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(INSERT NAME OF ORGANIZATION/DEVELOPER)

# APPLICATION

for

**Macon-Bibb County  
Economic & Community Development Department  
HOME Investment Partnership Program**

**Deadline is April 29, 2024, 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  
688 Walnut Street, Suite 101  
Macon, Georgia 31201  
(478) 751-7190, TDD (478) 803-2306, FAX (478) 910-2347**

HOME/CHDO Applications are available on-line.

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

**General Information**

**Organization Name:** \_\_\_\_\_

**Federal Identification #** \_\_\_\_\_ **UEI#** \_\_\_\_\_

**Project Name (if applicable):** \_\_\_\_\_

**Agency/Project Location:** \_\_\_\_\_  
(If map is available, please attach.)

**Total amount of HOME funding requested: \$** \_\_\_\_\_

**Contact Information**

**Contact Person:** \_\_\_\_\_

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

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

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

## Minimum Eligibility Criteria

- a. Nonprofit 501(c)(3) status for at least one (1) full year, **or**
- b. Two (2) full years of operating experience under another non-profit entity which meets this criteria, **or**
- c. For-profit entity proposing to use funds for an eligible activity.
- d. For either nonprofit or for-profit, demonstrated successful experience in undertaking comparable programs or projects.

Designated Community Housing Development Organizations (CHDO's) must distinguish between HOME Sub-recipient, CHDO Operating, CHDO Set aside, and other CHDO activities.

- Preference will be given to applicants who can, and have demonstrated, the capacity to successfully manage and complete HOME assisted housing developments.

### Relocation/Displacement Plan (if applicable)

If the project involves rehabilitation of occupied housing, you must attach a plan that fully addresses the procedures you will implement to temporarily or permanently relocate tenants during the rehabilitation. Provide details on all costs you will pay and expenses for which the tenants will be reimbursed. No HOME Investment Partnership funds resulting from this application may be used for relocation assistance.

## Leverage Requirements

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HOME funds are to 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 City, State or Federal funds. When a project includes other funding sources, supporting documentation must be provided of the awarded funding and amounts from other entities (grants, Low Income Housing Tax Credits, bank financing, donors, etc.) when making an application for assistance.

## Pro forma

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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 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 sales prices.

## I. Program Description

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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:

- a. Type of activity proposed

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

**II. Program Need**

Thoroughly explain the need and how the project will address the stated need. Answer the following questions: (Please refer to key HOME requirements identified in the HOME Loan procedures document when completing this section.)

- a. What specific groups or individuals will benefit from the program?
- b. What income levels will you serve: moderate, low, or very low?

**See HUD Section 8 Income Limits for Macon-Bibb County, GA MSA**

- c. How will participant eligibility be determined, documented, and monitored and how will your organization ensure compliance with all HOME regulations?

**III. Organizational Capacity**

1. Give the name and title of the individual(s) responsible for the success of this development or project. What kind of experience and qualifications do these individuals have related to housing development? Who will manage the project if these key personnel leave your 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.

**IV. Program/Project Management**

Please address the following:

1. **Schedule.** Provide a detailed schedule of the project or development from start to finish.

2. **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?
3. **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.
4. **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: (If applicable)**

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: (If applicable)**

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)**

- \_\_\_ Applicant is an existing entity
- \_\_\_ Applicant is a new entity formed for the purpose of receiving financing from MBCG HCD
- \_\_\_ Corporation
- \_\_\_ Limited Partnership
- \_\_\_ Joint Venture
- \_\_\_ Non-Profit
- \_\_\_ Developer
- \_\_\_ CHDO\* Please see CHDO Section
- \_\_\_ Other: (specify) \_\_\_\_\_
- \_\_\_ General Partnership
- \_\_\_ Limited Liability Company
- \_\_\_ For-Profit
- \_\_\_ Housing Authority
- \_\_\_ Contractor

\* If CHDO, is agency acting as owner, sponsor, and/or developer? \_\_\_\_\_

**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 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.

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**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

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**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.

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**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

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**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**

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

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

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

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

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

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

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

**ASSESSED VALUE**

Land: \$ \_\_\_\_\_ Assessment for the Year of: \_\_\_\_\_

Building: \$ \_\_\_\_\_ Valuation by: \_\_\_\_\_

Total Assessed Value: \$ \_\_\_\_\_

**ALL OTHER SOURCES OF FUNDS**

*(If additional space is necessary, attach information directly behind this page)*

**Source I:** \_\_\_\_\_ Contact: \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_ Email \_\_\_\_\_

Type of Loan*	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

**Source II:** \_\_\_\_\_ Contact: \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_ Email \_\_\_\_\_

Type of Loan*	Principal Amount	Interest Rate	Amortization	<sup>c</sup> Term	Monthly Payment	Priority of Lien	Commitment Date

Source III: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone: (    ) \_\_\_\_\_ Email \_\_\_\_\_

Type of Loan*	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

**Designations for “Type of Loan” Entries\***

- A. Conventional Construction
- B. Conventional Permanent
- C. Conventional Gap
- D. Conventional Mini-Perm
- E. FHLB
- F. HOME Program
- G. Private Funds
- H. CDBG Funds
- I. Bond Funds
- J. Proceeds from Syndication of Low-Income Housing Tax Credits
- K. Other State Funds: (specify) \_\_\_\_\_
- L. Other Federal Funds: (specify): \_\_\_\_\_
- M. Local Government Funds: (specify) \_\_\_\_\_

## 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/Facilities Management and Building Inspections/Business Development Services.

I understand that the following documentation and/or certifications are required to receive a HOME Investment Partnership Loan from the Unified Government of 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/Authorized Official

\_\_\_\_\_  
Date

## CERTIFICATION

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.

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Signature/Authorized Official

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Date

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Title:

## **Macon-Bibb County Consolidated Plan 2020 - 2024**

### **Decent Housing Objectives**

**Objective:** Increase the number of affordable housing units for potential low-to-moderate income (LMI) homeowners and renters and provide training and educational classes to assist those LMI families in housing-related matters.

Strategy: Through contractors, build new affordable housing units for LMI homeowners and renters with an emphasis on construction in existing neighborhoods and areas targeted for revitalization.

Strategy: Through contractors, acquire and rehabilitate vacant housing units, returning them to the housing stock as quality, affordable, owner-occupied housing.

Strategy: Through contractors, provide housing-related training and educational classes to existing and potential LMI homeowners to reduce foreclosures and evictions.



## 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. Effective date for the chart below is June 15, 2023

2023 ADJUSTED HOME INCOME LIMITS MACON-BIBB COUNTY, GA HUD Metro FMR Area								
Program	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% LIMITS	\$14,150	\$16,150	\$18,150	\$20,150	\$21,800	\$23,400	\$25,000	\$26,600
VERY LOW INCOME	\$23,500	\$26,850	\$30,200	\$33,550	\$36,250	\$38,950	\$41,650	\$44,300
60% LIMITS	\$28,200	\$32,220	\$36,240	\$40,260	\$43,500	\$46,740	\$49,980	\$53,160
LOW INCOME	\$37,600	\$43,000	\$48,350	\$53,700	\$58,000	\$62,300	\$66,600	\$70,900

## 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  
Macon-Bibb County - Economic & Community Development Department  
PROGRAM YEAR 2024**

**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  
Macon-Bibb County - Economic & Community Development Department  
Program Year 2024**

**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:

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---

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**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:

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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.

---

SIGNATURE

---

DATE

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NAME / TITLE OF SIGNATURE

---

NAME OF ORGANIZATION

# CHDO

# Application Package

**NOTE: THE HOME APPLICATION MUST BE INCLUDED TO APPLY AS A CHDO**

**NOTE: THE HOME APPLICATION MUST BE INCLUDED TO APPLY AS A CHDO**

## **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, or homeownership.

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 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**

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, therefore, a detailed budget outlining all other funds associated with the project must be submitted along with the application. When a project includes other funding sources, supporting documentation must be provided of the awarded funding and amounts from other entities (grants, Low Income Housing Tax Credits, bank financing, donors, etc.) when making an application for assistance.

# Macon-Bibb County CHDO Application HOME Investment Partnership

## COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) Part I

### ADDITIONAL CHDO APPLICATION CONTACT INFORMATION

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

Agency Director \_\_\_\_\_

II. Board Chair: \_\_\_\_\_

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

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

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

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

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

III. Mission Statement:



## PART II

### II. Program/Project Management for CHDO

Please address the following:

**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.

**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 2010 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 2010 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 enclosed HOME Income Limits

# HOME PROGRAM

## CHDO BOARD OF DIRECTORS COMPOSITION

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

- 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.