HOME

Home Investment Partnerships Program

Application
for
Home Investment Partnerships Program Funds
(HOME)

FY 2013-2014

Applicant Name: _____

Amount Requested: $ _____

Submittal Date: _____

Application Submittal

Complete applications must be submitted by:

12:00 PM on Monday, January 7, 2013

Submit the application to the City of Santa Cruz Housing and Community Development Program at the following address:

Housing & Community Development Manager
City of Santa Cruz Economic Development Department
337 Locust Street
Santa Cruz, CA 95060
cberg@cityofsantacruz.com

Applications submitted after this deadline or applications that are not complete may not be considered. Complete applications must include all forms listed on page 5.

In addition submitting a paper/hard copy of an application, completed applications may be submitted electronically as a PDF document as long as the document includes signed signature pages (scanned signatures are OK). If submitting documents electronically, send the completed application to cberg@cityofsantacruz.com with "CDBG Application" indicated in the subject line. Follow-up with a second email noting that your application was sent electronically. Within two working days following receipt of your electronically submitted application a confirmation email will be sent back to you. If this confirmation is not received it will be the applicant's responsibility to follow-up by telephone or email to confirm the application was received. Call 831-420-5108 to confirm receipt and/or to ask questions.

Application Available in a Microsoft Word Format

If you would like this application sent to you as a Microsoft Word document to facilitate its completion, contact Carol Berg at cberg@cityofsantacruz.com or call her at 831-420-5108 and she will email you a Word version of this application.

Policies and Procedures Manual

The City of Santa Cruz has developed a Housing and Community Development Program Policies and Procedures Manual to assist applicants and recipients of HCD funds. Go to
http://www.cityofsantacruz.com/Modules/ShowDocument.aspx?documentid=16857
on the City's website to download the manual. Questions may be directed to the Housing & Community Development Manager at the address listed above or by telephone at 831-420-5108 or to the Housing Coordinator at 831-420-5109.

Housing & Community Development Program
Economic Development Department
337 LOCUST ST., SANTA CRUZ, CA 95060 • 831/420-5150 • FAX 831/420-5151

Application
For
Home Investment Partnerships Program Funds (HOME)

FY 2013-2014

Organization Name:	
Address:	
Executive Director:	Telephone No:
Official Authorized to sign agreement:	
Program/Project Name:	
Location of Program/Project:	
Brief Description of Program/Project:	
Amount Requested: $	Date Application Submitted:
Total Project Cost of Activities Funded (in whole or in part) by this Application: $	
Total Estimated Value of In Kind Contributions: $	

The City of Santa Cruz does not discriminate against persons based on race, color, religion, marital status, sex, national origin, ancestry, age, familial status, disability, or any arbitrary basis. If you need special assistance in order to read and understand the information contained herein, please call the City of Santa Cruz Economic Development Department at 420-5150. The City of Santa Cruz TDD (Telecommunications for the Deaf) number is 420-5733. The Cal-Relay System number is 1-800-735-2922.

HOME PROGRAM OBJECTIVES

The National Affordable Housing Act of 1990 created the Home Investments Partnership (HOME) Program. This federal program is designed to strengthen public-private partnerships and to expand the supply of decent, safe, sanitary, and affordable housing, with primary attention to rental housing, for very low income and low-income families. The City of Santa Cruz receives an annual federal entitlement of HOME funds to implement the Act locally.

HOME funds are used to achieve the following objectives:

1. To provide decent affordable housing to lower-income households.
2. To expand the capacity of non-profit housing providers.
3. To strengthen the ability of state and local governments to provide housing.
4. To leverage private sector participation.

Eligible activities are defined in accordance with the following categories:

- Housing rehabilitation
- Homebuyer activities
- Rental housing activities
- Tenant-based rental assistance

APPLICATION FOR HOME FUNDS

Listed below are the forms required to apply for HOME funding from the City's Housing and Community Development Program. All forms must be completely filled out and all information must be submitted by

12:00 P.M. on Monday, January 7, 2013

in order for the application to be considered for funding. Please mark and "X" in the appropriate box on this page as the information is compiled for each section. For assistance please call the Housing & Community Development Manager 831-420-5108.

Project/Program Name: _____

☐ **COVER SHEET**
Information on Organization and project description. (Page 3 of this application.)

☐ **SECTION I: HOME Objectives**
Verify that the program or project will meet one of the HOME objectives. Categorize the program or project according to the supplied checklist.

☐ **SECTION II: Project Description & Scope of Services**
Provide a clear and concise narrative description of the proposed program or project,. Identify goals and objectives with an implementation plan, and complete a Project Development Schedule form.

☐ **SECTION III: Budget Proposal**
Submit required budgetary information. A checklist has been provided for this section; please place a checkmark in the appropriate boxes to indicate that the information has been provided.

☐ **SECTION IV: Qualifications**
Provide a summary of past accomplishments in the provision/development of affordable housing. A checklist has been provided for this section; please place a checkmark in the appropriate boxes to indicate that the information has been provided.

☐ **SECTION V: Disclosures**
Submit all required information. A checklist has been provided for this section; please place a check mark in the appropriate boxes to indicate that the information has been provided..

☐ **SECTION VI: Certification**
Provide certification from Board authorizing submission of application, certification of affiliation, and certification of compliance with Civil Rights Act and Americans with Disabilities Act. Use attached forms.

SECTION I
NATIONAL OBJECTIVES

Please check which national objective the program or project meets. Indicate which category of eligible activity the program falls under.

Project Name: _____

Type of Project: _____

A. HOME Objective: *(check one box)*

- ☐ Provision of affordable housing.
- ☐ Expansion of capacity of non-profit housing developers.
- ☐ Strengthening of public agency housing program(s).
- ☐ Leverage of private sector participation.

B. Category of Activity: *(check all applicable boxes which describe the program or project)*

- ☐ Homeowner rehabilitation
- ☐ Tenant-based rental assistance
- ☐ Homebuyer activities
- ☐ CHDO activities *(see Section D below)*
- ☐ Rental housing activities

The following activities may be funded only when conducted in conjunction with the major activity categories listed above:

- ☐ Acquisition of vacant land
- ☐ Refinancing
- ☐ Site improvements

C. Targeted Income Group:

- ☐ Low-income (80% of median income)
- ☐ Low-income (60% of median income)
- ☐ Very-low income (50% of median income)

D. Community Housing Development Organizations: *(check one)*

- ☐ Applicant is **not** requesting CHDO designation and funds.
- ☐ Applicant **is** requesting CHDO designation and funds:.

For those Applicants that checked Box #D-2 above, only the following activities are eligible for CHDO funds. Please check the appropriate box that describes the CHDO activities for which funds are being requested.

- ☐ Acquisition and/or rehabilitation of rental housing.
- ☐ Construction of new rental housing.
- ☐ Acquisition and/or rehabilitation of homebuyer property.
- ☐ Construction of new homebuyer property.
- ☐ Direct financial assistance to purchasers of HOME-assisted housing sponsored or developed by a CHDO.

SECTION II
PROJECT DESCRIPTION & SCOPE OF SERVICES

Project/Program Name: _____

1. Project Description: In the space below, please provide a brief project description, including information about the project location and surrounding neighborhood, site character, and other relevant programs/uses that will or do occur on the site or in the project. If funding request is only for a portion of a project/program, please indicate that as well.

x

2. Project Information:

A. Total land area (acres): _____

B. Total number of existing units: _____ Total number of proposed units: _____

C. Total no. existing bedrooms: _____ Total no. proposed bedrooms: _____

3. Site Plan:

A. Provide a location map (8 ½ x 11") showing the site in relation to its surroundings.

B. Attach a site plan (8 ½ x 11") showing details of the site and locations of existing and proposed structures.

4. Land Use and Zoning:

A. Proposed density (units/acre): _____

B. Current zoning:: _____

C. Required zoning: _____

5. Site Control:

A. Has the Applicant established site control? ☐ Yes ☐ No

B. If "yes" identify site control mechanism below (grant deed, purchase option, lease etc.):

_____

(*Attach copy of referenced document)*

C. If "no" and site is not under applicant's control, attach description of method and timeline for establishing site control.

6. Environmental Issues:

A. Is the site in a flood zone? ☐ Yes ☐ No ☐ Don't Know

B. Are there any special features or unusual characteristics pertaining to the site, including, but not limited to, any known toxic materials, heritage trees, ground water problems etc.?

☐ Yes ☐ No ☐ Don't Know

If Yes, please attach description of features or characteristics that might affect development. If "Don't know" is checked, please attach a description and timetable of actions that will be taken to identify any environmental issues.

7. Planning Requirements: Indicate with a check, all approvals and permits required. If permits/applications have not been approved, show anticipated dates. If permits/ applications have been approved, place a check in the last column.

ACTION REQUIRED	INITIATION OF APPLICATION DATE	OR	ANTICIPATED APPROVAL DATE	OR	CHECK IF APPROVED
☐ NEPA Environmental Assessment or EIS*	_____		_____		☐
☐ CEQA Negative Declaration or EIR*	_____		_____		☐
☐ Toxic report	_____		_____		☐
☐ Soils report	_____		_____		☐
☐ Conditional Use Permit	_____		_____		☐
☐ Variance	_____		_____		☐
☐ Other: *(describe)*	_____		_____		☐

If an environmental assessment has been completed, attach a complete copy to this page.

* .

SECTION II - EXHIBIT A
GOALS & OBJECTIVES

Program/Project Name:	
In the space provided below, list the measurable objectives of this program or project including quantifiable data whenever possible such as number of residents to be served, changes that may result from program, etc. Then describe specific actions/tasks that will be carried out to achieve these objectives, providing timelines when appropriate. Be as specific as possible. Use additional sheets if needed.	
Primary Program/Project Goal(s): _	
PROGRAM OBJECTIVES	**ACTIONS/TASKS TO ACHIEVE OBJECTIVE**
Objective #1: _	_
Objective #1: _	_
Objective #1: +	_
Objective #1:	_

SECTION II – EXHIBIT B
PROJECT DEVELOPMENT SCHEDULE

Identify the actual or anticipated date for the following activities. Indicate with "N/A" if an activity is not pertinent to the project. Please note that for any activity for which funding is being requested, an anticipated date must be indicated or that activity may not be funded.

ACTIVITY		ANTICIPATED DATE
Site	Acquisition	
Local Permits	Conditional Use Permit/Design Permit	
	Planned Development Permit/Subdivision	
	Building Permit	
	State Environmental Review Completed	
	Federal Environmental Review Completed	
Construction Financing	*Loan Application*	
	Enforceable Commitment	
	Closing and Disbursement	
Permanent Financing	Loan Application	
	Enforceable Commitment	
	Closing and Disbursement	
Other Loans and Grants	Type and Source: x	
	x	
	Application	
	Closing and Disbursement	
	Type and Source: x	
	x	
	Application	
	Closing and Disbursement	
	Type and Source x	
	x	
	Application	
	Closing and Disbursement	
Construction	Construction Start	
	Construction Completion	
	Placed in Service	
	Occupancy	

SECTION III
BUDGET PROPOSAL

Please provide the information listed below. Place a checkmark in the appropriate box to indicate that the information has been provided.

☐ **1. Proposed Budget.** Provide a line-item budget, which identifies all project-related costs. The budget must be developed and submitted on the "Development Project" format attached hereto Exhibit III A. If applicant is requesting CHDO designation and general operating assistance funds, also complete the attached "CHDO Operating Costs" form (Exhibit III B).

☐ **2. Rental Project Pro-forma.** For all rental projects, provide a 15-year income and expense pro forma, similar to the format attached hereto as Exhibit III C. The pro forma must include all income and expenses, including reserve funds, (for each year and in total) projected for the development. Clearly state all assumptions such as rent levels (including utility allowances), vacancy/collection loss rates, projected annual income and expense percentage increases, etc.

☐ **3. Leveraging Form.** For all projects, complete the Leveraging Form attached hereto as Exhibit III D, to identify other sources and expected sources of funding.

SECTION III – EXHIBIT A
DEVELOPMENT PROJECT
PROPOSED BUDGET

Applicant Name: _____

Project/Program Name: _____ **No. of Units:** _____

PROJECT COSTS	1. .Site acquisition	$
	2. .Closing costs	$
	3. .Arch. and Engineering fees	$
	4. .Site work	$
	5. Buildings	$
	6. Fees and permits	$
	7. Construction management	$
	8. Construction contract	$
	9. Consultants	$
	10. Administration	$
	11. Legal	$
	12. Taxes and insurance	$
	13. Marketing	$
	14. Operating reserve	$
	15. Developer fee	$
	16. Contingency	$
	TOTAL COSTS	**$**
SECURED/COMMITTED LOANS	First mortgage	$
	Other loans secured by property	$
	(Describe)	
	A. TOTAL LOANS	**$**
SECURED/COMMITTED GRANTS	Sponsor Donation	$
	Equity (Syndication)	$
	CDBG (Prior allocations for Project)	$
	HOME (Prior allocations for Project)	$
	Other (Describe)	$
	B. TOTAL GRANTS	**$**
FUNDING SUMMARY	**C.** Total estimated project cost	$
	D. Total secured funding *(A + B)*	$
	E. Funding gap *(C - D)*	$
	F. HOME funds requested	$
	G. CDBG funds requested *(other applic.)*	$
	H. Remaining gap *(E – F - G)*	$
	I. Available lines of credit	$

SECTION III – EXHIBIT B
CHDO OPERATING COSTS

Applicant Name: _____

Project/Program Name: _____

PERSONNEL COSTS	1. Salaries	$
	2. Fringe Benefits	$
GENERAL NON-PERSONNEL COSTS	3. Supplies	$
	4. Communication	$
	5. Printing	$
	6. Utilities	$
	7. Rent	$
	8. Travel - Local	$
	9. Travel - Other	$
	10. Liability Insurance	$
	11. Miscellaneous	$
SPECIFIC NON-PERSONNEL COSTS	12. Equipment Rental	$
	13. Equipment Purchase	$
	14. Contracted Services/Consultants	$
	15. Audit Fees	$
TOTAL BUDGET:		**$**

SECTION III – EXHIBIT C
RENTAL PROJECT INCOME AND EXPENSE PRO-FORMA

Applicant Name: _____

Project/Program Name: _____

	YEAR #1	YEAR #2	YEAR #3	YEAR #4	YEAR #5
1. Potential rental income					
2. Miscellaneous income					
3. Gross income					
4. Vacancy factor (5%)					
5. Effective gross income					
6. Debt service					
7. Operating expenses					
8. Net operating expenses					
9. Other Subsidy: _____					
10. Other Subsidy: _____					
11. Net cash flow					

Notes regarding this analysis should be attached and referenced by line item.

SECTION III – EXHIBIT D
LEVERAGING OF OTHER FUNDS

Applicant Name: _____

Project/Program Name: _____

- List sources, including funding amounts, to which you have funding committed for the proposed project.
- List pending funding sources, including the anticipated funding amounts, to which you have applied and anticipate being awarded funds for the proposed project.
- List other potential funding sources, including the anticipated funding amounts, to which you will be submitting an application and have a reasonable expectation of being funded for the proposed project.

LEVERAGING FUNDS**		
FUNDING SOURCE	**AMOUNT ($)**	**TYPE OF FUNDING/STATUS**
COMMITTED FUNDING SOURCES*		
LOCAL		
	$	
	$	
FEDERAL		
	$	
	$	
STATE		
	$	
	$	
PENDING FUNDING SOURCES		
LOCAL		
	$	
	$	
FEDERAL		
	$	
	$	
STATE		
	$	
	$	
APPLICATION TO BE SUBMITTED FROM FUNDING SOURCE		
LOCAL		
	$	
	$	
FEDERAL		
	$	
	$	
STATE		
	$	
	$	

*Notes: * Please attach documentation from funding source(s) of committed funds to the project.
** Add extra sheets if needed.

SECTION IV
QUALIFICATIONS

Project/Program Name: _____

Answer the following questions to describe your organization, the development and management teams for the proposed project, and explain how your team's qualifications will help carry out the proposed project or program. (If this application is the Microsoft Word version, the space for responses to each question will expand as needed. If using the PDF format, provide additional sheets as needed.)

(a) Affordable Housing Experience: Summarize the organization's experience in the development and management of affordable housing. List previous affordable housing projects that are similar to the proposed project and have been developed by the organization; include project name, location, number of units, and year of completion.

-

(b) Project Management. List all key development team members and summarize their qualifications and relevant experience with affordable housing projects, listing specific projects with the team member's role in developing the project, the project's name, location, size, development budget, and the year of completion. (Additional Sheets may be used.)

-

(c) Operations Management: Identify the management firm that will be responsible for the project once it is complete, providing a list the firm's relevant experience, including the name and size of project plus any similarities that relate to the proposed project. (Additional Sheets may be used.)

-

(d) Project Management: Identify any project management approach or operational management approach methodology that might be considered unique.

-

SECTION V
DISCLOSURES CHECKLIST

Please attach the following information to this section. Place a checkmark in the appropriate box to indicate that the information has been provided.

ORGANIZATIONAL STRUCTURE

☐ 1. **Charter or mission statement of applicant.** Include length of time organization has been in operation. Describe organization's capabilities and characteristics of clients served.

☐ 2. **Documentation of non-profit status.** Include state and federal tax-exempt determination letters.

☐ 3. **Articles of Incorporation.**

☐ 4. **Applicant's by-laws.**

☐ 5. **Board of Directors.** Provide names, addresses, occupations, and phone numbers of current Board of Directors. Include position/title on Board.

☐ 6. **Organizational chart.** List current employees and job titles. Identify gender and ethnicity. Indicate which positions will implement the proposed program or project.

☐ 7. **Personnel policies and procedures.** Information provided should specify:

a. Method of vacation and sick leave accumulation.
b. List of paid holidays.
c. Number of hours that make up the workweek.
d. Hours when open to the public.
e. Hiring procedures and affirmative action policy and plan.

☐ 8. **Documentation of Employer Status.** Provide federal and state employer identification numbers.

☐ 9. **Authorized Officials.** Designate official authorized to enter into contracts. Identify all personnel with signatory powers.

FINANCIAL MANAGEMENT CAPACITY

☐ 1. **Resume of Chief Program Administrator**

☐ 2. **Resume of Chief Fiscal Officer.**

☐ 3. **Organizational Budget.** Complete Exhibit A identifying all revenues and expenses pertaining to the organization's overall operating budget and commitments for on-going funding.

☐ 4. **Fiscal Management.** Describe fiscal management policies and procedures including financial reports, record keeping, accounting systems, payment procedures etc. Describe financial oversight by Board. Identify and describe any audit findings, investigations, or probation by any agency in the past two years.

☐ 5. **Audit.** Provide most recent audit or financial statement. Successful applicants receiving over $25,000 in HCD funds are required to conduct and submit an audit for the fiscal year in which they receive funds.

ADDITIONAL CHDO REQUIREMENTS

☐ 1. **Qualifications.** Complete Exhibit B documenting qualifications for CHDO status.

☐ 2. **Low-Income Community Representation Certificate.** Complete Exhibit C, certifying organization meets minimum federal requirements for a CHDO.

SECTION V – EXHIBIT A
CURRENT ORGANIZATIONAL BUDGET

Organization's Name: _____

SOURCE/EXPENSE		PAST YEAR	CURRENT YEAR	PROPOSED
Revenue	City	$	$	$
	County	$	$	$
	State	$	$	$
	Federal	$	$	$
	Fees charged	$	$	$
	Fundraising	$	$	$
	Donations	$	$	$
	Other *(explain)* _____	$	$	$
	Total Revenue	$	$	$
Expenses	Salaries	$	$	$
	Benefits	$	$	$
	Insurance	$	$	$
	Audit	$	$	$
	Rent	$	$	$
	Utilities	$	$	$
	Consultants	$	$	$
	Travel	$	$	$
	Office supplies	$	$	$
	Equipment	$	$	$
	Printing	$	$	$
	Total Expenses	$	$	$
	Revenue less Expenses	$	$	$

SECTION V – EXHIBIT B
COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO)
QUALIFICATIONS (Use only if applying for CHDO Set-Aside funding)

All of the following information is required from CHDOs. Please attach the requested information to this section and place a checkmark in the appropriate box to indicate that the information has been provided.

1. Legal Status

A. The non-profit organization is organized under State or local laws as evidenced by its:

☐ Charter.

☐ Articles of Incorporation.

B. No part of the organization's net earnings inure to the benefit of any member, founder, contributor, or individual as evidenced by its:

☐ Charter.

☐ Articles of Incorporation.

C. The organization has a tax exempt ruling from the Internal Revenue Service under Section 501(c) or (4) of the Internal Revenue Code of 1986, as evidenced by:

☐ A 501(c)(3) OR (4) Certificate from the IRS.

OR,

The organization is classified as a subordinate of a central organization non-profit under Section 905 of the Internal Revenue Code as evidenced by:

☐ A group exemption letter from the IRS that includes the CHDO.

D. The organization has among its purposes the provision of decent housing that is affordable to low- and moderate income people as evidenced by a statement in its:

☐ Charter. ☐ Articles of incorporation.

☐ By-laws. ☐ Resolutions.

_____

(Reference pertinent section of document checked above)

2. Capacity

A. Demonstrate that the organization conforms to the financial accountability standards of 24 CFR 84.21, "Standards of Financial Management Systems" as evidenced by one of the following:

☐ Notarized statement by the President or CFO;

☐ Certification from a Certified Public Accountant;

☐ A HUD approved audit summary.

B. Demonstrate that the organization has adequate staffing by indicating the number of staff employed by the organization by the following categories.

☐ Professional staff; FTE Equivalent _____

☐ Support and administrative staff: FTE Equivalent _____

☐ Interns and/or volunteers Average Number _____

☐ Currently no paid staff but will be hiring appropriate staff by: _____
DATE

C. Document the organization's capacity for carrying out HOME-assisted activities as evidenced by the following:

☐ Resume(s) and/or statement(s) that describe the experience of key staff member(s) who have successfully completed or managed at least one affordable housing project that IS similar to the proposed project to be assisted with HOME funds.

☐ Contract(s) with consultant firms or individuals who have housing experience similar to projects to be assisted with HOME funds that will help to train appropriate key staff of the organization.

D. Demonstrate a history of serving the community within which housing to be assisted with HOME funds is to be located, as evidenced by one of the following signed by the Chairman of the Board or the Executive Director of the organization:

☐ An annual report or statement that documents at least one year of experience in serving the community;

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

3. Organizational Structure

Use the following definitions in responding to this section:

- Low-income neighborhood - a neighborhood where 51% or more of resident households have incomes which are less than or equal to 80% of area median income (based on latest Census tract data or other identified source).
- Community – one or more neighborhoods, towns, villages, cities, counties, or multi-county areas.

A. Demonstrate that the organization 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 following:

☐ By-laws, ☐ Charter, or ☐ Articles of Incorporation.

B. Demonstrate that the organization 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 affordable housing projects as evidenced by one of the following:

☐ By-laws.

☐ Resolutions; or

☐ Written statement signed by Chairman or Executive Director certifying that such a process is in place within the organization's operating procedures.

C. A CHDO may be chartered by a State or local government. However, the government entity may not appoint more than one-third of the organization's governing board; board members appointed by the government entity may not appoint the remaining two-thirds of the board; and public officials cannot compose more than one-third of the governing board, as evidenced by:

☐ By-laws.

☐ Charter; or

☐ Articles of Incorporation

_____

(Reference pertinent document and section)

☐ Check this box if <u>not</u> chartered by State or local government.

D. If sponsored or created by a for-profit entity, the for-profit entity may not appoint more than 0ne-third of the membership of the CHDO's 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 its:

☐ By-laws.

☐ Charter, or

☐ Articles of Incorporation

_____

(Reference pertinent document and section)

☐ Check this box if not sponsored or created by a for-profit entity.

4. Relationship with For-Profit Entities

A. Demonstrate that the organization is not controlled by nor receives direction from individuals or entities seeking profit from the organization as evidenced by one of the following:

☐ By-laws, or

☐ Memorandum of Understanding between CHDO and for-profit entity.

B. Demonstrate that the for-profit sponsor of a CHDO does not have as its primary purpose the development or management of housing as evidenced by:

☐ The for-profit organizations by-laws (attach pertinent section).

_____

(Reference pertinent document and section)

C. Demonstrate that the CHDO sponsored by a for-profit entity is free to contract for goods and services from vendors of its own choosing as evidenced by:

☐ By-laws;

☐ Charter;

☐ Articles of Incorporation

_____

(Reference pertinent document and section)

SECTION V – EXHIBIT C
CHDO LOW-INCOME COMMUNITY REPRESENTATION CERTIFICATION

I hereby certify that the current governing Board of Directors of _____ meets the minimum federal requirements for a Community Housing Development Organization as listed in Section IV.3.A of the Application for HOME Funds.

The governing Board is composed of _____ members. Of this total, the low-income community is represented in the following manner:

1. Number of Board members who are residents of low-income neighborhoods: _____

2. Number of Board members who are low-income community residents: _____

3. Number of Board members who are elected representatives of low-income neighborhood organizations: _____

_____ _____
President, Board of Directors Date

SECTION VI
CERTIFICATIONS CHECKLIST

Please complete and attach the following exhibits. Place a checkmark in the appropriate box to indicate that the information has been provided. If your application is submitted electronically, you must submit these pages separately with original signatures.

☐ **A. Certification of Application.** Certification of Organization's Board approval.

☐ **B. Certification of Affiliation.** List the names and positions of members of the Board of Directors, officers, workers, or members of the organization who are appointed members of a City Council, Commission or Committee or a City employee.

☐ **C. Compliance with Civil Rights Act and Americans with Disabilities Act.**

SECTION VI – EXHIBIT A
CERTIFICATION OF APPLICATION

The Board of Directors of _____ *(name of organization requesting HOME funds)*, does hereby resolve that on _____ *(date)* the Board reviewed the Application for HOME Funds to be submitted to the City of Santa Cruz Housing and Community Development Program for funding consideration for the fiscal year _____, and in a proper motion and vote approved this application for submission.

The Board further certifies that the organization making this application is 1) non-profit, 2) tax-exempt, 3) incorporated in the State of California, and has complied with all applicable laws and regulations pertaining to same.

_____ *(name of organization requesting HOME funds)* hereby proposes to provide the services or project identified in the Scope of Services in accordance with this Application for HOME Funds and with the City of Santa Cruz Housing and Community Development Policies and Procedures Manual. If this application is approved and this organization receives HCD funding from the City of Santa Cruz, it is agreed that all relevant federal, state and local regulations, and other assurances as required by the City will be adhered to. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true and correct and complete.

_____ _____

President, Board of Directors Date

SECTION VI – EXHIBIT B
CERTIFICATION OF AFFILIATION

☐ Place an "X" in the box if NO members of the Board of Directors, officers, workers, or members of the organization are an elected member of the City Council; appointed member of a City Commission or Committee; or a City employee. (If not checked, fill in list below.)

The following is a list of the names and positions of members of the Board of Directors, officers, workers, or members of the organization who are an elected member of the City Council; an appointed member of a City Commission or Committee; or a City employee.

NAME	**AFFILIATION WITH CITY**	**POSITION IN ORGANIZATION**

I certify that the proceeding statements and information are accurate.

President, Board of Directors

Date

SECTION VI - EXHIBIT C
COMPLIANCE WITH
CIVIL RIGHTS ACT AND AMERICANS WITH DISABILITIES ACT

_____ *(name of organization requesting HOME funds)* certifies that it prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964. Written documents outlining this organization's non-discrimination policy are on file and available for review.

It is further certified that this organization has reviewed its projects, programs, and services for compliance with all applicable regulations contained in the Americans with Disabilities Act of 1990. Written documentation concerning this review and corrective actions taken (if any) are on file and available for review.

President, Board of Directors	Date