

**(Insert Agency Name)**

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**APPLICATION**

for

**Macon-Bibb County  
Economic & Community Development Department  
Community Housing Development Organization Program (CHDO)  
PROGRAM YEAR 2019**

**Deadline is May 1, 2019 at 5:00 p.m.**

**(Application Submittal –One Original and One Digital Copy Required...  
Applications must mirror each other)**

**HOME/CHDO funding is made possible by the US Department of HUD and is administered by the Local government, Economic and Community Development Department.**

**ECONOMIC AND COMMUNITY DEVELOPMENT DEPARTMENT  
200 Cherry Street, Suite 100  
Macon, Georgia 31201**

**(478) 751-7190, TDD (478) 803-2306, FAX (478) 751-7390**

HOME/CHDO Applications are available on-line.

**<http://www.maconbibb.us/economic-community-development/>**

# CHDO Application Package

## HOME INVESTMENT PARTNERSHIPS ACT (HOME) COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) GENERAL INFORMATION

Federal regulations specify a 15% set-aside of all Home Investment Partnerships Act (HOME) funds for private nonprofit organizations, which meet the criteria and have been approved as Community Housing Development Organizations (CHDO). These funds must be used for specific project-related expenses associated with housing to be developed, sponsored, or owned by the organization. This can be housing developed for long-term rental, homeownership, or transitional purposes.

All projects costs for participating jurisdictions (PJs) must be entered into a legally binding HOME written agreement, signed and date required, with developers, owners, contractors, subrecipients or state recipients or CHDOs, to use a specified amount of HOME funds. Failure to commit and use the funds within the specified timeframe of twelve months may result in a loss of the funds.

The HOME regulations are very specific in determining whether an organization qualifies as a CHDO. The applicant must have a demonstrated track record and have true accountability to the communities and residents it serves. This accountability extends to the Board of Directors and requires low-income representation on that Board.

Listed below is language from the HOME regulations, which define how an organization may qualify as a CHDO and eligible activities for the use of HOME CHDO funds.

To be funded as a CHDO, a community-based non-profit affordable housing development organization must meet and provide the following criteria:

- 1) Is organized under state or local laws.
- 2) Has no part of its net earnings inuring to the benefit of any member, founder, contributor, or individual.
- 3) Is neither controlled by, nor under the direction of, individuals or entities seeking to derive profit or gain from the organization. A community housing development organization 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; and

- (iii) The community housing development organization must be free to contract for goods and services from vendors of its own choosing.
- 4) Has a tax exemption ruling from the Internal Revenue Service under section 501(c)(3) or (4) of the Internal Revenue Code of 1986.
- 5) Does not include a public body (including the participating jurisdiction). An organization that is State or locally chartered may qualify as a community housing development organization; however, the State or local government may not have the right to appoint more than one-third of the membership of the organization's governing body and no more than one-third of the board members may be public officials. Board members appointed by the State or local government may not appoint the remaining two-thirds of the board members.
- 6) Has standards to financial accountability that conform to 2 CFR Part 200 and 2 CFR Part 215.21 "Standards for Financial Management Systems."
- 7) 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.
- 8) Maintains 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 representatives of low-income neighborhood organizations. For urban areas, "community" may be a neighborhood or neighborhoods, city, county or metropolitan area; for rural areas, it may be a neighborhood or neighborhoods, town, village, county, or multi-county area (but not the entire State); and
  - (ii) Providing a formal process for low-income, program beneficiaries to advise the organization in its decisions regarding the design, siting, development, and management of affordable housing.
- 9) Has a demonstrated capacity for carrying out activities assisted with HOME funds. An organization may satisfy this requirement by hiring experienced accomplished key staff members who have successfully completed similar projects, or a consultant with the same type of experience and a plan to train appropriate key staff members of the organization.
- 10) 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 (from the date the participating jurisdiction provides HOME funds to the organization). However, a newly created organization formed by local churches, service organizations or neighborhood organizations may meet this requirement by demonstrating that its parent organization has at least a year of serving the community.

### **Eligible CHDO Activities - General**

The following activities are eligible for consideration only. While an activity may be eligible, funding is not guaranteed.

#### **(A) Eligible activities**

- (1) HOME funds may be used by a participating jurisdiction to provide incentives to develop and support affordable rental housing and homeownership affordability through the acquisition, (including assistance to homebuyers) new construction, reconstruction, or moderate or substantial rehabilitation of non-luxury housing with suitable amenities, including real property acquisition, site improvements, conversion, demolition, and other expenses, including financing costs, relocation expenses of any displaced persons, families, businesses, and organizations. The housing must be permanent or transitional housing, and includes permanent housing for disabled homeless persons, and single-room occupancy housing.
- (2) Acquisition of vacant land must be undertaken only with respect to a particular housing project intended to provide affordable housing. CHDOs should first consult with the Macon Bibb County Land Bank Authority when interested in acquiring properties. The Land Bank works in conjunction with Macon Bibb in acquiring properties with the intent of not holding on to the properties but having developers develop the properties.
- (3) Demolition can only be undertaken when new construction is a part of the overall scope of the project.
- (4) Conversion of an existing structure to affordable housing is rehabilitation, unless the conversion entails adding one or more units beyond the existing walls, in which case, the project is new construction of purposes of this part.

HOME projects must provide housing assistance to low and moderate-income households, as defined by HUD's HOME Income Limits (See attached current Income Limits). HOME Regulations allow for CHDOs to receive funds for specific project-related expenses.

#### **(B) Leverage Requirements**

- (1) HOME funds will be used as a gap financing subsidy that is necessary to help make a project or development cost effective for the intended low-to moderate income beneficiary. HOME funds may not be used to replace other available County, State or Federal funds therefor a detailed budget outlining all other funds associated with the project must be submitted along with the application.

# Macon-Bibb County CHDO Application HOME Investment Partnership

## COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) Part I

### APPLICATION SUMMARY OF REQUEST

I. Name of agency or organization(as stated exactly on Articles of Incorporation or other legal organizational documents): \_\_\_\_\_  
Agency Director \_\_\_\_\_

II. Federal Identification #: \_\_\_\_\_ DUNS# \_\_\_\_\_

III. Address: \_\_\_\_\_

IV. Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

V. Email Address: \_\_\_\_\_

VI. Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

VII. Board Chair: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Board President: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

VIII. Mission Statement:

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## **PART II**

### **ORGANIZATION**

#### **I. Define Capacity**

1. Give the name and title of the individual(s) that will be responsible for the success of this development or project. Please list experience and qualifications of individuals carrying out activities assisted with HOME funds or related housing development, as evidenced by:

\_\_\_\_ 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,

#### **OR**

\_\_\_\_ contract(s) with consultant firms or individuals who have housing experience similar to projects to be assisted with HOME funds, to train appropriate key staff of the organization.

2. Please describe your organization's abilities and expertise regarding financial management.

3. Please describe your organization's abilities and expertise regarding construction project management. Describe your organization's history and experience in completing similar projects or developments? Please quantify how successful your organization has been in conducting these programs or projects.

#### **II. Who will manage the project if key personnel leaves your organization?**

## **PART III**

### **AFFORDABLE HOUSING DEVELOPMENT PLAN**

#### **I. PROJECT NARRATIVE**

Please provide a general overview of the proposed project. Please include the type of activity to be undertaken (single-family new construction, single-family rehabilitation, land acquisition, etc.) the income range of the target population to be served, the proposed location, if acquisition of land and/or structures will be involved, the proposed financing, a detailed summary of the implementation strategy and the role(s) your agency will play in the overall project.

Please include the following in the program description:

- a. Total amount of HOME Funds requested
- b. Type of Activity proposed and location
- c. Total project cost
- d. Use of funds
- e. Housing unit information
- f. Expected household income level
- g. Proposed rents and utility allowances
- h. Proposed sales prices for homeowner projects
- i. Existing tenant information (for acquisition, rehabilitation projects)
- j. Other financial resources secured

## II. Program/Project Management

Please address the following:

1. **Staffing Requirements.** Must have paid staff, full-time, part-time or contracted. First year CHDO can demonstrate capacity with a consultant to train CHDO staff. Have at least one year of experience serving the community. Have financial accountability standards that conform to 24 CFR Part 84.21.
2. **Schedule.** Provide a detailed schedule of the project or development from start to finish.
3. **Site Control.** Have the site(s) been identified and secured or will they have to be acquired? Examples of site control include a property deed, a sales contract, or a written option to purchase the property. Is the site in full zoning compliance for the proposed project, or will a re-zoning or variance be required?
4. **Professional Cost Estimates.** Has a professional cost estimate been performed (i.e., by an Architectural and Engineering firm, contractor, or other certified expert?) If so, please provide the estimate being used as the basis for the project budget and name the firm that performed it.
5. **Preliminary Design Specifications.** Have any preliminary designs or specifications been developed for the project prior to the submittal of this application? If so, please name the developing firm.

**DEVELOPMENT TEAM** *Identify and attach resumes.*

- A. **Architect:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_  
**Is there a direct or indirect, financial, or other, interest with other team members or the applicant?**  **Yes**  **No** **If yes, describe relationship(s) between entities and/or principals:** \_\_\_\_\_
- B. **General Contractor:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_  
**Is there a direct or indirect, financial, or other, interest with other team members or the applicant?**  **Yes**  **No** **If yes, describe relationship(s) between entities and/or principals:** \_\_\_\_\_
- C. **Appraiser:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Address: \_\_\_\_\_



City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_

**Is there a direct or indirect, financial, or other, interest with other team members or the applicant?**  Yes  No **If yes, describe relationship(s) between entities and/or principals:** \_\_\_\_\_

**D.** Engineer: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_

**Is there a direct or indirect, financial, or other, interest with other team members or the applicant?**  Yes  No **If yes, describe relationship(s) between entities and/or principals:** \_\_\_\_\_

**E.** Cost Estimator: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_

**Is there a direct or indirect, financial, or other, interest with other team members or the applicant?**  Yes  No **If yes, describe relationship(s) between entities and/or principals:** \_\_\_\_\_

**F.** Project Attorney: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_

**Is there a direct or indirect, financial, or other, interest with other team members or the applicant?**  Yes  No **If yes, describe relationship(s) between entities and/or principals:** \_\_\_\_\_

**G.** Property Manager: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_

**Is there a direct or indirect, financial, or other, interest with other team members or the applicant?**  Yes  No **If yes, describe relationship(s) between entities and/or principals:** \_\_\_\_\_

**H.** Syndicator or Underwriter: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_

**Is there a direct or indirect, financial, or other, interest with other team members or the applicant?**  Yes  No **If yes, describe relationship(s) between entities and/or principals:** \_\_\_\_\_

**Type of Applicant** *(Check all that apply and provide documented proof)*

- Applicant is an existing entity
- Applicant is a new entity formed for the purpose of receiving financing from ACC HCD
- Corporation    General Partnership    Limited Partnership
- Limited Liability Company    Joint Venture   For-Profit    Non-Profit
- Housing Authority    Developer    Contractor
- CHDO (If CHDO, is agency acting as \_\_\_owner, \_\_\_sponsor, and/or \_\_\_developer?)
- Other (specify) \_\_\_\_\_

**PRINCIPALS OF APPLICANT**

Provide contact-information and ownership stake for Managing Partner, General Partners and all Corporate Officers:

Name	Address	Phone/Email	Title	%
			Managing Entity	
			President/Director	
			Project Manager	
			Secretary/Treasurer	
			Other Officer(s) or Partners	

**CO-APPLICANT INFORMATION** (If applicable)

Name		
Address		
Mailing Address (if different)		
City		
State & Zip		
Federal Identification #		
Phone & Fax		
E-mail address		

**Does applicant and/or co-applicant have or is applicant and/or co-applicant delinquent on local, federal and/or state debt?**       Yes       No \_\_\_\_\_

Has applicant and/or co-applicant ever filed in bankruptcy court?    Yes    No If yes, which court and when. Discharge date? \_\_\_\_\_.

**Does applicant and/or co-applicant have unresolved local, federal, or State findings?**    Yes    No

**Is applicant and/or co-applicant delinquent on the filing of any federal or State tax returns?**  
 Yes    No \_\_\_\_\_

*(If the answer to any of these questions is "yes", please provide explanation and attach an additional sheet if more space is needed.)*

**EVIDENCE OF SITE OR PROPERTY CONTROL**

*(Provide this information for each address on which you will be completing your project) Identify and attach supporting documentation.)*     Applications submitted without this information will not be considered.

**Address:** \_\_\_\_\_

Checklist:

- \_\_\_\_\_ Warranty Deed (recorded)
- \_\_\_\_\_ Contract for Deed
- \_\_\_\_\_ Purchase Option
- \_\_\_\_\_ In Escrow
- \_\_\_\_\_ Earnest Money
- \_\_\_\_\_ Contract
- \_\_\_\_\_ Long term Contract for Lease
- \_\_\_\_\_ Long term Option to Lease
- \_\_\_\_\_ Notice to Purchase

Expiration of Contract or Option:                          /      /      

Expiration of Feasibility Contingency:                  /      /      

(applies to pre-development loans only)

Expiration of Financing Contract:                      /      /      

Anticipated Closing Date:                               /      /      

:

## **DESCRIPTION OF PROJECT**

### **TYPE** *(check all that apply)*

- 
- Multifamily Rental  
 Residential Condominium  
 Townhouse Units  
 Duplexes  
 Single Floor (flats) Unit  
 Congregate Care Elderly Housing  
 Emergency Shelter  
 Transitional Housing  
 Detached Single Family Residences: New Construction, scattered site  
 Detached Single Family Residences: Rehabilitation, scattered site  
 Detached Single Family Residences: Subdivision  
 Attached Single Family Residences: New Construction  
 Rehabilitation  
 Other: (specify) \_\_\_\_\_
- 

## **SITE DESCRIPTION**

Size: \_\_\_\_\_ acres or square feet of proposed structure(s)

Is the property zoned for intended use?  Yes  No

Is the present use non-conforming under existing zoning restrictions?  Yes  No

Is the property in the process of rezoning?  Yes  No

Current zoning (or describe permitted uses): \_\_\_\_\_  
\_\_\_\_\_

Flood Zone Designation: (Describe) \_\_\_\_\_  
\_\_\_\_\_

Topography \_\_\_\_\_

Mark all proposed or existing off-site facilities.

- ( ) Electric ( ) Gas ( ) Storm Drains ( ) Water - Public ( ) Water - Private ( ) Sidewalks  
( ) Street Lights ( ) Fire Hydrants ( ) Sewers-public ( ) Sewers-private ( ) Paved Streets  
( ) Concrete Curbs ( ) Rolled Curbs ( ) Well ( ) Septic

Expected date of availability: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## **DESCRIPTION OF IMPROVEMENTS**

(Acquisition, rehabilitation, resale- rental projects only)

Total # Units: # Buildings: # Floors: Age: years  
Current vacancies: as of / /# Program Units: Net Residential Sq. Ft.:  
Common Area Sq. Ft. Non-Residential Sq. Ft.: Gross Sq. Ft.

For Housing Unit Rehab projects identify and attach a detailed, line by line work write-up for each unit on which you propose to complete work.

## **CONSTRUCTION SPECIFICATIONS**

*Please provide a complete listing of your construction specifications. (See examples below.)*

Wood Frame Steel Frame Masonry Poured-in-place Concrete  
Forced Air Unit Central Heat & Air Heat Pump System

## **INTERIOR FEATURES & SPECIFICATIONS**

*Continue listing of your construction specifications. ( See examples below.)*

Range & Oven Hood & Fan Garbage Disposal Dishwasher  
Refrigerator Microwave Washer & Dryer Wash/Dry Conn.

## **ON-SITE AMENITIES – Rental Developments Only**

*Continue listing of your construction specifications. ( See examples below.)*

Community Room Recreation Room Crafts Room  
Tennis Court Common Dining Residential Kitchen

## **VALUATION INFORMATION**

*Required if funds are used for the acquisition of single family lots. List for each property under consideration. If appraisal is complete, please attach.*

## **APPRAISED VALUE**

Property Address: \_\_\_\_\_

Land Only: \$ \_\_\_\_\_ Date of Valuation: \_\_\_\_\_

Existing Building (as is): \$ \_\_\_\_\_ Date of Valuation: \_\_\_\_\_

Proposed Building (as completed): \$ \_\_\_\_\_ Date of Valuation: \_\_\_\_\_

Appraiser: Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

## **ASSESSED VALUE**

Property Address:

Land Only: \$ \_\_\_\_\_ Date of Valuation: \_\_\_\_\_

Existing Building (as is): \$ \_\_\_\_\_ Date of Valuation: \_\_\_\_\_

Proposed Building (as completed): \$ \_\_\_\_\_ Date of Valuation: \_\_\_\_\_

***All OTHER SOURCES OF FUNDS*** (if additional space is necessary, attach information directly behind this page)

## PART IV

### **PROPOSED FINANCING**

Please list all project funds, their source, their terms and conditions (grant/loan rate and term) and then allocate these funds appropriately.

#### **Pro forma**

All applicants must submit a well-documented pro forma supporting the financing and ongoing maintenance of the project. In addition to the pro forma, information to be submitted includes any of the following as applicable:

- all sources of secured financing and a description of the financing;
- documentation of all projected expenses;
- rental rates;
- for homeownership projects, projected sale prices.

Additional Comments:

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## Certification

I certify that \_\_\_\_\_ (Organization Name) is in good standing with all Departments of Macon-Bibb County Government, including, but not limited to, the Tax Assessor, Public Utilities, Central Services and Building Inspections.

I understand that the following documentation and/or certifications are required to receive a HOME Investment Partnership Loan from Macon Bibb County:

- Articles of Incorporation & Bylaws
- Non-profit determination (if applicable)
- List of Board Members
- Designation of Authorized Official(s)
- Board Resolution Authorizing Grant Signatories
- Annual Financial Statements
- Signed Anti-lobbying Certification
- Signed Drug Free Workplace Certification

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

## CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, I certify that \_\_\_\_\_(Organization Name):

Drug Free Workplace -- Will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about -
  - (a) The dangers of drug abuse in the workplace;
  - (b) The grantee's policy of maintaining a drug-free workplace;
  - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
  - (a) Abide by the terms of the statement; and
  - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying Macon-Bibb County in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted -
  - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (b) Requiring such employee to participate satisfactorily in a drug abuse



assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

Anti-Lobbying -- To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub- grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

Section 3 \_\_\_\_\_(organization name) will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.

\_\_\_\_\_  
Signature/Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

# MACON-BIBB COUNTY CONSOLIDATED PLAN

## GOALS AND STRATEGIES - HUD FISCAL YEARS 2016-2020

### HUD Guiding Principles

The Macon-Bibb County 5-Year Consolidated Plan will:

- Champion fair access to decent, safe, affordable housing and promote safety and health in the community by providing community services and economic opportunity;
- Promote active and representative citizen participation in decision making so community members can meaningfully influence decisions that affect their lives;
- Encourage collaboration and cooperation among non-profit corporations, faith-based organizations, private sector entities, and agencies that advance individual and community level outcomes; Projects will be assessed within areas in the community;
- Support agency efforts to streamline services through coordinated outreach, intake, and assessment and create clear and direct linkages between residents, non-profits, workforce development agencies, and local employers.

### **Affordable Housing Goals**

Goal A: Expand housing choices, both rental and homeownership, and increase the availability of safe, decent affordable housing for low-to-moderate income residents throughout the community.

Strategy 1: Build new, quality, affordable housing with an emphasis on construction in existing neighborhoods and areas targeted for revitalization.

Strategy 2: Acquire and rehabilitate vacant homes, returning them to the housing stock as quality, affordable, owner-occupied housing.

Strategy 3: Acquire and rehabilitate vacant or substandard multifamily housing units, returning them to the housing stock as quality, affordable, rental housing.

Strategy 4: Promote awareness and understanding of housing needs, through housing counseling, outreach and education, and continue to develop strategies to meet those needs.

Strategy 5: Promote homeownership by providing area residents with housing counseling services.

Strategy 6: Provide down payment assistance, low-interest mortgages and/or interest rate subsidies to low-to-moderate income residents seeking homeownership.

## **Affordable Housing Goals**

Goal B: Preserve the existing stock of affordable housing in Macon-Bibb County by ensuring that it is properly maintained.

Strategy 1: Provide assistance for the restoration and rehabilitation of historic properties for low-to moderate income households.

Strategy 2: Provide assistance for the restoration and rehabilitation of properties for elderly or disabled low-to-moderate income households.

Strategy 3: Offer low interest loans and interest rate subsidies to low-to-moderate income home owners for home repairs and rehabilitation.

Goal C: Ensure equal access to housing and fair lending practices for Macon-Bibb County residents.

Strategy 1: Educate the community about fair housing rights and responsibilities through housing counseling programs and outreach.

Strategy 2: Analyze impediments to fair housing choice.

## **CHDO BOARD MEMBER CERTIFICATION**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Select Only One:

**Public Official or Employee**

I am a public official or a public employee because I represent one of the following positions:

\_\_\_elected official – council members, aldermen, commissioners, state legislators, members of school board, etc.

\_\_\_appointed public officials-members of a planning or zoning commission, or of any other regulatory and/or advisory boards or commissions that are appointed by a PJ official.

\_\_\_public employees-all employees of public agencies (including the schools) or departments of the PJ's government (e.g., a clerk in the water and sewer department, a public official (as described above) to serve on the CHDO board.

\_\_\_appointed by a public official-any individual who is not necessarily a public official, but who has been appointed by a public official (as described above) serve on the CHDO board.

**Member of Low-Income Household**

I am a member of a household of \_\_\_persons that has a combined total expected income for year \_\_\_\_\_, which is less than 80% of the area median income for a household of this size. (see Income Limits below)

**Resident of Low Income Area**

I reside in census tract/block group number \_\_\_\_\_ which in the 2000 census had at least 51% of its households with incomes less than 80% of the area median income.(see Income Limits below)

**Elected Representative of Low-Income Group**

I am elected by the membership of an organization whose membership is open to all resident of a defined neighborhood in which the 2000 census shows that more than 50% of the households have incomes less than 80% of the area median income and my position on our governing body is primarily as a representative of that neighborhood group.

The group name is \_\_\_\_\_ and the census tract/block group numbers served by the neighborhood group are \_\_\_\_\_.

**Not a Low Income Representative  
80% of Median Income Limits by Household Size**

\*See the attached HOME Income Limits

# HOME PROGRAM

## CHDO BOARD OF DIRECTORS COMPOSITION

	Board Member Name	Occupation	Address	Member of Low-Income Household	Resident of Low Income Area	Elective Representative of a Low-Income Group	Not a Low-Income Representative	Public Official
1								
2								
3								
4								
5								
6								
7								
8								
Total								

- Public representatives cannot be qualified as low-income representatives, even if they meet the qualifying criteria. No more than 1/3 of the Board Members may be Public Officials.
- CHDO's must be accountable to the low-income residents of its service area by maintaining at least one-third of its governing body representing the established service area.
- The one-third low-income resident and public officials representations are based upon the total maximum number of board members identified in the by-laws. Vacancies in the board membership do not reduce these requirements.

## HUD Income Limits

HUD is required by law to set income limits that determine the eligibility of applicants for HUD's assisted programs. According to HUD, Household Income is the sum of money income received in the previous calendar year by all household members who are 15 years old and over, including household members not related to the householder, people living alone, and others in non-family households. Under HUD's income policies low-income families are defined as families whose incomes do not exceed 80 percent of the median family income for the area. Very low-income families are defined as families whose incomes do not exceed 50 percent of the median family income for the area. Extremely low-income families are defined as families whose incomes do not exceed 30 percent of the median family income.

### FY 2018 INCOME LIMITS DOCUMENTATION SYSTEM FY 2018 Income Limits Summary\*

(Effective Date April 1, 2018)

FY 2018 Income Limit Area	Median Income	FY 2018 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
<b>Bibb County</b>	\$53,600	<b>Very Low (50%) Income Limits</b> (\$)	18,800	21,450	24,150	<b>26,800</b>	28,950	31,100	33,250	35,400
		<b>Extremely Low Income Limits</b> (\$)*	12,140	16,460	20,780	<b>25,100</b>	28,950*	31,100*	33,250*	35,400*
		<b>Low (80%) Income Limits</b> (\$)	30,050	34,350	38,650	<b>42,900</b>	46,350	49,800	53,200	56,650

\*Subject to Change

**Macon-Bibb County Community Affordable Housing Goals  
FY2016-2020 Consolidated Plan**

1. Facilitate dispersal of affordable rental and homeownership units throughout the community to prevent creating concentrated areas of poverty.
2. Encourage affordable rental and homeownership development within close proximity to MBCG major employers, existing local support services including medical, and transit access.
3. Encourage the development of mixed-income and mixed use neighborhoods through all available means.
4. Encourage large employers to help increase homeownership by providing funds to match with HOME dollars for down payment assistance for their employees.
5. Encourage redevelopment of existing apartment complexes into affordable rentals.
6. Encourage housing providers to acquire and/or rehab existing apartment complexes or suitable commercial buildings for individual or congregant living.
7. Encourage the use of green build techniques that include energy-efficient and environmentally friendly designs, construction and maintenance, and conservation measures in the development of HOME-assisted housing.

## Part V

### ADDITIONAL SUPPORT DOCUMENTS

**Checklist:** Please mark the forms enclosed in this application. Only submit forms which are relevant to the agency or the program for which this application is written. (Delete irrelevant forms to maintain pagination.)

- \_\_\_\_\_ Resolution of Application **(Required for all applications)**
- \_\_\_\_\_ Conflict of Interest Forms from each member of the Board of Directors **(Required for all applications)**
- \_\_\_\_\_ Conflict of Interest Disclosure Forms **(Required, if relevant)**
- \_\_\_\_\_ Conflict of Interest Disclosure Form Attachments **(Required, if relevant)**
- \_\_\_\_\_ Acknowledgement of Religious Organization Requirements **(Required for all applications from religious organizations.)**



**HOME Investment Partnership Program  
Community Housing Development Organization  
Macon-Bibb County - Economic & Community Development Department  
PROGRAM YEAR 2019**

**APPLICATION**

**RESOLUTION**

I, the Certifying Representative of \_\_\_\_\_  
(*name and title*) authorize the application for \_\_\_\_\_ (*name of nonprofit*)  
and use of funds from the Macon Bibb County Economic and Community Development  
Department for activities described in the proposal and, if awarded funds, shall implement the  
activities in a manner to ensure compliance with all applicable federal and local laws and  
regulations.

\_\_\_\_\_  
Signature of Certifying Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Certifying Representative

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Job Title of Certifying Representative

**HOME Investment Partnership Program  
Community Housing Development Organization  
Macon-Bibb County - Economic & Community Development Department  
Program Year 2019**

**APPLICATION**

**CONFLICT OF INTEREST**

Federal Law (24 CFR 85.36 for governments, 24 CFR 84.42 for private non-profits) prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the Emergency Solutions Grant...or who are in the position to participate in a decision making process or to gain inside information with regard to such activities, may obtain a financial interest or benefit from an assisted activity...either for themselves or those whom they have family or business ties, during their tenure or for one year thereafter.

I hereby certify that the information provided on the Conflict of Interest Disclosure Form(s) is true and accurate to the best of my knowledge. I also certify that to the best of my knowledge and belief, no staff member of the Board of Director's, nor officer of \_\_\_\_\_ (agency) is currently, nor has been within one year of the date of this application, employed by the local government or as an employee of the Economic and Community Development Department, nor serves as an elected official of the local government (Macon Water Authority, Board of Commissioners, Court Clerk, Judge, etc.). In cases where an elected official may serve on the board of the agency, the officials department and position will need to be disclosed on the Conflict of Interest Document Disclosure form.

I further attest that no staff member, member of the Board of Director's, nor officer of the applicant agency, is a business partner or immediate family member of a County employee, a member of the Economic and Community Development Department, or an elected member of the local government.

Funds requested will not be used to pay the salaries of any of the applicant agency's staff nor will the applicant agency award a subcontract to any individual who is or has been within one year of the date of this application a county employee, a member of the Economic and Community Development Department, or a member of the local government.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## CONFLICT OF INTEREST DISCLOSURE FORM

**Conflict of Interest Regulation.** No persons who exercise or have exercised any functions or responsibilities with respect to activities assisted with federal funds or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from an assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds there under, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

Program Client #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contractor/Vendor#: \_\_\_\_\_

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, funding or providing assistance. The term "Conflict Of Interest" refers to situations in which financial or other personal considerations may compromise, or have the appearance of compromising professional judgment in following the rules and regulations of the program. Please **check** the appropriate box for each question and complete the attachment if indicated. This form (with Attachments, if required) must be completed and returned to your Program Representative.

### A. Family Relationships:

Do you have a family member directly or indirectly involved or employed with YOUR ORGANIZATION that creates a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation provided above?

YES       NO      (if YES, please complete Part A of the Attachment)

### B. Program Relationships:

Are you involved in any other activity directly or indirectly with YOUR ORGANIZATION that may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation provided above?

YES       NO      (if YES, please complete Part B of the Attachment)

### C. Business Relationships:

Are you or a family member (spouse, child, stepchild, parent, sibling, or domestic partner) involved as an investor, owner, employee, consultant, contractor, or board member with an entity that has a contractual relationship with YOUR ORGANIZATION to provide goods or services, sponsor development activities and/or receive referrals from YOUR ORGANIZATION?

YES       NO      (if YES, please complete Part C of the Attachment)

### D. Gifts for Personal Use:

To the best of your knowledge, have you or your family members accepted gratuity gifts, or special favors from someone that is doing business with or proposing to do business with YOUR ORGANIZATION?

YES       NO      (if YES, please complete Part D on Attachment)

To the best of your knowledge, have you or your family members made any donations or gifts, or provided special favors to YOUR ORGANIZATION or any employee of the YOUR ORGANIZATION who exercises or may exercise any functions or responsibility with respect to the activities involving your award, contract or program assistance.

YES       NO      (if YES, please complete Part D on Attachment)

**E. Legal Proceedings and Debarment**

Have you been involved in any fraud, antitrust or criminal proceedings as a defendant (other than a minor traffic offense) or been debarred, suspended or otherwise excluded by a duly authorized regulatory agency or had a transaction with any such agency terminated for any reason?

YES       NO      (if YES, please complete Part E on Attachment)

I have read and understand the Conflict of Interest Disclosure Form and have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the agency to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly if relevant circumstances change. I understand that this Disclosure Form is not a confidential document.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFLICT OF INTEREST DISCLOSURE FORM  
ATTACHMENT**

**Conflict of Interest Regulation.** No persons who exercise or have exercised any functions or responsibilities with respect to activities assisted with federal funds or who are in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from an assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds there under, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

Address: \_\_\_\_\_ Program Client #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contractor/Vendor# \_\_\_\_\_

If you answered YES to any question on the previous page, please complete the relevant section(s) below. If you answered No to All questions, you may discard this attachment. Give your completed form to your Program Representative.

**PART A: FAMILY RELATIONSHIPS**

1. Name of your family member (s) directly or indirectly involved or employed at YOUR ORGANIZATION:

\_\_\_\_\_  
\_\_\_\_\_

2. Do any of your family members work in the program area? \_\_\_\_\_

3. Are any of your family members elected officials or members of the Local Housing Authority Board of Commissioners?

\_\_\_\_\_

4. Relationship to you: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**PART B: PROGRAM RELATIONSHIPS**

1. Activities: Name and describe the activity and/or program that you are directly or indirectly involved with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you used the name of YOUR ORGANIZATION, or their resources (facilities, personnel, or equipment), or confidential information in connection with the activity and/or program?

YES       NO      if YES, describe the resource used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART C: BUSINESS RELATIONSHIPS**

Please complete this section for each business relationship, or attach a separate explanation of business and research activities.

1. Name of business: \_\_\_\_\_

2. Categorize the business' relationship with YOUR ORGANIZATION.

- Consultant or advisor
- Research activities
- Business or referrals
- Other contractual or business relationship

**Briefly, describe the business, or licensing activity:**

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3. Have you used YOUR ORGANIZATION's name, resources (facilities, personnel, or equipment), or confidential information in connection with the activity?

- YES       NO      if YES, describe the resource used:

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4. Who is involved with the business? Check all that apply:

- Yourself
- Your family member (name and relationship) \_\_\_\_\_

Describe the position or involvement (check all that apply):

- Owner/Investor
- Board Member
- Employee/Manager
- Other \_\_\_\_\_

5. Are you receiving any type of compensation?  No  Yes: If yes, describe \_\_\_\_\_

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6. Who at YOUR ORGANIZATION oversees the relationship with this business?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

**PART D: GIFTS FOR PERSONAL USE:**

1. What was the dollar value of the gift (s) you or your family member received or donated? \_\_\_\_\_
2. Who was the donor or donee of the gift? \_\_\_\_\_
3. What is the donor's or donee's relationship with YOUR ORGANIZATION?  
\_\_\_\_\_

**PART E: LEGAL PROCEEDINGS AND DEBARMENT**

Describe any legal proceedings or debarment situations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **ACKNOWLEDGEMENT OF RELIGIOUS ORGANIZATION REQUIREMENTS**

1. In accordance with the First Amendment of the United States Constitution - "faith based principles set forth at 24 CFR 576.406," - HOME assistance may not, as a general rule, be provided to primarily religious entities for any activities, including secular activities.
2. The following restrictions and limitations therefore apply to the use of HOME funds by any provider which represents that it is, or may be deemed to be, a religious or denominational institution or an organization operated for religious purposes which are supervised or controlled by, or operates in conjunction with, a religious or denominational institution or organization.
3. Any religious entity that applies for and is granted HOME funds for public service must agree to the following:
  - a. It will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference in employment to persons on the basis of religion;
  - b. It will not discriminate against any person applying for such public services on the basis of religion and will not limit such services or give preference to persons on the basis of religion;
  - c. It will provide no religious instruction or counseling, conduct no religious worship or service, engage in no religious proselytizing, and exert no other religious influence in the provision of such public services;
  - d. HOME funds may not be used for the acquisition of property or the construction or rehabilitation (including historic preservation or removal of architectural barriers) or structures to be used for religious purposes or which will otherwise promote religious interests.
4. HOME funds may be used to rehabilitate buildings owned by primarily religious entities which are to be used for a wholly secular purpose under the following conditions:
  - a. The building (or portion thereof) that is to be improved with HOME assistance has been leased to an existing or newly established wholly secular entity (which may be an entity established by the religious entity);
  - b. The HOME assistance is provided to the lessee (and not to the lessor) to make improvements;
  - c. The leased premises will be used exclusively for secular purposes available to all persons regardless of religious affiliation;



- d. The lease payments do not exceed fair market value of the premises as they were before the improvements were made;
- e. The portion of the cost of any improvements that also serve a non-leased portion of the building will be allocated to and paid by the lessor;
- f. The lessor enters into a binding agreement that unless the lessee, or a qualified successor lessee, retains the use of the leased premises for a wholly secular purpose for at least the useful life of the improvements, the lessor will pay to the lessee an amount equal to the residual value of the improvements;
- g. The lessee must remit the amount received from the lessor to the recipient or sub-recipient from which the HOME funds were derived.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE SPECIFIC REQUIREMENTS CONTAINED IN THIS ATTACHMENT, AND THAT ELIGIBILITY OF MY ORGANIZATION'S PROJECT DEPENDS UPON COMPLIANCE WITH THE REQUIREMENTS CONTAINED IN THIS ATTACHMENT.

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SIGNATURE

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DATE

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NAME / TITLE OF SIGNATURE

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NAME OF ORGANIZATION