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Applicability
HOME Program

General Information

- IHFA awards the CHDO Operating Assistance Grant based on an application scoring & NOFA process. The timing of each year's NOFA is dependent on when the annual HOME allocation is received.
- Grants do not exceed $50,000.
- IHFA is not obligated to award the amount requested
- Applications not containing required documentation or are otherwise ineligible (see minimum threshold requirements), may not be scored.
- Individual grant amounts are determined by (1) The total amount of grant funds available divided by total of all points scored by all CHDOs (monetary point value), (2) Individual CHDO score is multiplied by the monetary point value.

Application Requirements

- When submitting the CHDO Operating Assistance Grant application and the CHDO Certification application, separate and place each in a different folder/binder.
- Hard copy of application and supporting documentation mailed to: IHFA, HOME Programs Department, P.O. Box 7899, Boise ID 83707-1899
- Table of Contents
- Tabbed sections

Minimum Threshold Requirements

1. Training Certificate of Completion/Attendance for development/organization staff for the previous 12 months
2. Resume(s)/Statement of Experience for all key development staff that will be involved with CHDO activities
3. Board resolution authorizing application for this CHDO Operating Assistance Grant
4. Organizational Plan that outlines goals and objectives relative to the development of CHDO-eligible housing

5. Written plan that illustrates how the CHDO will minimize or eliminate the need for this operational assistance

6. Certification the organization is/is not in good standing with IHFA, i.e. no outstanding/ongoing HOME compliance findings, issues or concerns

7. Notarized statement from the a Certified Public Accountant indicating the organization's financial management systems conform to 24 CFR 84.21 Standards for Financial Management Systems

8. Proposed operating budget for the year in which the funding is requested. The budget must identify all anticipated sources of revenue, including funds provided by other intermediaries for organizational support and housing education.

9. Proposed operating budget for the year in which the funding is requested. The budget must include anticipated sources of revenue, including funds provided by other intermediaries for organizational support and/or housing education.
<table>
<thead>
<tr>
<th>CHDO Operating Assistance Grant Scoring Criteria</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Received its first CHDO designation within the past 24 months</td>
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<tr>
<td>Received IHFA approval for a CHDO-eligible project activity within the past 24 months (a CHDO predevelopment loan is not considered IHFA approval)</td>
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<tr>
<td>Received and/or expended CHDO Predevelopment loan funds within the past 12 months</td>
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<tr>
<td>If you answered “No” to all the questions above, STOP HERE. This Organization is not eligible to apply for the CHDO Operating Assistance Grant. Contact the HOME Technical Assistance Coordinator for additional information.</td>
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<tr>
<td>Request as a % of organization’s total operating budget:</td>
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<td>0 – 29% (10)</td>
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<td>30 – 49% (5)</td>
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<td>Over 50% (0)</td>
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<td>CHDO will not receive operating assistance or any other operational support from other sources (SHOP, USDA-RD, HUD, NeighborWorks, etc.) this year.</td>
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<td>Has organizational staff capacity to own, develop, and/or sponsor affordable housing</td>
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<td>Has professional staff who have successfully completed similar project(s) as those proposed by the CHDO- Provide resume(s) (15 pts) and/or</td>
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<td>Has an IHFA-approved executed agreement with an experienced development consultant to train CHDO staff (IHFA must approved plan/contract in place to train key staff within the past 24 months (8 pts)</td>
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<tr>
<td>Has received CHDO Operating Assistance Grant funds for past 0 to 2 years (15) 3 to 5 years (5) 5+ years (0)</td>
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<td>For IHFA use only:</td>
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<tr>
<td>Percentage of the number of CHDO-eligible housing unit’s this CHDO provided in Idaho compared to the total number of CHDO-eligible housing units provided by all CHDOs in Idaho in the previous 12 months.</td>
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<tr>
<td>Greater than 15% of units (20) 10 – 15% of units (15) 5 – 10% of units (3) Less than 5% of units (2) 0 Units (0)</td>
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<tr>
<td>TOTAL MAXIMUM POINTS</td>
<td>140 points</td>
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</table>
### CHDO Operating Assistance Grant Application

New CHDO - Organization received its first CHDO designation within the past 24 months? **YES** _NO_

Organization received HOME funds for a CHDO-eligible project within the past 24 months? **YES** _NO_

Organization has received a CHDO Reservation or Conditional Commitment of HOME funds within the past 12 months? **YES** _NO_

If all three questions were answered with "No" than **STOP HERE. This organization is not eligible to apply for a CHDO Operating Assistance Grant. Contact the HOME Technical Assistance Coordinator for additional information.**

<table>
<thead>
<tr>
<th>1. CHDO Name:</th>
<th>2. Contact Person:</th>
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<tr>
<th>3. CHDO Address:</th>
<th>4. Contact Person’s Title:</th>
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<tr>
<th>5. CHDO Telephone No:</th>
<th>6. Contact Person’s Telephone No:</th>
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<tbody>
<tr>
<td>Office: ( )</td>
<td>Office: ( )</td>
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<tr>
<td>Fax: ( )</td>
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9. 

10. Geographic Area Served:

11. Number of consecutive year’s organization has been certified as a CHDO__________
    
    First year certified as a CHDO__________

12. Has organization received _any_ operating assistance funds from any other source during the past two years?  
    [ ] no; [ ] yes; If yes, describe:  
    
    |
13. Describe organizational capacity to own, develop, and sponsor affordable housing. Please include key staff, their development experience/ability.

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________

14. Do you anticipate receiving CHDO set-aside funds within the next 24-months? __

If you answered “no”, has your organization received CHDO set-aside funds within the previous 24 months? _____

Explain:

15. What is the organization’s plan to eliminate the need for CHDO operating assistance grant funds in the future?

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

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

18. List all sources of funds used to provide affordable housing during the past 24 month (USDA-RD, CDBG, SHOP, ICRC, LIHTC, Private, etc.)

<table>
<thead>
<tr>
<th>Sources</th>
<th>Amount of Funds</th>
<th>Number of Units</th>
<th>Type of Housing</th>
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Authorized Signature ___________________ Date _______
INDIVIDUAL BOARD MEMBER CERTIFICATION FORM

PUBLIC SECTOR CERTIFICATION*
A public sector board member is defined as a person who meets one or more of the following definitions:

Check all that apply:
___ Elected Official – Any elected position, i.e. state legislator, city council, county commissioner, school board, etc.
___ Appointed Public Official – A member of a planning/zoning commission, or a regulatory or advisory board/ commission, or a member of a regulatory and/or advisory board or commission who is appointed by an elected official
___ Public Employee - An employee of Idaho State government (agency or department)

Must check one of the following:
___ I certify I DO meet at least one of the definitions of a public sector board member as defined above
___ I certify I DO NOT meet any of the definitions of a public sector board member as defined above

*A board member defined as public sector, and also meets the definition of a low-income community representative (below) is defined only as a public sector board member.

LOW-INCOME COMMUNITY REPRESENTATION CERTIFICATION
A low-income community representative board member is a person who meets one of the following definitions:

Check all that apply:
___ I live in a low-income neighborhood (defined as 51% or more of the households in my census tract have an income at or below 80% of the area median income
___ My household income is at or below 80% of the area median income for the area in which I live
___ I have been elected by a Low-Income Neighborhood Organization to serve on this CHDO Board

Name of the organization that elected me is: ____________________________________________________________

Check one of the following:
___ I certify I DO meet one of the low-income community representative definitions above
___ I certify I DO NOT meet the low-income community representative definitions above

______________________________________________  ________________________________
Board Member Signature                          Date

Print Name
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 has exercised, any function or responsibility 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.

______________________________________________     ________________
Authorized Signatory                       Date

______________________________________________
Title
CHDO Certification Checklist

The information contained in this checklist pertains to the definition of Community Housing Development Organization (CHDO)§92.2 Subpart A of the HOME Final Rule.

This checklist is provided as a guide to help identify the requirements and documents needed when seeking CHDO Certification. Additional information available on CHDO is available in Chapter 5 of the current HOME Administrative Plan. Current HOME Administrative Plan Chapter 5

All documentation identified below must be submitted with application

I. LEGAL STATUS

A. The nonprofit organization is organized under State or local laws, as evidenced by one of following:
   ____ Charter
   ____ Articles of Incorporation

B. No part of organization’s net earnings inure to the benefit of any member, founder, contributor, or individual, as evidenced by:
   ____ Charter
   ____ Articles of Incorporation

C. Has a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501(c) of the Internal Revenue Code of 1986, as evidenced by:
   ____ IRS Certificate

D. The provision of decent housing that is affordable to low and moderate-income individuals and/or households is one of the purposes of this organization as evidenced in:
   ____ Charter
   ____ Articles of Incorporation
   ____ By-laws

E. The CHDO is neither controlled by, nor receives direction from individuals or entities seeking to derive profit or gain from the organization as evidenced by
   ____ By-Laws
   ____ Articles of Incorporation

II. ORGANIZATIONAL CAPACITY

A. Conforms to requirements found at 24 CFR 84.21, including financial management systems (A-110), procurement standards, reporting and record-keeping standards as evidenced by
   ____ Notarized statement from the Board President or Chief Financial Officer
   ____ Certification from Certified Public Accountant
   ____ HUD approved Audit Summary

B. Demonstrated capacity to carry out CHDO-activities evidenced by one of the following:
   ____ Resumes and/or Statement of Experience that describe capacity of key staff who have successfully completed projects similar to those to be assisted with HOME funds
An Organization that has limited or no development capacity/experience may use an experienced consultant for the first year of as a CHDO to train Key Staff. However, there must be an IHFA- approved written agreement in place that outlines the training and development milestones to be completed within the first year.

C. If this is the initial CHDO certification, the organization must have a history of serving the community where housing assisted with CHDO set-aside funds will be developed, as evidenced by:

Statement that documents at least one year of experience in serving the community (For newly created organizations formed by local churches, service or community organizations, a statement that documents the parent organization has at least one year of experience serving the community is allowed)

III. ORGANIZATIONAL STRUCTURE

A. CHDO must maintain at least one-third (1/3) of the governing board membership with one of the following: (1) residents of low-income neighborhoods (census tract) or; (2) other low-income community residents or; (3) elected representatives of low-income neighborhood organization as evidenced in one of the following:

By-Laws
Charter
Articles of Incorporation

B. CHDO must have an adopted (written and approved) formal process that outlines how low-income program beneficiaries can advise the organization regarding the design, siting, development, and management of HOME-assisted housing activities. This process is evidenced by:

By-laws
Adopted Board Resolution

C. A previously certified CHDO must submit evidence their Formal Process was followed during the past year, i.e. notices, advertisement, flyers, and surveys, as defined in the Formal Process.

IV. RELATIONSHIP WITH SPONSORING ENTITIES

A. A CHDO may be chartered/sponsored by a unit of government, however, the unit of government may not appoint 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 are public officials, as evidenced in one of the following:

Not Applicable
By-laws
Articles of Incorporation

B. A CHDO may be sponsored or created by a for-profit entity, however, the for-profit cannot be a developer or manager of housing, as evidenced by:

For-profit’s Articles of Incorporation
C. If a CHDO is sponsored or created by a for-profit, it cannot appoint more than one-third of the membership of the CHDO’s governing body; those board members, in turn, may not appoint any of the remaining board members. Evidenced by

- Not Applicable
- By-Laws
- Articles of Incorporation

D. The CHDO must be free to contract for goods and services from vendor(s) of its own choosing, as evidenced by

- By-Laws
- Articles of Incorporation

V. Organization’s Service Area _______________________________________________________

A. Has the Service Area Changed? Yes____ No _____ If yes, please provide supporting documentation that describes why the governing body adopted this change.

VI. Board of Directors
* No more than 1/3 of a CHDO board is defined as “Public Official”
* No less than 1/3 of a CHDO board is defined as a “Low-income Community Representative”

<table>
<thead>
<tr>
<th>Board member name</th>
<th>Most recent appointment date</th>
<th>Public Official yes/no</th>
<th>Low-Income Community Representative yes/no</th>
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</thead>
<tbody>
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I certify the information provided herein is true and accurate.

____________________________________
Signature

____________________________________
Title _________________________________ Date _________________________________