

HOME Investment Partnerships Program FY 2017 Application



Anniston Calhoun County HOME Consortium

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Application Release Date: October 7, 2016

Application Workshop: October 26, 2016 – 10:00 AM & 6 PM

Application Submission Deadline: December 16, 2016 - 4:00 PM

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**Anniston Calhoun County HOME Consortium
HOME Investment Partnerships Program
FY 2017 Application Instructions**

PLEASE READ INSTRUCTIONS CAREFULLY

INTRODUCTION

The HOME Investment Partnerships Program (HOME) provides grants to states and localities that are used - often in partnership with local nonprofit groups - to fund a wide range of activities including building, buying, and/or rehabilitating affordable housing for rent or homeownership or providing direct rental assistance to low-income households. The amount of funds received by each grantee is determined by a national formula.

The HOME Program is the largest Federal block grant awarded to state and local governments that is designed exclusively to create affordable housing for low-income households. The program's flexibility allows states and local governments to use HOME funds for grants, direct loans, loan guarantees or other forms of credit enhancements, rental assistance or security deposits.

HOME Program funds are awarded annually as formula grants to recipients (cities, counties, states) which are known as participating jurisdictions (PJs). Calhoun County and cooperating municipalities (Anniston, Jacksonville, Piedmont, and Weaver) are joined together as the Anniston Calhoun County HOME Consortium (ACCHC) to receive and distribute Entitlement HOME Program funds received from the U.S. Department of Housing and Urban Development (HUD). A HOME Consortium is a special form of Participating Jurisdiction.

HOME funds may be used only for eligible housing activities which will be occupied by HOME Program eligible households. Participating jurisdictions may use HOME funds to construct, acquire, and rehabilitate housing for income-eligible homeowners and renters (including transitional housing for the homeless) and to provide rental assistance funding to eligible applicants through Tenant Based Rental Assistance (similar to the HUD Housing Choice Voucher Program, also known as Section 8).

HUD published a Final Rule in the *Federal Register* on July 24, 2013 to amend the HOME Investment Partnerships (HOME) Program regulations. These amendments to the HOME regulations represent the most significant changes to the HOME Program in 17 years.

As the Administrator for the Anniston Calhoun County HOME Consortium, the City of Anniston invites local agencies, affordable housing developers, and government entities to submit applications to participate in the program. This funding application is requesting funds for the ACCHC Program Year October 1, 2017 through September 30, 2018.

A Selection Committee will review all applications for compliance with minimum requirements, will score the applications, and will make funding recommendations to the City of Anniston for inclusion in the Action Plan 2017 that will be submitted to HUD no later than August 15, 2017.

Incomplete Applications will not be considered for funding. Please complete all sections of the application and provide all requested documentation.

Applications must be submitted using the WORD fillable application format.

FY 2017 applications may be used by the ACCHC to award prior year HOME Program funds, if available.

AVAILABLE FUNDING

The ACCHC receives HOME funds, annually, based on a Federal funding formula administered by the U.S. Department of Housing and Urban Development (HUD). The receipt of funds awarded as a result of the submission of this application is contingent upon the availability of HOME Program funds to the ACCHC and there is no guarantee that any funds will be available for local allocation.

The submission of an application does not guarantee funding, nor does the receipt of funds in prior years guarantee or increase the likelihood of receiving FY 2017 funds.

Costs associated with the preparation of this application shall be the responsibility of the applicant and may not be paid from any HUD Entitlement funds awarded to the applicant organization by the ACCHC or by the City of Anniston. Applications that are received at Anniston City Hall by the submission deadline, will become the property of the City of Anniston.

The HOME grants are administered locally by the City of Anniston Community Development Department.

ELIGIBILITY REQUIREMENTS

- a. The application must be submitted by, or on behalf of a nonprofit agency, public agency, affordable housing developer, or governmental entity, requesting HOME funds to undertake eligible costs and activities.
- b. 100% of total expenditures must benefit low- to moderate-income households within the ACCHC.
- c. Proposed projects must address the program goals and priority needs outlined in the Program Priorities section of this application.
- d. All proposed projects must serve households with incomes at or below 80% Area Median Income (See Attachment "A" Income Guidelines).
- e. For proposed rental projects, 90% of households served must be at or below 60% Area Median Income (See Attachment "A" Income Guidelines).
- f. All external funding and financing sources must be secured and identified as a part of this application (see TAB G - Proposed Budget Summary). Applicant must acknowledge that all funds are secured or secured contingent on HOME funds and must provide support documentation for HOME funds that are necessary to complete the proposed project. Evidence of the commitment of external funds shall be provided in the form of commitment letters or grant award forms from the awarding entities.

2017 HOME PROGRAM PRIORITIES

The Consolidated Plan 2013-2017 established goals and strategic priorities as a product of extensive consultation with community stakeholders, combined with data from the U.S. Census and other sources, which indicate specific housing and community development needs in the ACCHC. Combined with a needs assessment survey, under the Anniston Citizen Participation Plan, the ACCHC identified the following strategic priorities to address utilizing CDBG and HOME funds in conjunction with leveraging other public and private investments.

The priorities are based on the needs assessment, market analysis and public comments received. The ACCHC will focus its priorities on the types of projects and programs having long term impacts on low- and moderate-income residents, and help address other federal, state and local priorities, such as fair housing choice and sustainability.

Proposed projects must address one or more of the housing goals and priority needs listed below:

Housing Goals from the Anniston/ACCHC Consolidated Plan 2013-2017 are:

- Goal 1:** Provide decent and affordable housing and supportive services for low and moderate-income (LMI) families
- Goal 2:** Provide decent and affordable housing and supportive services for populations with special needs
- Goal 3:** Provide decent and affordable housing and supportive services for homeless populations

Priority Needs from the Anniston/ACCHC Consolidated Plan 2013-2017 are

- Priority Need 1:** Affordable Housing Development
- Priority Need 2:** Affordable Housing Rehabilitation
- Priority Need 3:** Acquisition for Development

REQUIRED APPLICATION CONTENTS

The following information is required in each application and should be submitted with tabs labeled as follows:

The following information is required in each application and should be organized and submitted within tabbed and labeled portions of the application submission, as follows:

Tab A. Cover Sheet

Authorization for the submission of the application.

Tab B. Application Submission Requirements

A checklist of submission requirements and required documentation.

Tab C. Project Details

This section should include all the details about the proposed project, including information about the Applicant, project description, project type, project location, project implementation schedule and major activities, and proposed project achievements.

Tab D. Beneficiaries

This section includes information about the area and population to be served, including the method to determine income eligibility of clients to be served, and environmental impacts.

A description must be provided detailing how household size and income will be documented to verify that at least 100% of clientele are persons whose total household income from all adult household members does not exceed HUD's low to moderate-income limits for the Anniston-Oxford Metropolitan Statistical Area.

Program Need: This section should identify the need(s) or problem(s) to be addressed by the proposed project. Also, this section should include methods used to identify the needs. Include specifics as to source documentation used and/or meetings held to assess the needs.

Tab E. Goals and Objectives

National Objectives: National Objectives established by the U.S. Department of Housing and Urban Development (HUD) require that programs and projects target low to moderate-income clients. An activity is considered to benefit low to moderate-income clientele when at least 51 percent of the Anniston residents served meet the low to moderate-income persons in accordance with HUD’s income guidelines (See Attachment “A” Income Guidelines). In this portion of the application, identify which National Objective will be met.

Performance Objectives/Outcomes/Priority Needs: Applicant identifies priority needs and selects performance objectives and outcomes that fit the proposed project. This section also includes information provided by the Applicant on its previous experience in implementing similar programs/projects.

Reporting, Monitoring, and Recordkeeping: The City of Anniston requires that funded organizations provide data and information via the submission of reports pertaining to the administration and expenditure of CDBG-funded activities.

Tab F: Sustainability

Non-CDBG Proposed Project Funding: Identify the applicant’s budget and the availability of non-CDBG funds for the proposed project.

Proposed Staffing: This section identifies the program staffing for the proposed project, including current employees, new hires, and volunteers to be utilized in any capacity of the project.

Resource Leveraging: Resource Leveraging represents the resources the proposing agency will bring to the project to supplement the funds being requested. Resource leveraging can be in the form of monetary resources or in-kind services. Please include other resources in the Budget Summary in TAB G.

Potential Conflicts of Interest: Complete the questions addressing potential conflicts of interest by the Applicant.

Tab G: Proposed Budget Summary

Proposed Budget Summary: Complete the table outlining the projected total expenses for the proposed project, including amounts and sources of leveraging funds.

TECHNICAL ASSISTANCE

Technical assistance questions should be directed to City of Anniston Community Development staff at:

Ms. Mary Motley
Community Development Coordinator
P.O. Box 2168
Anniston City Hall
1128 Gurnee Avenue
Anniston, AL 36202
E-mail: mmotley@anniston.al.gov Phone: 256-231-7799

APPLICATION SUBMISSION INSTRUCTIONS

Provide **1 PRINTED UNBOUND HARD COPY WITH ORIGINAL SIGNATURES AND 1 DIGITAL COPY (flash drive only)** of your complete CDBG application with attachments. All entities must meet the requirements set forth in this application. **Attendance at the two application workshops to be held for FY 2017 funding is strongly encouraged, as this is a revised version of the 2016 application. The same information will be presented at the two workshops.**

FY 2017 Funding Cycle Application Workshops - Wednesday, October 26, 2016 at 10:00 a.m. and 6 p.m.

Location: Anniston City Hall
Old Council Chambers
1128 Gurnee Avenue
Anniston, AL 36201

Applications must be received by the City of Anniston Community Development Department no later than Friday, December 16, 2016 at 4:00 p.m.

Applicant will receive a date/time-stamped receipt from the City of Anniston to confirm a timely submission.

Office Address
City of Anniston
Community Development Department
Anniston City Hall
1128 Gurnee Avenue
Anniston, AL 36201 -4565

Mailing Address
City of Anniston
Community Development Department
P.O. Box 2168
Anniston, AL 36202-2168

**ANNISTON CALHOUN COUNTY HOME CONSORTIUM
FFY 2017 HOME APPLICATION**

TAB A - COVER SHEET

1. Legal Name of Applicant	
2. Mailing Address	
3. Telephone Number	
4. FAX Number	
5. Applicant Website Address	
6. How long has Applicant Served ACCHC Residents?	
7. Date of IRS 501(c)(3) certification (for non-profit organizations only)	
8. Applicant's DUNS #	
9. Applicant's Federal Employee Identification #	
10. Registered with SAMs.Gov?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Chief Executive Officer Name	
12. Chief Executive Officer Title	
13. Chief Executive Officer Telephone	
14. Chief Executive Officer Email	
15. Contact Person Name	
16. Contact Person Title	
17. Contact Person Telephone	
18. Contact Person Email	
19. Board Chair Name	
20. Board Chair Title	
21. Board Chair Telephone	
22. Board Chair Email	
23. Board Secretary Name	
24. Board Secretary Title	
25. Board Secretary Telephone	
26. Board Secretary Email	

TAB B – APPLICATION SUBMISSION REQUIREMENTS

Please properly label and place all required documentation in the Appendix.

ALL APPLICANTS – TABLE 1		
SUBMISSION REQUIREMENTS	DOCUMENTATION	CHECK
1. The applicant must have at least twelve (12) months experience directly related to the proposed project or program.	Funding commitments displayed on awarding entity letterhead or grant award form, resumes of principal staff and personnel directly working on the project. Include descriptions of the applicant's previous related program activities.	<input type="checkbox"/>
2. The applicant must have audited financial statements prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation.	One copy each of the audited financial statement that meets the criteria described. Include management letters from auditors, if applicable.	<input type="checkbox"/>
3. The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures.	A copy of the agency's written financial management procedures. Include current organization chart.	<input type="checkbox"/>
4. Identifying eligible project service areas and eligible clientele to be served.	Provide (1) a project map, with project location(s) identified, that includes Census Tracts where services will take place; (2) provide project addresses and (3) eligible clientele to be served.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Each applicant must submit one original hard copy and one digital copy (flash drive) of their application.	Must submit an originally signed hard copy and one digital copy (flash drive only).	<input type="checkbox"/>

In addition to the submission requirements in TAB B Table 1, nonprofit organizations must also meet the requirements in TAB B Table 2 detailed below and continued on the next page.

NONPROFIT ORGANIZATIONS ONLY – TABLE 2		
SUBMISSION REQUIREMENTS	DOCUMENTATION	CHECK
1. Submission Requirement Items 1 – 6 for ALL APPLICANTS have been appended.	See items detailed above.	<input type="checkbox"/>
2. Must have a minimum two-year operating history after the date of receipt of its 501(c)(3) classification from the Internal Revenue Service.	A copy of a 501(c) (3) designation letter from the Internal Revenue Service for non-profit applicants.	<input type="checkbox"/>
3. Must submit the most recently filed IRS Form 990 or 990 EZ.	Most recent IRS Form 990 or 990EZ.	<input type="checkbox"/>
4. The applicant must be registered to conduct business in the State of Alabama at the time of application.	Evidence of current status from the Alabama Secretary of State. For assistance, please visit: http://www.sos.state.al.us/vb/inquiry/inquiry.aspx?area=Business%20Entity	<input type="checkbox"/>

TAB B – APPLICATION SUBMISSION REQUIREMENTS – TABLE 2 (continued)

Please properly label and place all required documentation in the Appendix.

<p>5. Must have a Board of Directors with representation from the community served and committee structure that ensures the necessary mix of skills to succeed.</p>	<p>Provide (1) a list of board members and their addresses; (2) your agency By-Laws; (3) a copy of Conflict of Interest Statement; (4) brief narrative confirming your agency meets the Board submission requirements regarding representation</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>6. Must have a current written strategic or business plan for the whole organization that covers at least 24 months which includes the organization’s entire current fiscal year and includes the following: mission statement, evidence of an environmental scan, stakeholder participation (staff, board, etc.), strategic goals and measurable objectives, implementation plan with assigned staff and/or board responsibilities, on-going evaluation to keep plan current, and addresses multiple years with regular updates.</p>	<p>Provide current Business/Strategic Plan</p>	<p><input type="checkbox"/></p>

In addition to the submission requirements detailed in TAB B Table 1, for-profit organizations must meet the requirements in TAB B Table 3.

<p>FOR-PROFIT ORGANIZATIONS ONLY– TABLE 3</p>		
<p>SUBMISSION REQUIREMENTS</p>	<p>DOCUMENTATION</p>	<p>CHECK</p>
<p>1. Submission Requirement Items 1 – 5 in Table 1 for ALL APPLICANTS have been appended.</p>	<p>See items detailed above.</p>	<p><input type="checkbox"/></p>
<p>2. Description of Applicant’s history, accomplishments, evidence of job creation or retention, and documentation on any bankruptcies during the past 5 years.</p>	<p>Description: [REDACTED]</p>	<p><input type="checkbox"/></p>
<p>3. Must submit the most recently filed Federal Income Tax Return</p>	<p>Attached Most recent Federal Income Tax Return</p>	<p><input type="checkbox"/></p>
<p>4. The Applicant must be registered to conduct business in the State of Alabama at the time of application.</p>	<p>A current certification from the Alabama Secretary of State. For assistance, please visit: http://www.sos.state.al.us/vb/inquiry/inquiry.aspx?area=Business%20Entity</p>	<p><input type="checkbox"/></p>
<p>5. Must have a current written business plan for the whole organization that covers at least 24 months which includes the organization’s entire current fiscal year and includes the following: mission statement, evidence of an environmental scan for similar/comparable services, stakeholder participation (staff, board, etc.), strategic goals and measurable objectives, implementation plan with assigned staff and/or board responsibilities, on-going evaluation to keep plan current, and addresses multiple years with regular updates.</p>	<p>Attach Current Business Plan</p>	<p><input type="checkbox"/></p>

TAB B – APPLICATION SUBMISSION REQUIREMENTS (continued)

In addition to the items in the tables on the previous pages, include the following Exhibits with your application. (Include only if applicable and label appropriately.)

APPENDICES

- Appendix A: The Applicant will provide the street address and legal description of proposed project properties, and evidence of ownership and a title search performed within 10 days of the application submission.
- Appendix B: If the project involves the purchase of real property for housing construction or the purchase of existing housing, Applicant provides an appraisal of the applicable properties performed within 30 days of the date the HOME Program application is submitted to the ACCHC.
- Appendix C: A Pro-Forma (often called a Sources and Uses Statement) for the first five years' operation of the proposed project showing expected expenses and revenues, and amortization.
- Appendix D: Photos showing the project, front, side and rear views, and photos of adjacent properties depicting similar views.
- Appendix D: Plats, sketches, elevation views, plans, etc., showing proposed project.
- Appendix E: Detailed applicable expected acquisition, construction or rehabilitation expenses.
- Appendix F: For **acquisition projects**, provide for each parcel the following information:
- A. Environmental assessment of the project site.
 - B. The property address and Tax Parcel I.D. number.
 - C. Current ownership of the property, including a Title search conducted within 30 days of the submission of the application (attach).
 - D. The proposed purchase price [attach purchase option or sales contract documents]
 - E. Appraisal within 30 days prior to application submission to establish fair market price [attach copy of appraisal documentation]
 - F. Detail about structures [if any] on the real property, including:
 - (1) Types of structures [commercial, industrial, residential]
 - (2) Condition of the structures and last date vacant units were occupied.
 - (3) For residential structures, the number of buildings, numbers of residential units in the structures, and the number of bedroom in the respective buildings.
 - (4) Occupancy status of each residential unit. If occupied, the number of persons in each unit and the total household income of the occupants of each unit
 - (5) Would this proposed project temporarily or permanently displace occupants of the units?
 - G. Indicate the type include and a description of housing that will be constructed or rehabilitated on the site.

TAB B – APPLICATION SUBMISSION REQUIREMENTS (continued)

In addition to the items in the tables on the previous pages, include the following Exhibits with your application. (Include only if applicable, label appropriately.)

- Appendix F: For the **construction of new housing**, provide for each property:
- A. Environmental assessment of the project site.
 - B. The property address and City of Anniston Tax Parcel I.D. number
 - C. Current zoning or any proposed change in zoning
 - D. Current ownership of the property, including a Title search conducted within 10 days of the submission of the application (attach).
 - E. Any current or proposed zoning variances
 - F. Provide documents on the site proposed for HOME Program assistance, to include:
 - (1) Site conditions, topographic map, soil conditions data, flood plain or flood-prone areas information, wetland information, any environmental concerns or issues, any potential explosive hazards.
 - (2) Locations of major thoroughfares, railroads, airports
 - (3) Location of available water or sewer service for the proposed site
 - G. Identify the necessary demolition of structures needed on the site
 - H. Is the site located in a Historic District?
 - I. Is the site or any structures on the site currently listed on or eligible for listing on the National Register of Historic Places?
 - J. Provide a site plan
 - K. Provide preliminary plans and specifications for structures to be constructed
 - L. Development timetable to complete the project
 - M. Total cost of development including the cost to produce each unit in the project.
 - N. Planned sales price for homebuyer projects or projected rental structure for rental projects.

- Appendix F: For **rehabilitation** projects, provide:
- A. The property address and City of Anniston Tax Parcel I.D. number
 - B. Current zoning or any proposed change in zoning
 - C. Any current or proposed zoning variances
 - D. Current ownership of the property, including a Title search conducted within 10 days of the submission of the application (attach).
 - E. Year of construction of the structure(s)
 - F. Documented evidence of inspection for lead-based paint and/or asbestos hazards.
 - G. Documented evidence of removal of lead-based paint and/or asbestos hazards and successful clearance testing
 - H. Provide documents on the site proposed for HOME Program assistance, to include: (1) Site conditions, topographic map, soil conditions data, flood plain or flood-prone areas information, wetland information, any environmental or explosive hazards. (2) Locations of major thoroughfares, railroads, airports (3) Location of available water or sewer service for the proposed site
 - J. Any demolition of structures needed on the site
 - K. Is the site located in a Historic District?
 - L. Is the site or any structures on the site currently listed on or eligible for listing on the National Register of Historic Places?

TAB B – APPLICATION SUBMISSION REQUIREMENTS (continued)

In addition to the items in the tables on the previous pages, include the following Exhibits with your application. (Include only if applicable, label appropriately.)

- M. Provide preliminary plans and specifications for structures to be rehabilitated as the proposed project
- N. Development timetable to complete the project
- O. Total cost of development including the cost to produce each unit in the project.
- P. Planned sales price for homebuyer projects or projected rental structure for rental projects.

Appendix F: **For Tenant Based Rental Assistance applications:**

If Tenant-Based Rental Assistance (TBRA) is proposed, review Chapter 7 in the HUD Building HOME training manual (<https://www.hudexchange.info/resource/2368/building-home-a-home-program-primer/>) and describe how the applicant would operate its TBRA program in a manner that addresses the HOME Program TBRA requirements described in that document. Be specific and address all the TBRA topics presented in Chapter 7, including but not limited to:

- A. Type of TBRA Program Proposed (Chapter 7, Page 7-1)
- B. Eligible TBRA activities (Chapter 7, Page 7-3)
- C. Eligible Applicant/Beneficiaries (Chapter 7, Page 7-6)
- D. Tenant Selection Requirements (Chapter 7, Page 7-7)
- E. Eligible TBRA Units (Chapter 7, Page 7-9)
- F. Property and Occupancy Standards (Chapter 7, Page 7-10)
- G. Parameters of Assistance (Chapter 7, Page 7-12)
- H. Program Design/Implementation (Chapter 7, Page 7-18)

TAB C – PROJECT DETAILS

If your responses are not be fully completed on this page, add additional pages as needed and tab accordingly.

1. Legal Name of Applicant: _____

2. Project Name: _____

3. Location of Proposed Project:

Address _____

- Anniston
 Jacksonville
 Piedmont
 Weaver
 Unincorporated Calhoun County

Zip Code: _____

4. HOME Funds Requested: _____

Indicate Type of Financial Assistance Requested:

- Low-Interest Loans [3%]
 Deferred Payment Loan [Repayable Upon Property Title Transfer]
 Grant (Non-Profit Organizations or Government Organizations Only)

5. Does the applicant own or have control of [i.e. option or purchase agreement] the project site described in this application? Yes No

If "Yes", the legal description of the property and evidence of ownership is appended.

If Partnership or Corporation, names and home addresses of Principals is appended.

- Applicant will acquire the housing or real property
 Applicant owns the property
 Applicant leases the property
 Minimum 15 Year Lease Attached in Appendix

6. Project Priority number _____ of _____ HOME FY 2017 applications submitted.

7. Please indicate the status of this funding request.

- New Project
 Existing Project/Additional Funding

If an existing project, in the narrative below please provide a brief narrative that demonstrates the need for additional funding.

TAB C – PROJECT DETAILS (Continued)

If your responses are not be fully completed on this page, add additional pages as needed and tab accordingly.

If an existing project, indicate year(s) and amount of awarded funds. Also include detailed information on how existing activity(s) will be expanded if HOME funds are awarded; the estimated increase of households/persons served and/or discussion of additional services to be provided through the proposed project. Discuss the total budget for this project and funding is already secured through documented awards of external funds.

8. Project Implementation Schedule:

Duration of Project

- Less Than One Year
- One Year
- Other: Please specify _____

Describe the proposed implementation schedule, including expenditure schedule, accomplishments, and timeline. Complete the following table with what the project will accomplish and what it will cost per quarter and for the program year. (1,000 characters max., include additional pages as needed and label accordingly).

First Quarter (October-December)	\$ _____
Second Quarter (January–March)	\$ _____
Third Quarter (April-June)	\$ _____
Fourth Quarter (July-September)	\$ _____
Total Funding Request	\$ _____

9. Describe Proposed Major Project Accomplishments:

10. Describe Applicant’s experience with the project/program for which funding is requested. (1,000 characters max. include additional pages, as needed and label accordingly.)

TAB C – PROJECT DETAILS (Continued)

If your responses are not be fully completed on this page, add additional pages as needed and tab accordingly.

11. Check the appropriate box for the type of project for which you are requesting HOME funding:

- | | | |
|--------------------------|--|---|
| <input type="checkbox"/> | Downpayment Assistance (DPA) 1 st Time Homebuyer | |
| | • Total number of homebuyer households to receive DPA: | █ |
| | • Total number of homebuyer household members to receive DPA | █ |
| <input type="checkbox"/> | Acquisition/Rehabilitation/Disposition- acquire, rehab and resell property/structures for affordable housing purposes | |
| | • Total number of homebuyer households to be housing | █ |
| | • Total number of homebuyer household members to be housed | █ |
| | • Total number of renter households to be housed | █ |
| | • Total number of renter household members to be housed | █ |
| <input type="checkbox"/> | Acquisition of property and/or structures for affordable housing purposes | |
| | • Total number of homebuyer households to be housed | █ |
| | • Total number of homebuyer household members to be housed | █ |
| | • Total number of renter households to be housed | █ |
| | • Total number of renter household members to be housed | █ |
| <input type="checkbox"/> | New Construction- cost of housing construction and/or infrastructure costs (site preparation, streets, curb/gutter, sidewalks, etc.) | |
| | • Total number of homebuyer households to be housed | █ |
| | • Total number of homebuyer household members to be housed | █ |
| | • Total number of renter households to be housed | █ |
| | • Total number of renter household members to be housed | █ |
| <input type="checkbox"/> | Tenant Based Rental Assistance (Use of HOME funds similar to the Housing Choice Voucher [Section 8] Program) | |
| | • Total number of renter households to be housed | █ |
| | • Total number of renter household members to be housed | █ |
| <input type="checkbox"/> | Special Needs Housing | |
| | Temporary or Permanent Housing (No Emergency Shelter) | |
| | • Total number of homeless individuals to be housed | █ |
| | • Total number of elderly individuals to be housed | █ |
| | • Total number of adults with severe disabilities to be housed | █ |
| | • Total number of domestic violence victims to be housed | █ |

12. Project Description:

Provide in narrative format a detailed description of your grant request, including its mission, the need or problem to be addressed, the funding request for the project, and demonstrate through the project description how this project will enable the ACCHC to achieve its goals and accomplish the objectives of the Consolidated Plan. If applicable, detail the types and location(s) of structures to be assisted using HOME funds. The project description should be in sufficient detail to permit the ACCHC to evaluate the eligibility of the proposed activities. Describe in detail the construction or rehabilitation work to be performed and provide an estimate of cost prepared by a qualified cost estimator familiar with commercial structures and familiar with the requirements for historic preservation, if applicable. Attach and label the work specifications and cost estimate(s) in the Appendix. If the proposed project or program involves multiple buildings include the program description, policies, financing techniques, terms of assistance, and other pertinent information which describes the manner in which assistance would be provided to the Applicant as well as safeguards that would be put into place to protect the investment of HOME funds provided by the ACCHC. Indicate all sources of funding that will be included in the project. (30,000 characters max., include additional pages as needed and label accordingly).



TAB D - BENEFICIARIES

If your responses are not be fully completed on this page, add additional pages as needed and tab accordingly.

Target Populations and Selection Process

1. Indicate target population this project will serve.

Target Population

	Persons Served in FY2016		Proposed Persons Served in FY2017	
Adults	<input type="text"/>	# Low-Income: <input type="text"/>	<input type="text"/>	# Low-Income: <input type="text"/>
Children	<input type="text"/>	# Low-Income: <input type="text"/>	<input type="text"/>	# Low-Income: <input type="text"/>

2. If target population includes a special population please identify.

Special Populations

	Persons Housed in FY2016	Proposed Persons Housed in FY2017
Domestic Violence Victims	<input type="text"/>	<input type="text"/>
Adults with Severe Disabilities	<input type="text"/>	<input type="text"/>
Elderly	<input type="text"/>	<input type="text"/>
Homeless Persons	<input type="text"/>	<input type="text"/>
Persons Living with HIV/AIDS	<input type="text"/>	<input type="text"/>

3. Describe why you have chosen the population. Identify the need the project will address. Describe the methods used to identify the need for the proposed services (i.e. community input, surveys, market analysis, input from other agencies).

4. Describe if the project duplicate activities available to the population to be served.

5. 100% of households served by each project must be low- and moderate-income for the project to be eligible for ACCHC HOME funds. For income eligibility purposes, describe in narrative format how the proposed households/persons served have been/will be qualified/verified and how your organization will verify and document household income. The HOME Program income limits applicable at the time this application was prepared are included in this application package in the Exhibits, Attachment A.

TAB D – BENEFICIARIES (Continued)

If your responses are not be fully completed on this page, add additional pages as needed and tab accordingly.

Environmental Factors:

Complete the Environmental Information Table below.

Environmental Information

Is your organization's proposed project:	Yes	No	Don't Know
In a historic building, or in an historic district, or in a building that is over 50 years old?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a floodplain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a Wetlands Protection District?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In an area with excessive noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In an area of poor air quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near thermal or explosive hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near a military or civilian airport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjacent to a major waterway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjacent to a solid waste facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In an area with endangered wildlife?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A current or former site of a Gasoline Service Station? Bulk gasoline or oil dealer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A current or former site of a Dry Cleaners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A current or former site of a chemical dealer or chemical storage area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A current or former site of a chemical production plant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A current or former site of a pesticide and/or herbicide production or storage facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A current or former site of a wood products treatment plant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A current or former site of a landfill or hazardous waste disposal site/facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A current or former site of a metal fabrication, finishing, or treatment facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Is the proposed site adjacent to any of the types of environmental hazards identified in Table 1?
 Yes No
 If "Yes," please specify the type of hazard:

2. Has an Environmental Assessment or an Environmental Impact Statement been prepared for the proposed project? Yes No
 Check if an Environmental Assessment is attached in Appendix.
 Check if an Environmental Impact Statement is attached in Appendix.

TAB E – GOALS AND OBJECTIVES

If your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

1. Priority Housing Needs from the Anniston/ACCHC Consolidated Plan 2013-2017 are

Select one of the housing priority needs that will be addressed by the proposed project:

- Affordable Housing Development
- Affordable Housing Rehabilitation
- Acquisition for Development

2. Select one of the Housing Goals from the Anniston/ACCHC Consolidated Plan 2013-2017 which the proposed project will address:

- Provide decent and affordable housing and supportive services for Low and Moderate Income families
- Provide decent and affordable housing and supportive services for populations with special need
- Provide decent and affordable housing and supportive services for homeless populations

3. What HUD **performance measurement objective** does your project best exemplify?

<input type="checkbox"/>	Suitable Living Environment	(Projects that benefit communities, families or individuals by addressing issues in their living environment, like poor-quality infrastructure and/or social issues.)
<input type="checkbox"/>	Decent Housing	(Projects that include a housing program component.)
<input type="checkbox"/>	Creating Economic Opportunity	(Projects related to economic development or job creation.)

4. Discuss how the proposed project exemplifies the chosen **performance measurement objective(s)**. (1,000 characters max., include additional pages as needed and label accordingly).

5. What HUD **performance measurement outcome** does your proposed project best exemplify?

(If all relevant, please rank from 1-3)

Rankings

Improving Availability/Accessibility 1 2 3
 (Projects that make services, housing, etc. available or accessible to low to moderate-income persons and/or persons with disabilities.)

Improving Affordability 1 2 3
 (Projects that make housing, services, transportation, etc. more affordable for low to moderate-income persons.)

Improving Sustainability 1 2 3
 (Projects that help communities become more livable or viable by removing slum/blight or providing services that can result in more sustainable communities.)

TAB E – GOALS AND OBJECTIVES (Continued)

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

6. Discuss how the proposed project exemplifies the chosen **performance measurement outcome(s)**. (1,000 characters max., include additional pages as needed and label accordingly).



7. Complete the table below to identify how expected outcomes will be measured to meet performance goals.

HOME Housing Performance Goals

Complete the table below to identify how expected outcomes will be measured to meet performance goals.

Proposed Performance Goal	# served with Benchmarks	Prior Performance Goal	# served with Benchmarks
Ex. FY 2017 To assist 10 families with affordable housing	5 families in housing by Qtr 2 5 families in housing by Qtr 4	Ex. FY 2016-Assisted 9 families with affordable housing options	3 families in housed by Qtr. 2 2 families in housed by Qtr. 3 4 families in housed by Qtr. 4

Reporting, Monitoring, and Record-Keeping

The ACCHC requires organizations receiving HUD grant funds to provide data and information for the submission of monthly, quarterly, and annual reports pertaining to the administration and expenditure of CDBG-funded activities.

8. Describe and discuss Applicant’s experiences in reporting, monitoring, or record-keeping compliance requirements with other funding agencies. Identify previous HOME experience. (1,000 characters max., include additional pages as needed and label accordingly).



TAB F – SUSTAINABILITY

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

Sustainability Factors

1. What is the Applicant's annual budget? \$

2. How much of your organization's annual budget is generated from grant revenue?
 Less than 30%
 31-50%
 51-60%
 61-70%
 71-80%
 More than 80%

3. What is the total budget for the proposed project? \$

4. How much non-HOME funding does the Applicant already have in place for the project? \$

5. If the project is not awarded HOME funding, does the Applicant have the financial means to support the proposed project? (1,000 characters max., include additional pages as needed and label accordingly).

6. Is the applicant willing and able to begin this project October 1, 2017 regardless of the date potential HOME funding is made available?

 Yes No

If yes, explain how the Applicant will cover program costs while awaiting the HOME award. (1,000 characters max., include additional pages as needed and label accordingly).

Project Staff

7. Number of full-time staff employed by Applicant?

8. Number of years Applicant has employed full-time staff?

9. How many staff employed by the Applicant will work on the proposed project?

10. Proposed jobs to be created by project? Full-Time: Part-Time: Total:

11. Proposed jobs to be retained by project? Full-Time: Part-Time: Total:

TAB F – SUSTAINABILITY (Continued)

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

- 12. Discuss the number of staff employed by your agency to work in this program by position and their responsibilities. Include in the Appendix an organization chart and staff resumes. (1,000 characters max., include additional pages as needed and label accordingly).

█

Staff resumes attached? Yes No

- 13. Provide position titles and qualifications, professional certifications for staff who will work on the proposed project:

Position Title: █
Position Qualifications: █
Professional Certifications Required: █

Position Title: █
Position Qualifications: █
Professional Certifications Required: █

Position Title: █
Position Qualifications: █
Professional Certifications Required: █

Position Title: █
Position Qualifications: █
Professional Certifications Required: █

Position Title: █
Position Qualifications: █
Professional Certifications Required: █

█

- 14. Do any family relationships (by blood or marriage) exist between Applicant staff and/or Agency Board members? If Yes, please explain in detail. (1,000 characters max., include additional pages as needed and label accordingly).

Yes No

█

- 15. Do any family relationships (by blood or marriage) exist between Applicant staff and/or City of Anniston Mayor and Council? If Yes, please explain in detail. Please be sure to include organization Conflict of Interest Statement as indicated in the Application Submission Requirements. (1,000 characters max., include additional pages as needed and label accordingly).

Yes No

█

TAB F – SUSTAINABILITY (Continued)

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

16. If you have been awarded HOME funds previously, what percentage of HOME funds awarded to your agency was unspent at the end (September 30, 2016) of the 2015 program year? %
17. If you have been awarded HOME funds previously, what percentage of HOME funds were spent during the first 6 months (October 1, 2015 – March 31, 2016) of program year 2015? %

Supplemental Questions

Your answers to these Questions will not be used to score your application.

1. What are barriers to clients obtaining housing in your service area? (check all that apply)
- Criminal backgrounds
 - Poor credit
 - Poor rental history
 - Area landlords aren't interested in working with organization
 - Area rents are too high
 - Available units aren't the right size
 - Not enough existing rental housing in area
 - Lack of transportation between units, services, jobs, and amenities
 - Income
 - Available units don't pass inspection
 - Other, please specify:

If one or two barriers are the most extreme, please list them below.

1.
2.

Please discuss strategies your organization has implemented to reduce these barriers.

2. What are barriers to clients maintaining housing? (check all that apply)
- Client incomes are too low
 - Lack of employment opportunities
 - Lack of mental health services
 - Lack of tenancy supports
 - Lack of transportation
 - Unhealthy social network
 - Lack of knowledge of tenant/landlord rights and responsibilities
 - Other, please specify:

Please discuss strategies your organization has implemented to reduce these barriers.

TAB G – PROJECT BUDGET SUMMARY

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

Staff and overhead expenses must be directly related to carrying out the proposed project/activity. Include **matching funds** that are immediately accessible and firmly committed to the project. Matching funds can include a blend of cash, loans or in-kind resources available to finance the project costs. The sources of matching funds for the HOME Program are described in HUD CPD Notice 97-03, available electronically at:

<https://www.hudexchange.info/resource/2676/notice-cpd-97-03-home-program-match-guidance/>

In-kind contributions must have a specific dollar value established in accordance with generally accepted accounting principles. The basis of determining the value for personal services and donated materials and supplies must be identified. Volunteer services may be counted if the service is an integral and necessary part of the project. To determine in-kind volunteer contributions, use the estimated amount of what a paid worker would earn doing the same type of work (verification documentation may be requested).

PROPOSED BUDGET SUMMARY **FOR ALL APPLICANTS EXCEPT CHDOs** HOME INVESTMENT PARTNERSHIPS (HOME) PROGRAM

HOME INVESTMENT PARTNERSHIPS (HOME) PROGRAM				
	Total Project Costs	HOME Request	Match/Leverage Total	Match/Leverage Source
Project Soft Costs				
1. Developer Fees (10% Max per unit)	\$ _____	\$ _____	\$ _____	_____
2. Permit Fees	\$ _____	\$ _____	\$ _____	_____
3. Legal Fees	\$ _____	\$ _____	\$ _____	_____
4. Inspection Fees	\$ _____	\$ _____	\$ _____	_____
5. Court Filing Fees	\$ _____	\$ _____	\$ _____	_____
6. Appraisal Fees	\$ _____	\$ _____	\$ _____	_____
7. Market Studies (Repayable with Project Cancellation)	\$ _____	\$ _____	\$ _____	_____
8. Environmental Reports (Repayable with Project Cancellation)	\$ _____	\$ _____	\$ _____	_____
Total Project Soft Costs	\$ _____	\$ _____	\$ _____	
	Total Project Costs	HOME Request	Match/Leverage Total	Match/Leverage Source
Project Hard Costs				
1. Labor	\$ _____	\$ _____	\$ _____	_____
2. Acquisition- Land/Property	\$ _____	\$ _____	\$ _____	_____
3. Building Demolition	\$ _____	\$ _____	\$ _____	_____
4. Site Improvements	\$ _____	\$ _____	\$ _____	_____
5. Conversion(Commercial to Residential)	\$ _____	\$ _____	\$ _____	_____
6. Rehabilitation	\$ _____	\$ _____	\$ _____	_____
7. Lead Based Paint/Asbestos Removal	\$ _____	\$ _____	\$ _____	_____
Total Project Hard Costs	\$ _____	\$ _____	\$ _____	
	Total Project Costs	HOME Request	Match/Leverage Total	Match/Leverage Source
Total Project Costs				
Grand Total	\$ _____	\$ _____	\$ _____	

TAB G – PROJECT BUDGET SUMMARY

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

PROPOSED BUDGET SUMMARY FOR CHDOs ONLY HOME INVESTMENT PARTNERSHIPS (HOME) PROGRAM

	Total Project Costs	HOME Request	Match/Leverage Total	Match/Leverage Source
Project Soft Costs				
1. CHDO Operating (5% of HOME Grant receive by ACCHC)	\$ _____	\$ _____	\$ _____	_____
2. Permit Fees	\$ _____	\$ _____	\$ _____	_____
3. Legal Fees	\$ _____	\$ _____	\$ _____	_____
4. Inspection Fees	\$ _____	\$ _____	\$ _____	_____
5. Court Filing Fees	\$ _____	\$ _____	\$ _____	_____
6. Appraisal Fees	\$ _____	\$ _____	\$ _____	_____
7. Market Studies (Repayable with Project Cancellation)	\$ _____	\$ _____	\$ _____	_____
8. Environmental Reports (Repayable with Project Cancellation)	\$ _____	\$ _____	\$ _____	_____
Total Project Soft Costs	\$ _____	\$ _____	\$ _____	_____
Project Hard Costs				
	Total Project Costs	HOME Request	Match/Leverage Total	Match/Leverage Source
1. Labor	\$ _____	\$ _____	\$ _____	_____
2. Acquisition- Land/Property	\$ _____	\$ _____	\$ _____	_____
3. Building Demolition	\$ _____	\$ _____	\$ _____	_____
4. Site Improvements	\$ _____	\$ _____	\$ _____	_____
5. Conversion(Commercial to Residential)	\$ _____	\$ _____	\$ _____	_____
6. Minor Rehabilitation	\$ _____	\$ _____	\$ _____	_____
7. Major Rehabilitation	\$ _____	\$ _____	\$ _____	_____
8. Lead Based Paint/Asbestos Removal	\$ _____	\$ _____	\$ _____	_____
Total Project Hard Costs	\$ _____	\$ _____	\$ _____	_____
	Total Project Costs	HOME Request	Match/Leverage Total	Match/Leverage Source
Total Project Costs				
Grand Total	\$ _____	\$ _____	\$ _____	_____

SIGNATURE PAGE

This Page Must Be Submitted With the Application.

Name of Applicant: _____

Be it resolved that the governing board of the above referenced Applicant resolved at its meeting date referenced below, to authorize the Applicant to submit an application to the Anniston Calhoun County HOME Consortium (through the City of Anniston) for FY 2017 HOME Program funds. The individual referenced below is authorized to execute any documents necessary for application submission and funding.

Meeting Date: _____

Amount Requested: \$ _____

I hereby certify that the foregoing resolution was approved by our Board of Directors.

Authorized Certifying Official (Signature, Name & Title)

Date

(Insert Corporate Seal)

I certify that I have completed the FY 2017 application for ACCHC HOME Investment Partnerships Program funding. All of the information contained in this submission has been completed as thoroughly and as accurately as possible and a governing body resolution approving this submission has been attached to this submission.

Prepared by: _____ Date: _____
Signature

Prepared by: _____
Printed Name & Title

Approved by: _____ Date: _____
Signature

Approved by: _____
Printed Name & Title

For ACCHC Use Only

TO BE COMPLETED BY CITY OF ANNISTON STAFF AND RETURNED TO APPLICANTS

CITY OF ANNISTON, ALABAMA
COMMUNITY DEVELOPMENT DEPARTMENT

FY 2017 APPLICATION INTAKE RECEIPT

Grant Year: _____ Received Date/Time: _____

Agency Name:

Contact Name:

Contact Phone Number: _____

Type of Application:

Number of Applications Submitted: _____

Received by: _____

Name/Title

Signature

APPENDICES

Place Required Documentation Here

(Label with Appropriate TAB Letter and Number All Pages)

ATTACHMENT A

HOME Program Income Guidelines/Rent/Other Program Limits

Maximum Household Income Limits

HOME Program eligible [households] are defined as those households whose income from all household members, as determined by HUD-specified income determination techniques, do not exceed the HOME Program Maximum income limits applicable at the time of application. Such income limits are published annually by HUD for the HOME Program. The income limits applicable at the time this application was prepared are included in this Attachment.

To ensure compliance with HOME Program client eligibility requirements, organizations awarded HOME Program funds must maintain documentation that contains records of verified income for all members of the households who are occupants of housing units assisted with HOME Program funds. The approved method for documenting income is the HUD CPD Income Calculator [available at <https://www.hudexchange.info/incomecalculator>].

Households who purchase or rent housing units receiving HOME Program funding from the ACCHC must have total aggregate household income, from all persons living in the household at the time of qualification, equal to or less than 80% of the current HOME Program Area Median Income (AMI) for the Anniston-Oxford, Alabama Metropolitan Statistical Area, as defined by the United States Department of Housing and Urban Development. The current income limits are contained in this Attachment. At least 90% of renters for HOME Program assisted housing must have household income that does not exceed 60% of current AMI.

New income limits will be distributed to Subrecipients and CHDOs when HUD publishes annual changes in these data.

MAXIMUM HOUSEHOLD INCOME AND RENT LIMITS ANNISTON CALHOUN COUNTY HOME CONSORTIUM FY 2016 Income Limits

NOTE: The ACCHC is part of the **Anniston-Oxford, AL Metropolitan Statistical Area (MSA)**. The following Maximum Household Income Limits and HOME Program Rent Limits apply to applications seeking HOME Program funding for projects located in cooperating jurisdictions (Anniston, Jacksonville, Piedmont, Weaver, and unincorporated Calhoun County) that are members of the ACCHC.

2016 HOME Program Income Limits – Effective 6-6-2016

U. S. DEPARTMENT OF HUD 04/13/2016
STATE:ALABAMA

PROGRAM	----- 2016 ADJUSTED HOME INCOME LIMITS -----							
	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Anniston-Oxford-Jacksonville, AL MSA								
30% LIMITS	9900	11300	12700	14100	15250	16400	17500	18650
VERY LOW INCOME	16450	18800	21150	23500	25400	27300	29150	31050
60% LIMITS	19740	22560	25380	28200	30480	32760	34980	37260
LOW INCOME	26350	30100	33850	37600	40650	43650	46650	49650
Auburn-Opelika, AL MSA								
30% LIMITS	12800	14600	16450	18250	19750	21200	22650	24100
VERY LOW INCOME	21300	24350	27400	30400	32850	35300	37700	40150
60% LIMITS	25560	29220	32880	36480	39420	42360	45240	48180
LOW INCOME	34100	38950	43800	48650	52550	56450	60350	64250
Birmingham-Hoover, AL HUD Metro FMR Area								
30% LIMITS	13450	15400	17300	19200	20750	22300	23850	25350
VERY LOW INCOME	22400	25600	28800	32000	34600	37150	39700	42250
60% LIMITS	26880	30720	34560	38400	41520	44580	47640	50700
LOW INCOME	35850	41000	46100	51200	55300	59400	63500	67600
Chilton County, AL HUD Metro FMR Area								
30% LIMITS	11250	12850	14450	16050	17350	18650	19950	21200
VERY LOW INCOME	18750	21400	24100	26750	28900	31050	33200	35350
60% LIMITS	22500	25680	28920	32100	34680	37260	39840	42420
LOW INCOME	30000	34250	38550	42800	46250	49650	53100	56500
Walker County, AL HUD Metro FMR Area								
30% LIMITS	9750	11150	12550	13900	15050	16150	17250	18350
VERY LOW INCOME	16250	18550	20850	23150	25050	26900	28750	30600
60% LIMITS	19500	22260	25020	27780	30060	32280	34500	36720
LOW INCOME	25950	29650	33350	37050	40050	43000	45950	48950
Columbus, GA-AL MSA								
30% LIMITS	10900	12450	14000	15550	16800	18050	19300	20550
VERY LOW INCOME	18150	20750	23350	25900	28000	30050	32150	34200
60% LIMITS	21780	24900	28020	31080	33600	36060	38580	41040
LOW INCOME	29050	33200	37350	41450	44800	48100	51400	54750
Daphne-Fairhope-Foley, AL MSA								
30% LIMITS	12850	14700	16550	18350	19850	21300	22800	24250
VERY LOW INCOME	21400	24450	27500	30550	33000	35450	37900	40350
60% LIMITS	25680	29340	33000	36660	39600	42540	45480	48420
LOW INCOME	34250	39150	44050	48900	52850	56750	60650	64550

https://www.hudexchange.info/resource/reportmanagement/published/HOME_IncomeLmts_State_AL_2016.pdf

Maximum Rent Limits

Rental projects using HOME Program funds may not exceed the HOME Program maximum rent limits for the Anniston-Oxford Metropolitan Statistical Area published by HUD annually. The proposed utility allowances for such projects must be provided by the City of Anniston for review/approval. The HUD maximum rent limits applicable at the time this application was prepared are contained in this Attachment. The Rent Limit is the maximum rent that may be charged per unit (minus utility adjustment).

To calculate the initial rents, the recipients of HOME Program funds should use the process described in the HUD training manual, "Building HOME" Chapter 6, pages 6-9 – 6-11. Building HOME – Training Manual

<https://www.hudexchange.info/resource/2368/building-home-a-home-program-primer/>.

2016 HOME Program Rent Limits Effective 6-6-2016

https://www.hudexchange.info/resource/reportmanagement/published/HOME_RentLimits_State_AL_2016.pdf

U.S. DEPARTMENT OF HUD 04/2016 STATE:ALABAMA		----- 2016 HOME PROGRAM RENTS -----						
PROGRAM	EFFICIENCY	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	
Anniston-Oxford-Jacksonville, AL MSA								
LOW HOME RENT LIMIT	445	476	597	690	770	850	929	
HIGH HOME RENT LIMIT	445	476	637	810	896	1030	1137	
For Information Only:								
FAIR MARKET RENT	445	476	637	810	896	1030	1165	
50% RENT LIMIT	465	498	597	690	770	850	929	
65% RENT LIMIT	601	646	777	889	973	1055	1137	
Auburn-Opelika, AL MSA								
LOW HOME RENT LIMIT	518	559	713	824	920	1015	1109	
HIGH HOME RENT LIMIT	518	559	748	997	1199	1304	1410	
For Information Only:								
FAIR MARKET RENT	518	559	748	997	1248	1435	1622	
50% RENT LIMIT	555	595	713	824	920	1015	1109	
65% RENT LIMIT	739	793	953	1092	1199	1304	1410	
Birmingham-Hoover, AL HUD Metro FMR Area								
LOW HOME RENT LIMIT	560	600	720	832	928	1024	1120	
HIGH HOME RENT LIMIT	613	726	840	1113	1223	1330	1438	
For Information Only:								
FAIR MARKET RENT	613	726	840	1134	1250	1438	1625	
50% RENT LIMIT	560	600	720	832	928	1024	1120	
65% RENT LIMIT	753	808	971	1113	1223	1330	1438	
Chilton County, AL HUD Metro FMR Area								
LOW HOME RENT LIMIT	430	487	569	696	777	858	938	
HIGH HOME RENT LIMIT	430	487	569	829	993	1142	1236	
For Information Only:								
FAIR MARKET RENT	430	487	569	829	993	1142	1291	
50% RENT LIMIT	470	503	603	696	777	858	938	
65% RENT LIMIT	651	699	842	964	1055	1146	1236	
Walker County, AL HUD Metro FMR Area								
LOW HOME RENT LIMIT	426	456	548	633	706	779	852	
HIGH HOME RENT LIMIT	473	487	625	830	906	981	1056	
For Information Only:								
FAIR MARKET RENT	473	487	625	836	966	1111	1256	
50% RENT LIMIT	426	456	548	633	706	779	852	
65% RENT LIMIT	561	603	726	830	906	981	1056	
Columbus, GA-AL MSA								
LOW HOME RENT LIMIT	472	506	607	702	783	864	945	
HIGH HOME RENT LIMIT	593	658	777	924	1011	1097	1184	
For Information Only:								
FAIR MARKET RENT	593	658	777	1077	1357	1561	1764	
50% RENT LIMIT	472	506	607	702	783	864	945	
65% RENT LIMIT	625	671	808	924	1011	1097	1184	

For all HOME projects, the maximum allowable rent is the HUD calculated High HOME Rent Limit and/or Low HOME Rent Limit.

HOME Program Maximum Per Unit Subsidy

In March 2015 HUD issued Notice CPD 15-003 which established an Interim Policy on Maximum Per-Unit Subsidy Limits for the HOME Program. The policy instructs HOME PJs to use the HUD Section 234 basic mortgage limits for Condominium Housing. The following limits apply to this housing units assisted through this Agreement, effective November 18, 2015.

HOME Program Maximum Per-Unit Subsidy Anniston Calhoun County HOME Consortium Effective November 18, 2015	
Bedrooms	HOME Maximum Per-Unit Subsidy Limit
0 BR	140,107.20
1 BR	160,615.20
2 BR	195,304.80
3 BR	252,662.40
4+ BR	277,344.00

Sources: [Notice CPD-15-003: Interim Policy on Maximum Per-Unit Subsidy Limits for the HOME Program](#)
[HOMEfires Vol. 12, No. 1: Guidance on Using the Base City High Cost Percentages to Determine the Maximum Per-Unit Subsidy Limits for HOME](#) ; HUD Mortgage Letter 2014-14, July 7, 2014; Federal Register Vol. 79, No. 116, page34545, June 17, 2014; mail from Charles Franklin, HUD CPD Director, Birmingham, Dec. 1, 2015

HOME Value Limits

The HOME Rules established the maximum purchase price a grantee may set for a HOME subsidized homeownership unit as follows:

When HOME funds are used for homebuyer assistance or for the rehabilitation of owner-occupied single- family properties, the participating jurisdiction must use the HOME affordable homeownership limits provided by HUD for newly constructed housing and for existing housing, as appropriate.

The HOME Value and After-Rehabilitation Limits for the ACCHC at the time of the preparation of this application are:

<p>HOME Program Value Limits Posted April 2016 Effective Date May 2, 2016 Anniston-Oxford MSA</p> <p>Source: https://www.hudexchange.info/resource/2312/home-maximum-purchase-price-after-rehab-value/</p>							
Existing Homes HOME Value Limits				New Homes HOME Value Limits			
1 – Unit	2– Units	3 – Units	4 - Units	1 – Unit	2 – Units	3 – Unit	4 – Units
\$149,000	\$191,000	\$231,000	\$286,000	\$228,000	\$292,000	\$353,000	\$438,000

ATTACHMENT B
ACCHC FY 2017 Application
Home Investment Partnerships (HOME) Program Application Rating Form

Applicant: _____	Funding Request: \$ _____
Proposed Project: _____	
Reviewer: _____	Date: _____

APPLICATION COMPLETENESS	Yes	No	Eligible	Eligibility Notes
TAB A – Cover Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
TAB B – Application Submission Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

TAB C – PROJECT DETAILS	Yes	No	Score	
Criteria			Max Points	Total Points Received
Applicant has identified the location of the proposed project? <i>If yes, 3 points; if no zero points.</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
Does the applicant properly identify the geographic area to be served by the project? <i>If yes, 3 points; if no zero points.</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
Applicant has experience with similar projects. <i>10+ years = 8 points; 5-10 years = 6 points; 3-5 years = 4 points; 1-3 years = 2 points; less than 1 year = 1 point; no experience = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	8	
Applicant provides the duration of the project. <i>Less than 3 months = 5 points; 6-9 months = 3 points; 3-6 months = 4 points; 6-9 months = 3 points; 9-12 months = 2 points; 12 months = 1 point; More than 12 months = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	5	
The proposed implementation schedule is realistic and includes expenditure schedule, accomplishments, and timelines. <i>Clear schedule provided = 4 points; some questions remain = 3 points; unclear and many questions remain = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	4	
The project description provides a detailed and comprehensive narrative about the project. <i>Yes and no questions remain = 10 points; Yes, but a few questions remain = 8 points; Almost, but many questions remain = 5 points; No, but further information needs to be provided = 3 points; No, an all is unclear = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	10	
Total - TAB C – Project Details			33	

ATTACHMENT B (Continued)

Home Investment Partnerships (HOME) Program Application Rating Form

TAB D – BENEFICIARIES	Yes	No	Score	
Criteria			Max Points	Total Points Received
Applicant identifies need to be addressed by project. <i>Yes = 1 points; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Does the applicant identify its target population? <i>If yes, 2 points; if no zero points.</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Does the applicant justify the need for the project to serve the targeted population? <i>If yes, 2 points; if no zero points.</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Applicant’s design meets the identified need. <i>Yes = 2 point; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Applicant identified that 100% of target population is low- and moderate income. <i>If yes, 2 points; if no zero points.</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Applicant explains how it will document and verify incomes for persons who occupy the Applicant’s proposed project. <i>If yes, 2 points; if no zero points</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Is applicant’s project for identified target population duplicated elsewhere in City of Anniston? <i>If yes, 0 points; if no 3 points.</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
Proposed project will serve only ACCHC Residents <i>If yes, 3 points; if no zero points.</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
If the applicant’s project expands outside of the ACCHC, does the applicant provide a percentage of ACCHC residents to be served? <i>If yes, 3 points; if no zero points; if n/a, 3 points.</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
Project site is current/former environmental hazard. <i>Yes = 0 points; Don’t Know = 2 points; No = 3 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
Project is adjacent to an environmental hazard. <i>Yes = 0 points; Don’t Know - = 2 points; No = 3 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
Total – TAB D – Beneficiaries			26	

TAB E – GOALS AND OBJECTIVES	Yes	No	Score	
Criteria			Max Points	Total Points Received
Applicant identifies the performance measurement objectives/outcomes best exemplified. <i>Yes = 2 points; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Application provides descriptions of how project exemplifies chosen performance objectives/outcomes. <i>Yes, and both are clear = 4 points; Yes, but only one is clear = 3 points; Yes, but both are vague = 2 points; Yes, but both are unclear = 1 point; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	4	
Applicant provides clear and measurable performance goals as they relate to the proposed project. <i>Yes, clear and measurable = 2 points; Yes, but some questions remain = 1 point; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Applicant provides sufficient evidence to suggest satisfactory reporting, monitoring, and record-keeping systems are in place. <i>Yes, answer is clear = 2 points; Yes, but some questions remain = 1 point; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Applicant has experience in reporting, monitoring or record-keeping. <i>Yes, extensive = 3 points; Yes, but limited (or unclear) = 2 points; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
Total – TAB E – Goals & Objectives			13	

ATTACHMENT B (Continued)

Home Investment Partnerships (HOME) Program Application Rating Form

TAB F – SUSTAINABILITY	Yes	No	Score	Total Received
Criteria			Max Points	
Percentage of applicant's budget includes grant revenue. <i>0% = 6 points; Less than 30% = 5 points; 31-50% = 4 points; 51-60% = 3 points; 61-70% = 2 points; 71-80% = 1 point; More than 80% = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	6	
Applicant has non-HOME funding in place for the project. <i>100% = 5 points; 50-99% = 3 points; 30-50% = 2 points; 10-30% = 1 point; 0-10% = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	5	
Applicant is willing and able to start the project October 1, 2017. <i>Yes = 2 points; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Applicant has employed at least one full-time staff member for at least one year prior to the request for funding. <i>Yes = 2 points; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Does the project total cost include proposed match sources from non-federal funding sources? Do the matched sources equal at least 25% total match of grant request? <i>If Yes and match proposed is 25% (or more) grant funds request, = 3 points; if No, = 0 points and make note in comment section for further review and follow-up.</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
Does the applicant have a positive spending and record-keeping history with ACCHC funds or receipts of funds through City of Anniston? <i>If Yes, 2 points. If No, zero points.</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Does the project implementation schedule reflect accurate planning within the allotted timeframe for the expenditure of these funds? <i>If Yes 2 points; if No zero points.</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Was applicant awarded HOME funds previously? <i>If Yes and 100% of funds awarded were spent before the end of that program year; award 3 points. If No, award zero points.</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
If applicant was awarded HOME funds previously- <i>If 100% of funds awarded were spent within first six months of that program year, = 3 points. If 80-99% = 2 points. If 50-79%, = 1 point. If less than 50%; = 0 points.</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
Total – TAB F – Sustainability			28	
GRAND TOTAL			100	

Scoring by Reviewers

	Maximum Points Possible	Score Received
TAB C Total	33	
TAB D Total	26	
TAB E Total	13	
TAB F Total	28	
Grand Total	100	

FINANCIAL ASSESSMENT OF APPLICATION COMPLETENESS

Application Completeness	Yes	No	Eligibility Comments?
Did the applicant include most recent audit or financial statement?			
Did the applicant include an audited financial statement that is clear of any findings/concerns?			
Did the applicant include written financial management procedures along with current applicant organization chart?			
Did the applicant include their most recent Federal Income Tax Return?			

ATTACHMENT B (continued)

Home Investment Partnerships (HOME) Program Application Rating Form

CHDO CERTIFICATION APPLICATION COMPLETENESS			
Application Completeness	Yes	No	Eligible?
If the applicant is applying for the first time, does the applicant have fiscally sound management and all required documentation to show good faith in spending and planning? Discussion Item- review audit and financial statements to note any findings or concerns. Please make notes in comment section.	<input type="checkbox"/>	<input type="checkbox"/>	
Is a description of applicant's previous related experience included?	<input type="checkbox"/>	<input type="checkbox"/>	
Did applicant include most recent audit or financial statement?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the applicant include an audited financial statement that is clear of any findings/concerns?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the agency include written financial management procedures along with current applicant organization chart?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the applicant include resumes of principal staff and personnel directly working on the project?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the applicant include a copy of current IRS 501(c) (3) status?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the applicant currently registered with Alabama Secretary of State?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the applicant include their most recent IRS Form 990 or 990 EZ?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the list of board members and a copy of board meeting minutes authorizing the submittal of this application included?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the applicant include their By-Laws, a copy of the Conflict of Interest Statement, and a brief narrative confirming their applicant meets the Board submission requirements regarding representation and financial contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the applicant include a current Business/Strategic Plan?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the applicant include DUNS Number?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the signed statement that the applicant acknowledges its responsibilities in the certification within the application packet?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the applicant registered with the System for Award Management (SAMS)?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the applicant complete the Tab A- Cover Sheet?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the application complete based on required submittal documentation? If Yes, proceed with scoring. If No, please do not proceed; further review is required.	<input type="checkbox"/>	<input type="checkbox"/>	

ATTACHMENT C

**ANNISTON CALHOUN COUNTY HOME
CONSORTIUM (ACCHC)**

HOME Investment Partnerships Program

**Community Housing Development
Organization (CHDO) Certification Application**

**ANNISTON CALHOUN COUNTY HOME CONSORTIUM (ACCHC)
HOME INVESTMENT PARTNERSHIPS (HOME) PROGRAM
FY 2017 CHDO CERTIFICATION APPLICATION**

Consortium (ACCHC) is accepting applications for organizations seeking certification as Community Housing Development Organizations (CHDO). Annual certification is required by HUD for a non-profit organization to be eligible to receive HOME Investment Partnerships (HOME) Program funds as a CHDO. The organization responsible for performing the certification review process for the ACCHC is the City of Anniston, which administers the HOME Program as the representative of the ACCHC.

Application Procedures:

Complete this form and **submit one signed original and one electronic (flash drive only) copy** to the City of Anniston along with HOME Program CHDO Project applications to obtain a CHDO Certification review. **Applications are not considered complete until they include all submission and attachment requirements as identified in this document.**

SUBMIT TO: Ms. Mary Motley
Community Development Coordinator
Anniston City Hall
P.O. Box 2168
1128 Gurnee Avenue
Anniston, Alabama 36202-2168
256-231-7799 EMAIL: mmotley@anniston.al.gov

ACCHC CHDO CERTIFICATION PROCEDURES

INTRODUCTION

A Community Housing Development Organization (CHDO) is a special type of non-profit housing entity created under the Home Investment Partnerships (HOME) Program authorized by the Cranston-Gonzalez National Affordable Housing Act (NAHA) of 1990. Among the purposes of NAHA, as amended, are promoting partnerships between States, units of general local government and nonprofit organizations, and expanding the capacity of nonprofit organizations to develop and manage decent and affordable housing. The ACCHC receives annual awards of HOME Program funds from the U.S. Department of Housing and Urban Development (HUD), from which at least fifteen percent (15%) of each HOME Program annual award must be used for CHDO projects.

APPLICATION REQUIREMENTS AND PROCESS

This document contains the procedures and a checklist that is now being used by the Anniston Calhoun County HOME Consortium to designate Community Housing Development Organizations. The information contained, herein, refers to the definition of **Community Housing Development Organizations [CHDO]**, as contained in the HOME Program Regulations [24 CFR 92.2]. The checklist provides guidance to new and existing CHDO applicants in developing their request for CHDO certification, and is now used by the ACCHC to ensure that all required documents submitted by an organization have been received, reviewed, and determined to be accurate and complete. Copies of all items checked should be attached, with separation tabs identifying each item, and submitted with the CHDO Certification Checklist, as described in these procedures.

Prerequisite for Submission of a Request for CHDO Certification

The organization submitting the Request for CHDO Certification must demonstrate:

- A. That it has at least one (1) year of successful experience as a provider of affordable housing to predominantly low- and moderate-income tenants or residents.
- B. That it has successfully completed an affordable housing project(s) as a CHDO, Subrecipient, or contractor utilizing funding from the ACCHC or other [City/County/State] HOME Program Participating Jurisdiction(s) or Consortia or from other affordable housing funding source(s) prior to the organization requesting CHDO certification from ACCHC. The organization's affordable housing project(s) must have been monitored by the respective Participating Jurisdiction(s) or Consortia or other affordable housing funding source for statutory and regulatory compliance; and, the organization and project must have No unresolved "Findings" or "Concerns."

A request to ACCHC for CHDO certification should consist of:

1. One originally signed letter from the President or Chair of the Board of Directors [governing board] of the non-profit organization requesting CHDO certification from ACCHC. This must be received by **December 16, 2016 at 4:00 P.M.** and should be addressed to:

**Ms. Mary Motley
Community Development Coordinator
Anniston City Hall**

**P.O. Box 2168
1128 Gurnee Avenue
Anniston, Alabama 32602-2168**

Re: Request for CHDO Certification

2. One (1) original and one (1) certified copy, with original signatures of the President or Board Chair and the Corporate Secretary, of the Minutes of the Board of Directors [governing board] of the requesting non-profit organization, documenting that the Board of Directors took an affirmative majority vote of a legal quorum at a regular or special Board meeting, approving the submission of a request for CHDO certification to ACCHC, and authorizing the President or Chair to submit the request to ACCHC. Organizations that use Resolutions must also submit one (1) original and/or certified copies (2) of any such Resolution to accompany the certified copy of the Minutes.
3. One (1) copy [all with original signatures] of the ACCHC CHDO Certification Checklist.
4. Attach one copy of all documents selected on the submitting organization's fully executed ACCHC CHDO Certification Checklist.
5. If the applicant organization is currently a CHDO designated in another Participating Jurisdiction or Consortium or is a State CHDO and wishes to obtain CHDO certification from the ACCHC, documentation of CHDO Certification status must be submitted, including written documentation that the organization's Board of Directors meets the 1/3 low-income requirement of HUD. [See attached CHDO Board Member Certification Form.]

Please send legible copies of all documents and do not submit documents that are not required. The City of Anniston will respond to requests for CHDO certification within 30 calendar days from the receipt of a properly submitted request.

To eliminate potential delays in processing requests for CHDO certification, it is recommended that organizations considering the submission of a request for certification contact the City of Anniston with any questions.

The following pages present all the items that must be submitted to the City of Anniston by an organization seeking certification as a CHDO by the ACCHC. The pages are fillable using Microsoft WORD.

ACCHC CHDO Certification Checklist

Name of Organization: _____
[Name as It Appears on the IRS 501(c) (3) or (4) Tax Exempt Approval]

Organization Address: _____
City _____ State _____ Zip _____

Federal Employer ID # _____

DUNS # _____

Registered with SAM.gov YES NO

A CHDO must be a:

- A. Developer, sponsor, or owner of HOME Program assisted housing that has effective management control of a project, and is
- B. Organized and structured according to the standards provided in the HOME Program Regulations [24 CFR 92].

A. LEGAL STATUS [ATTACH ALL DOCUMENTS]

- 1. The non-profit organization is organized under the laws of the State of Alabama, as evidenced by:
 - Articles of Incorporation
 - Certificate of Incorporation from the State of Alabama, Office of the Secretary of State, and evidence that the organization is currently “Active” and “In Compliance” with registration requirements
 - By-laws [and proof of adoption by the Board of Directors of the organization]
 - Listing of current Board members, including names, home or business addresses and telephone numbers [not addresses/telephone numbers of the CHDO]
- 2. No part of the net earnings of the non-profit organization may inure to the benefit of any member, founder, contributor, or individual, as evidenced by:
 - Articles of Incorporation
Specify Location in Articles of Incorp. _____
- 3. The non-profit organization **has received a tax exemption ruling** from the Internal Revenue Service [IRS] of the United States of America under Section 501(c) (3) or (4) of the Internal Revenue Code of 1986 [26 CFR 1.501(c)(3)-1].
 - Tax Exemption Certification received from the IRS, **OR**
 - Documentation that the organization is a subordinate of a central organization under Internal Revenue Code (IRC) 905, **OR**
 - Documentation that the organization is a wholly-owned entity that is regarded as an entity separate from its owner for tax purposes (e.g., a single member limited liability company that is wholly-owned by an organization that qualifies as tax-exempt), when the owner organization has a tax exemption ruling from the IRS under section 501(3) or 501(c)(4) of the IRC.

- Copy of the organization's most recently submitted IRS Form 990 or 990EZ

Has among its purposes the provision of decent housing that is affordable to low- and moderate-income persons, as evidenced by a statement in the organization's:

- Articles of Incorporation
Specify Location in Articles of Incorp. _____

OR

- By-laws
Specify Location in By-laws _____

B. CAPACITY [ATTACH ALL DOCUMENTS LISTED]

1. The non-profit organization conforms to the financial accountability requirements of 2 CFR Subpart D, Sections 200.300-200.309 that governs all federally funded Programs [See Exhibit 3]. Conformance to 2 CFR 200, Subpart D, Sections 200.300-200.309 as evidenced by the attached item(s) checked:

- A notarized certification from an independent Certified Public Accountant that the organization's financial systems are in compliance with 2 CFR Part 200, Subpart D, Sections 200.300-200.309; and

- A copy of the non-profit organization's most recent fiscal year audit or audited financial statement prepared by an independent Certified Public Accountant, including a copy of any audit management letter(s), if prepared by the CPA for the non-profit organization. The audit or audited financial statement must contain a Balance Sheet and Income Statement.

2. The non-profit organization has a demonstrated capacity for carrying out activities assisted with HOME Program funds, as evidenced by:

- Resumes and descriptions/statements that describe the experience of paid staff employees who will be responsible for the day-to-day operations of the CHDO and who have successfully completed projects similar to those to be assisted with HOME Program funds. Staff does not include volunteers, board members, or consultants.

- Documentation that describes the organization's experience in planning and/or managing affordable housing projects.

Applicant has attached documentation of its successful completion of a HOME Program assisted affordable housing project or a HOME Program eligible affordable housing project, including copies of any monitoring reports on the project from the funding agency or agencies. The documentation should include the following information:

- (1) Project Name
- (2) Project Description
- (3) Project Address
- (4) Project Location Map
- (5) Date of Completion
- (6) Project Owner Name
- (7) Project Owner Mailing Address [Address/City/State/Zip]
- (8) HOME Program Project Type
- (9) Project Budget [All Sources]- Secured Financing/Layering
- (10) Monitoring Reports/Correspondence from Funding Agency/Agencies
- (11) Project Timeline
- (12) Project Underwriting
- (13) Project Market Analysis
- (14) Marketing Plan & Strategy

Applicant has attached documentation that it:

- (1) CHDO is in good standing with one or more other Participating Jurisdictions/ Consortia/State Agencies
- (2) Has received HOME Program funds or affordable housing funds from one or more Participating Jurisdictions/Consortia or from other Federal and/or State Agencies
- (3) Has successfully completed one or more HOME Program funded or HOME Program eligible projects for one or more Participating Jurisdictions/Consortia or from other Federal and/or State Agencies
- (4) Has received monitoring report(s), from each of the one or more Participating Jurisdictions/Consortia and/or other Federal or State Agencies from which it has received HOME Program or other affordable housing funds, with No unresolved "Findings" or "Concerns."

3. Has a history of serving the community where housing to be assisted with HOME Program funds will be used [ACCHC], as evidenced by:

- A statement that documents at least one (1) year of experience in serving the ACCHC,

OR

- For newly created organizations formed by local churches, service or community organizations, a statement that documents that its parent organization has a least one year of experience in serving the ACCHC.

The non-profit organization or its parent organization must be able to show one year of serving the ACCHC. In the statement, the organization must describe its history (or its parent organization's history) of serving ACCHC by describing activities which it provided (or its parent organization provided), such as: developing new housing; rehabilitating existing housing stock and managing housing stock; or delivering non-housing services that have lasting benefits for the community (e.g. counseling, food relief, or childcare facilities). The statement must be signed by the chief executive of the organization.

- Copies of letters of recommendation accompanying the CHDO certification submission to the ACCHC, from other participating jurisdictions or consortia and/or other Federal or State agencies where the organization has carried out affordable housing projects as a Subrecipient, as a contractor, or as a CHDO.

- The non-profit organization must submit a statement which presents any history (or its parent organization's history) of serving the ACCHC, or other communities, by describing activities which it, or its parent organization, provided including developing new housing, rehabilitating existing housing and managing housing. The President or Chair of the governing board of the organization must sign the statement.

C. ORGANIZATIONAL STRUCTURE [ATTACH ALL DOCUMENTS LISTED]

The HOME Program requires that a CHDO:

1. Reserves/maintains at least one-third of its governing board's membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations as evidenced by the organization's:

By-laws Specify location in By-Laws _____

OR

Articles of Incorporation Specify location in Articles _____

The organization must provide documentation in the request for CHDO certification to the City of Anniston Community Development Coordinator that it complies with the one-third Board composition requirement by having all Board Members complete the ACCHC CHDO Board Member Certification documents included as Attachment 1. Income must be documented for persons who are residents of low-income neighborhoods or other low-income community residents. An explanation must be provided on the method the organization has used to verify Board membership income levels.

For urban areas, the HOME Program defines "community" as one or several neighborhoods, a city, county, or metropolitan area.

2. Provides a formal process for low-income, program beneficiaries to advise the organization in all of its decisions regarding the design, siting, development, and management of all HOME Program assisted affordable housing projects, as evidenced by:

By-laws Specify location in By-Laws _____

Resolutions,

OR

Written operating procedures approved by the governing body. Specify location _____

3. A CHDO designated by ACCHC must be incorporated under the laws of the State of Alabama. (1) the State or local governments 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 body board members are public officials, as evidenced by the organization's:

By-laws

Specify location in By-Laws _____

OR

Articles of Incorporation

Specify location in Articles _____

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 members of the CHDO 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 Specify location in By-Laws _____

OR

Articles of Incorporation Specify location in Articles _____

D. RELATIONSHIP WITH FOR-PROFIT ENTITIES [ATTACH ALL DOCUMENTS LISTED]

An organization seeking CHDO certification must document that:

1. It is not controlled, nor receives directions from individuals or entities seeking profit from the organization, as evidenced by:

By-laws

Specify location in By-Laws _____

OR

Memorandum of Understanding (MOU)

If the non-profit organization has been sponsored or created by a for-profit entity, however:

- A. The for-profit entity's primary purpose does not include the development or management of CHDO-sponsored housing, as evidenced by:

In the for-profit organization's By-laws

Specify location in By-Laws _____

AND

B. The CHDO is free to contract for goods and services from vendor(s) of its own choosing, as evidenced in the organization's:

By-laws Specify location in By-Laws

OR

Articles of Incorporation Specify location in Articles _____

E. STRATEGIC PLAN OR BUSINESS PLAN [ATTACH ALL DOCUMENTS LISTED]

An organization requesting CHDO Certification from the ACCHC should submit, with its request for certification, a copy of its Strategic Plan or Business Plan which examines its vision, goals, mission statements, measurable objectives and outcomes [long and short term], and its current and projected resources used to carry out its mission.

A description in the plan of proposed CHDO project(s), and how the project(s) is consistent with the organization's vision, goals, mission statements, measurable objectives and outcomes [long and short term], and its current and projected resources used to carry out its mission.

Evidence of adoption of the plan by the non-profit governing body must be submitted with the request for certification.

F. WRITTEN OPERATING PROCEDURES [ATTACH ALL DOCUMENTS LISTED]

Submit a copy of the organization's proposed written operating procedures that the organization would use to carry out its HOME Program affordable housing activities.

Signatures

APPLICANT ORGANIZATION

President or Chair of Governing Board **Date**

Printed Name, President or Chair of Governing Board

Corporate Secretary of Governing Board **Date**

Printed Name, Corporate Secretary of Governing Board

[IMPORTANT REMINDER: ATTACH A RESOLUTION ENACTED BY THE ORGANIZATION'S BOARD OF DIRECTORS, AND/OR A CERTIFIED COPY OF THE MINUTES OF AN OFFICIAL MEETING OF THE BOARD OF DIRECTORS, IN WHICH THE BOARD OF DIRECTORS AUTHORIZED, BY AN AFFIRMATIVE MAJORITY VOTE OF A LEGAL QUORUM OF THE BOARD OF DIRECTORS, THE SUBMISSION OF THE REQUEST FOR CHDO CERTIFICATION TO ACCHC.]

Impress Corporate Seal of Applicant Organization Here - As Affixed by the Corporate Secretary

ATTACHMENT 1- CHDO BOARD MEMBER CERTIFICATION

CHDO - BOARD MEMBER CERTIFICATION

A Community Housing Development Organization (CHDO) must maintain a governing board consisting of at least one-third of the board members who represent low-income areas. This requirement may be met by one of the following:

1. Being a member of a low-income household; or
2. Residing in a low-income census tract or block group; or
3. Appointment to the governing body through election by members of another organization consisting exclusively of residents of a low-income neighborhood.

Public representatives cannot be qualified as low-income representatives, even if they meet the qualifying criteria.

Public officials include individuals elected, appointed, or employed by the State or an instrumentality of the State [City, County or Authority].

ORGANIZATION OFFICER CERTIFICATION

By my signature below, I certify that I am the duly qualified Secretary of the organization that the information provided on all current board members of the organization is true and correct, and I have reviewed written documentation in the organization’s files that support the information provided.

Name of Organization: _____

Printed Name: _____

Printed Title: _____

Signature: _____

Signature Date: _____

NOTE: DOCUMENTS WITH ORIGINAL SIGNATURES MUST BE SUBMITTED TO THE CITY OF ANNISTON.

Impress Corporate Seal Here:

CHDO - BOARD MEMBER CERTIFICATION FORM

Each Board Member Must Fill In, Sign and Date This Form. Forms with original signatures must be submitted to the City of Anniston.

Name of Organization: _____

Printed Name: _____

Printed Board Title: _____

Home Address _____

City _____

State _____

Zip Code _____

Select Only One To Describe Your Status As A Board Member:

Public Official or Employee

I currently hold a publicly elected office, am employed by a state or an instrumentality of the state; or serve on any commission, board of other regulatory body by appointment of an elected official or other political body.

Low Income Resident

I am an individual living in a household where the total income from all household members does not exceed 80% of the Area Median Income. Table 1 for Income Limits.

HOME Program Maximum Family/Household Income Limits – ANNISTON/OXFORD, AL MSA	
[Income is Counted From All Persons Living In the Household] 2015 Income Limits	
Family/Household Size [Total Number of Persons in Household]	80% Median Family/Household Income Effective 6-1-2015
1	\$27,650
2	\$31,600
3	\$35,550
4	\$39,500
5	\$42,700
6	\$45,850
7	\$49,000
8	\$52,150

Resident of Low-Income Area

I reside in Census Tract Number: _____ which HUD data shows has at least 51% 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 HUD data shows that more than 50% of the households in the neighborhood 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 neighborhood group's name is: _____

The Census Tract/Block numbers served by the neighborhood group are:

Census Tract	Block
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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Not a Low-Income Representative

Signature: _____

Signature Date: _____

APPLICANT ORGANIZATION BOARD OF DIRECTORS

Name of Organization: _____

Name of Board Member	County of Residence	Member of Low-Income Household	Representative of Low-Income Area	Elected Representative of a Low-Income Group	Not a Low-Income Representative	Public Official
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ATTACHMENT 2 – Applicable CHDO Regulations

HOME Final Rule – 24 CFR 92

http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title24/24cfr92_main_02.tpl

HOME Final Rule Changes

<https://www.federalregister.gov/articles/2013/07/24/2013-17348/home-investment-partnerships-program-improving-performance-and-accountability-updating-property>

2 CFR Part 200

“Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards”
(Also known as the “Super Circular or Omni Circular”)

http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

HUD Notice SD-2015-01 “Transition to 2 CFR Part 200, Feb. 26, 2015

<https://www.hudexchange.info/resource/4444/notice-sd201501-transition-to-2-cfr-part-200-uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards-final-guidance/>

CPD Notice 96-09

<https://www.federalregister.gov/articles/2013/07/24/2013-17348/home-investment-partnerships-program-improving-performance-and-accountability-updating-property>

CPD Notice 97-09

<https://www.hudexchange.info/resource/2678/notice-cpd-97-09-home-income-recaptured-funds-repayments-chdo-proceeds/>

CPD Notice 97-11

<https://www.hudexchange.info/resource/2162/notice-cpd-97-11-guidance-chdos-under-home/>