Link to Exhibit A: https://app.smartsheet.com/b/form/ddffd6849ac44aa78b3df02176ab1aab

1. Upon opening the Smartsheet link, the City of Detroit's logo should appear at the top and right below it should read: "For certification as a Community Based Development organization under the requirements of 24 CFR 570.204 (c)(1)". This is the application for "Exhibit A"; please be sure that this is what your organization qualifies under.



- 2. Input the following:
 - Agency/Organization
 - Program/Project Name
 - Address
 - Telephone
 - Email

- Contact Person
- Position/Title (of contact person)
 - All fields *MUST* be completed.

\vdash	Agency/Organization *
	Program/Project Name *
	Address *
	Telephone *
	Email *
	Contact Person *
	Position/Title *

- 3. Under the Eligibility section, first select which eligible activity your organization will undertake.
 - a. There are three options to choose from. More than one may be selected.

Eligibility

The agency will undertake one or more of the following eligible activities: (check all that apply): *

•

•

Select or enter value Neighborhood revitalization projects - must have an impact on the decline of a geographic location within the City of Detroit (but not the entire City of Detroit) designated in comprehensive plans, ordinances, or other local documents as a neighborhood Community economic development projects - must increase economic opportunity, principally for persons of low-and moderate- income, or stimulate/retain businesses or permanent jobs Energy conservation projects - must address energy conservation, principally for the benefit of the low- and moderate-income residents of the City of Detroit 2024%20NRSA%20Application%20Final%205.25.21pdf.pdf Select or enter value

Self Certification of Board Members

51% of your agency's governing body must meet one or more of the following criteria:

- · Low-Moderate Income residents of the agency's geographic area of operation
- Owners or Senior officers of private establishments located and serving in the agency's geographic area of operation
- · Representatives of low to moderate income neighborhood organizations

Type in your agency's board representation below.

4. Next, specify your organization's area(s) of operations. Write out the geographic location of where your organization operates.

Select or enter value Please specify your area(s) of operation: * Tell us the service boundaries of your agency/organization Type geographic location here Does the agency/organization serve part or all of the City of Detroit NRSA? * You can find a map of the NRSA boundaries at this link on page 63: https://detroitmi.gov/sites/detroitmi.localhost/files/2021-06/2020- 2024%20NRSA%20Application%20Final%205.25.21pdf.pdf Select or enter value Self Certification of Board Members 51% of your agency's governing body must meet one or more of the following criteria: • Low-Moderate Income residents of the agency's geographic area of operation • Owners or Senior officers of private establishments located and serving in the agency's geographic area of operation • Representatives of low to moderate income neighborhood organizations	that	apply): *
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Self Certification of Board Members 51% of your agency's governing body must meet one or more of the following criteria: • Low-Moderate Income residents of the agency's geographic area of operatio • Owners or Senior officers of private establishments located and serving in the agency's geographic area of operation • Representatives of low to moderate income neighborhood organizations	https 2024 Sele	Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at this link on page 65. Constant a map of the NKSA boundaries at the NKSA bound
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Representatives of low to moderate income neighborhood organizations		 Owners or Senior officers of private establishments located and serving in th agency's geographic area of operation
	_	Representatives of low to moderate income neighborhood organizations

- 5. Select if whether your organization/agency serves all of the City of Detroit or a part of the City of Detroit's NRSA. Please reference the NRSA map, to know the City of Detroit's five NRSAs.
 - a. Note: If you select "No", your organization does not qualify to be a CBDO.

that a	pency will undertake one or more of the following eligible activities: (check all pply): *
Selec	t or enter value
Please	e specify your area(s) of operation: *
Tell us	the service boundaries of your agency/organization
Does	the agency/organization serve part or all of the City of Detroit NRSA? *
You ca	an find a map of the NRSA boundaries at this link on page 63:
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- 6. Self-Certification of Board Members:
 - a. Please review the description under this section. All board members do not have to meet all three of the criteria, but at minimum 51% of them need to meet at least one of three criteria listed.
 - i. For example, if you have 10 board members, 6 of them need to meet one or more of the criteria.
 - b. For this section, please type out how many board members your agency has, and how many of them meet the criteria. If your board does not meet one of the criteria, please select "Not Applicable".

Self Certification of	Board Members	Self Certification of Board Members	
51% of your agency's gover	ning body must meet one or more of the following criteria:	51% of your agency's governing body must meet one or more	of the following criteria:
Low-Moderate Inc	come residents of the agency's geographic area of operation	Low-Moderate Income residents of the agency's get	ographic area of operation
• Owners or Senior agency's geographic	officers of private establishments located and serving in the area of operation	Owners or Senior officers of private establishments agency's geographic area of operation	located and serving in the
 Representatives o 	f low to moderate income neighborhood organizations	Representatives of low to moderate income neighbor	orhood organizations
Гуре in your agency's board	representation below.	Type in your agency's board representation below.	
Fotal Board Members *		Total Board Members *	
Type # here	who are low- or moderate-income residents of the agency's	Number of Board members who are low- or moderate-incom geographic area of operation	e residents of the agency
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- 7. Please attach all the required documents listed.
 - a. Self-Certification Forms A, B, and C and Exhibit C are provided to you separately to upload in this section. All forms must be completed entirely for your organization's application to be considered for CBDO certification.
 - b. Select the date and hit "Submit" once all files are uploaded.

 Pro fundeo 	ject Description - Please describe the services (current of proposed) to b d with Community Development Block Grant (CDBG) funds.
 Art perfor 	icles of Incorporation (copy) – Must identify the activities that the agenc ms and the geographic area of operation.
• By- develo	Laws (copy) – Must include a statement of the community economic pment activity and the geographic area of operation.
• Sel criteria	f Certification Forms A, B, or C for board members who maintain the 51% a.
• List	t of Governing Board on Exhibit C.
File Attachm	ents *
	Drag and drop files here or browse files
Form Date Fi	eld
	31

8. If your organization's application is approved, you will receive an approval letter via email to the *Contact Person* listed in your application.