

## CHDO OPERATING ASSISTANCE GRANT

### **Minimum Required Application Material**

Application and supporting documentation should be placed in a **“top tab” folder** in the order in which they are identified in the following section. A table of contents should be included at the beginning of the application package. Additional application material submitted by the applicant can be placed following the required data:

Application material should be placed in a tab top classification folder in the order in which they are identified in the following section. Tabbed page dividers must be placed between each required application exhibit item. A table of contents must be included at the beginning of the application package, identifying the contents of each tab. Additional application material submitted by the applicant should be placed within tabbed sections following the required submission data.

1. A complete and legible original IHFA HOME Operating Expenses Application (see Exhibit “N”) completed in its entirety, including all certifications.
2. Current Board Resolution authorizing application for current year Operating Assistance Grant.
3. Individual Board Member Certifications for current year (See Exhibit N).
4. A current Development Plan which identifies the CHDO’s organizational goals and objectives related to “developing,” “sponsoring,” or “owning” decent, safe, affordable housing, as defined under 24 CFR part 92 (link).
5. Identify clearly how you intend to minimize or eliminate the need for the CHDO Operating Assistance Grant.
6. Board resolution adopting the Development Plan required in (4) above.
7. Certify there are no outstanding HOME Compliance findings.
8. For prior recipients of CHDO funds, document the production levels as set forth in the contract for those funds.
9. Copy of most recent audited financial statement.
10. Document agency’s total operating budget for the program year for which funding is requested. The operating budget must identify all anticipated sources of revenue, including funds provided by HUD through intermediaries for organizational support and housing education.
11. Technical Assistance Participation- Include a brief narrative or listing of all technical assistance activities the CHDO has participated in over the past year, and briefly comment on the outcomes/usefulness of each.

The HOME Program staff, with final approval by IHFA’s Resource Allocation Committee will approve/denies all Operating Assistance Grants.

**Any application not containing acceptable documentation will not be scored.** To determine individual funding awards after scoring, IHFA take the total CHDO scores points, divides the grant by the total score points. This determines the amount of funding each scoring point is worth. The individual CHDO score is then multiplied times the amount of funding each point is worth. No CHDO will be awarded more than \$50,000 in one year. IHFA does not guarantee, nor is obligated to award a grant, nor the amount requested by the applicant.

<b>CHDO Operating Assistance Grant Scoring Criteria</b>		
Organization has received CHDO designation within the past 24 months.	20 points	
Have received HOME funds for a CHDO eligible project within the past 24 months.	30 points	
CHDO has entered into a CHDO Reservation Agreement within the past 12 months.	10 Points	
If you have answered “No” to the three questions above, STOP HERE, this Organization is not eligible to apply for this year’s CHDO Operating Assistance Grant. Contact the HOME Technical Assistance Coordinator for additional information.		
Request as a % of organization’s total operating budget: <ul style="list-style-type: none"> <li>• 0 – 29% (10)</li> <li>• 30 – 49% (5)</li> <li>• Over 50% (Not Permissible by HUD Regulation)</li> </ul>	Up to 10 points	
CHDO <u>does not</u> receive operating assistance or operational support funds from any other source such as SHOP, USDA-RD, HUD, NeighborWorks, etc.	10 Points	
Has organizational capacity to own, develop, and/or sponsor affordable housing. <ul style="list-style-type: none"> <li>• Experienced staff who have successfully completed similar project as those proposed by the CHDO in key management positions (10 pts); and/or</li> <li>• Use experienced consultant(s) for the planning and development activities with a plan in place to train key staff.(8)</li> </ul>	18 Points	
Has a commitment to develop capacity as an owner, developer, and/or sponsor of affordable Housing. Has received CHDO Operating Assistance Grant funds for past <ul style="list-style-type: none"> <li>• 0 to 2 years (20)</li> <li>• 3 to 5 years (10)</li> <li>• 5+ years (0)</li> </ul>	Up to 20 Points	
Ratio of the total number of CHDO eligible housing unit’s the agency provided to the total number of all CHDO eligible housing units provided by all CHDO within past 24 months. <ul style="list-style-type: none"> <li>• Greater than 15% of units (15)</li> <li>• 10 – 15% of units (10)</li> <li>• 5 – 10% of units (5)</li> <li>• Less than 5% of units (2)</li> <li>• 0 Units (0)</li> </ul>	Up to 15 points	
<b>TOTAL MAXIMUM POINTS</b>	<b>133 points</b>	

**CHDO OPERATING ASSISTANCE GRANT APPLICATION**

New CHDO- Organization has received its first CHDO designation within the past 24 months? YES\_\_ NO\_\_

Has this organization received HOME funds for a CHDO eligible project within the past 24 months?  
YES\_\_ NO\_\_

Has this organization entered into a CHDO Reservation Agreement with IHFA within the past 12 months? YES\_\_ NO\_\_

**If you answered “No” to all three questions above STOP HERE, This organization is not eligible to apply for a CHDO Operating Assistance Grant. If you answered YES to at least one question, please continue:**

1. CHDO Applicant:			2. Contact Person:		
3. CHDO Address:			4. Contact Person’s Title:		
5. CHDO Telephone No:			6. Contact Person’s Telephone No:		
Office:	( )		Office:	( )	
Fax:	( )		Fax:	( )	
Email			Email		
7. Amount Requested:		8. Federal Tax I.D.			
\$		No:			
9. Geographic Area served:					
10. Number of consecutive year’s organization has been a certified CHDO? First year certified?					
	Previous year	Current year	Next year		
11. Total Operating Budget:		\$	\$	\$	

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12. Has your organization received operating assistance funds in the past two years; please include all sources no; yes; If yes, describe:

13. Describe your organizational capacity to own, develop, and sponsor affordable housing; include key staff, experience, and demonstrated ability. Do you plan to increase your organizational capacity using these funds:

14. Do you anticipate an application for a reservation of HOME set-aside funds within the next 24-month? If not, has your organization received a reservation of HOME set-aside funds within the previous 24 months?

15. What is your organizational plan to eliminate the need for operating assistance grant funds? Please describe will the CHDO grant help to build capacity:

16. How many years this organization has received the CHDO Operating Assistance Grant?

17. Have you received HUD Technical Assistance in the past 24 months? If yes, explain:

18. Other sources of funds that have been utilized to help provide housing over that past 24 month (USDA-RD, CDBG, SHOP, ICRC, LITC, Private, etc.),

Sources	Amount of Funds	Number of Units	Type of Housing

\_\_\_\_\_  
 Applicant's Signature (Print or Type) Date

**CONFLICT OF INTEREST CERTIFICATION**

In the procurement of property and services, the applicant will adhere to the following Conflict of interest provision:

No person(s) who exercises or have exercised any functions or responsibilities with respect to activities assisted with HOME funds or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a HOME-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Persons covered: this section applies to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the organization receiving HOME funds.

No owner, developer or sponsor of a project assisted with HOME funds (or officer, employee, agent, or consultant of the owner, developer, or sponsor) whether private, for-profit, or non-profit (including CHDO) when acting as an owner, developer or sponsor) may occupy a HOME assisted affordable housing unit in a project. This provision does not apply to an individual who received HOME funds to acquire or rehabilitate his or her principal residence, or to an employee or agent of the owner or developer of a rental housing project who occupies a housing unit as the project manager or maintenance worker.

Upon written request, IHFA may grant an exception to the above provision on a case-by-case basis when it determines that the exception will serve to further the purposes of the home program and the effective and efficient administration of the owner's or developer's HOME-assisted project.

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Signature

Title

Date

**BOARD MEMBER CERTIFICATION FOR A  
COMMUNITY HOUSING DEVELOPMENT ORGANIZATION**

**PUBLIC SECTOR CERTIFICATION**

For the purposes of the HOME Investment Partnerships Program, a “public sector official” is defined as any person serving in any of the following capacities.

\*\*A member of the public sector who is also a low-income resident or lives in a low-income neighborhood will count toward the 1/3 maximum limit of the public sector representation, but will not count toward the 1/3 minimum requirement for low-income community representatives.

Elected Official– State legislator, city council; county commissioner, school board member, etc.

Appointed Public Official –Member of a planning/zoning commission, other regulatory and/or advisory board or commission, or any regulatory and/or advisory board or commission that is appointed **by an IHFA official**.

Public Employee- Employee of state agencies or departments of the PJ’s government(state);

Appointed By a Public Official- Not necessarily a public official but has been appointed by a public official (as described above) to serve on the CHDO board.

**Please check one of the following:**

I certify that I **DO** serve in a “public sector” capacity as stated above (you must have checked at least one line above).

I certify that I **DO NOT** serve in any “public sector” capacity as stated above.

**LOW INCOME REPRESENTATION CERTIFICATION**

I live in a low-income area (51% or more of the households in my US Census Tract have an income at or below 80% of the area median income, as defined by HUD).

I have a household income at or below the 80% of the area median income for the area in which I live (according to the HUD).

I have been elected by a “Low-Income neighborhood Organization” to serve on this CHDO board.  
Organization’s name is: \_\_\_\_\_.

**Please check one of the following:**

I certify I **DO** meet low-income requirements as stated above (you must check at least one).  I certify I **DO NOT** meet the low-income requirement as stated above.

Printed Name

Signature

Date



