



# CHDO Recertification

## Organization Information

<b>Organization Legal Name:</b>		<b>Tax ID Number:</b>	
		<b>DUNS Number:</b>	
<b>Mailing Address (include physical address if different from mailing address):</b>			
<b>Contact Name/Title:</b>		<b>Organization President/CEO/Executive Director (name and title):</b>	
Phone:		Phone:	
Fax:		Fax:	
E-Mail Address:		E-Mail Address:	
<b>Board President Name:</b>			
Phone:			
Fax:			
E-Mail Address:			
<b>CHDO Certification Date:</b>			

## Activities

Please describe the CHDO-eligible activities your organization plans to undertake in the next 12 months as a CHDO.

## Service Area

County	Service Area			County	Service Area		
	General	CHDO	New?		General	CHDO	New?
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. CHDO Status (check one)	WVHDF Use Only
<p>A. <input type="checkbox"/> The organization no longer wants to be a State-certified CHDO. <i>Skip to page 5 of this form, complete, and return to the WVHDF.</i></p> <p>B. <input type="checkbox"/> The organization wishes to remain active as a State-certified CHDO. <i>Please fill out the remainder of this form.</i></p>	
II. Financial Status	
<p>A. <input type="checkbox"/> Attach a copy of the organization's most current annual operating budget as <b>Attachment 1</b>.</p> <p>B. <input type="checkbox"/> Attach a copy of the organization's most recent audit that is less than 12 months old as <b>Attachment 2</b>.</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
III. Legal Status	
<p>A. The nonprofit organization is organized under State or local laws. Provide a signed and dated copy, including all amendments, of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A Charter (<b>Attachment 3</b>) -OR-</li> <li><input type="checkbox"/> Articles of Incorporation (<b>Attachment 3</b>)</li> <li><input type="checkbox"/> Bylaws (<b>Attachment 4</b>)</li> <li><input type="checkbox"/> Resolutions (<b>Attachment 5</b>)</li> <li><input type="checkbox"/> Certificate of Existence (current as of 2009) (<b>Attachment 6</b>)</li> <li><input type="checkbox"/> Certificate of Incorporation (<b>Attachment 7</b>)</li> <li><input type="checkbox"/> 501(c) Certificate from the IRS (<b>Attachment 8</b>)</li> </ul> <p>B. Has the organization amended its articles of incorporation since it was certified/recertified as a CHDO?</p> <p><input type="checkbox"/> YES <i>If Yes, identify the appropriate Section(s).</i>      Section #s _____</p> <p><input type="checkbox"/> NO</p> <p>C. Has the organization amended its bylaws since it was certified/recertified as a CHDO?</p> <p><input type="checkbox"/> YES <i>If Yes, identify the appropriate Section(s).</i>      Section #s _____</p> <p><input type="checkbox"/> NO</p> <p>D. Has the organization revised its tax-exempt status with the IRS since it was certified/recertified as a CHDO?</p> <p><input type="checkbox"/> YES <i>If Yes, attach a copy of IRS letter indicating change in status as <b>Attachment 9</b>.</i></p> <p><input type="checkbox"/> NO</p> <p>E. Has the organization revised its purpose or mission statement since it was certified/recertified as a CHDO?</p> <p><input type="checkbox"/> YES <i>If Yes, identify the appropriate Section(s).</i>      Section #s _____</p> <p><input type="checkbox"/> NO</p>	<p>Requirement Met?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>



**WVHDF USE ONLY**

Approved       Disapproved

HOME PROGRAM Manager: \_\_\_\_\_

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

# Statement of Certification

I hereby certify that all statements I have provided in this recertification and in the attachments herein are true and comply with West Virginia law; that I am authorized to sign this recertification and to make these statements on behalf of the applicant organization; and that the organization understands that misrepresentation of any facts which lead to the improper allocation and expenditure of public funds may result in legal action against the organization for retrieval of any such funds and appropriate penalties.

\_\_\_\_\_  
Name (Typed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (Executive Director, etc.)

\_\_\_\_\_  
Signature

STATE OF WEST VIRGINIA,  
COUNTY OF \_\_\_\_\_, To-Wit:

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, by \_\_\_\_\_ (name of officer), \_\_\_\_\_ (title of officer) of \_\_\_\_\_ (organization name), a not-for-profit West Virginia corporation, on behalf of said corporation.

My commission expires \_\_\_\_\_

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

I hereby certify that the submission of this recertification has been approved by a two-thirds vote of the Board of Directors.

\_\_\_\_\_  
Name (Typed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President Signature

STATE OF WEST VIRGINIA,  
COUNTY OF \_\_\_\_\_, To-Wit:

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, by \_\_\_\_\_ (name of officer), \_\_\_\_\_ (title of officer) of \_\_\_\_\_ (organization name), a not-for-profit West Virginia corporation, on behalf of said corporation.

My commission expires \_\_\_\_\_

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