

CITY OF SAN ANTONIO

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT



COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) NEW CERTIFICATION APPLICATION

Effective October 9, 2013

Version 2 – January 3, 2014

CITY OF SAN ANTONIO CHDO CERTIFICATION APPLICATION

Organization Name	
DUNS Number	
Tax ID Number	
Mailing Address	
Contact Name / Title	
Contact's Email Address	
Contact's Phone Number	
Board President Name	
Board President's Email Address	
Board President's Phone Number	
Organization's Fax Number	

Please describe the CHDO eligible activities your organization plans to undertake?

Please list each geographic area to be considered for CHDO Certification:

Area Name	Area Description

I certify that the submission of this application has been approved by a 2/3 vote of the Board of Directors.

Board President Signature

Date

CITY OF SAN ANTONIO

CHDO CERTIFICATION CHECKLIST

Please complete the applicant portion of this checklist. Include the requested information in the Attachments indicated and check-off the item in the checklist. Articles of Incorporation, By-Laws, Charters, Memorandums of Understanding, Contracts, Certifications and Resolutions must be signed and dated by the Board President or other authorized signor. Incomplete applications will not be considered.

Checklist	PCD Use Only	
Organizational Status and Mission	Adequate	Deficient
<p>The nonprofit is organized under state or local laws, as evidenced by Attachment A:</p> <p><input type="checkbox"/> A Charter, OR</p> <p><input type="checkbox"/> Articles of Incorporation</p>		
<p>The nonprofit has a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501(c) , as evidenced by Attachment B:</p> <p><input type="checkbox"/> A 501(c)(3) or (4) Certificate from the IRS, OR</p> <p><input type="checkbox"/> A group exemption letter under Section 905 from the IRS that includes the CHDO.</p>		
<p>The nonprofit's primary purpose is the provision of low- and moderate income housing. As Attachment C, provide and highlight the appropriate area in your:</p> <p><input type="checkbox"/> Charter,</p> <p><input type="checkbox"/> Articles of Incorporation,</p> <p><input type="checkbox"/> By-laws, OR</p> <p><input type="checkbox"/> Resolutions</p>		
<p>Strategic Plan</p> <p>The organization has produced a strategic plan that specifies an action plan for housing development, as provided in Attachment D.</p>		
Board Composition	Adequate	Deficient
<p>At least 1/3 of board membership consists of residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations, as evidenced by:</p> <p><input type="checkbox"/> Completion of the Certification of Low Income Representation</p> <p>AND</p>		

<p>Highlight the relevant text as Attachment E, in one of the following:</p> <p>_____ By-Laws, _____ Charter, OR _____ Articles of Incorporation</p>		
<p>A CHDO may be chartered by a State or local government, however, the State or local government may not appoint:</p> <p>(1) more than one-third of the membership of the organization’s governing body; (2) the board members appointed by the State or local government may not, in turn, appoint the remaining two-thirds of the board members; and (3) no more than one-third of the governing board members may be public officials. As Attachment F highlight the relevant text in one of the following which describes the process for selecting the remaining 2/3 members:</p> <p>_____ By-laws, _____ Charter, OR _____ Articles of Incorporation</p>		
<p>No more than one-third of the governing board members may be public officials (including any employees of the PJ) or appointed by public officials, and government-appointed board members may not, in turn, appoint any of the remaining the board members. Provide as Attachment G and highlight relevant areas in your organization’s:</p> <p>_____ By-laws, _____ Charter, OR _____ Articles of Incorporation</p>		
<p>If the CHDO is sponsored or 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 Attachment H, highlight the relevant text in one of the following which describes the process for selecting the remaining 2/3 members:</p> <p>_____ Charter, OR _____ Articles of Incorporation</p>		
<p><i>Please place narrative and supporting documentation of the following in Attachment I</i></p>		
<p>Board Representation</p>		

<p>_____ In the for-profit organization's By-laws</p> <p>AND</p> <p>If sponsored or created by a for-profit entity, the CHDO is free to contract for goods and services from vendor(s) of its own choosing, as evidenced by Attachment K-2:</p> <p>_____ By-laws, _____ Charter, OR _____ Articles of Incorporation</p>		
<p>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 Attachment L:</p> <p>_____ By-laws, _____ Charter, OR _____ Articles of Incorporation</p>		
<p>Relationship and Service to the Community</p>	<p>Adequate</p>	<p>Deficient</p>
<p>The organization has a history of serving the community within which housing to be assisted with HOME funds is to be located, as evidenced by Attachment M:</p> <p>_____ Statement signed by the Board President that details at least one year of experience in serving each community, OR</p> <p>_____ For newly created organizations formed by local churches, service or community organizations, a statement signed by the Board President that details that its parent organization has at least one year of experience in serving each community for which Certification is sought.</p>		
<p>The organization provides a formal process for low-income, program beneficiaries to advise the organization in decisions regarding design, siting, development, & management of all HOME-assisted affordable housing projects. As Attachment N, highlight the relevant text in one of the following:</p> <p>_____ The organization's By-laws, OR _____ Resolutions, AND _____ A written statement of operating procedures approved by the governing body.</p>		
<p>Needs</p> <p>Current plans are well grounded in an understanding of current housing conditions, housing needs, and need for supportive services, as evidenced by Attachment O:</p>		

<p>_____ Narrative statement of any current plans with supporting analysis of the local housing market and housing needs of low-income households.</p>		
<p>Relations The organization has a positive reputation and a strong relationship with its community, as evidenced by Attachment P:</p> <p>_____ Supporting documentation</p>		
Financial Management and Capacity	Adequate	Deficient
<p>Please submit your organization's most recent year-to-date interim financial statement (Attachment Q) providing at a minimum:</p> <ol style="list-style-type: none"> 1) Statement of Revenues & Functional Expenses (P&L), 2) Statement of Net Assets (balance sheet), & 3) Statement of Cash Flows <p>GMA requires a reconciled interim financial statement for a period ending within 75 days of the submittal date to conform to the financial accountability standards of 24 CFR 84.21, "Standards for Financial Management Systems".</p>		
<p>No part of its net earnings inure to the benefit of any member, founder, contributor, or individual, as evidenced by Attachment R:</p> <p>_____ A Charter, OR _____ Articles of Incorporation</p>		
<i>Please place narrative and supporting documentation of the following in Attachment S</i>		
<p>Audit Does the organization have an annual audit? Is the most recent audit current?</p>		
<p>Audit findings Were there management or compliance findings in the last two years? Are finding resolved?</p>		
<p>Budgeting Does the organization do annual budgeting of its operations and all activities or programs? Does it track and report budget versus actual income and expenses?</p>		
<p>Reporting Is financial reporting regular, current and sufficient for the board to forecast and monitor the financial status of the corporation?</p>		
Cash flow management		

Does the organization know its current cash position and maintain controls over expenditures? How regularly does it experience cash flow problems?		
Internal controls Does the organization have adequate internal controls to ensure separation of duties & safeguarding of corporate assets? Is there sufficient oversight of all financial activities?		
Procurement/Conflict of Interest 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?		
Insurance Does the organization maintain adequate insurance – liability, fidelity bond, workers comp, property hazard, & project?		
Financial stability Does the current balance sheet and budget indicate sufficient funds to supports essential operations? To what extent does the organization have a diversified and stable funding base for operations? What revenue sources is predictable year-to year? Does the CHDO have an established fundraising program for both capital & operational needs?		
Portfolio Financial Condition If the organization has a portfolio of properties, are they are in stable physical and financial condition? Does it collect adequate management fees from the properties?		
Liquidity Does the organization have liquid assets available to cover current expenses? Does it have funds available for predevelopment expenses or equity investments required for development?		
Development Capacity	Adequate	Deficient
The organization has a demonstrated capacity for carrying out activities assisted with HOME funds, as evidenced by Attachment T: _____ Resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with HOME funds. Please use the attached Experience Certification Form, OR _____ *Contract(s) with individuals who have housing		

<p>experience similar to projects to be assisted with HOME funds to train appropriate key staff of the organization. The contract shall include the training plan and activities to be accomplished. Please include attached Experience Certification Form and a copy of the executed contract.</p> <p><i>*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.</i></p>		
<p><i>Please place narrative and supporting documentation of the following in Attachment U</i></p>		
<p>Portfolio Does the organization’s portfolio of projects/properties evidence competent management and oversight? Do the properties have adequate funding?</p>		
<p>Previous Performance Has the organization engaged in CHDO activities previously? Did it perform competently?</p>		
<p>Management capacity Does the current management have the ability to manage additional development activities? Does the organization have the capabilities to analyze alternative housing projects?</p>		
<p>Procedures Are the corporate lines of authority for development activities clear? Are policies & procedures in place governing development activities?</p>		
<p>Project management Does the organization have procedures for monitoring the progress of a project? Does it have the capacity to monitor project-level cash flow and schedule?</p>		
<p>Personnel Does the organization have staffs that are assigned responsibilities for housing development? Are personnel policies and job descriptions clear?</p>		
<p>Staff skills How strong are staff in the following areas:</p> <ul style="list-style-type: none"> • Legal/financial aspects of housing development • Management of real estate development Oversight of design & construction management • Marketing, intake • Property management (if applicable) 		

<p>Training Are staffs encouraged to obtain training and develop new skills? What is their potential for learning skills that they currently do not have?</p>		
<p>Member involvement Is the organization’s membership active and in support of housing activities?</p>		
<p>Use of consultants To what extent 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?</p>		
<p>Funding access Does the organization have funds available as equity in housing development projects? Does the organization have the ability to raise funds for the capital requirements of a project? How strong are relationships with funders of housing? With lenders?</p>		
<p>Housing as Primary Purpose</p>	Adequate	Deficient
<p>Certification is available only to organizations whose primary purpose is to provide and develop affordable housing. Please provide as Attachment V, a copy of the following:</p> <p>_____ Copy of current fiscal year’s full operating budget categorized by program</p> <p>AND</p> <p>_____ Description of current and planned affordable housing activity</p>		

CITY OF SAN ANTONIO
CHDO CERTIFICATION APPLICATION
EXPERIENCE ASSESSMENT FORM

Please attach signed copies for each staff whose experience should be considered for meeting the Development Experience/Capacity requirement. Attach one copy for each project. Resumes should also be attached.

Category	Description
Staff or Consultant Name	
Mailing Address	
Phone Number	
Email	
Project Name	
Project Location	
Project Type <i>(Rental / Homeownership, # of Units, Population Served)</i>	
Date of Occupancy	
Sources of Funds	
Description of Staff / Consultant Role in Project	
Project References <i>(Name Address Phone)</i>	

I certify that the information provided above is accurate and give my consent to contact references listed.

STAFF SIGNATURE

DATE

CITY OF SAN ANTONIO
CHDO CERTIFICATION APPLICATION
CERTIFICATION OF LOW INCOME REPRESENTATION

Each board member representing the interests of low-income families in the Applicant's target community must complete this certification. Please maintain a copy of this certification in your files and send in a copy to GMA. These certifications will be reviewed during monitoring visit by the City.

Board Member Name: _____

I certify that I am a current member in good standing of the governing board for _____
(name of the Applicant organization) and that I represent the interests of low-income families in the Applicant's target community.

Please check and complete one of the following:

____ I am a low-income resident of _____, the Applicant's target community.

*In order to qualify under this criteria, the board member must be a low-income resident of a community that the CHDO is certified to serve. **Low-income** is defined as 80% or less of area median family income.*

____ I am a resident of a low-income neighborhood in _____, the Applicant's target community.

*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. **Neighborhood** means a geographic location designated in comprehensive plans, ordinances, or other local documents as a neighborhood, village, or similar geographical designation that is within the boundary but does not encompass the entire area of a unit of general local government.*

____ I am an elected representative of _____(insert name of neighborhood organization), a low-income neighborhood organization within _____, the Applicant's target community.

In order to qualify under this criterion, the board member must be elected by a low-income neighborhood organization to serve on the CHDO Board. The organization must be composed primarily of residents of the 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 board member is qualifying under this criterion, please attach copy of signed resolution from the neighborhood organization naming the individual as their representative on the CHDO.

SIGNATURE

DATE

CITY OF SAN ANTONIO
CHDO CERTIFICATION APPLICATION
CERTIFICATION OF BOARD STATUS

Applicants must complete the following Certification of Board Status and submit it along with their application for CHDO certification. 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.

Board Member Name and Residential Address	Select One Representation Type (if applicable)				# of Years on Board	Occupation and Place of Employment	Areas of Expertise/ Experience
	Low-Income	Public Institution	Religious Organization	For Profit			

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

Prepared by Department of Planning and Community Development

SIGNATURE

DATE

**CITY OF SAN ANTONIO
CHDO CERTIFICATION APPLICATION
CERTIFICATION OF SIGNATURES AND ADDRESSES**

The Board of Directors of _____ met on the _____ day of the month of _____, _____ and authorized the below named individuals to sign contracts, amendments, disbursement requests and other documents requiring such signatures as a part of the CHDO Certification program:

Name & Title	Signature
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Name & Title	Signature
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Name & Title	Signature
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In addition, the following individuals have been authorized to service as the primary and secondary contacts for the organization for matters relating to the CHDO Certification Program. Additionally, include the corresponding address to which all correspondence and payments to the organization shall be sent.

Category	Primary Contact	Secondary Contact
Name:		
Title:		
Address:		
Phone		
Email:		

Changes to authorized signatures, contact persons or address shall be made in writing to the City's Department of Planning and Community Development.

BOARD PRESIDENT SIGNATURE

DATE

BOARD SECRETARY SIGNATURE

DATE