ST. CLAIR COUNTY
INTERGOVERNMENTAL GRANTS DEPARTMENT (IGD)

REQUEST FOR PROPOSAL NO. 2025-03CHDO

For HOME Investment Partnerships Program (HOME)
Community Housing Development Organization (CHDO)
Affordable Housing Projects

St. Clair County IGD seeks low-income housing project proposals for detached single family dwellings from qualified CHDOs to construct, acquire and/or rehabilitate affordable housing that will result in homeownership for qualified first-time homebuyers. Total project costs IGD will allow for any project shall not exceed $190,000.

Eligible applicants are non-profit organizations who can meet the criteria of the federal HOME regulations for a CHDO in response to this RFP and have paid staff whose experience qualifies them to undertake CHDO set-aside activities. CHDO certification applications will be accepted along with this RFP.

Attached are the project application, CHDO certification application, CHDO Certification Checklist for a full description of the HOME CHDO criteria and required documentation, CHDO Affidavit, and insurance example. Please complete the attached information and return to: St. Clair County IGD, Community Development Group, 19 Public Square, Suite 200, Belleville, IL 62220. If you have any questions, please do not hesitate to contact Karen Latta at 618-825-3226 or Christina Anderson at 618-825-3218.

FOR-SALE HOUSING PROGRAMS APPLICATION
St. Clair County Intergovernmental Grants Department

Date: _____

I. General Information

Development Information

Development Name: CHDO Housing Acquisition & Rehabilitation of Single Family Properties

Street Address(es): _____Target Area:_____

_____

_____

Please check all of the following types of development activities that apply to this project.

☐ Acquisition *(if NSP-funded, will be undertaken directly by St. Clair County)*
☐ Demolition *(must be blighted structures)*
☐ Rehabilitation *(must be abandoned or foreclosed homes and residential properties)*
☐ New Construction *(may be demolished or vacant properties of any type)*

Units Occupied _____

Assistance Request Information

CHDO For-Sale Housing Development Program Request:

☐ For-Profit Developer — Development Assistance_____
☐ Not-For-Profit Developer — Affordability Assistance_____

Developer Information

Entity Name: _____

Federal I.D. # _____ Phone: _____

Contact Person: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Legal Form: ☐ Individual ☐ General Partnership ☐ Limited Partnership
☐ For-Profit Corporation ☐ Non-Profit Corporation ☐ Other _____

Is this firm a Minority-owned Business Enterprise (MBE)? ☐ Yes ☐ No
Is this firm a Women-owned Business Enterprise (WBE)? ☐ Yes ☐ No

General Partner/Corporate Officer Information (if applicable)
(List Managing General Partner on first line.)

Name:_____ Fed. ID/Soc. Sec. # _____ Owns: _____%

Name:_____ Fed. ID/Soc. Sec. # _____ Owns: _____%

Name:_____ Fed. ID/Soc. Sec. # _____ Owns: _____%

Is this firm a Minority-owned Business Enterprise (MBE)? ☐ Yes ☐ No
Is this firm a Women-owned Business Enterprise (WBE)? ☐ Yes ☐ No

Will development be owned or sponsored by:
Community Based Development Organization (CBDO)? ☐ Yes ☐ No
Is the CBDO designation from IGD? ☐ Yes ☐ No
Community Housing Development Organization (CHDO)? ☐ Yes ☐ No
Is the CHDO designation from IGD? ☐ Yes ☐ No

Has the developer completed any other residential development project? ☐ Yes ☐ No
If yes, please answer the following:
How many projects has the developer completed? #_____
How many dwelling units has the developer been responsible for producing?
☐ New Construction #_____units ☐ Rehab #_____units

List completed projects:

	New	Rehab	For-Sale	Rental	Low/Mod	Mrkt Rate	# Units	Total Development Cost
Project Name_____	☐	☐	☐	☐	☐	☐		_____
Address _____								
Project Name_____	☐	☐	☐	☐	☐	☐		_____
Address _____								
Project Name_____	☐	☐	☐	☐	☐	☐		_____
Address _____								
Project Name_____	☐	☐	☐	☐	☐	☐		_____
Address _____								

If developer has been involved in residential development projects in some other capacity, please specify:

II. Development Team Information

MBE/WBE?

Contractor:_____ ☐

Address: _____ Phone_____ ☐

Consultant:_____ ☐

Address: _____ Phone_____ ☐

Attorney:_____ ☐

Address: _____ Phone_____ ☐

Tax Accountant:_____ ☐

Address: _____ Phone_____ ☐

Architect:_____ ☐

Address: _____ Phone_____ ☐

Engineer:_____ ☐

Address: _____ Phone_____ ☐

Track record of prime contractor – list the contractor's five most recently completed projects:

1 _____

2 _____

3 _____

4 _____

5 _____

Track record of architect – list the architect's five most recently completed projects:

1 _____

2 _____

3 _____

4 _____

5 _____

Does developer or owner hold a direct financial interest in any development team member listed above? ☐ Yes ☐ No

If yes, provide details of the relationship:

Is the Developer, Sponsor, or any other Development Team Member listed on the previous page, including any of their owners or partners, currently debarred from Federal contracting opportunities by any agency of the Federal Government? ☐ Yes ☐ No

If yes, provide details:

Has the Developer, Sponsor, or any other Development Team Member listed on the previous page, including any of their owners or partners, ever been debarred from Federal contracting opportunities by any agency of the Federal Government? ☐ Yes ☐ No

If yes, provide details:

III. Non-Profit Determination

To qualify as a non-profit, the sponsor must materially participate in the development and operation of the development; the non-profit must be involved in the operations of the activity on a basis that is regular, continuous, and substantial.

Is the sponsor of the proposed development a non-profit ☐ Yes ☐ No
If yes, is the non-profit designation registered with the State of Illinois? ☐ Yes ☐ No

Has a non-profit determination been made by the Internal Revenue Service? ☐ Yes ☐ No
If yes, please indicate your Internal Revenue Code designation:
☐ IRC – 501 (a) ☐ IRC – 501 (c)(4) ☐ Other: _____
☐ IRC – 501 (c)(3) ☐ IRC – 905

Is "fostering low-income housing" listed among the purposes of non-profit's Articles of Incorporation? ☐ Yes ☐ No

Please provide a copy of your Articles of Incorporation, By-Laws, Certificate of Incorporation and Certificate of Corporate Good Standing.

Explain the role and activities of the non-profit sponsor in the construction and ownership phases of the development.

IV. Development Plan Information

Total number of Units planned _____ units

Number of Low-Moderate-Middle Income Affordable Units Planned _____ units

Number of Units Affordable to Households at or below 50% AMI Planned_____ units

Residential Floor Area planned _____ gross sq ft

Total Floor Area planned _____ gross sq ft

Total number of Buildings planned _____ buildings

Age of existing Buildings _____ years old

Unit Targeting

☐ Elderly _____ units ☐ Family _____units ☐ Disabled _____units
☐ Other _____ _____ units

Housing Types Planned

☐ Single-family detached ☐ Two-family ☐ Four-family
☐ Row house/townhouse ☐ Multi-story, no elevator ☐ Multi-story with elevator
_____ number of stories _____ number of stories

Structural System: _____
Floor System: _____
Exterior Finish: _____

Garages: ☐ Yes ☐ No If yes, number of garages: _____
Number of parking spaces: _____
Covered Parking Spaces: ☐ Yes ☐ No If yes, number of parking spaces: _____
Parking Pads: ☐ Yes ☐ No If yes, number of parking spaces: _____

Recreational Facilities Planned:

Commercial Space Planned _____Sq Ft
Accessory Buildings Planned _____Sq Ft

Security Procedures Planned:

Energy and Equipment Information
Applicants are strongly encouraged to meet the Energy Star Standards of the U.S. Department of Energy.

Heating System
☐ Electric Baseboard ☐ Central Forced Air ☐ Electric ☐ Gas ☐ Propane
☐ Hot Water Heater ☐ Heat Pump ☐ Other _____

Air Conditioning System
☐ None Provided ☐ Central Forced Air ☐ Other _____

Domestic Hot Water
☐ Single Unit Supply ☐ Shared Supply ☐ Electric ☐ Gas ☐ Propane

Equipment Included with Units

Microwave	Refrigerator	Kitchen Exhaust Duct	Fireplace
Range & Oven	Ceiling Fans	Common On-site Laundry	Balcony
Garbage Disposal	Carpet	Laundry Hook-ups	Security Alarm
Dishwasher	Blinds	Laundry Equip. in unit	Other: _____

V. Site Information

Site Area _____ Sq Ft

Seller's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Does current site zoning allow residential use? ☐ Yes ☐ No

If no, please explain what steps have been or will be taken to obtain zoning approval.

Will the current site(s) require lots to be subdivided? ☐ Yes ☐ No

Are the following utilities now located on the site?

Public Water Supply	☐ Yes	☐ No	_____Feet from Site
Public Sewer System	☐ Yes	☐ No	_____ Feet from Site
Natural Gas Distribution System	☐ Yes	☐ No	_____ Feet from Site
Electric Power System	☐ Yes	☐ No	_____ Feet from Site
Cable Television System	☐ Yes	☐ No	_____ Feet from Site
Telephone System	☐ Yes	☐ No	_____ Feet from Site

Are the following conditions present at the proposed development site?

All or part in 100-yr floodplain	☐ Yes	☐ No	Standing Water	☐ Yes	☐ No
Railroad tracks within 300 ft	☐ Yes	☐ No	Creek, lake, river frontage	☐ Yes	☐ No
High tension wires	☐ Yes	☐ No	Ravines or steep grades	☐ Yes	☐ No
High noise levels	☐ Yes	☐ No	Industrial sites	☐ Yes	☐ No
Hazardous waste sites	☐ Yes	☐ No	Commercial sites	☐ Yes	☐ No

Other unusual site conditions (please describe):

Is there anything in proximity to the project that could have a noteworthy positive impact on the marketability of this development? Please describe:

Target Area:

Are any project buildings in a National Register or local historic district? ☐ Yes ☐ No

VI. Development Sales Prices

The sales price to be sought for the units is one of the most important parts of the application because of the competitive process for selection of developments. The sales price is also a critical factor in determining development feasibility.

In completing the sales price information on the following pages, the sponsor should anticipate the base sales prices that will be in effect as of the date the units will be completed and available for occupancy.

Unit Sales Prices

Enter your proposed sales prices for units in the development.

Unit Type	# Units	Sales Price per Unit	Total Sales of Unit Type	Avg. Floor Area (net sq. ft.)
_____ BR _____ BA	_____	__________	$__________	________ sq. ft.
_____ BR _____ BA	_____	__________	$__________	________ sq. ft.
_____ BR _____ BA	_____	__________	$__________	________ sq. ft.
_____ BR _____ BA	_____	__________	$__________	________ sq. ft.
_____ BR _____ BA	_____	__________	$__________	________ sq. ft.
_____ BR _____ BA	_____	__________	$__________	________ sq. ft.
_____ BR _____ BA	_____	__________	$__________	________ sq. ft.
_____ BR _____ BA	_____	__________	$__________	________ sq. ft.
_____ BR _____ BA	_____	__________	$__________	________ sq. ft.
_____ BR _____ BA	_____	__________	$__________	________ sq. ft.

Total Sales Proceeds: $__________

Less Sales Commissions: - __________ ______%

Net Sales Proceeds: $__________

***Sales Price derived from Comparative Market Analysis Summary**

Homebuyer Assistance Information

Are you requesting homebuyer assistance subsidies for this development? ☐ Yes ☐ No

If you answered yes, please complete the following:

Unit Type	# Units	Affordability Assistance Per Unit	Total Affordability Assistance By Unit Type	
_____ BR _____ Bath	_____	_____	$_____	(2nd Mortgage)
_____ BR _____ Bath	_____	_____	$_____	
_____ BR _____ Bath	_____	_____	$_____	
_____ BR _____ Bath	_____	_____	$_____	
_____ BR _____ Bath	_____	_____	$_____	
_____ BR _____ Bath	_____	_____	$_____	Note: less $
_____ BR _____ Bath	_____	_____	$_____	Program Income upon
_____ BR _____ Bath	_____	_____	$_____	sale.
_____ BR _____ Bath	_____	_____	$_____	
_____ BR _____ Bath	_____	_____	$_____	

Total Affordability Assistance Request: $_____

VII. Proposed Sources and Uses of Funds

Proposed Sources of Development Financing

Name of Lender, Investor or Funding Source	Amount	Interest Rate
SCCIGD (CHDO Funds less subsidy to buyer)	_____	0.00%
_____	_____	_____
_____	_____	_____
First Mortgage Lender (TBD)	_____	_____
_____	_____	_____
_____	_____	_____
CHDO Development Assistance Request:	_____	_____

Total $_____

Proposed Uses of Funds	ESTIMATES	
For Site Work		
1. Site Work	_____	
2. Off-Site Improvement	_____	
3. Demolition	_____	
For Rehabilitation and New Construction		
4. New Building	_____	
5. Rehabilitation	_____	
6. Accessory Building	_____	Holding Cost:
7. General Requirements (Including Construction)	_____	3 months
8. Builder's Overhead Assurance Bond or	_____	% of rehab cost
9. Builder's Profit Letter of Credit	_____	% of rehab cost
10. Other	_____	
11. Other	_____	
Base Construction Cost (Total of Lines 1-11)	_____	
For Contingency		
12. Construction Contingency	_____	
For Professional Fees		
13. Architect and Engineering Fee – Design	_____	
14. Architect Fee – Supervision	_____	
15. Property Survey Fee	_____	
16. Engineering Fee (Geotechnical)	_____	
17. Engineering Fee (Environmental)	_____	
18. Attorney Fee	_____	
19. Consultant or Processing Agent	_____	
20. Other	_____	
21. Other	_____	
For Interim Costs (6 Months)		
22. Construction Period Property Insurance	_____	
23. Construction Interest (# of months) _____	_____	
24. Conventional Construction Loan Fee	_____	
25. Additional Construction Loan Fee	_____	
26. Bridge Loan Fees	_____	
27. Construction Period Real Estate Taxes	_____	
28. Other **Developer O/H Incl. Holding Costs**	_____	
For Financing Fees and Expenses		
29. Other	_____	
30. Other	_____	
31. Credit Report	_____	
32. Other	_____	
33. Title, Recording and Disbursing	_____	
34. Owner's Cost Certification Fee	_____	
35. Other	_____	
Subtotal (lines 1-35)		$_____

For Soft Costs

36. Property Appraisal _____
37. Market Study **BROKER ANALYSIS** _____
38. Environmental Report _____
39. Other **BUYERS Soft Second Mortgage** _____
40. Other _____
41. Relocation Costs _____
42. Other **Homeowner Protection Plan** _____
43. Other **Brokers Commission** _____ % of $ sale

For Organizational Costs

44. Partnership _____
45. Other Inspection _____
46. Other _____

For Developer's Fee

47. Developer's Fee _____ % of $ sale

To Purchase Land and Building

48. Land _____
49. Existing Building _____

Subtotal (lines 36-49) **$**_____

Subtotal from previous page (lines 1-35) **$**_____

Total Uses of Funds* **$**_____

*Total Proposed Uses of Funds must equal Total Proposed Sources of Funds on Page 9

VIII. Relocation Information

Relocation is the moving of residential or commercial occupants from their current space. Please indicate which statements apply to your proposed development:

Building on vacant land. ☐ Yes ☐ No

All buildings have been vacant for at least 90 days prior to the submission of this application. ☐ Yes ☐ No

Some or all of the buildings are (or were) occupied within 90 days prior to the submission of this application. ☐ Yes ☐ No

Will your development plans require any occupants to move temporarily? ☐ Yes ☐ No
If yes, number of households to move temporarily. _____

Will your development plans require any occupants to move permanently? ☐ Yes ☐ No
If yes, number of households to move permanently. _____

Will your development plans require any commercial occupants to move? ☐ Yes ☐ No
If yes, number of commercial occupants to move. _____

If you answered yes to any of the above questions, submit your relocation plan.

IX. Supportive Services Information

(Attach copies of letter of intent from service providers.)
If you plan to provide supportive services to your homebuyers, please provide the following:
Description of the population to be served:

Description of the services to be provided:

Description of the intended benefits of the services to be provided:

X. Development Schedule

For each item in the chart below, enter the month and year that the item was accomplished, or for future events, the month and year when that item is expected to be accomplished. If an item does not apply to your development, enter N/A.

	Activity	Month / Year
Site	Zoning	/
	Site Analysis	/
Construction Financing	Source: SCCIGD-CHDO	
	Application Submission	/
	Conditional Commitment	/
	Firm Commitment	/
Plans	Preliminary Drawings	/
	Working Drawings	/
Construction Loan Closing		/
Construction Start		/
Marketing Start-Up		/
Construction Complete		/
All Units Sold		/

XI. Certification

The Undersigned applicant(s) hereby each certify that, to the best of my/our knowledge, all the information in this application and all supporting documentation is correct, complete and accurate. I/We further certify that:

1. The costs listed above are based upon firm bids or estimates and are reasonable and sufficient to complete the proposed development project.
2. The costs listed above include only those costs that are reasonable and directly necessary to the construction and financing of the project.
3. The developer understands that IGD makes no representations or warranties regarding the financial feasibility of the development and that any and all IGD financing of the development is solely based on representations made by the developer. I therefore agree to hold harmless and indemnify IGD and the individual directors, employees, members, officers, and agents of IGD in the event that the developer or anyone acting on the developer's behalf, at the developer's request or by and through the developer incurs any loss in conjunction with the development.
4. The developer will provide any funds necessary to complete the development of the project over and above those shown in the Sources of Funds form as available to complete the project and it has such funds available to pay such costs.
5. The developer agrees not to take its profit from the project assistance applied for in this application.

6. But for the project assistance being applied for in this application, this project would not be developed.
7. I understand and agree that my application for financing, all attachments thereto, and all correspondence relating to my application are subject to a disclosure request and I expressly consent to such disclosure. I further understand that any and all correspondence to me from IGD or other IGD-generated documents relating to my application are subject to a request for disclosure and I expressly consent to such disclosure. I agree to hold harmless IGD and the individual directors, employees, members, officers, and agents of IGD against all losses, costs, damages, expenses, and liability of whatsoever nature or kind (including, but not limited to, attorney's fees, litigation, and court costs) directly or indirectly resulting from or arising out of the release of all information pertaining to my application pursuant to a disclosure request.
8. I understand that any misrepresentations in this application or supporting documentation may result in a withdrawal of IGD financing and my (and related parties) being barred from future program participation.
9. All Federal, State and local subsidies have been disclosed and revealed.
10. All information provided in the application and all documents submitted are true, correct, and complete, to the best of my knowledge.

The developer further recognizes and accepts its obligation to notify IGD immediately if it becomes aware of any subsequent events or information which would change any statements or representations previously submitted to IGD.

WARNING: The funds which are the subject of this application are administered by the U.S. Department of Housing and Urban Development. Section 1012 of Title 18 of the United States Code provides, "Whoever, with the intent to defraud…makes any false statement to or for such department…shall be fined not more than $1,000 or imprisoned not more than one ear or both."

Signatures

APPLICANT(S)

_____ _____

Printed Name

_____ _____

Signature

_____ _____

Title

_____ _____

Date

St. Clair County

Intergovernmental Grants Department

COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO)

CERTIFICATION APPLICATION

Effective 2025

ST. CLAIR COUNTY
CHDO CERTIFICATION APPLICATION

Organization Name	
UEI Number	
Tax ID Number	
Mailing Address	
Contact Name / Title	
Contact's Email Address	
Contact's Phone Number	
Board President Name	
Board President's Email Address	
Board President's Phone Number	
Organization's Fax Number	

Please describe the CHDO eligible activities your organization plans to undertake?

Please list each geographic area to be considered for CHDO Certification:

Area Name	Area Description

I certify that the submission of this application has been approved by a 2/3 vote of the Board of Directors.

Board President Signature

Date

ST. CLAIR COUNTY
CHDO CERTIFICATION CHECKLIST

Please complete the applicant portion of this checklist. Include the requested information in the Attachments indicated and check-off the item in the checklist. Articles of Incorporation, By-Laws, Charters, Memorandums of Understanding, Contracts, Certifications and Resolutions must be signed and dated by the Board President or other authorized signor. Incomplete applications will not be considered.

Checklist	**IGD Use Only**	
Organizational Status and Mission	**Adequate**	**Deficient**
The nonprofit is organized under state or local laws, as evidenced by **Attachment A:** _____ A Charter, OR _____ Articles of Incorporation		
The nonprofit has a tax exemption ruling from the Internal Revenue Services **(IRS)** under Section 501(c), evidenced by **Attachment B:** _____ A 501(c)(3) or (4) Certificate from the IRS, OR _____ A group exemption letter under Section 905 from the IRS that includes the CHDO.		
The nonprofit's primary purpose is the provision of low- and moderate income housing. As **Attachment C**, provide and highlight the appropriate area in your: _____ Charter, _____ Articles of Incorporation _____ By-Laws, OR _____ Resolutions		
Strategic Plan The organization has produced a strategic plan that specifies an action plan for housing development, as provided in **Attachment D**.		
Board Composition	**Adequate**	**Deficient**
At least 1/3 of board membership consists of residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations, as evidenced by:		

_____ Completion of the Certification of Low Income Representation AND		
Highlight the relevant text as **Attachment E**, in one of the following: _____ By-Laws _____ Charter, OR _____ Articles of Incorporation		
A CHDO may be chartered by a State or local government, however, the State or local government may not appoint: (1) More than one-third of the membership of the Organization's governing body: (2) The board members appointed by the State or local government may not, in turn, appoint the remaining two-thirds of the board members; and (3) No more than one-third of the governing board members may be public officials. As **Attachment F** highlights the relevant text in one of the following which describes the process for selecting the remaining 2/3 members: _____ By-laws _____ Charter, OR _____ Articles of Incorporation		
No more than one-third of the governing board members may be public officials (including any employees of the PJ) or appointed by public officials, and government-appointed board members may not, in turn, appoint any of the remaining board members. Provide as **Attachment G** and highlight relevant areas in your organization's: _____ By-laws _____ Charter, OR _____ Articles of Incorporation		
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 member 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 **Attachment H**,		

highlight the relevant text in one of the following which describes the process for selecting the remaining 2/3 members: _____ Charter, OR _____ Articles of Incorporation		
Please place narrative and supporting documentation of the following in Attachment I		
Board Representation		
There is at least one Board member that resides in each of the organization's proposed CHDO geographic service area(s), as evidenced by: _____ Completion of Board Member Certification Form		
Stability There has been stability/continuity of board members over the last several years, as evidenced by: _____ Completion of Board Member Certification Form		
Development Oversight The board has a committee structure of other means of overseeing planning and development _____ Documentation of committee structures or other means of development oversight		
Board Skills Board members have professional skills directly relevant to the development (e.g., real estate, legal, architecture, finance, management), as evidenced by: _____ Completion of Board Member Certification Form		
Decision-making The board has the ability to make timely decisions. _____ Board minutes from the past six months		

Sponsorship / Independence	Adequate	Deficient
The CHDO is not controlled, nor receives directions from individuals or entities seeking profit from the organization, as evidence by Attachment J: _____ The organization's By-laws, OR _____ A memorandum of Understanding		
Is the CHDO sponsored or created by a for-profit entity? _____ Yes _____ No If yes, a CHDO may be sponsored or created by a for-profit entity, however the for-profit entity's primary purpose may not include the development or management of housing as evidenced by **Attachment K**:		
_____ In the for –profit organization's AND If sponsored or created by a for-profit entity, the CHDO is free to contract for goods and services from vendor(s) of it's own choosing, as evidenced by Attachment K-2: _____ By-laws, _____ Charter, OR _____ Articles of Incorporation		
If sponsored by a religious organization, the CHDO is a separate secular entity from the religious, with membership available to all persons regardless of religion or membership criteria, as evidenced by **Attachment L**: _____ By-laws, _____ Charter, OR _____ Articles of Incorporation		
Relationship and Service to the Community	**Adequate**	**Deficient**
The organization has a history of serving the community within which housing to be assisted with HOME funds is to be located, as evidenced by **Attachment M**: _____ Statement signed by the Board President that details at least one year of experience in serving each community, OR		

For newly created organizations formed by local churches, service or community organizations, a statement signed by the Board President that details that its parent organization has at least one year of experience in serving each community for which Certification is sought.		
The organization provides a formal process for low-income, program beneficiaries to advise the organization in decisions regarding design, sitting, development, & management of all HOME-assisted affordable housing projects. As **Attachment N**, highlight the relevant text in one of the following: _____ The organization's By-laws, OR _____ Resolutions, AND _____ A written statement of operating procedures approved by the governing body.		
Needs Current plans are well grounded in an understanding of current housing conditions, housing needs, and need for supportive services, as evidenced by **Attachment O**: _____ Narrative statement of any current plans with supporting analysis of the local housing market and housing needs of low-income households.		
Relations The organization has a positive reputation and a strong relationship with its community, as evidenced by **Attachment P**: _____ Supporting documentation		
Financial Management and Capacity	**Adequate**	**Deficient**
The organization conforms to the financial accountability standards of 24 CFR 84.21, "Standards for Financial Management Systems", as evidenced by **Attachment Q**: _____ A notarized statement by the president of CFO; OR _____ A certification from a CPA, OR _____ A HUD approved audit summary		

No part of its net earnings inure to the benefit of any member, founder, contributor, or individual by **Attachment R**: A Charter, OR Articles of Incorporation		
Please place narrative and supporting documentation of the following in Attachment S (Include current audit and financial statements, budgets reports, etc.)		
Audit Does the organization have an annual audit? Is the most recent audit current?		
Audit finding Were there management or compliance findings in the last two years? Are findings resolved?		
Budgeting Does the organization do annual budgeting of its operations and all activities or programs? Does it track and report budget versus actual income and expenses?		
Reporting Is financial reporting regular, current and sufficient for the board to forecast and monitor the financial status of the corporation?		
Cash flow management Does the organization know its current cash position and maintain controls over expenditures? How regularly does it experience cash flow problems?		
Internal controls Does the organization have adequate internal controls to ensure separation of duties & safeguarding of corporate assets? Is there sufficient oversight of all financial activities?		
Procurement/Conflict of Interest Does the organization have a conflict of interest policy governing employees and development activities, particularly in procurement of contract services and the award of housing units for occupancy?		

Insurance Does the organization maintain adequate insurance – liability, fidelity bond, workers comp, property hazard, & project? **Please Provide proof – see example on County's expectations regarding insurance.**		
Financial stability Does the current balance sheet and budget indicate sufficient funds to support essential operations? To what extent does the organization have a diversified and stable funding base for operations? What revenue sources is predictable year-to-year? Does the CHDO have an established fundraising program for both capital & operational needs?		
Portfolio Financial Condition If the organization has a portfolio of properties, are they in stable physical and financial condition? Does it collect adequate management fees from the properties?		
Liquidity Does the organization have liquid assets available to cover current expenses? Does it have funds available for predevelopment expenses or equity investments required for development?		
Development Capacity	**Adequate**	**Deficient**
The organization has a demonstrated capacity out activities assisted with HOME funds, as evidenced by **Attachment T**: _____ Resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with HOME funds. Please use the attached Experience Certification Form, OR _____ *Contract(s) with individuals who have housing experience similar to projects to be assisted with HOME funds to train appropriate key staff of the organization. The contract shall include the training plan and activities to be accomplished. Please include attached		

Experience Certification Form and a copy of the executed contract.		
*The qualifications and experience of consultants is no longer relevant unless the CHDO is in its first year of operation and it is using a consultant to train its staff.		
Please place narrative and supporting documentation of the following in **Attachment U**		
Portfolio Does the organization's portfolio of projects/properties evidence competent management and oversight? Do the properties have adequate funding?		
Previous Performance Has the organization engaged in CHDO activities previously? Did it perform competently?		
Management capacity Does the current management have the ability to manage additional development activities? Does the organization have the capabilities to analyze alternative housing projects?		
Procedures Are the corporate lines of authority for development activities clear? Are policies & procedures in place governing development activities?		
Project management Does the organization have procedures for monitoring the progress of a project? Does it have the capacity to monitor project-level cash flow and schedule?		
Personnel Does the organization have staffs that are assigned responsibilities for housing development? Are personnel policies and job descriptions clear?		
Staff skills How strong are staff in the following areas • Legal/financial aspects of housing development • Management of real estate development Oversight of design & construction management • Marketing, intake		

• Property management (if applicable)		
Training Are staffs encouraged to obtain training and develop new skills? What is their potential for learning skills that they currently do not have?		
Member involvement Is the organization's membership active and in support of housing activities?		
Use of consultants To what extent does the CHDO have access to and make use of qualified development consultants? How well do consultants interact with staff? Is the consulting focus on training staff?		
Funding access Does the organization have funds available as equity in housing development projects? Does the organization have the ability to raise funds for the capital requirements of a project? How strong are relationships with funders of housing? With lenders?		
Housing as Primary Purpose	**Adequate**	**Deficient**
Certification is available only to organizations whose primary purpose is to provide and develop affordable housing. Please provide as **Attachment V**, a copy of the following: _____ Copy of current fiscal year's full operating budget categorized by program AND _____ Description of current and planned affordable housing activity		

ST. CLAIR COUNTY
CHDO CERTIFICATION APPLICATION
EXPERIENCE ASSESSMENT FORM

Please attach signed copies for each staff whose experience should be considered for meeting the Development Experience/Capacity requirement. Attach one copy for each project. Resumes should also be attached.

Category	Description
Staff or Consultant Name	
Mailing Address	
Phone Number	
Email	
Project Name	
Project Location	
Project Type (Rental / Homeownership, # of Units, Population Served)	
Date of Occupancy	
Source of Funds	
Description of Staff / Consultant Role in Project	
Project Reference (Name Address Phone)	

I certify that the information provided above is accurate and give my consent to contact references listed.

STAFF SIGNATURE **STAFF SIGNATURE**

ST. CLAIR COUNTY
CHDO CERTIFICATION APPLICATION
CERTIFICATION OF LOW INCOME REPRESENTATION

Each board member representing the interests of low-income families in the Applicants target community must
Complete this certification. Please maintain a copy of this certification in your files and send in a copy to County.
These certifications will be reviewed during monitoring visit by the County.

Board Member Name: _____

I certify that I am a current member in good standing of the governing board for _____
(name of the Applicant organization) and that I represent the interests of low-income families in the Applicant's target community.

Please check and complete one of the following:

___ I am a low-income resident of _____ The Applicant's target community.

In order to qualify under this criteria, the board member must be low-income resident of a community that the CHDO is certified to serve. ***Low-income*** *is defined as 80% or less of area median family income.*

___ I am a low-income resident of _____ , the Applicants Target community.

In order to qualify under this criterion, the board member must live in a low-income neighborhood where 51% or more of the residents are low-income. The board member does not have to be low-income. Neighborhood means a geographic location designated in comprehensive plans, ordinances, or other local documents as a neighborhood, village, or similar geographical designation that is within the boundary but does not encompass the entire area of a unit of general local government.

___ I am an elected representative of _____ (insert name of neighborhood organization), a low-income neighborhood organization within _____ the Applicant's target community.

In order to qualify under this criterion, the board member must be elected by a low-income neighborhood organization to serve on the CHDO Board. The organization must be composed primarily of residents of the low-income neighborhood and its primary purpose must be to serve the interests of the neighborhood residents. Such organizations might include block groups, neighborhood associations, and neighborhood watch groups. The group must be a neighborhood organization and IT MAY NOT BE THE CHDO ITSELF. If the board member is qualifying under this criterion, please attach copy of signed resolution from the neighborhood organization naming the individual as their representative on the CHDO.

_____ _____

SIGNATURE **DATE**

ST. CLAIR COUNTY
CHDO CERTIFICATION APPLICATION
CERTIFICATION OF Board Status

Applicants must complete the following Certification of Board Status and submit it along with their application for CHDO certification. Please list each board member by name, then place a check indicating the representation that member brings to the Board. Please list only current or approved board members. Do not list prospective board members who have not been approved to join the board.

Board Member Name Residential &E-mail Address	Low-Income	Public Institution	Religious Organization	For Profit	# of Years on Board	Occupation and Place of Employment	Areas of Expertise/ Experience

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

SIGNATURE **DATE**

ST. CLAIR COUNTY
CHDO CERTIFICATION APPLICATION
CERTIFICATION OF Board Status

The Board of Directors of _____met on the _____day of the month of _____, _____ and authorized the below named individuals to sign contracts,
amendments , disbursement requests and other documents requiring such signature as a part of the CHDO Certificate program.

Name & Title	Signature

Name & Title	Signature

Name & Title	Signature

In addition, the following individuals have been authorized to serve as the primary and secondary contact for the organization for matters relating to the CHDO Certification Program. Additionally, include the corresponding address to which all correspondence and payment to the organization shall be sent.

Category		**Primary Contact**	**Secondary Contact**
Name:			
Title:			
Address:			
Phone:			
Email:			

Changes to authorized signatures, contact persons or address shall be made in writing to St. Clair County Grants Department

_____ _____
BOARD PRESIDENT SIGNATURE DATE

_____ _____
BOARD SECRETARY SIGNATURE DATE

CHDO BOARD MEMBER CERTIFICATION FORM

Please have each Board Member complete this form & attach Resumes.

Organization Name:
Name:
Address:
How long have you lived at this address?

How were you selected for this Board and Why?

How long have you served on this Board?

_____

Please Circle the Income range that meets your total household income.

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
$21,700	$24,800	$27,900	$30,950	$33,450	$35,950	$38,400	$40,900
$36,150	$41,300	$46,450	$51,600	$55,750	$59,900	$64,000	$68,150
$57,800	$66,050	$74,300	$82,550	$89,200	$95,800	$102,400	$109,000

My household income exceeds the chart above ☐ Yes ☐ No

What Segment of the Community do you represent on your Board?

☐ Business ☐ Low Income People ☐ Other _____

Signature: _____

HUD INCOME GUIDELINES
2024

Must refer to www.hud.gov for most current Income Guidelines

CHDO AFFIDAVIT

Name of Applicant	
Organization	
Address, City, State, Zip	
Date of Last Certification	

I hereby certify that:

1. The above mentioned organization has applied for a certification from the County within the past 90 days.

2. The above mentioned organization maintains it is organized under State or local law.

3. The above mentioned organization maintains it has no part of its net earnings inuring to the benefit of any member, founder, contributor, or individual;

4. The above mentioned organization maintains is neither controlled by, nor under the direction of, individuals or entities seeking to derive profit or gain from the organization. A CHDO may be sponsored or created by a for-profit entity, but:

(i) The for-profit entity may not be an entity whose primary purpose is the development or management of housing, such as a builder, developer, or real estate management firm.
(ii) The for-profit entity may not have the right to appoint more than one-third of the membership of the organization's governing body. Board members appointed by the for-profit entity may not appoint the remaining two-thirds of the board members;
(iii) The CHDO must be free to contract for goods and services from vendors of its own choosing; and
(iv) The officers and employees of the for-profit entity may not be officers or employees of the CHDO.

5. The above mentioned organization maintains it has a tax exemption ruling from the Internal Revenue Service under section 501(c)(3) or (4), is classified as a subordinate of a central organization non-profit under section 905 of the Internal Revenue Code of 1986, or if the private nonprofit organization is an wholly owned entity that is disregarded as an entity separate from its owner for tax purposes, the owner organization has a tax exemption ruling from the Internal Revenue Service under section 501(c)(3) or (4)

6. The above mentioned organization maintains it is not a governmental entity and is not controlled by a governmental entity.

7. The above mentioned organization maintains it has standards of financial accountability that

conform to 24 CFR 84.21, “Standards for Financial Management Systems;” Prepared by Department of Planning and Community Development

8. The above mentioned organization maintains it has among its purposes the provision of decent housing that is affordable to low-income and moderate-income persons, as evidenced in its charter, articles of incorporation, resolutions or by-laws;

9. The above mentioned organization maintains its accountability to low-income community residents by:

(i) Maintaining at least one-third of its governing board's membership for residents of low-income neighborhoods, other low-income community residents, or elected representative of low-income neighborhood organizations.

(ii) Providing a formal process for low-income program beneficiaries to advise the organization in its decisions regarding the design, sitting, development, and management of affordable housing;

10. The above mentioned organization maintains it has a demonstrated capacity for carrying out housing projects assisted with HOME funds. A designated organization undertaking development activities as a developer or sponsor must satisfy this requirement by having paid employees with housing development experience who will work on projects assisted with HOME funds.

11. The above mentioned organization maintains it has a history of serving the community within which housing to be assisted with HOME funds is to be located. In general, an organization must be able to show one year of serving the community before HOME funds are reserved for the organization.

12. All statements I have provided in this affidavit herein are true; that I am authorized to sign this affidavit and to make these statements, on behalf of the above mentioned organization; and that the organization understands that misrepresentation of any facts which lead to the improper allocation and expenditure of public funds may result in legal action against the organization for retrieval of any such funds and appropriate penalties.

_____ _____

Print Name Date

_____

Title

_____

Signature

Tier #3 — high hazard

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
	PHONE (A/C, No, Ext): FAX (A/C, No):
	E-MAIL ADDRESS:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
	INSURER B : Insurers must have am best rating of	
	INSURER C : "A" or better and financial rating of not	
	INSURER D : less than "VII"	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$
		X	X				PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS	X	X				BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 3,000,000
	EXCESS LIAB CLAIMS-MADE	X	X				AGGREGATE	$ 3,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	X				E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ST. CLAIR COUNTY, IL AND THE PUBLIC BUILDING COMMISSION OF ST. CLAIR COUNTY, IL ARE ADDITIONAL INSUREDS ON A PRIMARY AND NON-CONTRIBUTORY BASIS UNDER GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND UMBRELLA LIABILITY AS REQUIRED BY WRITTEN CONTRACT. WAVIER OF SUBROGATION APPLIES UNDER GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA LIABILITY, AND WORKERS' COMPENSATION POLICIES AS REQUIRED BY WRITTEN CONTRACT AND WHERE PERMISSIBLE BY LAW. 30 DAYS NOTICE OF CANCELLATION APPLIES FOR REASONS OTHER THAN NON-PAYMENT FOR GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA LIABILITY, AND WORKERS' COMPENSATION.

CERTIFICATE HOLDER	CANCELLATION
ST. CLAIR COUNTY OF IL AND PUBLIC BUILDING COMMISSION OF ST. CLAIR CO OF IL. ATTN: ANN BARNUM — HUMAN RESOURCE DIRECTOR 10 PUBLIC SQUARE BELLEVILLE, IL 62220	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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