



COMMUNITY HOUSING DEVELOPMENT ORGANIZATION

RE-CERTIFICATION APPLICATION

APRIL 2010

Department of Housing and Community Development (DHCD)
CHDO Re-Certification Application

Effective April 2010

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INTRODUCTION

At the time an organization receives certification from the Department of Housing and Community Development (DHCD) as a Community Housing Development Organization (CHDO), it is judged to meet all of the eligibility criteria for funding under the HOME regulations. Annually, DHCD will recertify all CHDOs regardless of the number of years from initial certification. At that time, DHCD will request that these CHDOs complete a recertification application and provide appropriate support documentation. After reviewing this information, DHCD may decertify a CHDO that ceases to meet certification criteria, fails to participate in the recertification process, or does not apply for DHCD HOME CHDO funding for a housing development in a timely manner.

CHDO RE-CERTIFICATION INSTRUCTIONS

Re-certification applications must be mailed or hand delivered, during regular business hours, Monday through Friday, 8:15 a.m. – 5:00 p.m, to:

Valerie L. Burley, HOME Coordinator
Department of Housing and Community Development
Office of Program Monitoring, 2nd Floor
1800 Martin Luther King, Jr. Avenue, SE
Washington, DC 20020
Phone (202) 442-7243 Email: valerie.burley@dc.gov

If all “required” information and/or documents are submitted to DHCD, the review process is usually completed within one to two weeks. Failure to return all the required documentation will delay the application’s review and processing.

An organization will be either granted certification or is notified in writing that a deficiency exists in the application. The organization is given fourteen (14) days to address the deficiency. Approximately two (2) weeks after submittal of the application (original or revised), the organization is notified in writing as to whether or not the application for CHDO certification has been approved. If the application is unacceptable, the reason(s) that application is unacceptable is/are outlined in writing.

Applications must be typewritten or computer generated. Application material must be:

- 8 ½ x 11 format
- 3-hole punched and bound
- indexed and tabulated to correspond with the information described below.

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Required Documentation (TABS):

- A. Cover page.
- B. Index. Provide an index of the required tabs.
- C. Re-Certification Form. Complete and include the form.
- D. Financial Status Documents. Provide a copy of the agency's most current annual operating budget and recent audit, including a copy of the Management Letter.
- E. Legal Status Documents. Provide a copy of any amendments to Articles of Incorporation, Charters, By-laws or Board Resolutions.
- F. Development Project Experience. Provide a written narrative outlining all development project experience completed to date, including: the name of the project, the funding source for the project, the date (or year, if not within the past 18 months) it was placed in service, the number of units, the role of your organization in the development and management of this property, and population served.
- G. Capacity Documents. Provide staff resumes, contracts with consultants and corresponding scope of work if there has been a change in staff since certification/re-certification.
- H. Board Representative Certifications. Complete a copy of the Certification Form for CHDO Board Members for each representative on the board. Certifications must be submitted for all board members.

NOTE: If a member of a low-income household, use the HOME low-income limits at <http://dhcd.dc.gov/dhcd/cwp/view,a,1242,q,646859.asp> to determine if your income is below 80% AMI. If a resident of a low-income area, find the area's census tract or census block group at http://factfinder.census.gov/servlet/AGSGeoAddressServlet?_lang=en&_programYear=50&_treeId=420 by entering the street address. Once the census tract or block group is determined, to find if more than 50% of households are low-mod go to: <http://www.hud.gov/offices/cpd/systems/census/dc/index.cfm#lowmod>; then click on "summarized low/mod data FY09." Find census tract or block group on chart and find corresponding low/mod percentage in Column L. The census tract average or block group percentage must be over 50%.

- I. Other Regulatory Requirements. Provide any documentation to support responses in Section 7.

CHDO RE-CERTIFICATION FORM

****Application must be typed****

Organization Name:	
Date of Incorporation:	
Contact Person:	Title:
Phone Number:	Email:
Chief Executive Officer:	CHDO Certification Date:
Parent Organization, if applicable:	

- A. The organization no longer wants to be a DHCD-certified CHDO. Skip remainder of this form and return to DHCD.
- B. The organization wishes to remain active as a DHCD-certified CHDO. Please fill out the remainder of this form.

2. FINANCIAL STATUS

- A. Attach a copy of the organization's most current annual operating budget.
- B. Attach a copy of the organization's most recent audit (no more than 12 months old).

3. LEGAL STATUS

- A. Has the organization amended its articles of incorporation or by-laws since it was certified as a CHDO?

YES NO

If yes, attach an amended copy with amendments highlighted.

B. Has the organization revised its tax-exempt status with the IRS since it was certified as a CHDO?

YES NO

If yes, attach a letter from the IRS indicating how the status has changed.

C. Has the organization revised its purpose or mission statement since it was certified as a CHDO?

YES NO

If yes, provide a copy of the by-laws or board resolution as evidence of this change.

D. Has your organization's board passed any resolutions since the last certification date?

YES NO

If yes, provide a copy of the board resolution as evidence. If any other changes have had a significant impact on your organization, please include in a cover memo to these resolutions.

4. AFFORDABLE HOUSING PRODUCTION

Provide all affordable housing activities that your CHDO has undertaken in DC. Please provide the name of the project, the funding source for the project, the date (or year, if not within the past 18 months) it was placed in service, the number of units, the role of your organization in the development and management of this property, and the population served (income, senior, disability, etc.). Attach a separate list if desired.

Name of Project	Source of Funds (i.e., HOME, LIHTCs, etc.)	Placed in Service Date	No. of Units	Role of CHDO	Population Served (i.e., income, senior)
1.					
2.					
3.					
4.					
5.					
6.					

5. ORGANIZATIONAL STRUCTURE

Board Composition: Attach additional pages as necessary. Each board member must attach certification form.

NAME	BOARD POSITION	MOST RECENT APPOINTMENT DATE	LOW-INCOME REPRESENTATIVE	PUBLIC OFFICIAL <i>(if public official cannot be low-income rep)</i>
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

6. CAPACITY

A. Has the organization had a change in staff capacity since it was certified/recertified?

YES NO

If yes, can current staff demonstrate capacity for carrying out HOME-funded activities?

YES NO

If yes, describe capacity below:

If no, does the organization have a contract with a consultant to train appropriate staff members?

YES NO

If yes, describe the scope of work:

7. OTHER REGULATORY REQUIREMENTS

- A. Has the organization's formal process by which low-income beneficiaries advise the organization in all of its decisions regarding the design, siting, development, and management of its HOME-assisted affordable housing activities changed since it was certified/recertified?

YES NO

If yes, enclose the updated process.

- B. Has the organization's procurement standards changed since the last certification/recertification?

YES NO

If yes, enclose the updated procurement standards.

- C. For CHDOs that operate HOME-funded rental property, does the CHDO have a "Tenant Participation Plan" that includes fair lease and grievance procedures and a plan for tenant participation in management decisions approve by DHCD?

A copy of the organization's written Tenant Participation Plan and Fair Lease and Tenant Grievance Policy are attached.

- D. Does your organization have a current strategic plan and 5-year business plan?

YES NO

If yes, please attach a copy. If your organization received HOME funds to cover "operating expenses" yet did not deliver a HOME-funded project, please provide a cover letter to the business plan that describes how this discrepancy will be addressed, including how it fits into the organization's business plan. Include time line if applicable.

CERTIFICATION FORM FOR CHDO BOARD MEMBERS

A form must be completed for each Board Member

Name:	
Home Street Address: :	
City/State/Zip:	
Home Phone Number:	Email Address:

Select Only One

Public Official or Employee

I am an elected official – council member, ANC commissioner, school board representative, regardless of jurisdiction; an appointed public official – member of a regulatory and/or advisory commission of the District of Columbia or any other official appointed by an official of the District of Columbia; an employee of the District of Columbia government or an instrumentality of; or appointed by a public official to serve on the board – any person who is not a public official but who has been appointed by a public official.

Member of Low-Income Household

I am a member of a household of persons that has a combined total expected income for 2010, which is less than 80% of the area median income for a household of this size.

Resident of Low Income Area

I reside in census tract/block group number which in the 2000 Census has more than 50% of its households with incomes less than 80% of the area median income.

Elected Representative of Low-Income Group

I am elected by the membership of an organization whose membership is open to all residents of a defined neighborhood in which the 2000 census shows that more than 50% of the households have incomes less than 80% of the area median income, and my position on our governing body is primarily as a representative of that neighborhood group. The group name is: and the census tract/block group numbers served by the neighborhood group are:

Not a Low Income Representative

Signature of Board Member

Date

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