

**Georgia Department of Community Affairs (DCA)**  
**Housing Finance Division**  
**CHDO Operating Assistance Program (COAP)**  
**SFY 2009 Application**

In order to qualify for the COAP funding, a Community Housing Development Organization (CHDO) must meet the following eligibility requirements:

- The nonprofit must be currently qualified as a CHDO by the Department of Community Affairs (DCA).
- The CHDO must be the owner, developer or sponsor of a DCA HOME-funded affordable housing project for occupancy by moderate, low or very low-income households and that qualifies for the CHDO set-aside of HOME funds.
- To be considered as an “owner, developer or sponsor,” the Subject Project of the CHDO must also meet one of the two following characteristics:
  1. The construction loan of the Subject Project funded under the HOME Rental Housing Loan program allocated under Georgia’s Qualified Allocation Plan (QAP) or the Permanent Supportive Housing Program must have closed prior to the submission of the COAP application and the COAP application must be made prior to the conversion date of the Subject Project’s HOME loan.
  2. The Subject Project includes four (4) units authorized under an executed Conditional Commitment of Funds for the Georgia Dream Single Family Development Program (GDSFDP) where all of the units have been constructed and sold to an income qualified household prior to the submission of the COAP application and where the COAP application is submitted not more than six (6) months after the sale of the final unit authorized under the Conditional Commitment of Funds.

An applicant, the employees or officers of the ownership entity awarded funding through DCA’s program(s), or any proposed recipients of COAP funds must not be out of material compliance or disqualified from any program administered by the Department of Community Affairs or under debarment, proposed debarment, or suspension by a federal agency, and must meet all requirements outlined in the HOME Investment Partnerships Program Final Rule (24 CFR Part 92) and either the State of Georgia’s Qualified Allocation Plan (QAP) and associated application manual, and the Program Descriptions and associated application manuals for the Permanent Supportive Housing Program (PSHP) and the Georgia Dream Single Family Development Program (GDSFDP).

**Organizational Profile:**

Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Federal Tax ID Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Qualified Project Profile – OAP or PSHP:**

CHDO HOME Project Name: \_\_\_\_\_

Loan Closing Date: \_\_\_\_\_

Expected Conversion Date: \_\_\_\_\_

**Project Profile – GDSFDP:** (Attach additional Sheets as necessary)

SFDP Project Name: \_\_\_\_\_

Total Number of Units Authorized under Conditional Commitment of Funds: \_\_\_\_\_

Total Number of Units Sold: \_\_\_\_\_

Unit Address: \_\_\_\_\_ Sale Date: \_\_\_\_\_

A complete Application to the COAP must include following:

**Tab 1  
Application**

- Complete COAP Application.
- Copy of Current State CHDO designation letter.
- CHDO Operating Assistance Program Budget Form (Appendix A) that details the proposed use of COAP funds. The proposed budget should not exceed \$25,000, or \$45,000 if Additional Funds are requested as detailed in the COAP Program Description.

**Tab 2  
Capacity  
Assessment Tool**

- Detailed narrative plan describing the CHDO's proposed activities to be funded under the COAP. The plan must be linked to deficiencies identified in the Capacity Assessment Tool and/or areas whereby these funds will assist the organization to achieve its housing initiatives.
- Completed Capacity Assessment Tool (CAT) of the Applicant, including all support documentation found in the Document Review List. The CAT can be downloaded from the DCA web site [www.dca.state.ga.us](http://www.dca.state.ga.us).
- Resolution by the CHDO's Board of Directors attesting to their review and approval of the results of the Capacity Assessment Tool and planned use of the COAP funds.

**Tab 3  
Audited  
Financial  
Statements**

- A copy of the most recent audited financial statements prepared in accordance with generally accepted accounting principles, including the balance sheet, income and expense statement, statement of cash flows, and all auditor comments.

**Tab 4  
Consulting  
Contracts  
(If Applicable)**

- Copy of a completed self-evaluation Capacity Assessment Tool (CAT) by the Inexperienced CHDO, including supporting documentation.
- Resumes of organization's director and key personnel that will be providing the technical assistance.
- A signed and executed consulting contract including a Scope of Services to be performed and a detailed listing of the amount of hours to perform these activities.
- A listing of the Experienced CHDO's completed projects under the program to which the Inexperienced CHDO will apply.
- A description of the past consultant services provided over the last twenty-four (24) months, including the organization's receiving the services and the nature of the services provided.
- A copy of the current CHDO determination letter for the Inexperienced CHDO.

**Tab 5  
Management  
Agreement (If  
Applicable)**

- Copy of the management agreement and management plan of a permanent supportive housing project for special needs and/or homeless populations not owned or controlled by the CHDO.

**Authorized Official Certification/Signature**

As an authorized representative of the Applicant, I fully certify to the following:

1. The information and statements contained in this Application and any of its Attachments are complete, true, and correct.
2. The Applicant understands and agrees that our application, all attachments thereto, and all correspondence relating to this application in particular or to DCA in general are subject to disclosure under the Georgia Open Records Act and that the Applicant expressly consents to such disclosure. The Applicant agrees to hold harmless the DCA, GHFA and the individual directors, employees, members, officers, and agents of DCA against all losses, costs, damages, expenses, and liability of any nature or kind (including, but not limited to attorney's fees, litigation and court costs) directly or indirectly resulting from or arising out of the release of all information pertaining to our application pursuant to a request under the Georgia Open Records Act.
3. Neither it nor any of its principals is presently debarred, suspended, proposed for debarment or suspension, declared ineligible or excluded from participation in the HOME Program by any Federal department or agency.
4. The Applicant further certifies that there are no criminal convictions, indictments, and pending criminal investigations of any persons, individuals, officers, directors, key employees, or other persons who have critical influence unless provided to DCA in this application documenting dates and details of each circumstance, unless otherwise prohibited by court order, statute or regulation.

5. No member, employee, officer, agent, consultant or official of the Applicant or Ownership Entity, nor any member of their immediate family, during his/her tenure or for one year thereafter, shall have any interest, direct or indirect, in any award of HOME funds made pursuant to this Application.
6. Recognize and accept the Applicant's obligation to notify DCA immediately in writing if we become aware of any subsequent events or information which would change any statements or representations previously submitted to DCA. The activities and costs must be accurately reflected in the COAP budget (Appendix A)
7. Any changes in the facts and information supplied in this Application or in any of its Attachments may result in denial or withdrawal of any HOME funding awarded and/or CHDO designation.
8. The Applicant further agrees that the proposed project complies with applicable local state and federal laws, and the application has been duly authorized by the governing body of the Applicant, and if funded, that Applicant will carry out the project activities in the manner described in the application. The Applicant further certifies that it shall maintain accounting records in accordance with generally accepted governmental accounting principles and that the funds awarded will be included in those audits of financial statements that cover all or part of the project duration period.
9. The Applicant further agrees that the award of any funds through this program is subject to the CHDO's on-going compliance with Section 50-20-1 through 50-20-8 of the Official Code of Georgia regarding contracting with nonprofit organizations.
10. Applicant further agrees that the award of funds through this program is subject to the Immigration Reform and Control Act of 1986 (IRCA), D.L. 99-603 and the Georgia Security and Immigration Compliance Act (O.C.G.A 13-10-90 et. seq.)

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

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

\_\_\_\_\_  
Notary Public Signature

By: \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
My Commission Expires

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

[Notary Seal]

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

**CHDO Operating Assistance Program Budget Form  
Appendix A**

- A. Salaries/Wages/Benefits \_\_\_\_\_
  - B. Rent \_\_\_\_\_
  - C. Utilities \_\_\_\_\_
  - D. Taxes \_\_\_\_\_
  - E. Insurance \_\_\_\_\_
  - F. Equipment Lease Payments \_\_\_\_\_
  - G. Travel \_\_\_\_\_
  - H. Office supplies \_\_\_\_\_
  - I. Equipment and materials (related to operational expenses) \_\_\_\_\_
  - J. Training \_\_\_\_\_
  - K. Professional Services/Consultants \_\_\_\_\_
  - L. Other: \_\_\_\_\_
  - M. Other: \_\_\_\_\_
  - N. Other: \_\_\_\_\_
  - O. Other: \_\_\_\_\_
- Total:** \_\_\_\_\_

## Exhibit A

### CHDO Operation Assistance Program (COAP) Disbursement Procedures and Reporting Requirements SFY 2009

Program funds will be disbursed for approved activities listed in Appendix A (CHDO Operating Assistance Budget) of the Agreement. No other activity or change of activities will be funded without written approval from DCA. The Grantee must submit a funding disbursement request, which includes the following documentation:

- A. Invoices, receipts, purchase orders and/or contracts pertaining to the specific request for disbursement.
- B. Completed Disbursement Request Form, Exhibit B.
- C. Completed Draw Request Requisition Form, Exhibit C.
- D. Completed Clearance of Individual/Entity Form, Exhibit D if the request for disbursement includes expenses associated with a contractual agreement between the Grantee and a contractor and/or consultant. DCA will only approve the Disbursement Request when the contract is completed and the activity is accepted by the Grantee.
- E. Completed MBE/WBE Data Collection Form, Exhibit E.
- F. A progress narrative is required of all activities funded by the Program before any Disbursement Request is processed and funded. The narrative report must include the following:
  - (1) A statement explaining how the capacity of the organization has been changed or affected by the use of Program funds.
  - (2) A statement explaining the accomplishments and /or progress of the activity to date.
- G. A final progress narrative is required of all activities funded by the Program before the last Disbursement Request is processed and funded. The narrative report must include the following:
  - (1) The successes or limitations encountered by the Grantee as a result of participating in the Program.
  - (2) For each activity funded under the COAP, an assessment of the activity's value to the Grantee. Explain your answer and be specific using examples to support your results.

DCA will review the report/activity for completeness and compliance with DCA guidelines and the Agreement. DCA at its sole discretion, can modify, add or delete items(s) of this Exhibit.

Exhibit B

CHDO Operating Assistance Program (COAP)  
Disbursement Request Form  
SFY 2009

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

Request Number: \_\_\_\_\_

Mail To:

Nonprofit & Special Programs Manager  
Office of Special Housing Initiatives  
Housing Finance Division  
Georgia Department of Community Affairs  
60 Executive Park South, NE  
Atlanta, GA 30329-2231

Grantee: \_\_\_\_\_

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

This Request covers the period from \_\_\_\_\_ to \_\_\_\_\_.

In accordance with the COAP Grant Agreement in the amount of \$ \_\_\_\_\_, dated \_\_\_\_\_, 20\_\_ between the Grantee and GHFA, the Grantee requests that \$ \_\_\_\_\_ be drawn and proceeds paid by wire to the Grantee whose invoices are attached.

This is to certify that all items have been paid for which previous requests were submitted and payments received, that the labor, materials and/or services for which this draw will pay and for which previous draws have paid were for approved expenses, that all representations and warranties under the COAP program are true and correct, and that no default exists thereunder.

By: \_\_\_\_\_

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

Title: Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

NOTARY PUBLIC: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## Exhibit C

### CHDO Operation Assistance Program (COAP) Draw Request Form SFY 2009

Date \_\_\_\_\_

Draw # \_\_\_\_\_

Expense Item	Total Grant Awarded	Amount Requested for this Period	Previous Draws	Total Grant Funds Remaining
Salaries, Wages, Benefits				
Rent				
Utilities				
Taxes				
Insurance				
Equipment Lease Payments				
Travel				
Office Supplies				
Equipment & Materials				
Training				
Professional Services/Consultants				
Other				
Other				
Other				
<b>Total</b>				

- A progress narrative is required of all activities funded by the Program before any Disbursement Request is processed and funded.
- All disbursement requests for studies, plans or other activities in which a written report is generated must include either an executive summary prepared by the Grantee or the consultant, or a copy of the full study, plan or other written report.

Exhibit D

CHDO Operating Assistance Program (COAP)  
Clearance of Individual/Entity Form  
SFY 2009

DCA is required to verify that each contractor or entity involved in a project funded with HOME monies is not included on the "List of Parties Excluded from Federal Procurement and Nonprocurement Programs." Each Owner is required to submit this Form for each Individual/Entity involved in this project prior to entering into an Agreement for the receipt of HOME funds. Any changes or additions to the list of Individuals/Entities involved in the project must be cleared by DCA prior to the beginning of their involvement in the project. A separate form is required for each Individual/Entity. Forms should be submitted directly to the Contact Person listed in the DCA Agreement for funding.

**PROJECT INFORMATION:**

Name of Project: \_\_\_\_\_

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

Name of Project Contact: \_\_\_\_\_

Address of Project Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

*INFORMATION ON INDIVIDUAL/ENTITY FOR WHICH CLEARANCE IS REQUESTED:*

*Individual/Entity Name:* \_\_\_\_\_

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

Role in Project (Circle One) Owner Developer Sponsor

Type of Work in Project: \_\_\_\_\_

<b>DCA REVIEW:</b>	
Cleared: _____	Review Performed by: _____
Not Cleared: _____	Signature: _____

Exhibit E

CHDO Operating Assistance Program (COAP)  
Immigration and Security Form  
SFY 2009

- A. In order to insure compliance with the Immigration Reform and Control Act of 1986 (IRCA), D.L. 99-603 and the Georgia Security and Immigration Compliance Act OCGA 13-10-90 et.seq., Contractor must initial one of the section below:

\_\_\_\_\_ Contractor has 100 or more employees and Contractor warrants that Contractor has complied with the Immigration Reform and Control Act of 1986 (IRCA), DL. 99-603 and the Georgia Security and Immigration Compliance Act by registering at [www.vis-dhs.com/EmployerRegistration](http://www.vis-dhs.com/EmployerRegistration) and verifying information of all new employees; and by executing any affidavits required by the rules and regulations issued by the Georgia Department of Labor set forth at Rule 300-10-1-.01 et.seq.

\_\_\_\_\_ Contractor has 99 or fewer employees and Contractor warrants that no later than July 1, 2009, Contractor will register will register at [www.vis-dhs.com/EmployerRegistration](http://www.vis-dhs.com/EmployerRegistration) to verify information of all new employees in order to comply with the Immigration Reform and Control Act of 1986 (IRCA), DL. 99-603 and the Georgia Security and Immigration Compliance Act; and by executing any affidavits required by the rules and regulations issued by the Georgia Department of Labor set forth at Rule 300-10-1-.01 et.seq.

- B. Contractor warrants that Contractor has included a similar provision in all written agreements with any subcontractors engaged to perform services under this Contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

Street/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

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

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