



APPLICATION FOR  
COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO)  
CERTIFICATION 2022 - 2023

Organization Name:

Address:

Telephone:

Email:

Website:

CITY OF SPARTANBURG  
Neighborhood Services

**HOME PROGRAM  
CHDO APPLICATION**

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CITY OF SPARTANBURG  
Neighborhood Services

**HOME PROGRAM  
CHDO APPLICATION**

CERTIFICATION <input type="checkbox"/>	RE-CERTIFICATION <input type="checkbox"/>
Organization Name:	Telephone:
Address:	Fax:
City, State, Zip:	Contact:
Federal Tax ID #:	Email:
Number of Board Members:	Defined Service Area(s)(Geographic Location Served:
Date Organization was Incorporated:	
Services Provided (include all, not just those related to housing):	
CHDO related training (list previous and planned)	

**Information, Guidance and Instructions:**

**A Community Housing Development Organization (CHDO) is a private non-profit organization that is organized pursuant to the definition in the HUD Regulations found in 24 CFR Part 92.2.**

**When utilizing a copy of an organization’s Charter, Articles, or By-Laws to document one of the required items, the section or in which the specific commitment, provision or language exists must be clearly identified by highlighting the section or providing the section number.**

## CHECKLIST

Check	Item	Documentation – Relevant Document – With any Updates (please attach)
	Cover Page	Previous page must be completed
	IRS status	501 (c) Certificate/letter from the IRS
	Legal Status/Incorporation	Certificate of Incorporation, Charter,
	Certificate of Good Standing	Available by going to <a href="http://www.scsos.com">www.scsos.com</a>
	Purpose of Organization including provision of housing affordable to LMI people	Charter, Articles of Incorporation, By-laws, or Resolutions,
	No Individual Benefit (no part of net earnings inure to the benefit of any member, founder, contributor, or individual). Provide evidence	Charter, Articles of Incorporation
	Defined Service Area within the City of Spartanburg	Board resolution, Charter, By-Laws
	Structure of Board of Directors	Charter, Articles of Incorporation, By-laws,
	Board Membership Information	<b>Attachment A</b> List and Resumes/Skills
	Community Representation Certification	<b>Attachment B</b> and documentation of LMI neighborhood or Meeting minutes from the Low-income area's neighborhood organization that demonstrates the election of the member and selection process.
	Evidence of Board Stability	Length of Service of Members,
	Evidence of Low-Income Community Input, proof of formal process for low-income, program beneficiaries to advise the organization in all of its decisions regarding the design, siting, developing, and management of affordable housing projects.	By-laws, Resolutions, written statement of operating procedures approved by the board. Can also include examples from meeting minutes, pictures, flyers, agendas, etc.,
	Financial Capacity <sup>1</sup>	Statement by president or CFO-Certification from CPA, HUD approved audit summary <b>Attachment C</b>
	Financial Capacity	Current financial statement (past annual and year to date)
	History of Serving Community where HOME funds to be used	Statement documenting at least one year's experience, newspaper clippings, Annual Report
	Housing Experience	Statement signed by president of officer, documenting at least one year's experience in serving the community and description of activities which is provided.
	Total Estimated CHDO Operating Budget	<b>Attachment D</b> Sep. Sheets Must include Name and Title for salary employees
	Staff Capacity <sup>2</sup>	<b>Attachment E</b> , and Resumes/experience of <b>all</b> staff, and Description of similar projects <b>key</b> staff have worked on. Describe experience as developer, owner, sponsor.
	Copy of Housing Development Strategy	Strategic Plan and Annual Performance Plan <sup>3</sup> or meeting minutes
	Creation or Sponsorship by a for-profit entity (if applicable) <sup>4</sup>	Charter, Articles of Incorporation, By-laws MOUs

- 1 Must conform to 24 CFR 84.21 Standards for Financial Management Systems or Attachment F OMB Circular A-110
- 2 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. The CHDO must demonstrate that it has experience and capacity by having paid employee staff with housing development experience. **Nonprofit organizations are no longer permitted to meet the organizational capacity requirement through consultants, a plan for staff to be trained by consultants, or by use of volunteers.**
- 3 Strategic Plan – a document that includes the mission, goals, and vision of the organization (including housing), whom you will serve, organizations' role in the community, programs, services, and products, resources needed to succeed and how to combine resources, programming and relationships to accomplish the organization's mission.

Annual Performance Plan – a document that describes the actions and goals that a CHDO will undertake during the year to work towards the long term goals in their Strategic Plan; i.e. performance goals for the years, strategies to meet those goals, and performance measures to be achieved.

- 4 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 CHDOs governing body, and the board members appointed by the for-profit entity may not, in turn, appoint the remaining two-thirds of the board members, as evidenced by the CHDO's By-Laws, Charter or Articles of Incorporation.

The CHDO may not be controlled, nor receive directions from individuals, or entities seeking profit from the organization, as evidenced by the organization's By-Laws, or a Memorandum of Understanding.

A CHDO may be sponsored or created by a for-profit entity; however: (1) the for-profit entity's primary purpose does not include the development or management of housing, as evidenced in the for-profit organization's by-laws.

The CHDO must be free to contract for goods and services from vendors of its own choosing, as evidenced in the CHDO's By-laws, Charter, or Articles of Incorporation.

**ATTACHMENT A  
Board of Directors Status Information**

**Name of Organization** \_\_\_\_\_

**Board Member:** \_\_\_\_\_

**Board Term & Expiration Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

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

**Business Affiliates:** \_\_\_\_\_

**Professional Licenses:** \_\_\_\_\_

**Board Member:** \_\_\_\_\_

**Board Term & Expiration Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

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

**Business Affiliates:** \_\_\_\_\_

**Professional Licenses:** \_\_\_\_\_

**Board Member:** \_\_\_\_\_

**Board Term & Expiration Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

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

**Business Affiliates:** \_\_\_\_\_

**Professional Licenses:** \_\_\_\_\_

**Board Member:** \_\_\_\_\_

**Board Term & Expiration Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

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

**Business Affiliates:** \_\_\_\_\_

**Professional Licenses:** \_\_\_\_\_

**Board Member:** \_\_\_\_\_

**Board Term & Expiration Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

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

**Business Affiliates:** \_\_\_\_\_

**Professional Licenses:** \_\_\_\_\_

**Board Member:** \_\_\_\_\_

**Board Term & Expiration Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

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

**Business Affiliates:** \_\_\_\_\_

**Professional Licenses:** \_\_\_\_\_

This sheet should be copied as needed to add additional Board Members.

**ATTACHMENT B**  
**Board of Directors Representation**

This certification must be provided for every member on the Board of Directors Status Information Form, Attach A. If this attachment is not signed and dated by the applicable Board member, it will not be accepted.

**SECTION A**

FULL Name:  
Home Address:  
Telephone:

**SECTION B:**

Indicate the Sector that this Board member represents:  
 Low-Income Community Sector (if checked, please complete Section E)  
 Public-Sector  
 Private-Sector

**SECTION C**

Employer:

**SECTION D**

Provide listing of all federal, state, or local government commissions of committee memberships:

**SECTION E**

Low-Income Community Sector Representation

I am a Low-Income Community Representative on the Board of Directors for \_\_\_\_\_.  
I qualify as a Community Representative under the HOME definition of Community Housing Development Organization (CHDO) in Subpart A, Section 92.2 of the HOME Regulations because (indicate the appropriate box):

I am a resident of a low-income neighborhood in the community. I will provide documentation that demonstrates that I live in the area where 51% of more of the household incomes are at or below 80% of the median household income, as defined by HUD.

I am a low-income resident of the community. I qualify as a low-income resident under the HOME Program definition. The number of household members in my home is \_\_\_\_\_. My household annual gross income is at or below 80% of \_\_\_\_\_ City of Spartanburg's median income in the amount of \$\_\_\_\_\_.

I am an elected representative of a low-income neighborhood organization. The low-income organization is called \_\_\_\_\_. I will provide the meeting minutes that demonstrate my election to the Board of Directors for the nonprofit. In addition, I will provide the selection criteria/process used for my election.

**SECTION F**

Certification

By Signing and dating this statement, I hereby certify that all information represented above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Board Member

\_\_\_\_\_  
Signature of Board Chairperson

\_\_\_\_\_  
Date



**ATTACHMENT C**  
**Standards for Financial Management Systems**

Financial Representative Name: \_\_\_\_\_

**As the Financial Representative for** \_\_\_\_\_

**I swear that the following statements are true and are within my personal knowledge of certification:**

1. I am the (Title) of the organization and am authorized to make this certification on behalf of the organization.
2. 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:
  - a. Accurate, current, and complete disclosure of the financial results of each federally-sponsored project;
  - b. Records which identify the source and application of funds for federally-sponsored activities. These records contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, outlays, income, and interest.
  - c. Control over and accountability for all funds, property and other assets; adequate safeguards of all such assets are adopted to assure that all assets are used solely for authorized purposes;
  - d. Comparison of outlays with budget amounts for each award;
  - e. Written procedures to minimize the time elapsing between the receipt of funds and the issuance or redemption of checks for program purposes by the recipient;
  - f. Written procedures for determining cost reasonableness, in accordance with the provisions of Federal cost principles [Circular A-122] and the terms and conditions of the award;
  - g. Accounting records, including cost-accounting records that are supported by source documentation.

\_\_\_\_\_  
Financial Representative (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Chairperson (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Chairperson (print)

**ATTACHMENT D**  
**Total Estimated CHDO Operating Budget FY \_\_\_\_\_**

Expense	Funding Sources	Description/Use	Subtotal	Total Amount
Salaries/Wages Name & Title (Indicate hourly rate if applicable)				
Salaries/Wages Name & Title (Indicate hourly rate if applicable)				
Salaries/Wages Name & Title (Indicate hourly rate if applicable)				
*Employee Benefits (Type of Benefit/Employee)				
*Employee Benefits (Type of Benefit/Employee)				
*Education/Training (Specify)				
*Travel				
Rent				
Utilities				
Telephone				
*Taxes (not for employees)				
*Insurance (not for employees)				
*Equipment (specify type and amount for each)				
*Materials				
*Office Supplies				
*Other (Specify _____)				
<b>TOTAL EXPENSES</b>				

\*Provide description and itemized cost.

**NOTE:** The Operating Expense Budget is not a request form but an actual budget for the entire operation of your organization.

**ATTACHMENT E**  
**Organization's Staff Members**

**Name of Organization** \_\_\_\_\_

Staff Member: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Staff Member: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Staff Member: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Staff Member: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Staff Member: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Staff Member: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

*Note: Position examples are Executive Director, contact person, secretary, etc.)*