ATTACHMENT ONE: NON-PROFIT CHECKLIST

PART I: ATTACHMENT CHECKLIST FOR ALL NON-PROFIT ORGANIZATIONS

1. Legal Name of Organization: _____

2. IRS Tax Exempt Number: _____

3. ☐ A current Certificate of Existence from the Secretary of State's office. The certificate must be purchased from the Secretary of State's office and must be dated within the last 6 months (from 10/12/2009 – 3/12/2010).

4. ☐ Copy of 501(c)(3) certificate or letter from IRS.

5. ☐ Copy of Charter, By-laws and resolutions.

6. ☐ One page explanation of how the Board of Directors is involved in the operation of the agency, including how often the Board meets, how the Board monitors and provides oversight for the agency's programs.

   ☐ Attach the minutes of the most recent Board meeting.

7. ☐ Business plan or strategic management plan that demonstrates the agency's short term and long term goals, objectives, and plans to achieve them.

8. ☐ Documentation of operating funds from other sources, including how much annually and from what sources.

9. ☐ Explanation of any other programs, other than the proposed HTF program, operated by the organization, including the program(s) and its funding source(s).

10. ☐ One page explanation of your agency's experience in housing, particularly in providing housing to very low income households.

11. ☐ Attachment Eleven: Individual Disclosure Forms completed by the organization's Executive Director, Chairman of the Board and any staff directly involved with decision making for the project.

12. ☐ Attachment Twelve: Corporate Disclosure Form signed by the Chairman of the Board or Executive Director on behalf of the organization