
<b>Liquidity:</b> Does the organization have liquid assets available to cover current expenses? <input type="checkbox"/> Year-to-date monthly cash flow	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Development Capacity - Threshold requirements: Item a</b>	
a) It has a demonstrated capacity for carrying out activities assisted with HOME funds, as evidenced by: <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
<b>Additional Capacity Requirements:</b>	
<b>Structure:</b> 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? <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
<b>Portfolio:</b> Does its portfolio of projects/properties evidence competent management and oversight? Do the properties appear to have adequate funding? <input type="checkbox"/> Narrative on property management status, cash flow and funding (enter in Part III, section 6)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Previous Performance:</b> Has the organization done CHDO activities previously? Did the organization complete the projects on time and on budget? <input type="checkbox"/> Performance Report from the City of Detroit or other HOME jurisdiction. <input type="checkbox"/> Narrative on CHDO projects (enter in Part III, section 6)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Management Capacity:</b> Does the current management have the ability to manage additional development activities? Does the organization have the capabilities to analyze alternate housing projects? <input type="checkbox"/> Narrative based on the above questions (enter in Part III, section 6)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Procedures:</b> Are the corporate lines of authority for development activities clear? Are policies & procedures in place governing development activities? <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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Project Management:</b> Does the organization have procedures for monitoring the	<input type="checkbox"/> Yes

City of Detroit HOME CHDO Certification/Recertification Application

Qualification Criteria - Applicant	Response (Check one )
<p>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)</p> <p><input type="checkbox"/> Narrative on database use (enter in Part III, section 6)</p>	<p><input type="checkbox"/> No</p>
<p><b>Personnel:</b> 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</p> <p><input type="checkbox"/> No</p>
<p><b>Staff Skills:</b> Are staff skills adequate in the following areas:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Legal/financial aspects of housing development</li> <li><input type="checkbox"/> Management of real estate development</li> <li><input type="checkbox"/> Oversight of design &amp; construction management</li> <li><input type="checkbox"/> Marketing, intake</li> <li><input type="checkbox"/> Property management (if applicable)</li> </ul> <p>as evidenced by:</p> <p><input type="checkbox"/> Resumes and job description</p> <p><input type="checkbox"/> Narrative on staff skills (enter in Part III, section 6)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>Training:</b> Is staff encouraged to obtain training and develop new skills?</p> <p><input type="checkbox"/> Staff Training plan, if applicable,</p> <p><input type="checkbox"/> List of certifications held by current staff</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>Board Member Involvement:</b> 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</p> <p><input type="checkbox"/> No</p>
<p><b>Use of Consultants:</b> 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><b>Funding Access:</b> 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><b>Opportunity Costs:</b> 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? 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:**

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**2. Board Composition:**

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**3. Sponsorship/Independence:**

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**4. Relationship/Service to the Community:**

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**5. Financial Management and Capacity:**

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**6. Development Capacity:**

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**SECTION II: SUPPORTING DOCUMENT CHECKLIST**

Number attachment based on the answers provided in the application checklist above.

Attachment #	Document	Check
	Tax Exemption Letter	
	Certificate of good standing from the State of Michigan	
	Articles of Incorporation or Charter or related amendments (highlight and tab relevant sections)	
	Organizational Bylaws or related amendments (highlight and tab relevant sections)	
	Articles and bylaws or related amendments for for-profit parent company (highlight and tab relevant sections)	
	Board experience matrix	
	Evidence of full and part time staff (payroll report, W2, W4, etc.)	

City of Detroit HOME CHDO Certification/Recertification Application

Attachment #	Document	Check
	Resumes of full or part time staff with similar experience	
	Staff certifications such as HOME Certified Specialist	
	Consultant contract with staff training plan	
	CHDO Housing experience chart (see provided template)	
	Certification of low income representation (see template)	
	Board member profile matrix (see provided template)	
	Notarized financial management statement (see template) or CPA certification or HUD Approved audit summary	
	Proof of Area development plan or strategic plan with housing development component or similar document	
	Service area map	
	Conflict of interest policy document	
	Memorandum of Understanding (MOU) between CHDO and for-profit (if applicable)	
	Support letters from the community	
	Most recent two years of audits with management responses to any findings	
	Year to Date Financials including monthly cash flow statement	
	Most recent annual budget summary	
	List of existing properties with no. of units & vacancy rate	
	Organizational chart	
	Staff training plan for use with consultants	
	Written statement of board approved operating procedures for low income input	

#### **PART IV: 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 Detroit 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	Number of Years on Board	Occupation	Place of Employment	Expertise (If retired, Please specify areas of expertise)	Low-Income (Yes/No)

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**

Name of Project/Location	Project Type	No. of Units	Role(s)	Start Date	Completion Date	Total Dev. Cost

**2. Work In Progress**

Name of Project/Location	Project Type	No. of Units	Role(s)	Start Date	Completion Date	Total Dev. Cost

**SAMPLE LETTER FROM CPA**  
**Regarding Compliance with OMB Circular A-110**

[Letterhead of CPA Firm]

[Date]

Planning & Development Department  
65 Cadillac Tower, 19th Floor  
Detroit, MI 48226

RE: Conformity with OMB Circular A-110

Planning & Development Staff:

I am a certified public accountant and I have performed a review of the financial management systems of the following organization:

I certify that this organization has a functioning accounting system that meets the requirements of Attachment F of OMB Circular A-110 (revised) Standards for Financial Management Systems, including, at a minimum, the twelve criteria listed on the attached page.

(Signature)

(Typed Name)

(Date signed)

**MINIMUM CRITERIA FOR COMPLIANCE WITH OMB CIRCULAR A-110**

1. There is a financial management system in place to accurately account for the income, expenses and obligations of the organization. There are written procedures in place to determine the reasonableness and allowability of costs.
2. There is adequate supporting documentation to back up all accounting records.
3. There are procedures in place that provide effective control for all funds that are received and all disbursements that are made, including segregation of duties appropriate to safeguarding resources.
4. There is an effective system of internal review, and sufficient training of board and staff to ensure the clear understanding of management and governance roles required for financial management.
5. There are effective controls in place to provide accountability for all funds, property and other assets. Deposits are made into corporate accounts at a financial institution.
6. There are methods in place to provide comparisons of actual income and expenses with budget amounts on at least a quarterly basis.
7. There are written procedures in place to cover services or supplies and establish the fair market value of donated property.
8. There are written standards of conduct for all employees which includes the prohibition of conflict of interest, solicitation or acceptance of gratuities, Or anything of monetary value from contractors or potential contractors.
9. There are written procurement procedures in place to ensure that unnecessary goods or services are not purchased, to ensure open and free competition on all bids, to ensure the appropriate consideration of price, cost, and quality during the bid award process, an analysis of lease and purchase alternatives and the use of minority-owned and women-owned businesses to the fullest extent practical.
10. For contracts in excess of \$100,000, contractors are required to provide a Performance Bond for the contract price, unless a different standard is explicitly accepted by HUD.
11. There are procedures in place to evaluate performance of contractors and to ensure their adherence to terms and conditions of the contract.
12. There are written procedures in place that require the retention of records for a minimum of seven years that identify income and expense, supporting documentation for financial records, statistical records and bid selection processes. Records are accessible.

### **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 describe at last the following:

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 mayor assets of the area (for example: 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, 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. Please state in detail the housing projects that are planned for the CHDO area for the five years, with a timeline showing implementation. If a development plan for the area has been completed:
9. What community groups exist in the CHDO boundaries?
10. What efforts have 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.
11. What ongoing efforts does your organization plan to undertake to include representatives from the CHDO area in your future planning processes?