

ATTACHMENT B

SPECIAL REQUIREMENTS FOR OPERATING IN MULTIPLE JURISDICTIONS

COMMUNITY HOUSING DEVELOPMENT ORGANIZATIONS

SINGLE FAMILY NONCOMPETITIVE PROGRAM

ITEMS MUST BE COMPLETED PRIOR TO ASSISTING HOMEBUYERS OR HOMEOWNERS

MDOC Contract Number: _____

Qualified Entity (CHDO)
Name & Address: _____

List the Qualified Entity's (i.e., CHDO's) service area:

Does the service area include operations only within the boundaries of any city(ies) or town(s)?

YES

NO

If "Yes", provide information required for each city and town, as listed on next page. Fill out next page for each city and town listed above.

Does the Qualified Entity's (i.e., CHDO's) service area include countywide operations?

YES

NO

If "Yes", provide information required for each county, as listed on next page. Fill out next page for each county listed above.

MDOC Contract Number: _____

Qualified Entity: _____

**Local Government Name
& Address:** _____

Chief Elected Official
Name, Title, & Phone #: _____

Contact Name Title, &
Phone #: _____

- Attach evidence of public support from City and/or County officials.
 - Resolution from the City or County, or
 - Letter from Chief Elected Official

- Attach [Exhibit 2-A](#), agreement from City or County, as applicable, to **prepare the Environmental Review Record, [Exhibit 2-E.1](#) and [Exhibit 2-F.1](#)**, that covers the entire jurisdiction.
 - Who will conduct the environmental review?
 - Who will produce the Environmental Review Record (ERR)?
 - Who will prepare the Site-Specific Checklist ([Exhibit 2-L.1](#)) for **each** assisted house?

- Who will conduct HQS inspections ([Exhibit 7-B](#) or [Exhibit 7-B-a](#)) for each assisted house?
 - If the qualifying entity will contract for this service, attach agreement or contract between qualifying entity and entity that will conduct HQS inspections on behalf of qualifying entity (i.e., HRDCs, PHAs)