



**HOME INVESTMENT PARTNERSHIPS PROGRAM
HOUSING DEVELOPMENT & COMMUNITY HOUSING
DEVELOPMENT ORGANIZATION (CHDO) APPLICATION**



April, 2015



Fulton County, GA Housing and Community Development pledges to foster the letter and spirit of the law for achieving equal housing opportunity.

Application for HOUSING & CHDO NOTICE

Introduction

TITLE II of the Cranston-Gonzalez National Affordable Housing Act of 1990 (the Act) created the HOME Investment Partnerships Program (HOME). The Act's objectives include promoting partnerships between states, local governments, and nonprofit organizations and increasing the capacity of nonprofit organizations to develop and manage affordable housing. The Act requires that participating jurisdictions (PJs) set-aside at least 15 percent of their HOME funds for housing that is developed, owned, or sponsored by Community Housing Development Organizations (CHDOs).

CHDO Definition

A CHDO is a certified private, nonprofit, community-based service organization that has staff with the capacity to develop affordable and decent housing for low- income people meeting the HUD regulations at 24 CFR 92 Section 92.2. Organizations will only be certified immediately prior to applying for funding. There will no longer be an annual streamlined recertification every year.

Eligible CHDO designation applicants

Eligible applicants include community-based nonprofit 501 {c} (3), 501{c} (4) or section 905 {subordinate organization of a 501 {c} organization} organizations with the provision of decent housing that is affordable to low income persons among the purposes of the organization. In addition, these organizations must meet and satisfactory demonstrate the prescribed requirements in this guidelines in accordance with the HOME Final Rule Subpart A, 24 CFR 92.2

CHDO Roles

CHDOs are required to have paid staff with experience relevant to the specific role that they will undertake— as either the owner, or the developer or the sponsor of housing. HUD defines CHDO staff as paid employees who are responsible for the day-to-day operations of the CHDO. Staff does not include volunteers, board members, or consultants.

Owner; The CHDO is required to own (in fee simple absolute) the HOME project during development and throughout the period of affordability but does not directly undertake the development of the property. As owner, the CHDO is required to oversee all aspects of the development process. The CHDO can purchase standard rental housing that it will own and operate. Or, in projects involving rehabilitation or new construction, the CHDO purchases the land or project, and contracts with a developer to carry out those development activities. The CHDO must maintain control of the development process. If it lacks in-house capacity, it may hire or contract with an experienced project manager to oversee the project on its behalf. This option is available to CHDOs having experience and capacity to own and operate affordable rental housing, but lack the experience or capacity to develop the project. This option is NOT available where the project is owned by a partnership entity (see Sponsor)

Developer: In the developer role, the CHDO must own and directly develop the property throughout the period of affordability. For rental projects, the CHDO is required to own the housing, act as the developer in sole charge of the development process including obtaining zoning and other approvals, securing financing, selecting contractors, overseeing work progress and determining reasonableness of costs and then continue to own the project in fee simple absolute and maintain effective project control during the period of affordability.

For homebuyer projects, the CHDO must be the owner and developer of the project, arrange project financing, and remain in sole charge of the development process until it sells the unit to an eligible homebuyer.

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This option is NOT available where the project is owned by a partnership entity (see Sponsor).

Sponsor:

1. CHDO “sponsors” a project when the property is “owned” or “developed” by:
 - a. An affiliated subsidiary of the CHDO, which is wholly owned by the CHDO;
 - b. A limited partnership in which the CHDO or its wholly owned affiliated subsidiary is the sole general partner; or
 - c. A limited liability company in which the CHDO or its wholly owned affiliated subsidiary is the sole managing member.

2. A CHDO may “sponsor” a project in situations where the CHDO owns (in fee simple absolute) and develops the housing and agrees to convey the housing to a different private non-profit organization at a predetermined point in time after completion of the development. The non-profit to which the project will be conveyed does not need to be a CHDO, but must be identified and approved by the Department prior to commitment of HOME funds. Additionally, this non-profit cannot be created by a governmental entity. If for any reason the project is not transferred to this non-profit, the CHDO remains liable for the HOME funds and the project for the term of the affordability period. The CHDO must obtain title to the project before development begins.

Rental project partnerships are still permitted under the sponsor definition, but with some additional clarifications regarding the required project control under such scenarios. The CHDO, or its wholly owned subsidiary, must be the sole general partner of a limited partnership or the sole managing member of a limited liability company. When a CHDO set-aside project is owned by a Limited Partnership or Limited Liability Company under this sponsorship model, the PJ must ensure that the partnership agreement does not permit the CHDO or its subsidiary to be removed as sole general partner or sole managing member except for cause – such as mismanagement of the project. If the partnership agreement permits removal of the CHDO or its subsidiary for cause, it must also stipulate that the new sole general partner or managing member can only be another CHDO.

Capacity of the CHDO

The CHDO must demonstrate capacity for each role (Owner, Developer or Sponsor) it intends to undertake. Capacity will be evaluated during the certification process as well as **each time** the CHDO applies for funding. The capacity requirement cannot be met through the use of volunteers or staff that is donated by organization, including the parent organization, if applicable.

Use of Consultants to Demonstrate Development Capacity (New CHDOs Only)

The CHDO cannot rely exclusively upon consultants to demonstrate development capacity, but a consultant may be hired to fill a capacity gap, provided that the following conditions are met:

- a) The CHDO and consultant must enter into a written agreement which specifies the tasks to be performed by the consultant;
- b) The consultant must demonstrate sufficient experience to perform the assigned tasks;
- c) The written agreement must include a provision that the consultant will provide training to CHDO staff; and
- d) A detailed training plan must be submitted with the certification application. The plan must specifically state the scope of the training and a timeline for completion of the training. Training must commence within 6 months after the CHDO is certified and must be completed not later than two years of the certification date.

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APPLICANT SUBMISSION

1) Name of Organization:		
Address:		
Contact Person:		
Telephone Number:	Fax Number:	
E-mail Address:		
Address of Chief Elected Official, Executive Director or President if different:		
Federal Tax ID #	DUNS #	Type of Organization:
Federal Tax ID #	DUNS #	Type of Organization:
Federal Tax ID #	DUNS #	Type of Organization:
Is this firm a qualified Minority-owned Business Enterprise (MBE)? _ · Yes _ · No		
Is this firm a qualified Woman-owned Business Enterprise (WBE)? _ · Yes _ · No		
<i>Attach supporting documentation for each.</i>		
2) Person Preparing Application:		
Name:		
Address:		
Telephone #		
Email Address:		

3) Certifying Official: To the best of my knowledge and belief, data, statements and information in this application and any of the attachments are true and correct. The governing body of this application has duly authorized this application.

Name: _____

{SEAL}

Title: _____

Signature: _____

Mail the two (2) original completed applications to:

HOME Project Manager

FOR HCD USE ONLY

Date Received:

Certification Date:

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HOME Program
137 Peachtree Street SW, Suite 300
Atlanta, GA 30303
(404) 613-7944

Received By:

Title:
Based on the submittal, application is
complete *incomplete*

Application #

Requirements will be based on legal status, organizational structure and capacity/experience.
 Any information in this application may be subject to public disclosure.

YES	NO	LEGAL STATUS (Complete all points, check and attach documentation)
		The nonprofit organization is organized under Georgia or local laws and is maintaining its status, as evidenced by: <i>Attach Certificate of Incorporation issued by the Secretary of State</i>
		The nonprofit is legally authorized to operate in the State of Georgia. <i>Attach Certificate of Authority to Transact Business by the Secretary of State;</i>
		The nonprofit is legally authorized to operate in the State of Georgia. <i>Attach Certificate of Existence issued by the Secretary of State.</i>
		Identity of the signing officers of a corporation and confirm the names of directors and shareholders. <i>Attach the Certificate of Incumbency- also known as an Incumbency Certificate, a Certificate of Officers, an Officer Certificate, a Register of Directors, and as a Secretary Certificate.</i>

ORGANIZATIONAL STRUCTURE: The organization must specifically adhere to the following criteria and list where these provisions are located and complete the ***Attachment 1.4 -History of Serving the Community***

Page #	Document	Criteria
		Purpose of organization: The Entity or CHDO must have the provision of providing decent housing that is affordable to low- and moderate-income persons and this commitment must be evidenced in the Agency's: Charter; Articles of incorporation; By-laws; or A resolution of the Agency's Board of Directors.
		Is "fostering low and moderate income housing" listed among the purposes of the nonprofit in its Articles of Incorporation?
		No part of the earnings may benefit any member, founders, contributors or individuals.
		Must serve a clear defined geographic service area (Attach a geographic area map(s))
YES	NO	
		Has a tax exemption ruling from the Internal Revenue Services (IRS) under Section 501(a), (c) 3, 4 of the IRS Code. (Attach a copy of the IRS letter) Or
		Is classified as a subordinate of a central organization non-profit under section 905 of the Internal Revenue Code of 1986 (Attach evidence of classification) Or
		If the private nonprofit organization is a wholly owned entity that is disregarded as an entity separate from its owner for tax purposes (e.g., a single member limited liability company that is wholly owned

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		by an organization that qualifies as tax-exempt), the owner organization has a tax exemption ruling from the Internal Revenue Service under section 501 (c) (3) or (4) of the Internal Revenue Code of 1986 and meets the definition of “community housing development organization. (Attach evidence)
		** CHDO/Must have a low income input formal process related to the organizational decision making regarding the design, location of sites, development, and management of all HOME-assisted affordable housing projects. Include any other systems in place or adopted processes approved by the governing body.
		Must identify other non-profits and local governments providing affordable housing in their defined area and describe how they interact in providing housing in the area in an efficient non-duplicative manner.
		<p>A CHDO Board must be composed as follows as evidenced by:</p> <p><input type="checkbox"/> Charter</p> <p><input type="checkbox"/> Articles of Incorporation</p> <p><input type="checkbox"/> By-laws</p>

Relationships with For-Profit Entities

1. Has any For-Profit organization or individual appointed any director to the governing board of the Nonprofit? _ Yes _ No
2. If yes, describe in detail the individuals or entities involved and the reasons for this relationship:

3. Does any For-Profit organization or individual have a continuing right to appoint a director? _ Yes _ No
4. If yes, describe in detail the individuals or entities involved and the reasons for this relationship:

5. Does any For-Profit organization or individual have any other affiliation, required or exclusive contractual arrangement, or other significant involvement with the Nonprofit? _ Yes _ No
6. If yes, describe in detail the individuals or entities involved and the specifics of the relationship:

Summary of Activities and Affiliations

1. Briefly describe the current programmatic activities of the Nonprofit:

2. Briefly describe any planned changes to the programmatic activities of the Nonprofit:

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3. Is the Nonprofit affiliated with any other nonprofit organization through a subsidiary relationship, shared staff, common directors, or other form of affiliation? _ Yes _ No
4. If yes, identify the nonprofit involved and describe the form and purpose of the affiliation:
 - a) Number of Nonprofit's full-time paid staff members:
 - b) Number of full-time paid staff members of affiliated nonprofit organization:
 - c) Number of volunteer staff of the Nonprofit:
 - d) Number of volunteer staff of affiliated nonprofit organization
5. Disclose any funding received by the Nonprofit from any individual or other entity directly or indirectly related to the proposed Owner of the development (if none, state "None"):
6. Describe the formal process adopted by the governing board of the Nonprofit to solicit input from low income persons prior to making decisions regarding the design, location, development, and management of affordable housing developments:
7. Disclose any business or personal relationships that exist, directly or indirectly, between any of the staff, directors or other principals involved in the formation or operation of the Nonprofit, and any persons or entities proposed to be involved in the development on a for-profit or fee basis:

Attachments Required

Articles of Incorporation for Nonprofit and any affiliated nonprofits

By -Laws of the Nonprofit and any affiliated nonprofits

IRS Tax-Exempt Determination letter for Nonprofit and any affiliated nonprofits

Evidence of board approval of formal low income community input process

Independent Audits including all findings and resolutions for last two years

CHDO BOARD REQUIREMENTS:

- 1) A minimum of one third must be low income representatives:
 - a. An individual who certifies that they qualify as low income (family income is at or below 80% AMI).
 - b. Previous CHDO beneficiary that is a resident of a low income neighborhood (certifies that they live in a neighborhood where 51 percent or more of the residents are low-income. Residents of low-income neighborhoods on CHDO boards do *not* have to be low-income themselves. In urban areas, "community" is not necessarily limited to a single neighborhood, but may include several neighborhoods, the city, county or metropolitan area.
- 2) A maximum of one third may be representative of the public sector or employees of the PJ or State Recipient. Members of the board appointed by public officials cannot select other members of the board.

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- a. Elected officials of the PJ recipient - council members, aldermen, commissioners, state legislators, members of a school board, etc.
 - b. Appointed public officials of the PJ recipient -members of a planning or zoning commission, or of any other regulatory and/or advisory boards or commissions that are appointed by a PJ official.
 - c. Public employees of the PJ/State recipient - all employees of public agencies (including the schools) or departments of the PJ's government (e.g., a clerk in the water and sewer department, a public facility janitor or a secretary in the tax assessment office);
- 3) At least 51% of the Board are Georgia residents;
 - 4) Be represented by nonprofits service area;
 - 5) If a CHDO is sponsored by a for-profit entity, the for-profit may not appoint more than one-third of the board. The board members appointed by the for-profit may not appoint the remaining two-thirds of the board members.
 - 6) Local governments who charter CHDOs may not appoint more than one-third of the board, and the board members appointed by the state or local government may not appoint the remaining two-thirds of the board members.
 - 7) The balance is unrestricted, and may include people such as human and social service providers, lenders, individuals with access to philanthropic resources, or others willing to contribute their professional expertise.
 - 8) CHDOs must have financial accountability standards that conform to 24 CFR 84.21, "Standards for Financial Management Systems. Complete Attachment 1

NOTE: *Public officials and/or appointees who themselves are either low-income community residents or residents of a low-income neighborhood count against the one-third maximum limit of public sector representatives. However, they do not count toward the one-third minimum requirement of community representatives.*

SPONSORED CHDOS:

Nonprofits that have been sponsored by other nonprofits, charities, religious organizations, local or state government, public agencies or for-profit corporations may qualify as CHDOs, but certain additional requirements and board limitations can apply.

1) Nonprofit and charity sponsors:

- There are no limits on the proportion of the board that may be appointed by nonprofit or charity sponsors, as long as the minimum one-third community representation is met and the maximum one-third public representation is not exceeded.
- A one-year minimum history of service to the community by the **sponsoring nonprofit or charity** may help a new nonprofit to qualify as a CHDO.

2) Religious organization sponsors:

- Religious organization cannot qualify as a CHDO but they may sponsor the creation of

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wholly secular nonprofits (section 92.257 HOME final rule).

- There are no limits on the proportion of the board that may be appointed.
 - Can't control the non-profit
 - Must be used exclusively for secular purposes (may not engage in inherently religious activities) and ensure that housing owed, developed or sponsored will be made available to all persons regardless of religious affiliation or belief. If the organization conducts such activities, they must be offered separately and participation must be voluntary for the beneficiaries of the assistance provided.
- 3) Local/state government and public agency sponsors:
- A local or state government and/or a public agency cannot qualify as a CHDO, but may sponsor the creation of CHDOs.
 - Government officials and appointees of the government cannot exceed one-third of the members of the board.
 - All other CHDO rules and requirements also apply.
- 4) For-profit corporate sponsors:
- A CHDO cannot be controlled by, nor be under the direction of, for-profit entities or individuals seeking profit from the organization.
 - CHDOs may be sponsored or organized by a for-profit if:
 - The primary purpose of the for-profit sponsor is not the development or management of housing (that is, a builder, developer or real estate management firm may not spin off a CHDO);
 - The for-profit appoints no more than one-third of the CHDO's governing board and the board members appointed by the for-profit do not appoint the remaining members of the board; and
 - The CHDO is free to contract for goods and services from any vendors it selects.

CAPACITY

(Submit resumes & statements of qualification that describe the experience of key staff members)

The CHDO must demonstrate capacity and experience in carrying out HOME-assisted activities they are planning. The CHDO should have at least one year of experience prior to the submission date of the qualification application. The CHDO must have the following: ***Key staff must be experienced and that experience clearly demonstrates the completion of similar projects that have been proposed.*** The qualifications and experience of consultants is no longer relevant unless the CHDO is in its first year of operation and it is using a consultant to train its staff. Include the completed Attachment 1.2 Key Staff Core Competencies.

Attach the following to demonstrate experience including but not limited to:

Written narrative, newspaper clippings, annual reports, other approvals or other evidence that applicant organization or its sponsor has 1 year

Written narrative, newspaper clippings, annual reports, other approvals or other evidence that applicant organization or CHDO activities undertaken and list the service area

List of projects owned/operated which includes the type of project, project name, project status, location, completion date and reflecting the role of the organization and key staff in each project.

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Strategic Plan – the plan specifies an action for housing development

Other: List and describe each:

Attach the following to professional staffing documentation including but not limited to:

Evidence of full time staff – Pay stubs or tax statements

Alternative staffing plan formalized through a written arrangement outline of the work to be undertaken and service period. The agreement must include a provision that states any consultant will provide trainings to key CHDO staff and list the following- timeline, scope, dates of training with attendance signing sheets and completion dates. The trainings must start immediately and be completed within two years. Complete Attachment 1.1

Resumes and statements reflecting current job titles and responsibilities.

Consultant contract

Other:

The CHDO must verify that the agency/ any of its principals are not presently debarred, ineligible, suspended, excluded or proposed for disbarment/suspended from any HOME Program or an any federal/state excluded list. Additionally, the Agency, employees of the agency or any partners taking part in the agreement have not sued, be in current litigation or been disbarred from conducting business in Fulton County contracts.

Attach verification of non-debarment status dated no more than 30 days prior to the date of this application.

CHDO OWNERSHIP / MANAGEMENT / DEVELOPMENT INFORMATION - Attach an organizational chart	
SPONSOR INFORMATION (General Partner/Developer/Applicant)	
Legal Name of Sponsor	
Address	
Taxpayer ID	
Contact Person	
Telephone & Fax #	Email:

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*If a corporation, is it inactive or newly formed one year or less? Yes No N/A

OWNER INFORMATION (Limited Partnership)

Legal Name of Owner	
Address	
Taxpayer ID	
Contact Person	
Telephone & Fax #	Email:

Type of Owner: (Check all that apply.)

<input type="checkbox"/> Individual	<input type="checkbox"/> Non-profit
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership- wholly owned affiliated subsidiary is the sole general partner;
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership- in which the CHDO or its wholly owned affiliated subsidiary is the sole managing member.
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Local Unit of Government
<input type="checkbox"/> Affiliated Subsidiary- Wholly Owed	<input type="checkbox"/> Limited Liability Company
Describe:	

Legal Status of Limited Partnership:

<input type="checkbox"/> Currently Exists:	Tax Year:	From:	To:
<input type="checkbox"/> To Be Formed:	Estimated Date:		
Accounting Method of Partnership: <input type="checkbox"/> Cash or <input type="checkbox"/> Accrual			

Complete the following:

List Individuals/Organizations which Comprise the Ownership Entity	501(c)(3) or (4) , Section 905 or Wholly Owned Subsidiary	Soc. Sec. or Taxpayer ID	% of Ownership

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Indicate the capacity in which the non-profit organization will participate in the project. Check all that apply:

<input type="checkbox"/> Developer	<input type="checkbox"/> General Partner	<input type="checkbox"/> Management Company
<input type="checkbox"/> Sponsoring Organization	<input type="checkbox"/> Social Service Provider	<input type="checkbox"/> Owner
<input type="checkbox"/> Other, Describe:		

Developer/Non-Profit Only

(Submit resumes & statements of qualification that describe the experience of key staff members)
 The Agency must demonstrate capacity and experience in carrying out HOME-assisted activities they are planning. The Agency should have at least one year of experience prior to the submission date of the qualification application and have the following: **Key staff must be experienced and that experience clearly demonstrates the completion of similar projects that have been proposed.** Include the completed Attachment 1.2 Key Staff Core Competencies.

Attach the following to demonstrate experience including but not limited to:

- Written narrative, newspaper clippings, annual reports, other approvals or other evidence that applicant organization or its sponsor has 1 year
- Written narrative, newspaper clippings, annual reports, other approvals or other evidence that applicant organization or activities undertaken and list the service area
- List of projects owned/operated which includes the type of project, project name, project status, location, completion date and reflecting the role of the organization and key staff in each project.
- Strategic Plan – the plan specifies an action for housing development
- Other: List and describe each:

Attach the following to professional staffing documentation including but not limited to:

- Evidence of full time staff – Pay stubs or tax statements
- Alternative staffing plan formalized through a written arrangement outline of the work to be undertaken and service period. The agreement must include a provision that states any consultant

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will provide trainings to key staff and list the following- timeline, scope, dates of training with attendance signing sheets and completion dates. The trainings must start immediately and be completed within two years.

- Resumes and statements reflecting current job titles and responsibilities.
- Consultant contract
- Other:

OWNER INFORMATION

Legal Name of Owner	
Address	
Taxpayer ID	
Contact Person	
Telephone & Fax #	Email:

Type of Owner: (Check all that apply.)

<input type="checkbox"/> Individual	<input type="checkbox"/> Non-profit
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership- wholly owned affiliated subsidiary is the sole general partner;
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Local Unit of Government
<input type="checkbox"/> Affiliated Subsidiary- Wholly Owed	<input type="checkbox"/> Other: _____
Describe:	

Legal Status of Limited Partnership:

<input type="checkbox"/> Currently Exists:	Tax Year:	From:	To:
<input type="checkbox"/> To Be Formed:	Estimated Date:		
Accounting Method of Partnership: <input type="checkbox"/> Cash or <input type="checkbox"/> Accrual			

Complete the following:

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List Individuals/Organizations which Comprise the Ownership Entity	501 (a), (b), (c)(3) or (4) , Section 905 or Wholly Owned Subsidiary	Soc. Sec. or Taxpayer ID	% of Ownership

Indicate the capacity in which the non-profit organization will participate in the project. Check all that apply:

<input type="checkbox"/> Developer	<input type="checkbox"/> General Partner	<input type="checkbox"/> Management Company
<input type="checkbox"/> Sponsoring Organization	<input type="checkbox"/> Social Service Provider	<input type="checkbox"/> Owner
<input type="checkbox"/> Other, Describe:		

PROGRAM INFORMATION (Attach additional sheets as necessary)

Project Name:

If development known, provide an address for each or attach a description:

Total Units	Total Budget amount & Amount requested:
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Type of Activity; Check all that apply:

<input type="checkbox"/>	Acquisition/rehabilitation of existing housing for sale to first time home buyers
<input type="checkbox"/>	New construction of housing for sale to first time home buyers.
<input type="checkbox"/>	Direct financial assistance (i.e. downpayment and closing costs) to purchasers of HOME-assisted homebuyer housing owned, sponsored or developed by a CHDO with HOME funds.
<input type="checkbox"/>	Acquisition/rehabilitation of existing small MF properties (Up to Four (4) Units).

Tenure Type of proposed activity:

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	Rental Only
	Homeownership Only
	Rental and Homeownership

Program Concept: Applicants should describe, the fullest extent possible, the concept for the proposed activity, including but not limited to:

1. Location: Proximity to existing amenities and services such as public transportation, employment, social/health, etc.
2. Target Population: Any Set-aside units, Income groups and Household family type- Elderly, Homeless, and Special Needs.
3. Type of Housing
4. Development Information & Timeline: Site Acquisition, Zoning/Planning approvals, change, target dates of change, Site Plan review, Utility/Infrasture, Enhanced Development Practice (Energy Efficiencies, Visitability, Universal Design, Amentias and Design Features), Securing Additional Funds, Start & Completion of Construction, Issuance of Occupancy, Lease –Up or Sale of the Unit(s)
5. The percentage and dollar amount limitation of proposed tenant incomes that will be mandated due to any proposed subsidy.
6. Market Analysis: Provide a narrative and third party documentation showing a need for housing in the community of the type being proposed as well as the evidence of sufficient demand to support the housing. Refer to the Market Study guidance in Attachment 1.6.
7. Housing Counseling: describe the services available and attach any copies of any agreements in place with a local housing counseling agency.
8. Lowering the cost of Affordable Housing: describe any steps that have been identified (local government entity deferral of any fees, local funding, etc.).

Sources and Uses of Funds

1. Provide a detailed Performa/Budget- include construction as permanent financing, the assumptions used to derive projected costs, and terms and uses of each source.
2. Attach - a sources of Funds Statement- Form 130, a Sources and Uses Statement – Form 135, and a 15 year After-Tax Income Projection – Form 140, must be submitted for developments proposed for financing. (Assume a 7% vacancy and collection loss)

Targeting Preferences:

The proposer should provide information on income eligible persons with special needs (Elderly, Persons with HIV or aid related diseases, Veterans, those transitioning to permanent housing and independent living and Persons with disabilities, or a household member with a disability), minority racial groups (Whites, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Asian) and ethnic category of Hispanic or Latino that might be unfamiliar with the community and/or might not be made aware of this affordable housing opportunity. It was determined that these identified groups were under-represented as beneficiaries in the County’s federal programs. These preferences will assist the County’s to specifically address the benefits of racially and ethnically integrated communities and emphasizing that affordable housing programs and that projects are open to all Citizens of Fulton County. Additionally, the County will have an opportunity to meet an unmet housing need and demonstrate that these preferences are necessary to narrow the gaps in benefits and services to these segment populations. Please note that we are not requesting for you to specify a

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preference for persons with a *specific type* of disability. Civil rights laws prohibit discriminating based upon the nature of a disability. Consequently, the County's housing for persons with disabilities must be equally available to *all* persons with disabilities. However, the only exception to this rule is for housing for persons with a specific type of disability who could not reside in housing that is available to the general public. In practice, this exception would apply to persons whose disabilities require them to have on-site supportive services (such as 24-hour supervision), because without the on-site services, these persons would be unable to maintain themselves in housing. See 24 CFR 8.4(b)(1)(iv).

These four racial categories and ethnic category are further defined below:

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
4. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

The ethnic category is defined as

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

- If the units will be set-aside for individuals with disabilities, describe the mechanisms that will be developed or that are in place to make outreach to and/or refer. Attach any memorandums of agreement with referral agencies
- Also describe the income range and source of any rental assistance.

Fair Housing: Submission of a completed HUD Form 935.28 Affirmative Fair Housing Marketing Plan. This form may be located and download at <http://portal.hud.gov/hudportal/documents/huddoc?id=935-2a.pdf>

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Attachment 1: Affidavit of Standards for Financial Management Systems

APPLICANT (exact legal name of organization): _____

Y	N	Applicant certifies that the following statements are true:
		Signor is the President and/or Chief Financial Officer of the organization that is applying for certification as a CHDO/Developer/ Non-profit and is authorized to make this affidavit on behalf of the organization
		The organization's financial management systems conform to the financial accountability standards set forth in 24 CFR 84.21, by providing for and incorporating the following (<i>Attach a copy of the standards for financial management systems</i>)
		Accurate, current and complete disclosure of the financial results of each federally-sponsored project or program
		Records that identify adequately the source and application of funds for federally-sponsored activities. These records shall contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, outlays, income and interest
		Effective control over and accountability for all funds, property and other assets; adequate safeguards of all such assets shall be adopted to assure that all assets are used solely for authorized purposes
		Comparison of outlays with budget amounts for each award
		Written procedures to minimize the time elapsing between the receipt of funds and the issuance or redemption of checks for program purposes by the organization
		Written procedures for determining the reasonableness, allocability, and allowability of costs in accordance with the provisions Federal cost principles (Circular A-122) and the terms and conditions of an award
		Accounting records, including cost accounting records, are supported by source documents
		Does the organization have a conflict of interest policy governing the employees and development activities, particularly in procurement of contract services and the award of housing units for occupancy? (<i>Attach any policy</i>)
		Attached last years and most recent full financial statements
		Attached current year budget
		Does the agency have liquid assets available to cover current expenses, predevelopment expenses and equity investments required for any development?
		<i>Certification from a Certified Public Accountant (optional)</i>

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Application for HOUSING & CHDO NOTICE

Attachment 1.1 Organization Staffing Plan

Indicate all key staff, both current and proposed future staff who will be involved in development and/or owner/operator activities on HOME projects

***Type of staff:**

“1” - Current W-2 Employee;

“2” – Current IRS 1099 Independent Contractor;

“3” – Future W-2 Employee;

“4” – Future IRS 1099 Independent Contractor;

“5” - Consultant under contract to CHDO;

“6” – Future Consultant to be under contract to CHDO.

[**Note 1:** Capacity cannot be determined solely upon the experience of consultants and volunteers.]

[**Note 2:** CHDO staff experience and capacity will be evaluated each time funding is requested. Certification is not a guarantee that future applications for funding will be successful].

Type of Staff*	Employee Name	Position Title	Time Base Full or Part Time	% of Hours anticipated on Home Projects

Signature: _____

Date: _____

Print Name: _____

Title: _____

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Attachment 1.2 Key Staff Core Competencies

Indicate the core competencies for each key staff member by marking the appropriate competencies with an "x". "Core competencies" means the particular knowledge, skill, and ability to perform listed tasks. Applicant must have W-2 and/or 1099 employees who meet the core competencies listed below. If a consultant will be used to fill any capacity "gaps", the consultant must be included in this checklist. Additional checklists may be needed to report on all key staff.

	Staff Name/Title	Staff Name/Title	Staff Name/Title
Core Competencies:			
Conduct market/needs analyses and conceptual project design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose and negotiate purchase of a suitable site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select and work with architects and other consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand and comply with local planning, zoning and building requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create a development pro forma and operating budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of real estate development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal aspects of housing development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set rents or sales prices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify financing sources and apply for financing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comply with other lender requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deal with community concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comply with Environmental and NEPA requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage the construction process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose and work with a management agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Successfully market a project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comply with HOME program requirements, construction close-out and long-term obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Attachment 1.4 History of Serving the Community

Each Entity must describe/incorporate its organization's history (or its parent organization's history) of serving of serving the geographic area's community such as developing new housing, managing housing stock; rehabilitation of existing stock with the document signed by a HUD approved representative or the President of the organization. If organization is newly created, include in the statement how the organization's parent organization has at least one year of experience in serving the community. Include type of housing or service, population served, financing sources, and any on-going involvement). Specifically identify under "Location" column all projects or services that are in the immediate geographic area for which certification is being sought. The organization or its parent organization must be able to show one at least one year of serving the community for which the organization is seeking CHDO certification. Parent organization experience counts for this purpose only if the proposed CHDO has been in existence for less than a year. Solely engaging in predevelopment activities for a housing project shall not satisfy the requirement.

Our Mission Statement

Signature: _____

Date: _____

Print Name: _____

Title: _____

Attachment 1.5 Board Member Certification

This attachment must be signed by each Board member. The CHDO is required to maintain written documentation in its files to support its certification and its classification of each board member.

Part A: Public Official Representation

For the purposes of 24 CFR Part 92, a “public official” is defined as any person serving in any of the following capacities (check all that are applicable):

- An elected official such as but not limited to a city council member, county supervisor, state legislator, or school board representative.
- An appointed public official such as members of a planning or zoning commission or of any other regulatory and/or advisory commissions appointed by a public official.
- A public employee such as any employee of the city, county, or state of California.
- A person appointed by a public official to serve on the CHDO board.

Certification:

- By signing and dating this statement, I hereby certify that I **do** serve in one of the “public official” capacities previously stated (you must check at least one line above).

Part B: Low-Income Representation

A Community Housing Development Organization (CHDO) must be accountable to the low-income residents of its service area by maintaining at least one-third of its governing body members as low-income community representatives. If the organization has a multi-county service area, the low-income community representatives must represent at least one-third of the counties in the CHDO’s service area. Public representatives cannot be qualified as low-income representatives, even if they meet the qualifying criteria. Public representatives include individuals elected, appointed, or employed by the State or local government or an instrumentality of the State or local government (e.g., public housing authority).

For the purposes of 24 CFR Part 92, a person who does not serve as a “public official” in any elected or appointed capacity and who meets any of the following characteristics is recognized as representing the low-income community. By signing and dating this statement, I hereby certify that (check one):

Member of Low-Income Household

I am a low-income resident of _____, a community in the CHDO’s geographic service area. *(To qualify under this criterion, the board member must be a low-income resident of a community in the CHDO’s service area. “Low-income” is defined as having a gross annual household income at or below 80 percent of the area median, as defined by HUD.)*

This member’s household of _____ persons currently has a combined total income of _____ which is less than 80% of HUD’s Area

Resident of Low-Income Area

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I am a resident of a low-income neighborhood in _____, a community in the CHDO's service area. *(To qualify under this criterion, the board member must live in a low-income neighborhood where 51 percent or more of the residents are low-income. The board member does not have to be low-income.)*

This member's residence is located in census tract/block group number _____ which, in the _____ census, has at least 51% of its households with incomes less than 80% of the area median income (as published by HUD).

Elected Representative of Low-Income Group

I am an elected representative of _____, a low-income neighborhood organization within _____, a community in the CHDO's service area. *(To qualify under this 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 interest of the neighborhood residents. Such organizations might include block groups, neighborhood associations, and neighborhood watch groups. The group must be a neighborhood organization and may not be the CHDO itself. If the board member is representing a low-income neighborhood organization, please attach a copy of the signed resolution from the neighborhood organization naming the individual as its representative on the CHDO Board.)*

The Name of the group is: _____ and its members come from census tract/block group number(s) _____.

Not Low-Income Representative

OFFICER'S WARRANTY:

By my signature below, I warrant that I am duly qualified officers of the organization, that the information provided above is true and correct, and that I have reviewed written documentation in the organization's files that support the information provided above.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

[CORPORATE SEAL]

Please list each Board member by name, then place a check indicating the representation that member brings to the Board. Please list only current or approved Board members. Do not list prospective Board members who have not been approved to join the Board. Use as many pages as necessary to include all Board members. Check appropriate box to signify the

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

Board Chairperson Signature

Date

Board Member's Name, Residential Address, Telephone, Email, Employer, and Employer City	Low-Income Community (Appointed or Elected from Community)	Public Institution	For-Profit	Appointed by Public Board Member	Appointed by For-Profit Board Member	Board Appointment Date/Term

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Board Member's Name, Residential Address, Telephone, Email, Employer, and Employer City	Low-Income Community (Appointed or Elected from Community)	Public Institution	For-Profit	Appointed by Public Board Member	Appointed by For-Profit Board Member	Board Appointment Date/Term

Non-Profit/Developer Board Structure Information

Board Member's Name, Residential Address, Telephone, Email, Employer, and Employer City	Public Institution	Appointed by	Board Appointment Date/Term

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CHDO Board Compliance Certification

I, _____, (Chairperson of the Board) certify that

_____ (the CHDO) will at all times maintain at least one-third of the membership of the Board of Directors for: 1) residents of the CHDO's geographic service area who are low-income; 2) residents of the CHDO's geographic service area who live in a low-income neighborhood; or 3) representatives elected by a low-income neighborhood organization as evidenced by some action by the low-income neighborhood organization's governing body.

I further certify that the Board of Directors regarding the investment of HOME funds shall take no action without one-third low-income representation on the Board.

I further certify that no more than one-third of the Board membership shall be public officials, including elected officials, appointed public officials, public employees, and board members appointed by a public official.

I further certify that a State/local government has not appointed more than one-third of the Board membership and that Board members appointed by a State or local government have not appointed the remaining two-thirds of the Board members.

I further certify that, if my organization is sponsored or created by a for-profit entity, (a) the for-profit entity has not appointed more than one-third of the membership of the Board membership and that Board members appointed by a for-profit entity have not appointed the remaining two-thirds of the Board members and (b) the for-profit entity is not an entity whose primary purpose is the development or management of housing, such as a builder, developer, or real estate management firm.

This certification approval is evidenced by a resolution adopted by the Board of Directors, dated and signed by the Chairperson of the Board.

Board Chairperson Signature: _____

Board Chairperson Printed Name: _____

Date: _____

Attachment 1.6 MARKET STUDY GUIDELINES

This Market Study Guideline applies to all Entities seeking HOME/CHDO funding for either single – family or multi-family acquisitions. By requiring specific information in all market studies, the Fulton County staff will be able to assess the affordable housing need in competing communities through a comparison of similar characteristics. By requiring that all market studies be prepared in accordance with a specific outline, staff will be able to perform a more comprehensive and expeditious review. The objective of the market study is to demonstrate the existence of sufficient need for the proposed affordable rental development. The County also wants to ensure that the proposed development will not cause an adverse effect in the community. The market study must be conducted at the applicant's expense by a disinterested third party.

All market studies must include a letter, signed by the market analyst, certifying to the following:

1. Name, address, telephone number and e-mail address of person authorizing the market study;
2. Name, address, telephone number and e-mail address of person who prepared and certified the market study;
3. Qualifications of the organization that prepared the study;
4. A statement advising that the organization may be contracted for further questions, if any and have personally examined the site of the proposed development;
5. Development type, *i.e.*, acquisition/rehabilitation and/or new construction;
6. Date of the market study (Current-within six months of the application date);
7. A statement that there exists no identity of interest between the analyst and the applicant or its principals; and
8. A statement that recommendations and conclusions are based solely on the professional opinion and best efforts of the analyst.

I. Table of Contents

- A. Each section of the market study must be identified with the corresponding page number.
- B. Any exhibit or chart within the market study must be numbered for easy reference.

II. Photographs

- A. Good, quality color photographs of the subject property must be included. The photographs must be properly labeled.
- B. Properties must include photographs of each side of each building, on-site, community amenities, north, south, east and west orientations of the property with views of the neighborhood, surrounding neighborhoods, and street scenes.
- C. Photographs of all comparable developments.
- D. A map clearly identifying the location of the development is required. The map should also
- E. identify the following:
 - i. Existing and proposed comparable developments; and
 - ii. Existing grocery stores, medical and/or pharmaceutical facilities, schools, public transportation and other service facilities in the Market Area.

III. Executive Summary and Conclusions – the following must be included:

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- A. A concise description of the site and adjacent parcels, particularly neighborhood housing.
- B. The description must include the development's name, street address (if available), city, county, zip code and census tract number.
- C. A statement of assumptions and limited conditions considered by the analyst.
- D. A brief summary of the development, including the type of construction (new and/or rehabilitation), number of buildings, number and type of units, proposed gross rents and population served.
- E. A brief description of the Market Area.
- F. A precise statement of the analyst's opinion of market feasibility including the prospect for long-term performance of the development given housing, market demand estimates including any rent burdened households, demographic trends and economic factors. The statement must include a capture rate of the need for each unit type, based on the targeted income group determined by the gross rent for such unit, in the expected year of market entry.
- G. A summary of market related strengths and/or weakness which may influence the subject development's marketability, including but not limited to: compatibility with surrounding uses; the appropriateness of the subject development's location; service facilities; on-site amenities; off-site amenities and their driving distance from the development; units sizes and configurations; and number of units.
- H. Precise statement of key conclusions reached by the analyst, supported by the data contained in the market study. These conclusions must include:
 - i. A summary of positive and negative attributes and issues such as any adverse change in local economic conditions due to plant or business closings, increased unemployment rate, general economic decline in the Primary Market Area (PMA) that will affect the property's performance and lease-up, the analyst's observations that would mitigate or reduce any negative attributes, and any recommendations and/or suggested modifications to the proposed development;
 - ii. An evaluation of the proposed development, given the target population and market conditions. This evaluation should include market justification for the proposed development, including the proposed rents by unit and population type, estimated absorption rate, and should further evaluate the proposed unit, development, and on-site amenities given the market;
 - iii. information about any anticipated new developments in the market area that are under construction or proposed that might be competitive with the applicant project; and
 - iv. An objective review of past, present, and future demographic and economic trends in the defined Market Area and include an estimate of how the proposed development will be integrated into the Market Area based on existing and proposed comparable rental developments.

Attachment 1.7 a
COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO)
Proposal Certifications & Acknowledgement

	I understand and acknowledge that I am submitting an application for the Fulton County Community Housing Development Organization Set-Aside Funds.
	I agree to comply with all the provisions of the HOME Investment partnership Program regulations found at 24 CFR Part 92 and any amended regulations as HUD mandates.
	I understand and acknowledge that while the presumed source of funding for the Fulton County Community Housing Development Organization Set-Aside Funds are the HOME Investment Partnership Program funds (commonly referred to as HOME 15% set-aside funds or CHDO funds), the decision about whether or not to fund this application is solely within the discretion of Fulton County.
	I further understand and acknowledge that Fulton County reserves the right to fund this application with any year of HOME Investment Partnership Program funds available to it. In the event Fulton County determines it is desirable to fund this application with a source other than the HOME CHDO Set-Aside, I agree to submit additional documentation requested by Fulton County to comply with the requirements and regulations associated with any other funding source Fulton County intends to use, including but not limited to Neighborhood Stabilization Program (NSP), or Community Development Block Grant, and I further understand that any award of other funding sources may be on different terms and conditions than anticipated within this application.
	I understand and acknowledge that in the event other sources of funding are used for this application, additional federal cross-cutting regulations may apply and that the inability of a project to comply with these requirements or the failure to follow instructions from Fulton County related to other such funding may result in the denial of this application.
	I understand and agree that it is my responsibility to provide such other information as Fulton County HCD requests as necessary to evaluate my application. I will furnish promptly according to the County's timeframes such other supporting information and documents. I understand that Fulton County HCD may verify information provided and analyze materials submitted as well as conduct its own investigation to evaluate the application. I recognize that I have an affirmative duty to inform Fulton County when any information submitted herein is no longer true and will supply the latest and accurate information promptly.
	I acknowledge that all materials and requirements are subject to change by enactment of federal or state legislation or promulgation of regulations.
	In carrying out the development and operation of the project, I agree to comply with all applicable federal and state laws regarding unlawful discrimination and will abide by all program requirements, rules, and regulations.
	I agree that submission of this application does not invalidate or replace any existing applications for the same project. I acknowledge that the information submitted to Fulton County in this application or supplemental thereto may be subject to the Freedom of Information Act or other disclosure. I understand that Fulton County may make such information public.
	I declare under penalty of perjury that the information contained in the application, exhibits, attachments, and any further or supplemental documentation is true and correct to the best of my knowledge and belief. I understand that misrepresentation may result in cancellation of a CHDO. Set-Aside award and other actions which Fulton County is authorized to take

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	including, but not limited to the receipt of negative points in future funding rounds in which I may apply. In addition, I acknowledge and understand that, if any person, with intent to defraud or cheat, designedly by false pretense, including any false statement or representation, obtains money, real or personal property, or the use of an instrument, facility, article, or other valuable thing or service, such person shall be guilty of a crime.
	I certify that I believe that the project can be completed within the development budget and the development timetable set forth (which timetable is in conformance with Fulton County rules and regulations) and can be operated in the manner proposed within the operating budget set forth.

The undersigned applicant has attached a narrative describing the steps taken to secure needed capital investments and describing issues inhibiting investor interest in the project. The narrative must also identify potential investors that have extended unacceptable offers, and why specific terms and conditions were detrimental to the project’s feasibility. Fulton County reserves the right to corroborate presented facts, and may request additional information from the applicant and/or the potential investor or syndicator. Fulton County HCD shall determine whether an applicant has met the federal good faith effort test. ANY MISREPRESENTATION BY APPLICANT SHALL DRAW MAXIMUM PENALTIES UNDER PROGRAM REGULATIONS. Note: Applications submitted without this narrative may be returned to the applicant.

By:

(Original signature)

(Typed or printed name)

(Title)

(SEAL)

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**Attachment 1.7 b
NON-PROFIT/DEVELOPER ORGANIZATIONS
Proposal Certifications & Acknowledgement**

	I understand and acknowledge that I am submitting an application for the Fulton County HOME Housing Funds
	I agree to comply with all the provisions of the HOME Investment partnership Program regulations found at 24 CFR Part 92 and any amended regulations as HUD mandates.
	I further understand and acknowledge that Fulton County reserves the right to fund this application with any year of HOME Investment Partnership Program funds available to it. In the event Fulton County determines it is desirable to fund this application with a source other than the HOME funds, I agree to submit additional documentation requested by Fulton County to comply with the requirements and regulations associated with any other funding source Fulton County intends to use, including but not limited to Neighborhood Stabilization Program (NSP), or Community Development Block Grant, and I further understand that any award of other funding sources may be on different terms and conditions than anticipated within this application.
	I understand and acknowledge that in the event other sources of funding are used for this application, additional federal cross-cutting regulations may apply and that the inability of a project to comply with these requirements or the failure to follow instructions from Fulton County related to other such funding may result in the denial of this application.
	I understand and agree that it is my responsibility to provide such other information as Fulton County HCD requests as necessary to evaluate my application. I will furnish promptly according to the County's timeframes such other supporting information and documents. I understand that Fulton County HCD may verify information provided and analyze materials submitted as well as conduct its own investigation to evaluate the application. I recognize that I have an affirmative duty to inform Fulton County when any information submitted herein is no longer true and will supply the latest and accurate information promptly.
	I acknowledge that all materials and requirements are subject to change by enactment of federal or state legislation or promulgation of regulations.
	In carrying out the development and operation of the project, I agree to comply with all applicable federal and state laws regarding unlawful discrimination and will abide by all program requirements, rules, and regulations.
	I agree that submission of this application does not invalidate or replace any existing applications for the same project. I acknowledge that the information submitted to Fulton County in this application or supplemental thereto may be subject to the Freedom of Information Act or other disclosure. I understand that Fulton County may make such information public.
	I declare under penalty of perjury that the information contained in the application, exhibits, attachments, and any further or supplemental documentation is true and correct to the best of my knowledge and belief. I understand that misrepresentation may result in cancellation of the award and other actions which Fulton County is authorized to take including, but not limited to the receipt of negative points in future funding rounds in which I may apply. In addition, I acknowledge and understand that, if any person, with intent to defraud or cheat, designedly by false pretense, including any false statement or representation, obtains money, real or personal property, or the use of an instrument, facility, article, or other valuable thing or service, such person shall be guilty of a crime.
	I certify that I believe that the project can be completed within the development budget and the development timetable set forth (which timetable is in conformance with Fulton County

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rules and regulations) and can be operated in the manner proposed within the operating budget set forth.
--

The undersigned applicant has attached a narrative describing the steps taken to secure needed capital investments and describing issues inhibiting investor interest in the project. The narrative must also identify potential investors that have extended unacceptable offers, and why specific terms and conditions were detrimental to the project’s feasibility. Fulton County reserves the right to corroborate presented facts, and may request additional information from the applicant and/or the potential investor or syndicator. Fulton County HCD shall determine whether an applicant has met the federal good faith effort test. ANY MISREPRESENTATION BY APPLICANT SHALL DRAW MAXIMUM PENALTIES UNDER PROGRAM REGULATIONS. Note: Applications submitted without this narrative may be returned to the applicant.

By:

(Original signature)

(Typed or printed name)

(Title)

(SEAL)

Attachment 1.8 a
CERTIFICATION REGARDING DEBARMENT

The CHDO certifies that neither it nor its contractors, subcontractors is presently debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from doing business with any government agency. Any such exclusion may cause prohibition of your firm from participating in this RFP. If the CHDO is unable to certify to any of the statements in this certification, such CHDO or contractor and subcontractor shall attach an explanation to this bid or proposal. *(The CHDO must attach all supporting documentation proving eligibility for parties working on the project).*

By signing and submitting this certification, the CHDO is providing the certification set out below:

1. The certification in this clause is a material representation of fact upon which reliance will be placed. If it is later determined that the prospective vendor knowingly rendered a false certification, Fulton County may pursue all available remedies, including suspension and/or debarment, for withdrawal of award or termination of a contract.
2. The prospective CHDO shall provide immediate written notice to the Fulton County if at anytime the CHDO learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. CHDO shall be under a continuing duty to immediately inform the County in writing of any changes, if as a result of such changes, the CHDO certification regarding debarment is affected.

Under penalty of perjury, I declare that I have examined this certification and all attachments hereto, if applicable, to the best of my knowledge and belief, and all statements contained hereto are true, correct, and complete.

On this _____ day of _____, 2015

(Legal Name of CHDO)

(Date)

(Signature of Authorized Representative)

(Date)

(Title)

Attachment 1.8 b
CERTIFICATION REGARDING DEBARMENT

The Agency certifies that neither it nor its contractors, subcontractors is presently debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from doing business with any government agency. Any such exclusion may cause prohibition of your firm from participating in this RFP. If the Agency is unable to certify to any of the statements in this certification, such Entity or contractor and subcontractor shall attach an explanation to this bid or proposal. (The Agency must attach all supporting documentation proving eligibility for parties working on the project).

By signing and submitting this certification, the Agency is providing the certification set out below:

1. The certification in this clause is a material representation of fact upon which reliance will be placed. If it is later determined that the prospective vendor knowingly rendered a false certification, Fulton County may pursue all available remedies, including suspension and/or debarment, for withdrawal of award or termination of a contract.
2. The prospective Agency shall provide immediate written notice to the Fulton County if at anytime the Agency learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. Agency shall be under a continuing duty to immediately inform the County in writing of any changes, if as a result of such changes, the Agency certification regarding debarment is affected.

Under penalty of perjury, I declare that I have examined this certification and all attachments hereto, if applicable, to the best of my knowledge and belief, and all statements contained hereto are true, correct, and complete.

On this _____ day of _____, 2015

**Attachment 1.9
NON-COLLUSION AFFIDAVIT OF BIDDER/AGENCY**

I, _____ certify that pursuant to Fulton County Code Section 2-320 (11), this bid or proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a bid for the same work, labor or service to be done or the supplies, materials or equipment to be furnished and is in all respects fair and without collusion or fraud. I understand collusive bidding is a violation of state and federal law and can result in fines, prison sentences and civil damages awards. I agree to abide by all conditions of this bid or proposal and certify that I am authorized to sign this bid or proposal for the bidder. Affiant further states that pursuant to O.C.G.A. Section 36-91-21 (d) and (e), _____ has not, by itself or with others, directly or indirectly, prevented or attempted to prevent competition in such bidding or proposals by any means whatsoever. Affiant further states that (s)he has not prevented or endeavored to prevent anyone from making a bid or offer on the project by any means whatever, nor has Affiant caused or induced another to withdraw a bid or offer for the work.

Affiant further states that the said offer of _____ is bona fide, and that no one has gone to any supplier and attempted to get such person or company to furnish the materials to the bidder only, or if furnished to any other bidder, that the material shall be at a higher price.

(COMPANY NAME)

(PRESIDENT/VICE PRESIDENT)

Sworn to and subscribed before me this _____ day of _____, 2015

(SECRETARY/ASSISTANT SECRETARY)

(Affix corporate seal here, if a corporation)

Notary Public: _____

County: _____

Commission Expires: _____

NOTE:

IF THE AGENCY IS A PARTNERSHIP, ALL OF THE PARTNERS AND ANY OFFICER, AGENT, OR OTHER PERSON WHO MAY HAVE REPRESENTED OR ACTED FOR THEM IN BIDDING FOR OR PROCURING THE CONTRACT SHALL ALSO MAKE THIS OATH.

IF THE AGENCY IS A CORPORATION, ALL OFFICERS, AGENTS, OR OTHER PERSONS WHO MAY HAVE ACTED FOR OR REPRESENTED THE CORPORATION IN BIDDING FOR OR PROCURING THE CONTRACT SHALL MAKE THE OATH.

Attachment 1.10

CERTIFICATE OF ACCEPTANCE OF REQUEST FOR PROPOSAL REQUIREMENTS

This is to certify that on this day, proposer acknowledges that he/she has read this notice of funding document, including any addenda(s) and attachment(s) in its entirety, and agrees that no pages or parts of the document have been omitted, that he/she understands, accepts and agrees to fully comply with the requirements therein, and that the undersigned is authorized by the proposer to submit the proposal herein and to legally obligate the proposer thereto.

Company: _____

Signature: _____

Name: _____ Title: _____

Date: _____

(Affix Corporate Seal)

Attachment 1.11
DISCLOSURE FORM AND QUESTIONNAIRE

1. Please provide the names and business addresses of each of the Agency's officers and directors.
2. Please describe the general development of the Agency's business during the past five (5) years, or such shorter period of time that said Agency has been in business.
3. Please state whether any employee, agent or representative who is or will be directly involved in the subject project has or had within the last five (5) years:
(i) directly or indirectly had a business relationship with Fulton County; (ii) directly or indirectly received revenues from Fulton County; or (iii) directly or indirectly receives revenues from the result of conducting business on Fulton County property or pursuant to any contract with Fulton County. Please describe in detail any such relationship.

LITIGATION DISCLOSURE:

Failure to fully and truthfully disclose the information required, may result in the disqualification of your bid or proposal from consideration or termination of the Contract, once awarded.

Please state whether any of the following events have occurred in the last five (5) years. If any answer is yes, explain fully the following:

1. whether a petition under the federal bankruptcy laws or state insolvency laws was filed by or against Agency, or a receiver fiscal agent or similar officer was appointed by a court for the business or property;
2. whether Agency was subject of any order, judgment, or decree not subsequently reversed, suspended or vacated by any court of competent jurisdiction, permanently enjoining said Agency from engaging in any type of business practice, or otherwise eliminating any type of business practice; and
3. whether said business was the subject of any civil or criminal proceeding in which there was a final adjudication adverse to said or Agency, which directly arose from activities conducted by the business unit or corporate division of said Agency which submitted a bid or proposal for the subject project. If so please explain.
4. Have you or any member of your firm or team to be assigned to this engagement ever been indicted or convicted of a criminal offense within the last five (5) years?
5. Circle One: YES NO
6. Have you or any member of your firm or team been terminated (for cause or otherwise) from any work being performed for Fulton County or any other Federal, State or Local Government? Circle One: YES NO

Application for HOUSING & CHDO NOTICE

7. Have you or any member of your firm or team been involved in any claim or litigation adverse to Fulton County or any other federal, state or local government, or private entity during the last three (3) years? Circle One: YES NO
8. Has any Agency, member of Agency's team, or officer of any of them (with respect to any matter involving the business practices or activities of his or her employer), been notified within the five (5) years preceding the date of this offer that any of them are the target of a criminal investigation, grand jury investigation, or civil enforcement proceeding? Circle One: YES NO
9. If you have answered "YES" to any of the above questions, please indicate the name(s) of the person(s), the nature, and the status and/or outcome of the information, indictment, conviction, termination, claim or litigation, the name of the court and the file or reference number of the case, as applicable. Any such information should be provided on a separate page, attached to this form and submitted with your proposal.

NOTE: If any response to any question set forth in this questionnaire has been disclosed in any other document, a response may be made by attaching a copy of such disclosure. (For example, said Agency's most recent filings with the Securities and Exchange Commission ("SEC") may be provided if they are responsive to certain items within the questionnaire.) However, for purposes of clarity, Agency should correlate its responses with the exhibits by identifying the exhibit and its relevant text. Disclosures must specifically address, completely respond and comply with all information requested and fully answer all questions requested by Fulton County. Such disclosure must be submitted at the time of the proposal submission and included as a part of the proposal submitted for this project. Disclosure is required for Agency, joint venture partners and all subcontractors/contractors.

Failure to provide required disclosure, submit officially signed and notarized documents or respond to any and all information requested/required by Fulton County can result in the proposal declared as non-responsive. This document must be completed and included as a part of the proposal package along with other required documents.

Under penalty or\of perjury, I declare that I have examined this questionnaire and all attachments hereto, if applicable, to the best of my knowledge and belief, and all statements contained hereto are true, correct, and complete. On this _____ day of _____, 2015

(Legal Name of Proponent) _____ (Date) _____

(Signature of Authorized Representative) _____ (Title) _____ (Date) _____

Sworn to and subscribed before me,
This _____ day of _____, 2015
_____(Notary Public) (Seal)

Commission Expires: _____

Attachment 1.11

ADDENDA ACKNOWLEDGEMENT FORM

This is to acknowledge that it is understood that the County may issue addenda to this Notice of Funding during the period provided for the preparation of Proposals, These addenda will be numbered consecutively and will be posted on the Fulton County website, <http://www.fultoncountyga.gov/fchhs-divisions-and-programs/housing-and-community-development>. These addenda will be issued by, or on behalf of, the County and will constitute a part of this Notice. Each Proposer is required to acknowledge receipt of each addendum by submitting an executed acknowledgment form. This acknowledgment shall include all addenda distributed prior to the Proposal Submission Date. All responses to this Notice shall be prepared with full consideration of the addenda issued prior to the Proposal Submission

Date

Signature

Printed Name

Title
