

# WAYNE COUNTY LAND BANK

## **Application for participation in Wayne County Sponsored Programs**

This application will be used to determine your organization's eligibility for participation in any Wayne County sponsored programs. Applicants are encouraged to review the eligibility criteria before completing this application. *Please type your information.* If you have any questions, please call the Wayne County Land Bank at (313)-224-5059. Upon completion, **submit application to:**

Wayne County Land Bank  
Attn: Darnella Williams  
Old Wayne County Building  
600 Randolph, Executive Suite 349  
Detroit, Michigan 48226  
OR  
Fax: 313-224-0818

### ELIGIBILITY CRITERIA FOR PARTICIPANTS

- 1) Must be recognized as a non-profit organization under 26 U.S.C. § 501(c)(3) or 501(c)(4);
- 2) Must have the administrative and financial ability to manage housing rehabilitation;
- 3) Must have written by-laws and the authority to operate in the community where the chosen property is located;
- 4) The Board of Directors must include community representation from the area where the organization proposes to improve properties;
- 5) Must enter into a contract with Wayne County to provide the required program assurances;
- 6) Neither the organization nor its successor organizations have sued or been sued by Wayne County.

Organization Name: \_\_\_\_\_

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

\_\_\_\_\_  
City State Zip

Contact Person: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

E. Mail Address(s) \_\_\_\_\_

### ORGANIZATIONAL STRUCTURE

***Resolution of Corporate Authority***

Attach a copy of your organization's Resolution of Corporate Authority indicating the person(s) authorized to execute and deliver, in the name of your organization or under its corporate seal or any agreement, instrument or document in connection with any matter or transaction that is approved.

***Non-Profit Status***

Attach a copy of your 501(c)3 and/or 501(c)4 determination from the Internal Revenue Service.

***By-Laws and Articles***

Attach a copy of the by-laws and articles that govern your organization. *Note: All by-laws should reference housing rehabilitation or housing development.*

***Governing Board***

Attach a roster of the members of your organization's governing board. Please indicate the percentage of members who either live or work in the community served by your organization. Please also include the address, email address and phone number of each board member.

***Financial Records***

Attach a copy of the most recent financial report. Also, include a letter signed by a Certified Public Accountant or your, chief financial officer stating that your organization uses generally accepted accounting practices.

### PROPOSED TARGET AREA

Please indicate the target area[s] and boundaries your organization will be servicing. (Define boundaries by north, south, east and west)

<b>Northbound</b>	
<b>Southbound</b>	
<b>Eastbound</b>	
<b>Westbound</b>	

ORGANIZATION’S EXPERIENCE

(Please attach additional pages if needed)

**(1) Purpose**

Briefly describe the primary purpose of your organization and identify the communities you serve.

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**(2) Property Development Experience**

List up to two recent successful property development projects your organization has managed during the past three years. Include in this description: (a) the type of project; (b) starting and completion dates; (c) the number of units involved; (d) the total cost and funding source(s); and (e) your organization’s role in developing, owning, and managing the property. **(Prior development experience is viewed favorably, but not a determining factor for eligibility).**

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**(3) Proposed Project Team**

Identify the staff or partners who will work on the development project. Attach the Resumes and/or statements that describe the project team’s experience in property rehabilitation and or new development.

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## COOPERATING ORGANIZATIONS

(Complete this section only if you will be working with another organization on this project).

Identify the other organization(s) that will provide assistance on this project. If time permits, please attach a letter of support from each organization.

<b>Organization</b>	<b>Address</b>	<b>Contact Person</b>	<b>Phone</b>	<b>Assistance to be Provided</b>