

**Rock County HOME Consortium  
Community Housing Development Organization (CHDO)  
Re-Certification Checklist**

The information contained in this checklist will allow the Rock County HOME Consortium to determine whether a Community Housing Development Organization (CHDO) meets the established qualifications and capabilities to be re-certified as a CHDO.

Organization Name:

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Executive Director:

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Mailing Address:

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Physical Address:

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FEIN Number:

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Contact Person:

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Contact E-Mail Address:

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Contact Telephone #:

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The CHDO or its parent organization must be able to show one year of serving the community from the date the participating jurisdiction provides HOME funds. The organization must describe its history of servicing the community by describing activities which it provided, such as, but not limited to: developing new housing, rehabilitating existing stock or managing housing stock.

Please answer the following questions and provide supporting documentation as appropriate.

**1. Organizational Status and Mission**

A. Does your organization have a tax exempt ruling from the Internal Revenue Service (IRS) under Section 501(c) (3) or (4) or a group exemption letter under Section 905 from the IRS that includes the CHDO?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

B. Does your organization have among its purposes the provision of low and moderate income housing?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

C. Has your organization produced a strategic plan that specifies an action plan for housing development?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

D. Since your last re-certification, has your service area changed for CHDO activities?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

## 2. Board Composition

A. Does at least one-third of its governing board's membership for residents of low-income neighborhoods, low-income beneficiaries of HUD programs, other low-income community residents, designees of low-income neighborhood organizations, or designees of nonprofit organizations in the community that address the housing or supportive service needs of low-income residents or residents of low-income neighborhoods, including homeless providers, Fair Housing Initiatives Program providers, Legal Aid, disability rights organizations, and victim service providers.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

B. Does no more than 1/3 of the governing board consist of public officials (including any employees of the PJ) or individuals appointed by public officials. Representatives of the public sector include (1) elected officials, such as council members, (2) appointed public officials, such as planning or zoning commission, regulatory, or advisory boards, (3) public employees, which include employees of public agencies or departments of the City such as fire and police, and (4) any individual who is not necessarily a public

official, but has been appointed by a public official to serve on the organization's Board of Directors?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

C. If the CHDO is sponsored by/created by a for-profit entity, does the for-profit entity appoint no more than 1/3 of the governing board members?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ N/A

D. Has there been stability/continuity of board members since the last re-certification?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

E. Does the board have an effective structure of overseeing planning and development?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

F. How many board meetings have been held over the past year? \_\_\_\_\_

Has the board failed to have a quorum at any of their meetings over the past year?

\_\_\_\_\_ Yes If so, how many times? \_\_\_\_\_

\_\_\_\_\_ No

### 3. Sponsorship/Independence

A. Is the CHDO controlled or does it receive direction from individuals or entities seeking profit from the organization?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

B. If sponsored or created by a for-profit entity, the for-profit entity's primary purpose does not include the development or management of housing?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ N/A

C. If sponsored or created by a for-profit entity, is the CHDO free to contract for goods and services from vendor(s) of its own choosing?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ N/A

D. Is the CHDO sponsored by a religious organization?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

E. If sponsored by a religious organization, is the CHDO a separate secular entity from the religious organization, with membership available to all persons, regardless of religion or membership criteria?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ N/A

F. Are there any identity or interest issues between the CHDO and the contractors/vendors, consultants, professionals it uses for its CHDO projects?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

#### **4. Relationship/Service to the Community or Service Area**

A. Briefly describe the type of relationship your organization has with the community or service area it serves.

B. Briefly describe the type of support your organization receives from local government to support your housing activities.

C. Does the CHDO have a formal process for low-income input, where program beneficiaries can advise the organization in decisions regarding design, development and management of affordable housing projects. Explain.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

#### **5. Financial Management and Capacity**

A. Does your organization have an annual audit?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

- B. If an audit was completed, were there management or compliance audit findings?  
\_\_\_\_\_ Yes    If so, are the findings resolved? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ No
- C. Does your organization prepare an annual budget and monitor it on a regular basis?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No
- D. Does your governing board receive financial reporting?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No
- E. Does your organization have internal controls to ensure separation of duties and safeguarding of assets?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No
- F. Does your organization have a conflict of interest policy governing employees and development activities, including: procurement of contract services and the award of housing units for occupancy?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No
- G. Does your organization maintain insurance such as liability, fidelity bond, workers compensation, property hazard, and project?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No
- H. Does your current balance sheet and budget indicate funds to support essential operations?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No
- I. Does your organization have a diversified and stable funding base for operations?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No

J. What percent of revenue sources are predictable year to year? \_\_\_\_\_

K. Does your organization have liquid assets available to cover current expenses?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

L. Does the organization have funds available for pre-development expenses or equity investments required for development?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

M. Does your organization have a portfolio of properties, and are they in stable physical and financial condition?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

## 6. Development Capacity

A. Has the organization demonstrated a capacity for carrying out prior HOME activities?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

B. Can the current corporation structure support housing development activities?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

C. Does the current management have the ability to manage additional development activities?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

D. Does the organization have procedures for monitoring the progress of a project?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

E. Does the organization have the capacity to monitor project level cash flow and schedule?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

**7. Certifications**

I certify that the above information is true and correct to the best of my ability.

\_\_\_\_\_

Signature of Executive Director

Date

\_\_\_\_\_

Printed Name, Title

\_\_\_\_\_

Attest

I certify that our organization conforms to the Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards at [2 CFR part 200](#).

\_\_\_\_\_

Signature of Chief Financial Officer or CPA

Date

\_\_\_\_\_

Printed Name, Title

\_\_\_\_\_

Attest