

**THIS APPLICANT CERTIFICATION FORM MUST BE COMPLETED AND
SUBMITTED WITH YOUR APPLICATION FOR THE APPLICATION TO BE
ACCEPTED**

The applicant certifies that to the best of his/her knowledge all information submitted as part of this application is true. If funding is approved and an agreement is executed, the applicant will comply with all grant and contract requirements.

Signature of Executive Director/Authorized Official:	
Type/Print Name of Authorized Official:	Title:
Phone Number:	Date:

Signature of Chairman of Board of Directors/Executive Director of Applicant Organization:	
Type/Print Name of Chairman/Executive Director	Title:
Phone Number:	Date:

- To this Certification attach a statement signed by your Executive Director that documents at least one year of the organization's experience in serving the community;
- For *newly* created organizations formed by local churches, service or community organizations, a statement that documents that its parent organization has at least one year of experience in serving the community.

SECTION I
APPLICANT INFORMATION

NEW CHDO	EXISTING CHDO	IF AN EXISTING CHDO, DATE FIRST CERTIFIED:
Define your geographic service area:		
Do you hold CHDO status with another jurisdiction? If so, where? Do you receive operating funds from this/these jurisdiction(s)?		

APPLICANT INFORMATION

(This should be the entity to whom the monies are loaned and with which the City of Jersey City will form a written agreement)

Name:	
Address:	
City/State/Zip:	
Phone Number:	
FAX Number:	
Email Address:	
Tax I. D. Number:	

CONTACT PERSON

Name/Title:	
Address:	
City/State/Zip:	
Phone Number:	
FAX Number:	
Email Address:	

SECTION II

BUDGET INFORMATION

Applicants requesting CHDO operating expenses will be required to provide complete operating budgets and must demonstrate a need for HOME Operating funds (24 CFR 92.208)

BUDGET

What are the **total** fiscal year operating expenses of the development entity?

\$ _____

What total proportion of that cost is allocated to your **CHDO** Operating Expenses?

_____ %

Listed below are items eligible for reimbursement as **Jersey City CHDO Operating Expenses** while CHDO staff is working towards developing, owning, and sponsoring eligible housing development projects. Note: CHDOs that are acting only as a subrecipient or a contractor are not eligible to receive any of the five percent available to the PJ for payment of CHDO operating expenses. The PJ may provide operating expense funds if it is expected that the CHDO will be receiving project set-aside funds within 24 months of receiving funds for operating expenses. For each item below, you **MUST** identify the **total** operating cost and the amount being requested from the City. Any operating expense costs not covered in the “eligible expense” line items below **MUST** be identified as a lump sum in the OTHER budget line item and paid for from an alternate source.

If CHDO Operating Expense funds are requested to cover staff salaries: Complete the attached CHDO Budget Detail – Personnel Form located in Section V and submit under Separate Cover with the original application only.

BUDGET ITEM	TOTAL FY2009-2010 BUDGETED CHDO OPERATING COSTS	AMOUNT OF JERSEY CITY OPERATING FUNDS REQUESTED FOR FY2009-2010	TOTAL FY2008-2009 ACTUAL OPERATING COSTS
Eligible Expenses			
Salaries – total salaries for all employees			
Fringes			
Insurance*			
Rent			
Telephone			
DSL/Internet			
Power			
Water			
Staff travel/training**			
Office supplies			
Office equipment***			
Non-Eligible Expenses			
Other			
TOTAL			

*Only list the property/renters insurance cost for the building which the Jersey City CHDO occupies and from which it operates. CHDO operating costs cannot be used to pay property insurance for specific projects.

**Travel/training expenses must be for staff positions to which Jersey City operating funds are paid and that are identified in the salary section.

***Attach list of office equipment to be purchased and/or which is rented/leased.

If this organization is a Jersey City CHDO seeking recertification and received CHDO operating funds for FY07-08 and/or FY08-09, provide a detailed project narrative that describes specific activities that were undertaken as a result of the funds received. Provide status of the project(s) for which the 07-08 and/or 08-09 operating funds were used.

Provide specific activities in a narrative indicating how FY2009-2010 operating funds will better position the certified/recertified CHDO to produce affordable housing, e.g., hire consultant to train staff, research available parcels of land available for development, etc.

From what other sources has the CHDO sought operating funds? From what other sources have operating funds been secured?

PERFORMANCE GOALS:

If your CHDO is seeking recertification, please identify, describe and provide a status update of your CHDO's projects in your pipeline.

Provide at least five (5) specific performance measures for your organization for FY2009-2010. How will Jersey City CHDO operating funds assist in achieving these goals?

Explain your CHDO's plan to meet the requirement to have a CHDO set-aside project completed within twenty-four (24) months.

Explain why the expenses for which the operating funds will be used are "reasonable and necessary costs" for the CHDO and why the CHDO is unable to cover the operating costs without the allocation of operating funds.

Provide a detailed list of the CHDO eligible set-aside project related activities the CHDO anticipates completing between April 1, 2009 and March 31, 2010. Please complete the attached project implementation schedule.

PROJECT IMPLEMENTATION SCHEDULE

MUST include at least the following:

PROJECT IMPLEMENTATION SCHEDULE: (please enter anticipated dates)

<u>ACTIVITY</u>	<u>SCHEDULED</u> (Month/Year)	
	Start Date	Completion Date
(1) SITE PLAN APPROVAL	_____	_____
(2) ENGAGE ARCHITECT	_____	_____
(3) PRELIMINARY DESIGN	_____	_____
(4) BID DOCUMENTS PREPARED (Plans and Specifications)	_____	_____
(5) ADVERTISE FOR BIDS	_____	_____
(6) CONTRACT AWARD	_____	_____
(7) PRE-CONSTRUCTION MEETING	_____	_____
(8) BEGIN CONSTRUCTION	_____	_____
(9) COMPLETE CONSTRUCTION	_____	_____

SECTION III

APPLICANT/ORGANIZATION DESCRIPTION

APPLICANT/ORGANIZATION DESCRIPTION

(Note that the boxes will expand as you type)

Provide a brief description of your organization's role(s) in developing affordable housing opportunities in Jersey City (developments, programs, etc.) during the last three years.

Provide a brief description of the specific role your organization will have in developing affordable housing opportunities in Jersey City during FY2009-2010.

Describe how your organization will bring a particularly *new or unusual* approach to meeting the housing needs of low- and moderate-income households. Indicate how these are different or complimentary to existing developments and/or programs.

Will the CHDO utilize financial and/or other partnerships to build development capacity? How?

How will the CHDO work to expand its housing development capacity through attendance at workshops and trainings? What trainings/workshops did staff attend within the last year? Who attended these trainings/workshops? What future workshops or training opportunities would the CHDO like to have available to them?

SECTION IV

REQUIRED DOCUMENTATION AND CHECK SHEET

REQUIRED DOCUMENTATION Attach to Original Application ONLY

All of the documents on this list must accompany your application. Applications without this checklist and the corresponding documents will be considered incomplete and will not be accepted for funding consideration.

DOCUMENTS UNLESS OTHERWISE NOTED, DOCUMENTS SHOULD BE ATTACHED TO THIS SECTION OF THE APPLICATION	ACCEPTABLE	DEFICIENT	EXPLANATION
A notarized letter signed by your Executive Director expressing interest in becoming or being recertified as a CHDO (placed at the very front of the application)			
Copy of Articles of Incorporation or Charter			
Copy of 501(c)(3) or (4) Certificate from the IRS			
Copy of Agency By-Laws			
<p>List which identifies agency’s governing board members by name, address, employer and their representation on the board. A “Member Designation Certification” form for each member of the board must be attached to this listing (form follows this check sheet.)</p> <p>(Note: Please note the following):</p> <p>Designation 1: The CHDO must identify those who are low-income and how their low-income status was determined. You do not need to provide financial information. CHDO only needs to certify that it has determined eligibility and by what means.</p> <p>Designations 2 & 3: One third of the board membership must be residents of low-income neighborhoods, other low income community residents, and/or elected representatives of low-income neighborhood organizations.</p> <p>Designation 4: The State or local government may not appoint more than one-third of the membership of the organization’s governing body; the board members appointed by the State or local government may not, in turn, appoint the remaining two-thirds of the board members; and no more than one-third of the governing board members are public officials—including any employee of a participating jurisdiction.</p> <p>Designation 5: For-profit entities, who sponsor or create a CHDO, may not appoint more than one-third of the membership of the governing body and the board members appointed by the for-profit entity may not appoint the remaining two-thirds of the board members.)</p>			
Resumes that describe the experience of key staff members and how that experience relates to successfully completed projects similar to those to be assisted with HOME funds.			
Copy of contract(s) with consultant firm(s) or individual(s) who have housing experience similar to projects to be assisted with HOME funds working with the CHDO who are/ will be contracted to train appropriate key staff of the organization.			
Statement signed by your Executive Director, that documents at least one year of experience in serving the community; or for newly created organizations formed by local churches, service or community organizations, a statement that documents that its parent organization has at least one year of experience in serving the community. (Should be attached to application.)			
A notarized statement by the president or chief financial officer of the organization, or a certification from a Certified Public Accountant, or a HUD approved audit summary which states that the agency conforms to the financial accountability standards of the “Standards for Financial Management Systems” (24 CFR 84.21).			
Tenant Participation Plan signed and approved by Board of Directors: This plan is a written, formal process for low-income program beneficiaries to advise the organization in all of its decisions regarding the designing, development and management of affordable housing projects. Please indicate if this process is approved in your By-Laws and/or Articles of Incorporation. If approved as a separate resolution of the Board, provide a copy of that resolution.			
Affirmative Marketing Policy as established by your organization (to be approved by DCD staff)			
Conflict of Interest Certification with a copy of your agency’s approved Conflict of Interest policy attached (see attached certification)			
Certificates and Assurances (see attached)			
Personnel and Salary Form (submit if requesting CHDO operating funds)			
Attach the most recent year’s audit for the organization.			

MEMBER DESIGNATION FORM

1. I am a low-income resident of the community. (Community can mean neighborhood in the city, county, or metropolitan area)*

2. I am a resident of a low-income neighborhood. (This does not mean that you must be a low-income person only that your residence is in a low-income neighborhood.)

2. I am an elected representative of a low-income neighborhood organization. (A low-income neighborhood organization is an organization composed primarily of residents of a low-income neighborhood. Examples of such organizations are: block groups, town watch organizations, civic associations, neighborhood church groups, etc.)

4. I am a representative of the public sector. (A public sector representative is an elected public official, any appointed public official, any public/government employee of a public agency or department, or any individual who is appointed by a public official to serve on a CHDO board.)

5. I am a representative appointed by the for-profit entity which created or sponsored this CHDO.

6. Other.

I certify that the information is correct as of the date indicated below:

Signature

Date

Print Name

*** If a member is designated as Low-Income, please indicate how your eligibility was determined by the CHDO.**

CONFLICT OF INTEREST CERTIFICATION

I/We certify that we understand and adhere to the conflict of interest provisions for the procurement of goods and services by HOME recipients as required by 24 CFR parts 84 and 85, and that no exceptions may be made to these provisions. (CPD Notice 98-09, II.)

I/We further certify that in accordance with 24 CFR 92.356 (HOME Final Rule) we understand that no employee, agent, consultant, officer, elected official, or appointed official, or any person who exercises or has exercised any functions or responsibilities with respect to activities assisted with HOME funds or who is in a position to participate in a decision-making process or gain inside information with regard to these activities of a Participating Jurisdiction, State Recipient, or Subrecipient; or an owner, developer or sponsor of a HOME-assisted project or an officer, employee, agent or elected or appointed official or consultant of the owner, developer or sponsor whether private, for profit or nonprofit (including a CHDO when acting as an owner, developer or sponsor of housing) receiving HOME funds may obtain a financial interest or unit benefits from a HOME-assisted activity, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter. This prohibition includes the following:

- Any interest in any contract, subcontract or agreement with respect to a HOME-assisted project or program administered by the applicant, or the proceeds thereunder; or
- Any unit benefits or financial assistance associated with HOME projects or programs administered by the applicant, including:
 - Occupancy of a rental housing unit in a HOME-assisted rental project;
 - Receipt of HOME tenant-based rental assistance;
 - Purchase or occupancy of a homebuyer unit in a HOME-assisted project;
 - Receipt of HOME homebuyer acquisition assistance; or
 - Receipt of HOME owner-occupied rehabilitation assistance.

We understand that this prohibition does not apply to an employee or agent of the applicant who occupies a HOME-assisted unit as the on-site project manager or maintenance worker.

In addition, we certify that no member of Congress of the United States, official or employee of HUD, or official or employee of the City of Jersey City shall be permitted to receive or share any financial or unit benefits arising from the HOME-assisted project or program.

We certify that prior to the implementation of the HOME-assisted activity, exceptions to these provisions may be requested by the applicant in writing to the Division of Community Development (DCD). If an exception is requested, the applicant certifies that it will demonstrate and certify that the policies and procedures adopted for the activity will ensure fair treatment of all parties, and that the covered persons referenced in this policy will have no inside information or undue influence regarding the award of contracts or benefits of the HOME assistance. The applicant understands that the DCD may grant exceptions or forward the requests to HUD as permitted by 24 CFR 92.356,85.36 and 84.42, as they apply.

Signature

Date

Title

CERTIFICATIONS AND ASSURANCES

I/We declare under penalty of perjury that all of the application statements, attachments hereto, are true and correct.

Further, I/We agree that I/we shall meet, and continue to meet, all federal and local CHDO requirements outlined within the application and subsequent funding agreement during the funding timeframe, April 1, 2009 through March 31, 2010, or the City of Jersey City shall not be required to reimburse or forgive operating expenses.

Further, I/We agree that I/we shall hold the Division of Community Development and, the City of Jersey City, its officers, employees, agents, and representatives harmless from any claims or lawsuits or from any damages that I/we may incur because of any action taken or not taken on this application, and I/we further agree that I/we shall defend and indemnify the DCD and the City of Jersey City, its officers, employees, agents, and representatives from and for any claims or lawsuits brought by, or damages paid to, any other persons, parties, or entities because of any action taken or not taken on this application. Such indemnification shall include payment of attorney's fees and costs incurred by the DCD, and the City of Jersey City, its officers, employees, agents, and representatives for defending, negotiating, and settling such claims or lawsuits.

I/We have read and understand the above and it is complete and acceptable to me/us. I/We further agree to abide by the foregoing conditions and realize that the failure of any or all of these conditions may relieve the DCD, and the City of Jersey City of any obligations to pay any funds pursuant to the application for assistance.

Authorized Signature

Date

Title

Authorized Signature

Date

Title

SECTION V
PERSONNEL INFORMATION

Please note if more position sections are needed for more positions, please add additional pages)

Agency Name:	
Project Title:	

Position Title	Number of Employees	Job Description			
Employee Name	Annual Rate (\$)	% of HOME Time Spent	HOME Share (\$)	Other Federal Funds Allocated to this Position	% Paid by HOME funds

Position Title	Number of Employees	Job Description			
Employee Name	Annual Rate (\$)	% of HOME Time Spent	HOME Share (\$)	Other Federal Funds Allocated to this Position	% Paid by HOME funds

Position Title	Number of Employees	Job Description			
Employee Name	Annual Rate (\$)	% of HOME Time Spent	HOME Share (\$)	Other Federal Funds Allocated to this Position	% Paid by HOME funds

Position Title	Number of Employees	Job Description			
Employee Name	Annual Rate (\$)	% of HOME Time Spent	HOME Share (\$)	Other Federal Funds Allocated to this Position	% Paid by HOME funds

Position Title	Number of Employees	Job Description			
Employee Name	Annual Rate (\$)	% of HOME Time Spent	HOME Share (\$)	Other Federal Funds Allocated to this Position	% Paid by HOME funds

ESTIMATED FRINGE BENEFITS AND TOTAL PERSONNEL COSTS

Type of Fringe Benefit	Fringe Benefit Calculations	HOME Share (\$)	Total Cost (\$)
F.I.C.A.			
a. Social Security Tax		a.	a.
b. Medicare Tax		b.	b.
State Unemployment Insurance			
Workers' Compensation			
Other			
Other			
TOTAL BENEFITS			
TOTAL SALARY PLUS BENEFITS			*

***NOTE: Total must match total personnel cost on CHDO Operating Expense Summary form.**