

CHDO Capacity Assessment
(Attach to CHDO & Non-Profit Certification Application)

CHDO
Applicant: _____

Completed by: _____ Date: _____
(Name and title)

*Please provide **detailed** answers to the following questions regarding your organization's capacity to act in the role of a CHDO developer and to administer CHDO set-aside funds. Your responses to this assessment will be used in conjunction with the CHDO Certification Application to evaluate your organization's readiness and capacity to be a CHDO and will assist in COC's determination to award the CHDO designation.*

Organizational Status

1. Can your organization provide a Certificate of Good Standing from the South Carolina Secretary of State's Office? If yes, please attach.

2. Has your organization produced a strategic plan that specifies an action plan for housing development? If yes, please attach.

Board of Directors

3. Has there been stability and continuity in the members of your organization's board of directors over the last several years? Please explain.

4. Does the board have a committee structure or other means of overseeing planning and development? Please describe.

5. Describe the professional skills of the board members that are directly relevant to housing development (e.g., real estate, legal, architecture, finance, management).

6. Describe the relationship between the board of directors and the staff of your organization. Do the board and staff have shared goals?

Identity of Interest

7. Are there any identity of interest issues between your organization and any of the contractors, consultants or other professional service providers that are used for development activities that might constitute a real or perceived conflict of interest? Please explain.

Relationship/Service to the Community

8. Are the current housing development plans of your organization well grounded in an understanding of current housing conditions, housing needs and market demand? Has your organization done any analyses of the local housing market and the housing needs of low-income households? Please describe.
9. How strong are the current reputation of your organization and the relationships with the communities it serves?
10. To what extent does NIMBY (not in my back yard) opposition exist to low income housing in your organization's service area? What mechanisms are utilized to negotiate with the community and potential opponents?
11. Does your organization have strong, favorable relationships with the local governments in your service area? How strongly do local governments and elected officials support your housing activities?

Financial Management

12. Does your organization undertake annual budgeting of operational and project/program activities? Are budget versus actual income and expenses tracked and reported? Please explain.
13. Does your organization maintain controls over expenditures? How regularly are cash flow problems experienced?

14. Describe the internal controls your organization has in place to ensure separation of duties and safeguarding of assets.

15. Describe your organization's conflict of interest policy governing employees and board members regarding project development activities, particularly in procurement of contract services and the provision of housing assistance.

16. Explain the types and amounts of insurance carried by your organization (as applicable) for each of the following: liability, fidelity bond, workers compensation and property hazard.

17. Does your organization have a diversified and stable funding base for its operations? Do you have an established fundraising program for capital and operational needs? Please describe.

18. Does your organization have funds set aside for meeting the capital advance and/or pre-development needs of project development? Please describe the source and amount of funds available for capital advancement.

19. Are sufficient liquid assets available to cover your organization's current expenses? What portion of your organization's assets is liquid?

20. Describe the strength of your organization's relationships with other housing funders and lenders.

Development Capacity

21. Describe the skills of key housing staff in the following areas:

- Market analysis
- Legal/financial aspects of housing development
- Management of real estate development
- Oversight of design and construction management
- Marketing and client intake
- Property management (if proposing rental activities)

22. Does your organization utilize the services of qualified consultants or other partners in your housing developments? Describe the training these third parties provide to your staff and board members to build their capacity.

Certification of Low-Income Representation

Board Member Name: _____

I certify that I am a current member in good standing of the governing board for

(Name of the CHDO organization)

and that I represent the interests of low-income families in this organization's targeted service area. I have checked below the manner in which I meet the qualification as a low-income representative:

I qualify as a low-income resident under the HOME Program definition. The gross annual income of my household of _____ people is at or below 80% of the _____ county area median income in the amount of \$_____.
(Name of county) (80% AMI limit)

I live in a low-income area (where 51% or more of the households in my US Census tract have incomes at or below 80% of the median household income, as defined by HUD), which is part of the CHDO's targeted service area. My census tract is _____. **The Census tract data must accompany this certification.**
(Census tract number)

I am an elected representative of _____,
(Name of low-income neighborhood organization)
located within _____,
(Name of county)

which is part of the CHDO's targeted service area? **The meeting minutes and election roster that demonstrates the election of the member must be provided.**

If the applicant is representing a low-income neighborhood organization, please attach a copy of the signed resolution from the neighborhood organization naming the individual as their representative on the CHDO's board of directors.

By signing and dating this statement, I hereby certify that I meet the low-income representation characteristic checked above.

Board Member Signature

Date

Board President Signature

Date

[CHDO Name]
Board of Directors

SELECT ONLY ONE OF THE FIVE CATEGORIES BELOW FOR EACH BOARD MEMBER *(Appropriate Documentation Must Be Provided)*

	Current Board Member Name	County of Residence	Employer (If unemployed indicate reason such as student, retired disabled, etc.)	Low-Income Household (below 80% AMI)	Resident of a Low-Income Neighborhood (must provide US Census tract data)	Elected Representative of a Low-Income Neighborhood Organization	Public Official, Appointee, or Employee	Private Sector	Term Expiration Date
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I certify that this listing of current, participating board members is accurate.

Board President Signature

Date

[CHDO Name]
Board of Directors

SELECT ONLY ONE OF THE FIVE CATEGORIES BELOW FOR EACH BOARD MEMBER (Appropriate Documentation Must Be Provided)

	Current Board Member Name	County of Residence	Employer (If unemployed indicate reason such as student, retired disabled, etc.)	Low-Income Household (below 80% AMI)	Resident of a Low-Income Neighborhood (must provide US Census tract data)	Elected Representative of a Low-Income Neighborhood Organization	Public Official, Appointee, or Employee	Private Sector	Term Expiration Date
16.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I certify that this listing of current, participating board members is accurate.

Board President Signature

Date

CHDO & Non-Profit Annual Recertification

CHDO ORGANIZATION NAME: _____

SUBMITTED BY: _____

DATE SUBMITTED: _____

† **Items indicated with a “cross” symbol are reminders or helpful tips.**

1. Provide a listing of the CHDO board of directors, including the board member’s name, place of employment, and which sector he/she represents (i.e., public, private or low-income). Keep in mind the requirement that no more than one-third of the board may be comprised of public representatives and at least one-third of the board must be low-income representatives. **Using the form provided**, please include the listing of the board of directors as **Attachment A**.

† *Per a regulatory clarification from HUD, a local government employee, school board employee, etc. **does not** have to be counted as a public sector representative if he/she would otherwise qualify as a low-income representative.*

† *However, a board member who is employed by any branch or agency of state government is automatically considered a public representative, regardless of his/her income level. Other types of public representatives include elected officials and board members appointed by a public official.*

2. For the low-income representatives on the board, provide supporting documentation of their eligibility to be a low-income representative. There are three ways a board member can be classified as a low-income representative:

❖ The board member’s gross household income is below 80% of the area median.

❖ The board member is an elected representative of a low-income neighborhood organization. (Refer to page 4 of the CHDO Certification Manual for further guidance).

❖ The board member is a resident of a low-income neighborhood (at least 51% of the residents of the census tract are below 80% area median income).

Using the form provided, please provide the appropriate low-income documentation as **Attachment B**.

3. Identify the CHDO’s service area. Please ensure that the service area is the same as is identified in the CHDO bylaws.

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4. Is the CHDO currently administering a HOME-funded CHDO set-aside project? If so, does the service area of the current project comply with the CHDO's service area as defined in the bylaws?

5. Detail the affordable housing activities that have been accomplished or undertaken in the past year, including units assisted with CHDO proceeds (if applicable).

- ❖ How many units have been produced and/or households assisted? How many households were assisted with CHDO proceeds?

- ❖ Were HOME funds from the CHDO set-aside used in these activities and if so, how? *(Note: to be eligible, CHDO set-aside funds must be used during the construction phase; permanent financing only is ineligible).*

6. Describe the CHDO's low-income advisory process and the outreach performed to involve the low-income community in the CHDO's decision-making processes.

† *Having low-income representatives on the board of directors or having "open" board meetings does not satisfy the requirements of the low-income advisory process. The low-income advisory process is designed to report the outreach efforts made by the CHDO to the low-income community and must be adhered to as outlined in the CHDO's bylaws.*

- ❖ In what ways was the low-income advisory process implemented in the past year and what were the results?

- ❖ How have the low-income residents and program beneficiaries in your service area been involved with the CHDO to advise on policies and procedures, program design, site location(s), development and management of affordable housing? Please provide specific examples.

- ❖ Are there any unique approaches you have taken to obtain feedback from the low-income such as the formation of neighborhood advisory councils, tenant committees, etc.?

- ❖ Discuss any challenges you have encountered in obtaining feedback from the low-income residents and what measures will be pursued to overcome these obstacles.

7. Describe the Fair Housing activities that were undertaken by your organization during the past 12 months.

8. Describe any training or technical assistance that your board or staff members participated in that increased your capacity to develop affordable housing.

9. Please identify any technical assistance or training needs that your organization needs to increase your capacity to develop affordable housing.

10. Provide a narrative detail of the CHDO's **two-year** strategic business plan.

- ❖ The business plan must be delineated by year, for the next two years. A new, updated document must be submitted with each recertification.
- ❖ It must contain specific, measurable goals regarding affordable housing unit production and number of households to be assisted, as well as other long-range organizational and community development goals of the CHDO.
- ❖ It must identify the funding sources anticipated to accomplish the stated goals.

Include the two-year strategic business plan as **Attachment C**.

† *“Measurable” goals are ones to which the CHDO can hold itself accountable and easily determine at the end of the year whether or not the goal was accomplished.*

All CHDO & NON-PROFIT RECERTIFICATION DOCUMENTATION MUST BE SUBMITTED BY DATE: OCTOBER 30, 2023. CHDO DESIGNATION WILL BE SUSPENDED AND FUNDS FROZEN IF ALL REQUIRED DOCUMENTATION IS NOT SUBMITTED.