

**Community
Development
Financial
Institutions
Program**

Technical Assistance Component

FY2003 APPLICATION

OMB Approval No. 1559-0006

CDFI-0006

Paperwork Reduction Act Notice.

This submission requirements package is provided to applicants for awards under the Community Development Financial Institutions Program. Applicants are not required to respond to this collection of information unless it displays a currently valid OMB number. The estimated burden associated with this collection of information is 55 hours. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Department of the Treasury, Community Development Financial Institutions Fund, 601 13th Street, N.W., Suite 200 South, Washington, DC 20005.



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CDFI Fund Mission

The mission of the Community Development Financial Institutions Fund (the Fund) is to increase the capacity of financial institutions to provide credit to underserved markets. It achieves this mission by directly investing and supporting *Community Development Financial Institutions (CDFIs)*, *Community Development Entities (CDEs)* and other financial institutions through four primary programs: 1) the CDFI Program; 2) the Bank Enterprise Award Program; 3) the New Markets Tax Credit Program; and 4) the Native American CDFI Development Program.

CDFI Program Components

The CDFI Program seeks to promote the development of a national network of community-based financial institutions that are dedicated to community development. The Fund certifies organizations as *CDFIs* and offers the following programs to support their development and growth:

Technical Assistance (TA) Component (including Native American Technical Assistance) (TA/NATA).

Provides *TA* grants to *CDFIs* and entities proposing to become *CDFIs* in order to build their capacity to better address the community development and capital access needs of their particular target markets including *Native American, Alaska Native* or *Native Hawaiian* communities.

Financial Assistance (FA) Component

Provides *Financial Assistance* in the form of grants, loans, equity investments, deposits, and credit union shares and *TA* grants to certified *CDFIs* in support of identified business plans. This program component is intended to provide assistance to strengthen established *CDFIs* in order to better serve underserved markets.

Native American CDFI Development (NACD) Program

The Native American CDFI Development (NACD) Program provides grants to acquire services to be used to create *CDFIs* that will primarily serve *Native American, Alaska Native*, and/or *Native Hawaiian* communities. The proposed *CDFI* may serve a single community or multiple communities, on or off Indian *reservations*. The NACD Program largely replaces the Native American CDFI Technical Assistance (NACTA) Program implemented in FY 2002.

Who Should Apply To the TA/NATA Component?

Start-up, early stage, or other organizations that can benefit from a basic capacity building grants to help become certified *CDFIs* or enhance the operations of already certified *CDFIs*. *TA* can be used, for example, to help an entity train its staff or board members, acquire loan monitoring software, and develop needed policies and procedures.

Under which of the Fund's TA focused programs should my organization apply- the TA/NATA Component or NACD Program?

If your organization is, or proposes to become, a *CDFI*, it should apply for a TA-NATA award whether it serves a *Native American, Alaska Native* or *Native Hawaiian* community or another *Investment Area* or *Targeted Population*. If your organization does not intend to become a *CDFI*, but rather aims to create a *CDFI* that primarily serves *Native American, Alaska Native* and/or *Native Hawaiian* communities, then NACD is the appropriate program. Some common examples of eligible NACD organizational types are *Tribal* or *Village Governments*, *Tribal* enterprises, tribally-controlled educational institutions, non-profit organizations, *TA* providers, and consulting firms. Any NACD *Applicant* that does not primarily serve one of the above

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Please refer to the CDFI Program Glossary for the definitions of italicized terms in this application.

mentioned communities must have one or more *Native American Partner(s)* that is a co-signatory to the application.

If my organization serves *Native American* and non-*Native American* clients, under which of the TA Component elements (TA or *Native American* TA) should my organization apply?

- Entities that direct 50 percent or less of their activities (historical and projected) to benefit *Native American, Alaska Native* or *Native Hawaiian* individuals should apply for a TA grant.
- Entities that direct more than 50 percent of their activities (historical and projected) to benefit *Native American, Alaska Native* or *Native Hawaiian* individuals should apply for a NATA grant.

Who is eligible to apply for a TA Component award?

- Certified *CDFIs* whose certifications expire after June 30, 2003 AND
- Entities that submit complete applications for *CDFI* certification prior to or simultaneous with award applications: and demonstrate in their funding applications that, in the judgment of the Fund, they have reasonable plans to become certified *CDFIs* by January 31, 2005 (for applications received by May 31, 2003) or by January 31, 2006 (for applications received between June 1, 2003 and May 31, 2004).

As a prior Fund Awardee, is my organization eligible to apply for the FY 2003 funding round?

Yes, but with some limitations. In order to focus its resources on applicants that are most in need of TA awards, the Fund does not expect to make awards under this *NOFA* to any entity that has received Fund

awards in excess of \$250,000, in the aggregate. If your organization has not previously received more than \$250,000 from the Fund, it may be eligible to apply as long as all of the following requirements are met:

- Since receiving the Notice of Award, your organization submitted a *CDFI* certification application or the organization has been certified as a *CDFI*.
- Your organization has met and continues to meet all your reporting requirements for any prior awards.
- Your organization has no balance of un-disbursed funds under any prior awards.

What kind of assistance can my organization receive?

What kind of funding is available under this program, and what kinds of activities can a TA/NATA grant be used for?

TA/NATA awards are made in the form of grants. Eligible types of activities include, but are not limited to the following activities: acquiring consulting services; paying staff salary for the limited purposes of completing tasks and/or fulfilling functions that are otherwise eligible uses under the *NOFA*; acquiring technology items; and acquiring training for staff or management. Expenses that are deemed by the Fund to be ongoing operating expenses are not eligible.

How much assistance can my organization request under this program?

An *Applicant* may request an amount of any size appropriate to its organizational capacity and proposed business plan, although the maximum TA award amount is expected to be \$50,000 for non-*Native American, non-Alaska Native*, and non-*Native Hawaiian Applicants* and \$100,000 for *Applicants* principally serving *Native American, Alaska Native, or Native Hawaiian* communities.

What types of assistance can I request?

1. Consulting Services:

The Fund's intent in providing TA funds for the acquisition of consulting services is to increase a CDFI's capacity to serve and benefit its *Target Market* by obtaining external expertise. Requested training and consulting activities should be non-recurring and closely linked to the achievement of an *Applicant's Comprehensive Business Plan*.

Common consulting services include the development of lending policies and procedures; the development of a market analysis; the evaluation of existing new investment products and training services; and the development of a capitalization plan.

The Fund recognizes that some consulting activities may be more expensive for certain market areas and special organizational needs, due to factors such as lack of primary data sources, lack of local expertise, geographical remoteness or the need for customized products and services. Be explicit in citing factors that may increase the cost of TA activities under this and other categories.

2. Staff Salary:

In general, the Fund provides TA to cover the cost of staff salary to perform non-recurring and eligible activities that would otherwise be performed by a consultant or not at all. *Applicants* may request staff salary TA only when it has qualified staff available to complete the desired activity.

Please see the examples listed above under Consulting Services for ideas about eligible non-recurring activities.

In addition to the other uses identified in this application and corresponding *NOFA*, staff salaries may be requested for recurring, non-discrete activities that enhance the *Applicant's* long-term sustainability if that *Applicant* has been in operation for 24 months or less at the time of application. Approval of such a use will be at the to the Fund's discretion. Examples of such activities include: generating demand for products and services; developing co-lending partnerships and referral relationships; and designing a strategy for strengthening organizational sustainability.

3. Technology:

The Fund provides TA to CDFIs for the purpose of acquiring new technology and enhancing existing technology.

Some examples of eligible technology uses include the acquisition of computers; the acquisition of a local area network (LAN); and the acquisition of a LCD projector for marketing products and services.

4. Training:

An *Applicant* may request TA to acquire training for its staff or management. This TA use enables a CDFI to increase the effectiveness of existing and future administrative operations and programs by developing its human capital.

Examples of eligible training activities include staff training in loan underwriting or in the provision of *Development Services*; board training in fundraising; or staff training in the use of technology.

Travel expenditures should be

reasonable and consistent with the *Applicant's* own travel policies. While it may be difficult to select training activities based on location, to the extent possible, *Applicants* should try to obtain consulting services provided in locations that are proximate to their service area.

5. Other:

The Fund will consider uses that do not fit into one of the above categories on a case-by-case basis.

Note: Expenditures related to eligible TA activities must occur after the date in which an *Applicant* receives TA award notification from the Fund. Activities pre-dating award notification are not eligible for funding. This includes staff salary.

Tips for Completing the Application

What should my organization do first?

Read the *NOFA* that accompanies this application for assistance. Then review this application, consulting the CDFI Program Glossary of Terms to understand the Fund's meaning of terms and phrases that are in *Italics*. Consult the Fund's website for guidance documents which may be provided. Finally, you may contact the CDFI Fund directly with questions. You can email us a question at CDFIHELP@CDFI.TREAS.GOV or call us at (202) 622-6355. We aim to respond to questions within 24 hours on weekdays.

If my organization has a parent Affiliate, should the Comprehensive Business Plan be written from the perspective of the Affiliate or my organization?

The *Comprehensive Business Plan* should be written from the perspective of the *Applicant*. Reference the activities of the parent company or other *Affiliates* only to the extent they are relevant in helping your organization carry out its business plan.

What does the Fund consider to be a complete application?

The Fund requires that organizations complete the application in its entirety. Failure to submit a complete application will result in the Fund's rejection of the application. Use the Application Checklist on page 22 and follow instructions under each Part of the application to ensure that you have included all the required items.

Note: Applications that do not include an Employer Identification Number (EIN) will be rejected as incomplete.

Submitting the Application

Where do we send the application?

CDFI Fund Awards Manager, TA Component, Bureau of Public Debt - Franchising, 200 Third Street, Room 211, Parkersburg, WV 26101. The phone number connected with this address is (304) 480-5450. Applications sent directly to the CDFI Fund at our Washington, D.C. address will not be accepted and will be returned.

Can the application be faxed or sent via email?

No. Applications sent by facsimile or e-mail will not be accepted; however, an electronic application may be made available for this *NOFA* at a later date and, if so, its availability and related guidance will be announced on the Fund's website.

Do we need to submit more than one copy of the application?

Yes. Submit one original and one copy of this application (one original and two copies if your organization is seeking certification or re-certification as part of this application) to the address above. The original should not be placed in a binder and should not include tabs. Each copy should be placed in a three ring binder, without staples or other forms of binding.

Is there a particular way the Fund wants us to organize and/or separate parts of the application?

Use tabs or colored paper to separate Part I, Part II, Part III and the appendices to the application. If your organization is attaching supplemental information to clarify or expand upon the contents in the application, the attachments should be referenced in the relevant portion of the application. The Fund requests that any supplemental information be kept to a minimum.

What is the deadline for the application?

Applications may be submitted at any time after the date of the publication of the *NOFA*. Applications must be received at the Bureau of Public Debt - Franchise Services office no later than 5 p.m. on May 31, 2004. The Fund will accept and review applications under this TA/NATA Component as they are submitted and in the order in which they are submitted until all appropriated funds are fully committed.

What happens after the application is submitted?

What is the process by which applications are reviewed?

First, the Fund will determine whether each application has been submitted prior to the application deadline and is complete. If the application is determined to be complete, the Fund will then determine whether it meets the basic eligibility requirements described above. If the application is found to be eligible, it will receive a substantive review, which is described in detail in the *NOFA* that accompanies this funding application. Applications will be evaluated on a 100 point scale. To be considered for funding, an applicant needs to receive at least 60 points in total and at least 10 points in each of the first four criteria and 20 points in the last criterion. As part of this process, you may be required to submit additional clarifying information in order to assist the Fund in its final evaluation process. Such requests must be

responded to within the time parameters set by the Fund.

How will my organization know whether it has been selected to receive a grant?

Your organization will be notified of the Fund's decision either through a *Notice of Award* letter, if selected for an award, or a declination letter. If your organization receives a declination letter it may be for reasons of application incompleteness, eligibility, or substantive issues.

DECLINED APPLICATIONS POLICY

Applications are generally declined in one of three phases. Late applications are declined at intake and returned to sender. Applications received on time are reviewed for completeness and eligibility. *Applicants* declined for one or both of these reasons will be notified in writing. *Applicants* that believe that their application was incorrectly deemed ineligible or incomplete may appeal the decision by notifying the Fund's Awards Manager in writing or by email (cdfihelp@cdfi.treas.gov) within five business days of the receipt of the Fund's declination letter. *Applicants* that satisfy the eligibility and completeness requirements, but are declined for substantive reasons, will receive a declination letter and will also be given the opportunity to request feedback on the strengths and weaknesses of their application.

What happens if my organization is selected for funding?

What happens if my organization receives a grant?

Your organization will be notified of the Fund's decision through a *Notice of Award*. The *Notice of Award* will contain the general terms and conditions underlying the Fund's provision of assistance. *Applicants* that are selected to receive awards must enter into *Assistance Agreements* with the Fund prior to receiving any portion of the awards.

WHAT SORT OF REPORTING IS REQUIRED?

Each Awardee must report, on an annual basis, the following:

- A narrative description of the *Awardee* activities in support of its *Comprehensive Business Plan*;
- Information describing the manner in which the Fund's assistance was used;
- A certification that the *Awardee* continues to meet the *Awardee* eligibility requirements and other *Assistance Agreement* requirements;
- A qualitative and quantitative report on the *Awardee's* progress in meeting its performance goals and compliance with other *Assistance Agreement* requirements;
- A survey report on the *Awardee's Target Market*, volume of financing and development services activities, community development impact, portfolio quality, financial condition, and leveraging; and
- Fiscal end year *Financial Statements* and status of financial soundness agreements or covenants.

APPLICATION TYPE (choose one): <input type="checkbox"/> TA <input type="checkbox"/> NATA	
REQUEST TOTAL: total amount of <i>Technical Assistance</i> requested with this application: \$	
APPLICANT CONTACT INFORMATION	
Applicant Organization Name:	
Employer Identification Number (EIN):	Dunn & Bradstreet Number (if available):
Community Partner Name: (if applicable):	Congressional District of applicant's main office:
Corporate Existence: Is the <i>Applicant</i> duly organized and validly existing under the laws of the jurisdiction in which it was formed or otherwise established? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, the entity is ineligible for funding.)	
Website address:(if any)	
Mailing Address (Provide mailing address <u>and</u> physical address for overnight deliveries (if different). Provide nine-digit zip code where available):	
Authorized Representative Name and Title, and address if different from <i>Applicant</i> :	Telephone number: Fax number: E-mail address:
Contact Person Name and Title, and address if different from <i>Applicant</i> :	Telephone number: Fax number: E-mail address:
Estimate how long this application took to complete: _____ Hours	
To the best of my knowledge and belief, all information in this application is true and correct. The application has been duly authorized by the governing body of the <i>Applicant</i> , and the <i>Applicant</i> certifies, attests to, and will comply with all Assurances and Certifications included with this application if any assistance is awarded.	
Authorized Representative Signature:	Date:
Community Partner Signature (if applicable):	Date:

APPLICANT ORGANIZATIONAL CHARACTERISTICS

Type of Entity (check one): <input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other (specify):	Non Profit Tax Exempt Status (if applicable): <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) <input type="checkbox"/> Federal Credit Union <input type="checkbox"/> Other (specify): <small>NOTE: Applicants with a 501(c)(4) designation must complete the "501(c)(4) Questionnaire" at the end of Part I. Applicant Information. Organizations with a 501(c)(4) designation that engage in lobbying activities on or after January 1, 1996, are not eligible to receive an award from the Fund.</small>
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Type of Financial Institution (check one that best describes the applicant): <input type="checkbox"/> Thrift, Bank, or Bank Holding Company <input type="checkbox"/> CDFI Intermediary <input type="checkbox"/> Credit Union <input type="checkbox"/> Loan Fund <input type="checkbox"/> Multi-Bank CDC <input type="checkbox"/> Venture Capital Fund <input type="checkbox"/> Other (specify):
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Applicant's Date of Incorporation (month/day/year)	Most recent fiscal year end (month & year):
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Number of *Affiliates*:

AFFILIATE INFORMATION TABLE *Applicants with Affiliates must complete this table. Attach additional sheets of paper if needed.*

Affiliate Name	EIN



BUILD

access

community
future

INVESTMENT

MARKETS SERVED (FOR INFORMATIONAL PURPOSES ONLY)	
Geographic Market(s): (check all that apply)	<input type="checkbox"/> Major urban (population more than 1 million) <input type="checkbox"/> Minor urban (population 1 million or less) <input type="checkbox"/> Rural
Primary Geographic Market: (check one)	<input type="checkbox"/> Major urban (population more than 1 million) <input type="checkbox"/> Minor urban (population 1 million or less) <input type="checkbox"/> Rural
Targeted Populations Served: (check all that apply)	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Low Income <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Women <input type="checkbox"/> Other (specify):
Targeted Areas: (check all that apply) (see www.cdfifundhelp.gov for definitions)	<input type="checkbox"/> Appalachia <input type="checkbox"/> Colonias <input type="checkbox"/> Hot Zone(s) <input type="checkbox"/> Mississippi Delta

RACE/ETHNICITY/GENDER SUMMARY

- Enter amounts in all fields representing your clients for your FY2002.
- Each section must each total 100%.

Hispanic or Latino	_____ %
Not Hispanic or Latino	_____ %
Uncategorized	_____ %

RACE BREAKOUT

American Indian or Alaska Native	_____ %
Asian	_____ %
Black or African American	_____ %
Native Hawaiian or Other Pacific Islander	_____ %
White	_____ %
Uncategorized	_____ %

GENDER

_____ % Male _____ % Female

STATE JURISDICTIONS SERVED

(check all the states/jurisdictions where services were offered in FY02)

<input type="checkbox"/> Alabama	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Ohio
<input type="checkbox"/> Alaska	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Maine	<input type="checkbox"/> Oregon
<input type="checkbox"/> Arizona	<input type="checkbox"/> Marshall Islands	<input type="checkbox"/> Palau
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Maryland	<input type="checkbox"/> Pennsylvania
<input type="checkbox"/> California	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Puerto Rico
<input type="checkbox"/> Colorado	<input type="checkbox"/> Michigan	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Minnesota	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Delaware	<input type="checkbox"/> Mississippi	<input type="checkbox"/> South Dakota
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Fed. St. of Micronesia	<input type="checkbox"/> Montana	<input type="checkbox"/> Texas
<input type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Utah
<input type="checkbox"/> Georgia	<input type="checkbox"/> Nevada	<input type="checkbox"/> Vermont
<input type="checkbox"/> Guam	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Virgin Islands
<input type="checkbox"/> Hawaii	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Virginia
<input type="checkbox"/> Idaho	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Washington
<input type="checkbox"/> Illinois	<input type="checkbox"/> New York	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Indiana	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Iowa	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Kansas	<input type="checkbox"/> Northern Mariana Isl.	

The Fund's environmental review requirements are set forth in 12 CFR part 1815. The *Applicant* should review such regulations carefully before completing this section. In order to assure compliance with those regulations and other requirements related to the environment, the *Applicant* shall provide the following information:

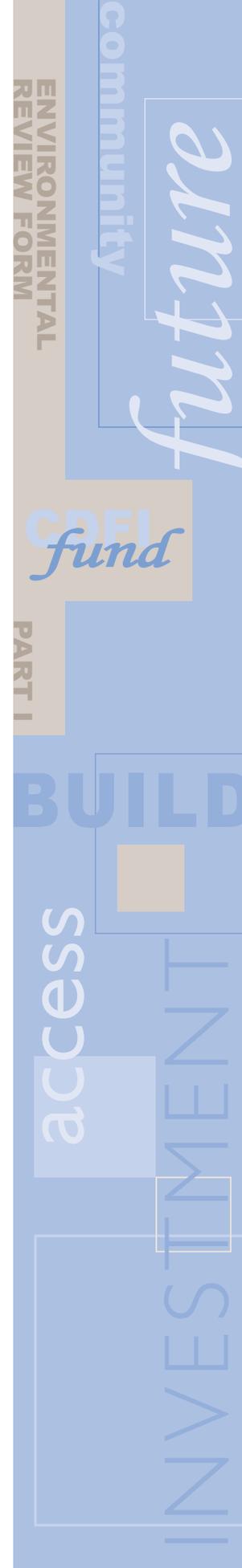
	YES	NO
1 ■ Are there any actions proposed in the application that do not constitute a "categorical exclusion" as defined in 12 CFR § 1815.110?		
If YES, would any of these actions normally require an environmental impact statement (see 12 CFR § 1815.108)?		
2 ■ Are there any activities proposed in the application that involve:		
a ■ historical or archeological sites listed in the National Registry of Historic Places or that may be eligible for such listing?		
b ■ wilderness areas designated or proposed under the Wilderness Act?		
c ■ wild or scenic rivers proposed or listed under the Wild and Scenic Rivers Act?		
d ■ critical habitats of endangered or threatened species?		
e ■ natural landmarks listed on the National Registry of National Landmarks?		
f ■ coastal barrier resource systems?		
g ■ Coastal Zone Management Areas?		
h ■ Sole Source Aquifer Recharge Areas designated by EPA?		
i ■ wetlands?		
j ■ flood plains?		
k ■ prime and unique farmland?		
l ■ properties listed or under construction for listing on the Environmental Protection Agency's List of Violating Facilities?		
If YES to any of the above questions, attach a detailed description of each action, clearly identifying the category in which the action falls.		

NOTIFICATION

As stated in 12 CFR § 1815.105, if the Fund determines that the application proposes actions which require an environmental assessment or an environmental impact statement, any approval and funding of the application shall be contingent upon:

- 1 ■ The *Applicant* supplying to the Fund all information necessary for the Fund to perform or have performed any required environmental review;
- 2 ■ The *Applicant* not using any Fund financial assistance to perform any of the proposed actions in the application requiring an environmental review until approval is received from the Fund; and
- 3 ■ The outcome of the required environmental review.

In addition, as stated in 12 CFR § 1815.106, if the Fund determines that an application, or any part thereof, is not sufficiently definite to perform a meaningful environmental review prior to approval of the application, final approval and funding of the application shall require supplemental environmental review prior to the taking of any action directly using Fund *Financial Assistance* for any action that is not a categorical exclusion.



A. OMB Standard form 424b: Assurances — Non-Construction Programs

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency.

As the duly authorized representative of the *Applicant*, I certify that the *Applicant*:

- 1 ■ Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
- 2 ■ Will give the awarding agency, the Comptroller General of the United States, and if it appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- 3 ■ Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal organizational conflict of interest, or personal gain.
- 4 ■ Will initiate and complete the work (activities in application) within the applicable time frame after receipt of approval of the awarding agency.
- 5 ■ Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763)
- 6 ■ Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L.) 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L.92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of drug abuse; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other statute(s) under which application for Federal assistance is being made; and (j) the

relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specifies in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).

requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91- 646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal Funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard are to participate in the program and to purchase flood insurance if the total cost of insurance construction and acquisition is \$10,000, or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a)

institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in flood plains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research,

development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead paint in construction or rehabilitation of residence structures.
17. Will cause with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

B. Additional Certifications

In addition to the assurances and certifications provided by the Applicant pursuant to OMB Standard Form 424B, the *Applicant* hereby assures and certifies that:

1. It is duly organized and validly existing under the laws of jurisdiction in which it was incorporated or otherwise established, and is (or within 30 days will be) authorized to do business in any jurisdiction in which it proposes to undertake activities specified in this

application.

2. Its Board of Directors (or similar governing body) has by proper resolution or similar action authorized the filing of this application, including all understandings and assurances contained herein, and directed and authorized the person identified as the authorized representative of the Applicant to act in connection with this application and to provide such additional information as may be required;
3. It will comply with all applicable requirements of the Community Development Banking and Financing Institutions Act of 1994 (the Act) [12 U.S.C. 4701 et seq.], regulations implementing the Act and all other applicable Department of the Treasury regulations and implementing procedures (and any regulations or procedures which are later promulgated to supplement or replace them);
4. It will comply, as applicable and appropriate, with the requirements of OMB Circulars (e.g., A-110 and A-133) and any regulations and circulars which are later promulgated to supplement or replace them, including standards for fund control and accountability;
5. It has not knowingly and willfully made or used a document or writing containing any false, fictitious or fraudulent statement or entry as part of this application or any related document, correspondence or communication. (The Applicant and its authorized representative should be aware that, under 18 U.S.C. 1001,

whoever knowingly and willfully makes or uses such document or writing shall be fined or imprisoned for not more than five years, or both); and

6. The information in this application, and in these assurances and certifications in support of the application, is true and correct to the best of the Applicant's knowledge and belief and the filing of this application has been duly authorized.

C. Certification Regarding Debarment, Suspension, and other Responsibility Matters — Primary Covered Transactions

Instructions for certification

1. By signing and submitting this application, the prospective primary participant (the *Applicant*) is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in the denial of participation in this covered transaction. The prospective *Applicant* shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the Fund's determination whether to enter into this transaction (approval and funding of the application). However, failure of the Applicant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. This certification is a material representation of fact upon which reliance is placed when the Fund determines to enter into this transaction. If it is later determined that the *Applicant* knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Fund may terminate this transaction for cause default.
4. The *Applicant* shall provide immediate written notice to the Fund if at any time the Applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transactions," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause (certification), have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the Fund for assistance in obtaining a copy of those regulations (31 CFR part 19).
6. The *Applicant* agrees by submitting this application that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Fund.

7. The *Applicant* further agrees by submitting this application that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," to be provided by the Fund, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions (see 31 CFR part 19, Appendix B).
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies

available to the Federal Government, the Fund may terminate this transaction for cause or default.

certification regarding debarment, suspension, and other responsibility matters — primary covered transactions

1. The prospective primary participant (the *Applicant*) certifies to the best of its knowledge and belief, that it and its principals:
- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b. have not within a three-year period preceding this application been convicted of or had a civil judgement rendering against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - d. Have not within a three-year period preceding this application had one or more public transactions (Federal, State or

local) terminated for cause for default.

2. Where the applicant is unable to certify to any of the statements in this certification, such *Applicant* shall attach an explanation to this proposal.

D. Certification Regarding Drug-Free Workplace Requirements

1. The *Applicant* certifies that it will provide a drug-free workplace by:
 - a. publishing a statement notifying employees that the unlawful manufacturer, distribution, dispensing, possession, or use of a controlled substance is prohibited in the *Applicant's* workplace and specifying the actions that will be taken against employee for violations of such prohibition;
 - b. establishing a drug-free awareness program inform employees about:
 - (i) the dangers of drug abuse in the workplace;
 - (ii) the Applicant's policy of maintaining a drug-free workplace;
 - (iii) any available drug counseling, rehabilitation, and employee assistance program; and
 - (iv) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace
 - c. making it a requirement that each employee to be engaged in the performance of the award be given a copy of the statement required by subparagraph (a);

d. notifying the employee in the statement required by subparagraph (a) that, as a condition of employment in such grant, the employee will:

(i) abide by the terms of the statement; and

(ii) notify the employer of any criminal drug use statute conviction for a violation occurring in the workplace no later than five calendar days after such conviction;

e. notifying the granting agency in writing within ten calendar days after receiving notice of a conviction under subparagraph (d)(ii) from an employee or otherwise receiving actual notice of such conviction;

f. taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(ii), with respect to any employee who is so convicted:

(i) taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(ii) requiring such employee to participate satisfactory in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and

g. making a good faith effort to continue to maintain a drug-free workplace through implementation of subparagraphs (a), (b), (c), (d), (e), and (f).

2. The *Applicant* may insert in the space provided below the site(s) for the performance of work (activities carried out by the *Applicant*) to be done in connection with the award:

Place of Performance (Street Address, City, County, State and Zip Code)

complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and

c. The *Applicant* shall require that the language of this certification be included in the award documents for all subawards of all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

E. Certification Regarding Lobbying

1. The *Applicant* certifies, to the best of its knowledge and belief, that:
 - a. No Federal appropriated funds have been paid or will be paid, by or on behalf of the *Applicant*, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the award of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
 - b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this application, the undersigned shall

2. This certification is a material representation of fact upon which reliance is placed when this transaction is made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I. Instructions

(to be completed by 501 (c)(4) organizations only)

This questionnaire is necessary for the Community Development Financial Institutions Fund (Fund) to determine whether the *Applicant* that has a 501 (c)(4) designation from the Internal Revenue Service and is eligible to receive an award from the Fund (see 12 C.F.R. § 1805.200(a)(3)).

Please read all definitions before responding to the questions and continue to refer to such definitions in responding to this questionnaire. If the answer to any question is yes, please describe in detail the facts and circumstances, the subject matter(s), the date(s), the names and titles of all individuals and their employers and their organizations on a separate sheet(s) of paper. The Fund reserves the

right to seek follow-up responses from an applicant.

Failure to complete this questionnaire and, if applicable, respond timely to follow-up questions, will delay the Fund's processing of the Application, and may result in the disqualification of the Application from further consideration. After the submission of responses to this questionnaire, the *Applicant* is under a continuing obligation to: 1) supplement its responses upon a change in circumstances; and 2) revise or modify its responses within 10 business days of having actual or constructive knowledge that the responses previously submitted and certified are no longer complete, accurate, or true. You may call the Fund's Legal Office (202-622-8662) if you have any questions about this form.

II. Scope

The scope of this questionnaire is limited to activities on or after January 1, 1996.

III. Questions

1. Has any officer, employee, director, partner, proprietor, or Board member contacted¹ a "covered executive branch official"² with regard to the formulation, modification, or adoption of Federal legislation (including legislative proposals)?

Yes No

2. Has any officer, employee, director, partner, proprietor, or Board member contacted a "covered executive branch official" with regard to the formulation, modification, or adoption of a

Federal rule, regulation, Executive Order, or any other program, policy, or position of the United States Government?

Yes No

3. Has any officer, employee, director, partner, proprietor, or Board member contacted a "covered executive branch official" with regard to the administration or execution of a Federal program or policy (including the negotiation, award, or administration or a Federal contract, grant, loan, permit, or license)?

Yes No

4. Has any officer, employee, director, partner, proprietor, or Board member contacted a "covered executive branch official" with regard to the nomination or confirmation of a person for a position subject to confirmation by the United States Senate?

Yes No

5. Has any officer, employee, director, partner, proprietor, or Board member engaged in efforts supporting and coordinating the contact by others of a "covered executive branch official," including preparation and planning activities, research and other background work that was intended, at the time performed, for a purpose described in Questions 1-4?

Yes No

¹ "Contacted" means any oral or written communication including an electronic communication.

² "Covered executive branch official" means -

(1) the President;

(2) the Vice President;

(3) any officer or employee, or any other individual functioning in the capacity of such an officer or employee, in the Executive Office of the President;

(4) any officer or employee serving in an Executive Level I-V position, a "Schedule C" position, or any official in a Senior Executive Service position;

(5) any officer or employee serving in a position of a confidential, policy determining, policy-making, or policy advocating character.

6. Has any officer, employee, director, partner, proprietor, or Board member contacted a "covered legislative branch official"¹ with regard to the formulation, modification, or adoption of Federal legislation (including legislative proposals)?

Yes No

7. Has any officer, employee, director, partner, proprietor, or Board member contacted a "covered legislative branch official" with regard to the formulation, modification, or adoption of a Federal rule, regulation, Executive order, or any other program, policy, or position of the United States Government?

Yes No

8. Has any officer employee, director, partner, proprietor, or Board member contacted a "covered legislative branch official" with regard to the administration or execution of a Federal program or policy (including the negotiation, award, or administration of a Federal contract, grant, loan, permit, or license)?

Yes No

9. Has any officer, employee, director, partner, proprietor, or Board member contacted a "covered legislative branch official" with regard to the nomination or confirmation of a person for a position subject to confirmation by the United States Senate?

Yes No

10. Has any officer, employee, director, partner, proprietor, or Board member engaged in efforts supporting and coordinating the contact by others of a "covered legislative branch official," including preparation and planning activities, research and other background work that was intended, at the time performed, for a purpose described in Questions 6-9?

Yes No

IV. Signature

By signing this application, the *Applicant* certifies that the *Applicant's* answers to the 501(c)(4) Questionnaire and the written explanations attached thereto are true, accurate, and complete to the best of its information, knowledge, and belief that, since January 1, 1996, the *Applicant* has not engaged in Lobbying Activities as defined in Section 3 (7) of the Lobbying Disclosure Act of 1995, P.L. 104-65, as amended.

GENERAL INFORMATION

WHAT IS CDFI CERTIFICATION?

For CDFI certification applications received in conjunction with a funding application, the Fund may:

- a. certify the *Applicant* and review the application for funding;
- b. decline the *Applicant* for certification, but find it eligible for TA/NATA funding; or
- c. decline the *Applicant* for certification and find it ineligible for funding consideration.

In order to be certified as a CDFI, an organization must be a legal entity at the time this funding application is submitted, and must meet **each** of the following certification criteria:

1. The organization must have a Primary Mission of promoting community development;
2. The organization must be a Financing Entity;
3. The organization must serve a *Target Market*;
4. The organization must provide *Development Services* in conjunction with its financing activities;
5. The organization must maintain Accountability to its defined *Target Market*; and
6. The organization must be a Non-Government Entity and must not be under the *Control* of one or more government (i.e., federal,

state, or local) entities. *Control* by a *Tribal* government however, is not generally an eligibility issue for CDFI certification.

Applicants that are *Depository Institution Holding Companies, Subsidiaries* or *Affiliates of Depository Institution Holding Companies, or Subsidiaries or Affiliates of Insured Depository Institutions* must demonstrate that the *Applicant* individually and the *Applicant* and its *Affiliates* and *Subsidiaries* collectively meet each of the six certification criteria.

The Fund will only certify *Applicants* that meet each of these six criteria. The six criteria and their respective application submission requirements are discussed in detail in the CDFI Program regulations found at 12 CFR Part 1805, Subpart B. Before proceeding with this section of the application, be sure to review the definition of *Affiliate, Control*, and *Subsidiary* provided in the Glossary.

ELIGIBILITY DETERMINATION

Applicants that do not meet **each** of the certification criteria at the time of the Fund's review of their application materials may still be eligible for TA funding, provided that the organization is a legal entity at the time the funding application is submitted and the information provided in this section of the application demonstrates that its is likely to satisfy all six certification criteria within the timeframes required in the applicable *NOFA*. *Applicants* that are neither certified nor determined eligible for TA funding cannot be considered for an award and will be notified by the Fund of this determination.

Note: Certification as a CDFI does not constitute an opinion by the Fund as to the effectiveness or financial viability of the certified organization.

Checklist	
Check the applicable items being submitted in your application: <ul style="list-style-type: none"> • All <i>Applicants</i> must submit the "light kahki-shaded" items. • The "light blue-shaded" items only apply to <i>Insured Credit Unions, Depository Insured Holding Companies</i> and <i>Insured Depository Institutions</i>. • The "dark blue-shaded" items only apply to NATA Component. 	
<input type="checkbox"/> Completed Eligibility and Certification Questionnaire - Subpart A <input type="checkbox"/> Completed Eligibility and Certification Questionnaire - Subpart B	
LEGAL ENTITY	
<input type="checkbox"/> Copy of the <i>Applicant's</i> filed organizing document(s) (i.e., Articles of Incorporation, Bylaws, etc.)	<input type="checkbox"/> If applicable, documents indicating the proportion of <i>Voting Securities</i> held by <i>Insured Depository Institutions</i> and <i>Depository Holding Companies</i>
PRIMARY MISSION	
<input type="checkbox"/> Copies of <i>Applicant's</i> organizing document that reference the <i>Applicant's</i> mission	<input type="checkbox"/> If applicable, narrative describing how the <i>Applicant</i> meets or proposes to meet this certification/eligibility requirement.
FINANCING ENTITY	
<input type="checkbox"/> If applicable, completed Asset Information Table with accompanying narrative <input type="checkbox"/> If applicable, completed Staff Allocation Table with accompanying narrative <input type="checkbox"/> If applicable, year-end financial statements <input type="checkbox"/> If applicable, narrative describing how the <i>Applicant</i> meets or proposes to meet this certification/eligibility requirement	
TARGET MARKET	
<input type="checkbox"/> Completed <i>Target Market</i> Table with accompanying narrative	<input type="checkbox"/> If applicable, <i>Investment Area</i> Map(s) from CDFI Fund On-Line Help Desk <input type="checkbox"/> If applicable, <i>Investment Area</i> Worksheet(s) form CDFI Fund On-Line Help Desk <input type="checkbox"/> If applicable, narrative description of unmet credit needs of <i>Target Market</i> <input type="checkbox"/> If applicable, narrative describing how the <i>Applicant</i> meets or proposes to meet this certification/eligibility requirement
DEVELOPMENT SERVICES	
<input type="checkbox"/> Completed <i>Development Services</i> Table with accompanying narrative	<input type="checkbox"/> If applicable, copy of the contract/agreement with other non- <i>Affiliates</i> <input type="checkbox"/> If applicable, narrative describing how the <i>Applicant</i> meets or proposes to meet this certification/eligibility requirement.
ACCOUNTABILITY	
<input type="checkbox"/> Completed <i>Accountability</i> Chart	<input type="checkbox"/> If applicable, narrative describing how the <i>Applicant</i> meets or proposes to meet this certification/eligibility requirement
NON-GOVERNMENT ENTITY	
<input type="checkbox"/> Narratives explaining any "Yes" to responses to questions 2a - 2g	
<input type="checkbox"/> If applicable, completed Native American Technical Assistance Eligibility Questionnaire - Part 3	

Questionnaire - Subpart A

1. Check one of the following boxes if the *Applicant*:
 - a. Is currently certified as a *CDFI*, or
 - b. Previously applied for *CDFI* certification and the decision on that application is still pending.

I certify that no material changes have occurred in my organization since the date of its certification/re-certification application that may affect its status as a certified *CDFI*.

Certification Control Number, if available: _____

Material change(s) has (have) occurred in the *Applicant* since the date of its certification/re-certification application, that may affect its status as a certified *CDFI*. I certify that the below items constitute all of such material changes (add pages if needed).

Narrative:

Certification Control Number, if available: _____

TIP: Changes that may materially affect the certification status of a *CDFI* include significant changes in asset composition (for example, acquiring a major real estate asset), changes to board composition (for example, increasing the level of government-appointed board members), change in ownership or control (for example, purchase of shares by an *Insured Depository Institution*), or change in activities of the *CDFI* (for example, no longer providing technical assistance to borrowers).

If question #1 applies to the *Applicant* and you have completed this question, proceed to Part II - *Comprehensive Business Plan* of the application.

2. If the *Applicant* is not a certified *CDFI* and does not have a certification application pending, complete Subpart B of this Part.

Questionnaire - Subpart B

Following is a series of questions designed to help you and the Fund determine whether your organization is eligible for certification as a *CDFI* and/or funding under the TA/NATA Component. If the information submitted is insufficient for the Fund to determine the *Applicant's* eligibility status, additional information may be requested.

INSTRUCTIONS:

Indicate your response to each question with a check in the space provided. Answer all questions from the perspective of the **Applicant only**, unless otherwise indicated.

LEGAL ENTITY REQUIREMENT

1. Is the *Applicant* legally created in the jurisdiction in which it is established?

- Yes **Non-regulated Entities:** Attach a copy of the *Applicant's* filed organizing documents and proceed to the *Primary Mission* Section.
Regulated Entities: Answer question 2 below.
- No Because the *Applicant* has not been legally created, it cannot be considered a legal entity and is ineligible for certification and funding. **Therefore, this application will not receive further review. Do not proceed further with the application.**

THE FOLLOWING QUESTIONS ARE ONLY APPLICABLE TO *INSURED DEPOSITORY INSTITUTIONS, INSURED CREDIT UNIONS, AND DEPOSITORY INSTITUTION HOLDING COMPANIES:*

2. Has the *Applicant* received its charter from the *Appropriate Federal Banking Agency*?

- Yes Answer question 3 below.
- No Because the *Applicant* has not received its charter, it is ineligible for certification and funding. Therefore, this application will not receive further review. Do not proceed further with the application.

3. Does the *Applicant* issue stock? Yes No

If **"Yes"**, attach information indicating the proportion of *Voting Securities* held by *Insured Depository Institutions* or *Depository Institution Holding Companies*.

If the *Applicant* is an *Insured Depository Institution* or a *Depository Institution Holding Company*, or is *Controlled* by an *Insured Depository Institution* or *Depository Holding Company*, respond to the remaining questions in this Eligibility Section collectively for the *Applicant* and its *Affiliate(s)*.

If complete, proceed to the *Primary Mission Requirement* section.

PRIMARY MISSION REQUIREMENT

1. Do the *Applicant's* organizational documents (e.g., articles of incorporation, bylaws, annual reports) specifically indicate a mission of purposely serving *Low-Income* individuals, distressed communities, or other underserved markets?

- Yes Attach a copy of such documents and indicate the specific references to such individuals or communities. Then, proceed to the *Financing Entity* Requirement section.
- No The *Applicant* has not demonstrated that it meets the *Primary Mission* requirement. In order to demonstrate that it meets this requirement through other methods or to be considered eligible for funding, attach a narrative describing how the *Applicant* meets or proposes to meet this requirement (suggested length: 1 page). Then, proceed to the *Financing Entity* Requirement section.

NOTES: 1. Mission statements and *primary mission* narratives must be board-approved documents.
2. In order to be considered eligible for funding under this *NOFA*, *Applicants* must demonstrate that they have reasonable plans to become certified by January 31, 2005 (for applications received by May 31, 2003) or by January 31, 2006 (for applications received between June 1, 2003 and May 31, 2004).

If complete, proceed to the *Financing Entity* Requirement section.

FINANCING ENTITY REQUIREMENT

1. Did the *Applicant* answer "yes" to question 2 under Legal Entity Requirement or is a state-chartered credit union?

- Yes Proceed to *Target Market* section, below.
- No Proceed to question 2, below.

2. Has the *Applicant* made its own loans and/or *Equity Investments* to non-*Affiliate* entities using its own capital, purchased loans originated by non-*Affiliated* certified CDFIs, or provided *Eligible Loan Guarantees*?

- Yes Proceed to question 2, below.
- No The *Applicant* has not demonstrated that it meets the *Financing Entity* requirement and cannot be certified at this time. In order to be considered eligible for funding attach a narrative describing the *Applicant's* strategy, including a timetable, for commencing its financing activity (suggested length: 1 page). Then, proceed to question 3 on the following page.

FINANCING ENTITY REQUIREMENT (CONT'D)

3. Are these loans, *Equity Investments*, loans purchased, or *Loan Guarantees* reflected on the applicant's most recent statement of financial position (balance sheet)?

- Yes
 - a. Complete the Asset Information and Staff Allocation Tables.
 - b. If these tables show that the plurality or predominance of the *Applicant's* assets and staff are dedicated to the provision of *Financial Products and Development Services*, proceed to the *Target Market* Section.
 - c. Attach narratives for both the Asset Information and Staff Allocation Tables explaining the source of the information provided.

- No The Applicant has not demonstrated that it meets the *Financing Entity* requirement and cannot be certified at this time. In order to be considered eligible for funding, attach a narrative describing the *Applicant's* strategy and timetable for demonstrating that the plurality (greater than 50%) of the *Applicant's* assets are dedicated to the provision of *Financial Products and Development Services* (suggested length: 1 page). Then, proceed to question 3, below.

4a. As of the date of this application, how much capital does the *Applicant* have in-hand and available to disburse loans and *Equity Investments*?

Amount of capital available: \$ _____

4b. As of the date of this application, how much capital does the *Applicant* have in-hand and available to purchase loans from certified *CDFIs*?

Amount of capital available: \$ _____

4c. As of the date of this application, how much guarantee authority does the *Applicant* have available?

Amount of authority available: \$ _____

5. Check the applicable box:

- If the amount of capital available will support greater than 3 months of financing activity, proceed to the *Target Market* Requirement section.(see Note 1 below)

- If amount of capital available will support less than 3 months of financing activity, the *Applicant* has not demonstrated that it meets the *Financing Entity* Requirement and cannot be certified at this time. In order to be considered eligible for funding, **attach** a narrative describing the *Applicant's* strategy and timetable for raising loan/investment capital (suggested length: 1 page). Then, proceed to the *Target Market* Requirement section.

Note 1: The Fund's standard for evaluating whether a CDFI applicant has sufficient capital to support its financing activity(ies) is three months. A previous version of the application incorrectly quoted the standard as six months. Fund staff will use the three month standard in its review of CDFI certification applications submitted with this FY 2003 Technical Assistance Application."

Note 2: 1. In order to be certified as a *CDFI*, *Applicants* should have sufficient capital in-hand AND available to generate three months of *Financial Product* activity.
 2. In order to be considered eligible for funding under this *NOFA*, *Applicants* must demonstrate that they have reasonable plans to become certified by January 31, 2005 (for applications received by May 31, 2003) or by January 31, 2006 (for applications received between June 1, 2003 and May 31, 2004).

If complete, proceed to the *Target Market* Requirement section.

TARGET MARKET REQUIREMENT

NOTE: You may designate more than one *Target Market*. For the purposes of determining funding eligibility and certification, the Fund will look to see that at least 60 percent of the *Applicant's* activities are currently dedicated toward that *Target Market*. However, for the purposes of submitting an application for funding, you may wish to demonstrate a higher level of targeting.

1. Does the *Applicant* serve or propose to serve an *Investment Area(s)*?
- Yes
 - a. Attach the relevant Investment Area Map(s) and Worksheet(s) from the CDFI On-Line Help Desk for the designated *Investment Area(s)*. See "NOTE" below, for the address of the On-Line Help Desk.
 - b. If no other *Target Markets* are to be designated, complete the Target Market Table, and then proceed to question 4, below. Otherwise, proceed to question 2, to select additional *Target Markets*.
 - No Proceed to question 2.

2. Does the *Applicant* serve or propose to serve a *Low-Income Targeted Population(s)*?

- Yes Identify the city(ies), county(ies), and/or state(s) from which the population will be drawn: _____

If no other *Target Markets* are to be designated, complete the Target Market Table, then proceed to question 4, below. Otherwise, proceed to question 3, to select additional *Target Markets*.

- No Proceed to question 3.

NOTE: *Low-Income* is defined as individuals whose family income is not more than:
a) For Metropolitan Area: 80% of the area median family income; or
b) For Non-Metropolitan Area: the greater of 80% of the area median family income or 80% of the statewide Non-Metropolitan Area median family income. You may find the median income for the area you serve through the On-Line Help Desk at: www.cdfifundhelp.gov.

TARGET MARKET REQUIREMENT (CONT'D)

3a. Does the *Applicant* serve or propose to serve an *Other Targeted Population(s)*?

- Yes Answer question 3b.
- No Proceed to the Development Services Requirement section.

3b. Check all that apply. Identify the specific city(ies), county(ies), and/or state(s) from which the population will be drawn.

- | | |
|--|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Native Americans |
| <input type="checkbox"/> Alaska Natives in Alaska | <input type="checkbox"/> Native Hawaiians in Hawaii |
| <input type="checkbox"/> Asian Americans | <input type="checkbox"/> Women |
| <input type="checkbox"/> Hispanics | <input type="checkbox"/> Other (describe): |

3c. If you designated one of the *Other Targeted Populations* that appear in bold type complete the Target Market Table, then proceed to question 4, below.

3d. If you have selected any option that does not appear in bold type, attach a narrative that describes the unmet credit, capital or *financial service* needs of the population. (Suggested length, 1 paragraph for each population selected). You must provide this information for each population and service area included does not appear in bold type. Also, complete the *Target Market* Table, and then proceed to question 4, below.

NOTE: An *Other Targeted Population* will be found to be eligible as a *Target Market* if it is an identifiable group of individuals that lacks adequate access to loans, *Equity Investments* or *Financial Services* due to factors that are unrelated to their investment or credit-worthiness, such as gender, race, ethnicity, national origin, or creed.

4. Describe how the *Applicant* verifies that transactions are to or within the appropriate *Target Market*. You must provide information for each type of *Target Market* identified (for example, loans in the investment area may be geocoded by address, loans to *Low-Income* people may be verified at time of application by reviewing the returns). Attach additional sheets, if needed.

NOTES: 1. If the *Target Market* Table does not show that 60% or more of the *Applicant's* activities are directed toward the designated *Target Market(s)*, then the *Applicant* will not have demonstrated that it meets the *Target Market* requirement and will not be certified. In order to be considered eligible for funding, attach a narrative describing the *Applicant's* strategy and timetable for meeting this certification requirement.
 2. In order to be considered eligible for funding under this *NOFA*, *Applicants* must demonstrate that they have reasonable plans to become certified by January 31, 2005 (for applications received by May 31, 2003) or by January 31, 2006 (for applications received between June 1, 2003 and May 31, 2004).

If complete, proceed to the *Development Services* Requirement section.

DEVELOPMENT SERVICES REQUIREMENT

1. Does the *Applicant* provide *Development Services* directly, through an *Affiliate(s)*, or under contract with a *non-Affiliate*? If the *Applicant* has not begun providing such services, answer "No."

- Yes
 - a. Complete the *Development Services* Table.
 - b. If the *Applicant* has a contract with a *non-Affiliate*, attach a copy of the contract/agreement, if applicable. Then, proceed to the *Accountability Requirement* section.
- No The *Applicant* has not demonstrated that it meets the *Development Services* requirement and cannot be certified at this time. In order to be considered eligible for funding, attach a narrative describing the *Applicant's* strategy and timetable for developing and commencing its *Development Services* (suggested length: 1 page). Then, proceed to *Accountability Requirement* section.

NOTES: 1. An *Applicant* may provide *Development Services* through more than one of the methods identified above. If the *Applicant* provides *Development Services* through more than one method, incorporate all methods in the *Development Services Table* and explain each method in the narrative.
 2. In order to be considered eligible for funding under this *NOFA*, *Applicants* must demonstrate that they have reasonable plans to become certified by January 31, 2005 (for applications received by May 31, 2003) or by January 31, 2006 (for applications received between June 1, 2003 and May 31, 2004).

If complete, proceed to the *Accountability Requirement* section.

ACCOUNTABILITY REQUIREMENT

1. Does the *Applicant* maintain accountability to the *Target Market* through its governing board or through an advisory board? (If such board is not formed or has never met, answer "No").

- Yes Complete the *Accountability Chart*. Complete a separate chart for the advisory board(s), if applicable. Then, proceed to the *Non-Government Entity Requirement* section.
- No The *Applicant* has not demonstrated that it meets the *Accountability* requirement. In order to demonstrate that it meets this requirement through other methods or to be considered eligible for funding, **attach** a narrative describing the *Applicant's* strategy and timetable for maintaining accountability to the *Target Market* (Suggested length: 1 page). Then, proceed to the *Non-Government Entity Requirement* section.

NOTE: In order to be considered eligible for funding under this *NOFA*, *Applicants* must demonstrate that they have reasonable plans to become certified by January 31, 2005 (for applications received by May 31, 2003) or by January 31, 2006 (for applications received between June 1, 2003 and May 31, 2004).

If complete, proceed to the *Non-Government Entity Requirement* section.

NON-GOVERNMENT ENTITY REQUIREMENT

1. Answer the following questions.
 For each "Yes" response, attach a narrative explanation of the circumstances.

NOTE: For purposes of this requirement, an organization operated or controlled by a *Tribal* government is not an agency or instrumentality of the government of the *United States* or any State or any political subdivision of a State. Thus, entities that are *Tribal* entities or are controlled by *Tribal* government entities may still be eligible as *CDFIs*.

- Yes No a. Do one or more government entities or officials control the election or appointment of a majority of the members of the board of directors of the *Applicant*?
- Yes No b. Do the articles of incorporation or bylaws of the *Applicant* require that a certain number of the *Applicant's* board members be government employees or elected or appointed government officials?
- Yes No c. Do one or more government entities select or have veto power over the selection of the executive director, chief executive officer, or comparable official of the *Applicant*?
- Yes No d. Do one or more government entities control or have veto power over the financing decisions of the *Applicant*?
- Yes No e. Are the majority of the *Applicant's* board members themselves elected or appointed government officials?
- Yes No f. Does any government entity provide more than 50% of the *Applicant's* operating budget or financing capital?
- Yes No g. If the *Applicant* organization is controlled by another entity, is that entity controlled by one or more government entities?

2. On a separate sheet, list any members of the *Applicant's* board who are government employees or elected or appointed government officials. Provide the member's name, name of the government entity, and the member's title in the case of government employees and elected officials, and the appointment position and term in the case of appointed government officials.

IF THE *APPLICANT* IS APPLYING FOR FUNDING UNDER THE NATIVE AMERICAN TECHNICAL ASSISTANCE COMPONENT, COMPLETE SUBPART C OF THIS QUESTIONNAIRE. IF THE *APPLICANT* IS NOT APPLYING FOR SUCH FUNDING, PROCEED TO PART III.

Native American Technical Assistance (NATA) Eligibility Questionnaire - Subpart C

If the *Applicant* is applying for funding under NATA, complete the following:

1. Is 50% or more of the *Applicant's* current activity(ies) directed toward serving *Native American, Alaska Native* or *Native Hawaiian* individuals or other areas?

- Yes Describe how the *Applicant* verifies that its activities are so targeted. (Suggested length: up to ½ page).

PLEASE PROVIDE THE NARRATIVE TO THIS QUESTION
AS A SEPARATE ATTACHMENT.
Be sure to indicate the Question number.

- No The *Applicant* has not demonstrated that it meets the eligibility requirement for NATA. In order to demonstrate that it meets this requirement, attach a narrative describing the applicant's strategy and timetable for demonstrating that its activities are targeted to this market. (Suggested length: up to ½ page).

PLEASE PROVIDE THE NARRATIVE TO THIS QUESTION
AS A SEPARATE ATTACHMENT.
Be sure to indicate the Question number.

NOTE: The *Applicant* may be eligible for the NATA Component even if it does not designate an *Other Targeted Population* comprised of *Native Americans, Alaska Natives, and/or Native Hawaiians*.

ASSET INFORMATION TABLE

This page corresponds to the Financing Entity certification requirement.

1. Complete the table below using the *Applicant's Financial Statements* from its most recently completed fiscal year (audited, if available). Provide explanatory notes clarifying how you used information from your organization's *Financial Statements* to derive the figures in rows B, C, and if applicable, E and G.
2. Before completing this table, be sure to review the definitions of *Financial Products*, *Development Services*, and *Financing Related Activities* provided in the glossary.
3. Print this worksheet and submit it in your application. **DO NOT submit an electronic file with your application.**
4. Attach a copy of the *Applicant's Financial Statements* for its most recently completed fiscal year. If such *Financial Statements* are not yet audited, also attach a copy of the *Applicant's* most recent audited *Financial Statements*. If the *Applicant's Financial Statements* are consolidated, provide a separate statement reflecting the balance sheet and income state of the applicant organization only.

Applicant Name:			
	Fiscal Condition as of (month/day/year) _____	Dollar Amount	% of Total Assets
A	Total Assets		100%
B	<i>Financial Products</i> assets ¹		
	Cash and Cash Equivalents		
	Loans Receivable and Equity Investments		
C	<i>Development Services</i> assets ²		
D	Subtotal (rows B+C)	\$	
E	If row D ≤50% of Total Assets: <i>Financing Related Activities</i> assets ³		
F	Subtotal (rows D+E)	\$	
G	If row F ≤50% of Total Assets: All other assets (itemize additional assets below, add lines if needed) ⁴	\$	
	1.		
	2.		
	3.		
	4.		
H	<i>Outstanding Loan Guarantees</i> (guarantee amount)		
I	Total dollar amount of <i>Financial Products</i> expected to be made in six months		
J	Total Amount of Net Assets		100%
	1. Unrestricted Capital available for <i>Financial Products</i>		
	2. Temporary Capital available for <i>Financial Products</i>		
	3. Permanently Restricted Capital available for <i>Financial Products</i>		
K	Total Amount of Capital available for <i>Financial Products</i>	\$	
L	50% of Cash and Cash Equivalents	\$	
	Subtotal rows (K+L)	\$	

1. Row B should include loans receivable and *Equity Investments* resulting from *Arms-Length Transactions*, loans purchased from certified CDFIs, as well as cash, cash equivalents, contracts receivable, grants receivable and other assets restricted by the source, or designated by an Applicant's Board or similar body, for the provision of *Financial Products*. For CDFI Intermediaries, *Financial Products* may include grants and deposits into credit unions.
2. Row C should include contracts or grants receivable for the provision of *Development Services*, and cash or cash equivalents restricted by the source, or designated by an applicant's Board or similar body, for the provision of *Development Services*.
3. Row E only needs to be completed if row D comprises 50% or less of your organization's total assets. Estimate the total assets devoted to the provision of *Financing Related Activities*.
4. Row G only needs to be complete if row F comprises 50% or less of your organization's total assets. List each category of your organization's other assets separately on lines 1 through 4. These categories should be self-identified, and may include for example, real estate development assets, assets related to the provision of social services or fixed assets.

STAFF ALLOCATION TABLE

This page corresponds with the Financing Entity certification requirement.

1. Complete the table below based on your current allocation of staff resources. Provide explanatory notes of how you derived the figures reported in the table. Specifically, explain how staff with multiple responsibilities are represented in the table. To the extent that volunteers or Board members make up a significant portion of your organization's day-to-day staffing, explain their responsibilities and indicate how they are represented in the table.
2. Print this worksheet and submit it in your application. **DO NOT submit an electronic file with your application.**

Notes: For purposes of this table, the Fund defines one *Full Time Equivalent (FTE)* as one person working a 40-hour work week. In calculating the number of FTEs, an organization may aggregate the work hours of part-time employees. For example, if an organization has two part-time employees who each work 20 hours per week, they may be counted as one FTE.

An organization that has staff occupying multiple categories of activities identified in the table should allocate *FTEs* based on the estimated percentage of staff time an employee devotes to each category of activity.

An organization whose Board members or other volunteers devote significant time to fulfilling an organization's day-to-day operational responsibilities may aggregate such time into the calculations of *FTEs* for the purposes of completing this table.

Applicant Name:			
	Category	FTEs	% of Total FTEs
A	Total Number of <i>Full-Time Equivalent (FTE)</i> Staff		100%
B	<i>FTEs</i> devoted to provision of <i>Financial Products</i> ¹		
C	<i>FTEs</i> devoted to <i>Development Services</i> ²		
D	Subtotal (rows B+C)		
E	If row D \leq 50% of total <i>FTEs</i> devoted to <i>Financing Related Activities</i> ³		
F	Subtotal (rows D+E)		
G	If row F \leq 50% of total <i>FTEs</i> : All other <i>FTEs</i> ⁴		
	1.		
	2.		
	3.		
	4.		

1. Estimate the number of *FTEs* devoted to activities directly related to the *Applicant's* Financial Products. These activities may include loan processing, underwriting, servicing, and related administrative activities.
2. Estimate *FTEs* devoted to *Development Services* that directly support the *Applicant's* Financial Products.
3. Row E only needs to be completed if row D comprises 50% or less of your organization's total number of *FTEs*. Estimate the number of *FTEs* devoted to the provision of *Financing Related Activities*.
4. Row G only needs to be completed if row F comprises 50% or less of your organization's total number of *FTEs*. List each category of other *FTEs* separately as indicated in lines 1-4. These categories should be self-identified and may include, for example, staff devoted to real estate development or management, staff devoted to the provision of social services, etc.

TARGET MARKET TABLE

This page corresponds with the *Target Market* certification requirement.

- Complete the table below for the *Applicant's* most recently completed fiscal year. If the *Applicant* has less than one full year of operations, you may also complete for the current year to date if different. Complete all columns and rows that are applicable. However, **DO NOT DOUBLE COUNT** transactions in more than one category (i.e., a borrower that is both an *Investment Area* resident and *Low Income* may only be included once). The *Total Target Market* activity should total at least 60% in each area.
- Print this worksheet and submit it in your application. **DO NOT submit an electronic file with your application.**

NOTES:

- The Fund will consider certifying organizations that have less than 60% of some activities in their TM, if other activities are substantially above 60%. For example, a credit union has 50% of its members that are Low Income, but provides 70% of its Development Services, and 80% of its loans to LI people.
- If an *Applicant* does not track its activities as categorized in this table, it may estimate the amount of activities directed to its *Target Market*. In such cases, the *Applicant* must: 1) identify data by placing an "(E)" beside the entry and 2) explain in its narrative how the estimate was derived.

Applicant Name: _____												
end of most recent FY												
FYE MO/YR												
	Total Activity		Activity in Investment Areas		Activity to Low-Income Targeted Population		Activity to Other Targeted Population(s)		Total Target Market Activity		Total TM activity as % of Total Activity	
	Number	Dollar	Number	Dollar	Number	Dollar	Number	Dollar	Number	Dollar	Number	Dollar
Loans												
Equity Investments												
Eligible Loan Guarantees												
Loan Purchase from CDFIs												
Deposit/Share Accounts (all kinds)												
Number of members (CU only)												
Development Services clients												
All other activities												
Current year to date												
period ending: day/mo/year												
	Total Activity		Activity in Investment Areas		Activity to Low-Income Targeted Population		Activity to Other Targeted Population(s)		Total Target Market Activity		Total TM activity as % of Total Activity	
	Number	Dollar	Number	Dollar	Number	Dollar	Number	Dollar	Number	Dollar	Number	Dollar
Loans												
Equity Investments												
Eligible Loan Guarantees												
Loan Purchase from CDFIs												
Deposit/Share Accounts (all kinds)												
Number of members (CU only)												
Development Services clients												
All other activities												

Are you applying for a TA grant?

Are you applying for a Native American TA grant?

Technical Assistance

Consulting Services \$
 Technology \$
 Staff Salary \$
 Training \$
 Other \$
Total TA Request \$

1.)	2.)	3.)	Consultant	Product/Scope of Work	Expected # of Hours	Date of Completion	Date Expected Board Approval	Cost
								\$
								\$
								\$
Total Consulting Services: \$								

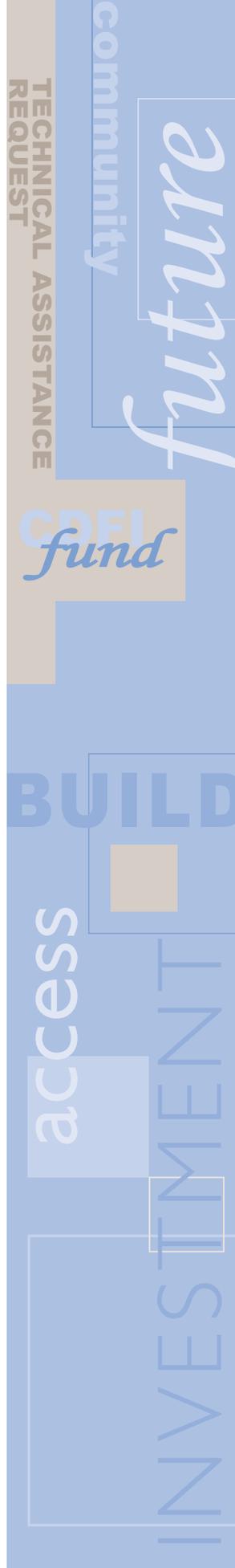
1.)	2.)	3.)	Technology Item	Company Providing Quote	Expected Date of Acquisition	Date of Installation	Cost
							\$
							\$
							\$
Total Technology: \$							

1.)	2.)	3.)	Staff Title or Position*	Finished Product to be Developed	Date to Begin	Expected # of Hours	Date of Completion	Annual Salary	Cost
								\$	\$
								\$	\$
								\$	\$
Total Staff: \$									

1.)	2.)	3.)	Training Event	Subject	# of Attendees	Date	Provider	Cost
								\$
								\$
								\$
Total Training: \$								

1.)	2.)	3.)	Other	Provider	Date of Acquisition or Completion	Cost
						\$
						\$
						\$
Total Other: \$						

* Fill out the Staff Expense Calculator Chart for each staff title or position for when you are requesting funding for.



General guidance:

Staff expenses are only allowable for discrete capacity building activities in place of a consultant or as noted in the instructions. TA will not cover benefits, overhead expenses or other administrative costs. You must attach the staff person’s resume demonstrating their capacity to provide the requested activity. The TA may only cover that portion of the staff person’s salary that represents the time that person spends on the discrete, capacity building task(s), not their ongoing activities. Additionally, in order to ensure that the organization is not dependent on the Fund to meet salary expenses, the Fund will not fund more than 50% of any one person’s salary in a 12 month period, and not for a period to exceed 24 months. Staff salary can only be funded for those activities that occur after the date of the *Notice of Award*.

Instructions on using this form:

Fill in the requested narrative and data in the spaces below. Use a separate form for each staff member and task.

Name of staff person:	
Title:	
If a new hire, date expected to begin:	
Describe the task to be completed in the space below.	
Describe the person’s qualifications for completing this task in the space below and attach resume.	
Explain why staff salary is proposed in lieu of consulting services in the space below.	
Number of months to complete task:	
Percentage of time spent on the task during those months	
Staff salary (DO NOT INCLUDE BENEFITS, OVERHEAD EXPENSES, ETC).	
Amount of staff salary requested: \$	

PART III: *COMPREHENSIVE BUSINESS PLAN*

A. SUMMARY (no points, for information purposes only)

Provide a brief narrative describing the *Applicant's* mission, track record, key activities, success in carrying out its key activities, and market served. (Suggested length: up to 1 page)

PLEASE PROVIDE THE NARRATIVE TO THIS QUESTION
AS A SEPARATE ATTACHMENT.
Be sure to indicate the Question number.

B. MARKET NEED AND *CDFI* STRATEGY (maximum of 20 points, minimum of 10 points needed)

B1. Complete the Market Served Chart (Appendix A), for the *Applicant* or, only if the *Applicant* is a "start-up", for the parent entity (if applicable).

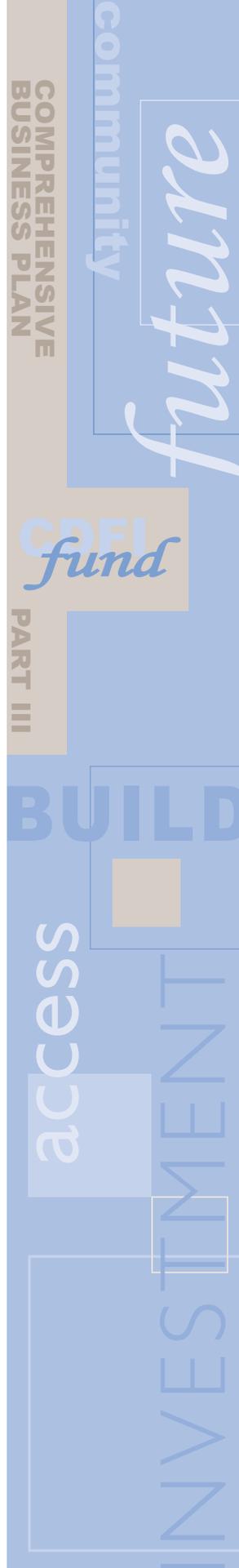
B2. Provide a brief narrative describing your market's economic distress and need for your *CDFI*, including whether there are other providers of these services (banks, credit unions, other lenders). Discuss how your products and services address the needs and demands of the target market. For example, how many inquiries do you receive on a monthly, quarterly or annual basis regarding your products and services? What kind of a pipeline do you have for your current *Financial Products*? Based on your knowledge of your current borrowers' needs, will you have the ability to create "repeat borrowers"? (Suggested length: up to 2 pages.)

PLEASE PROVIDE THE NARRATIVE TO THIS QUESTION
AS A SEPARATE ATTACHMENT.
Be sure to indicate the Question number.

B3. Complete the Product Description Chart (Appendix B) for your current and/or proposed activities.

B4. Provide a brief narrative describing your strategy for delivering your products, addressing such issues as marketing/outreach and use of partner organizations. (Suggested length: up to 1 page).

PLEASE PROVIDE THE NARRATIVE TO THIS QUESTION
AS A SEPARATE ATTACHMENT.
Be sure to indicate the Question number.



B5. Are you currently coordinating or do you have a plan to coordinate with other Federal government public-private partnership initiatives, *Affiliates*, community organizations, financial institutions, tribal governments and/or other public and private entities?

Yes No

If yes, please describe the nature of the partnership and the specific activities that are or will be undertaken jointly. (Suggested length: 1 paragraph)

B6. Is your plan consistent with existing economic, community and housing development plans adopted by, or applicable to your *Target Market* including Federally-sponsored or recognized economic development and housing initiatives, including minority homeownership partnerships?

Yes No

If yes, describe. (Suggested length: 1 paragraph).

TIP: The Fund encourages *Applicants* to work in partnership with other public and private entities working on similar issues to create greater impact in the specific *Target Market* being served.

B7. Is your organization, or does it have plans to become:
Community-Owned? or *Community Governed?*
 Yes No Yes No

Are you submitting this application with a *Community Partner*?
 Yes No

If yes, describe the role of the *Community Partner* in delivering products and services in your market; how you will ensure quality performance by the *Community Partner*; how the *Community Partner* will enhance the likelihood of success of the comprehensive business plan; how service to the *Target Market* will be better performed by a partnership than by the *Applicant* alone. (Suggested length: up to 1/2 page).

PLEASE PROVIDE THE NARRATIVE TO THIS QUESTION
AS A SEPARATE ATTACHMENT.
Be sure to indicate the Question number.

B8. Are you planning to use any of the requested *TA* to enhance your market understanding (such as through a market analysis or survey), or product development and design?
 Yes No

If yes, describe the applicable activities and how they will increase your organizational capacity and ability to achieve community development impact. (Suggested length: up to 1 page)

PLEASE PROVIDE THE NARRATIVE TO THIS QUESTION
AS A SEPARATE ATTACHMENT.
Be sure to indicate the Question number.

C. MANAGEMENT (maximum of 20 points, minimum of 10 points needed)

C1. Does your organization have the following written, board-approved policies?
Check all that apply.

- a. Loan Underwriting/Investment Approval
- b. Loan servicing/collections/Loan risk rating
- c. Financial management/cash management
- d. Operating reserves
- e. Conflicts of interest
- f. Loan loss reserves

Note: The Fund may request copies of these policies during the review process.

C2. Does your organization have Management Information Systems in place to track:

- | | | |
|-------------------|------------------------------|-----------------------------|
| loans/investments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| risk rating | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- C3. If your organization, or its parent entity has an existing loan or investment portfolio:
- a. Complete either or both the Loan Portfolio Quality Chart(s) (Loan Funds) (Appendix C); or the Investment Valuation Chart (Venture Capital Funds) (Appendix D); or
 - b. Attach NCUA Financial Performance Ratios or the Uniform Bank Performance Report (UBPR).

TIP: *Applicants* that can demonstrate written, board approved policies, use a formal MIS system to track its financing activities, and have healthy portfolio quality overall will likely score high in this section. *Applicants* that have weaknesses in these areas may be successful to the extent that they demonstrate a realistic plan to address weaknesses.

C4. Attach an organizational chart, showing all positions including governing board, staff, and, if applicable, volunteers and consultants that are in integral part of the *Applicant's* operations. Each staff position should include the staff name, title, and date of hire.

C5. Attach a list of the members of the governing board and any working committees, including affiliations and position on the board.

C6. Provide resumes for all key staff and members of the board's executive committee, loan/investment committee, and audit committee.

C7. Complete the Management Chart (Appendix E).

C8. For any vacancies or new positions, describe the status of filling the position and the strategy for doing so, as well as the expected date of filling the position. (Suggested length: up to ½ a page)

PLEASE PROVIDE THE NARRATIVE TO THIS QUESTION
AS A SEPARATE ATTACHMENT.
Be sure to indicate the Question number.

C9. Optional narrative: Describe relevant experience in community development, community development finance, or loan/investments underwriting for each member of the key staff, Board members and any other individuals critical to carrying out the comprehensive business plan. If such narrative is not provided, the Fund will use resumes to assess the experience in this area.

TIP: This narrative may be used to highlight experience in community development and community development finance not clear from attached resumes.

C10. Are you planning to use any of the requested TA award to enhance your management (for example, enhancing risk management policies, purchasing portfolio monitoring software, obtaining staff training in underwriting, conducting board development)?

Yes No

If yes, describe the applicable activities, how these activities will increase your organizational capacity and ability to achieve community development impact. (Suggested length, up to 1 page)

Prior Awardees: Note that the Fund will consider in its scoring of this section whether the *Applicant* has had late reports due to the Fund or other instances of failure to comply with Fund requirements for other awards.

D. FINANCIAL HEALTH AND RESOURCES (maximum of 20 points, minimum of 10 points needed)

D1. Check one and attach as applicable.

- Audited *Financial Statements* (or CPA reviewed *Financial Statements*) for the most recently completed three fiscal years if available¹. These should include:
 - Balance sheets or statements of financial position;
 - Income and expense statements or statement of activities;
 - Statement of cash flows; and
 - Notes to the financial statements and, if applicable, auditor's opinion letter (Management Letter) and any reports of findings.
 - Single Audit reporting package (i.e. Report on Compliance with Requirements Applicable to Each Major Program and on Internal Controls Over Compliance in Accordance with OMB Circular A-133) and any letters prepared by your auditor in accordance with OMB circular A 133 (Audits of States, Local Governments and Non-Profit Organizations (if applicable))

- Annual internally generated balance sheets (statement of financial position) and income and expense statements (statement of activities) for the *Applicant*

- Annual internally generated balance sheets (statement of financial position) and income and expense statements (statement of activities) for the parent

- For *Insured Credit Unions & Insured Depository Institutions*. Please include the following:
 - Financial Statements for the last three completed years that have been reviewed by the *Applicant's Appropriate Federal Banking Agency* (e.g. National Credit Union Administration Form 5300, or Uniform Bank Performance Report) AND
 - Financial Performance Ratios (FPR) for the last three completed fiscal years.

- Not applicable (new organization with no parent)

D2. Optional Narrative: The narrative is optional, but recommended. Explain historical and projected financial performance, including: low capital; low deployment; negative or decreasing earnings; and low operating liquidity. (Suggested length: up to 1 page)

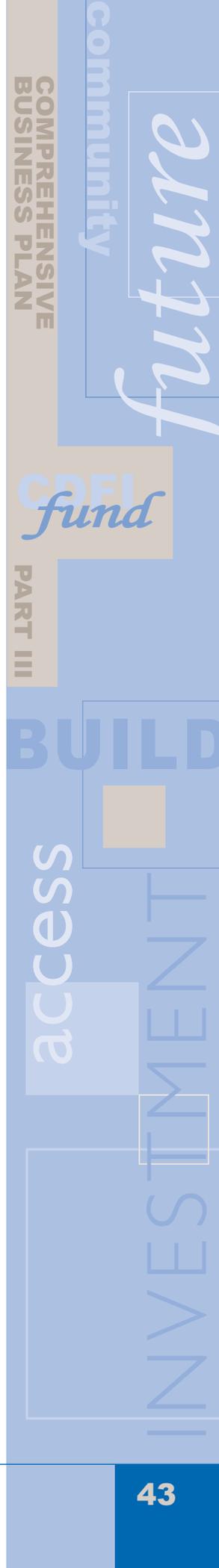
PLEASE PROVIDE THE NARRATIVE TO THIS QUESTION
AS A SEPARATE ATTACHMENT.
Be sure to indicate the Question number.

Tip: The narrative is used to explain any factors in your financial history or projections that may be negatively viewed by the reviewer. Your application will be strengthened if you demonstrate your awareness of weaknesses or issues and if there are explanations for these weaknesses and if the *Applicant* has outlined efforts to address the weaknesses.

.....

Note:

Applicants with *Affiliate(s)*- If the *Applicant's* audited *Financial Statements* are consolidated with its *Affiliate(s)* and do not include separate schedules on the *Applicant's* financial position and income and expense statements, also submit a separate set of the *Applicant's* internal *Financial Statements*, which clearly distinguish the *Applicant's* financial information from that of the *Affiliates*.



D3. Complete the Projected Resources Chart (Appendix F).

D4. Optional narrative: Describe likely sources of operational support and capital for your lending or investment activities. (Suggested length: up to ½ page)

PLEASE PROVIDE THE NARRATIVE TO THIS QUESTION
 AS A SEPARATE ATTACHMENT.
 Be sure to indicate the Question number.

Tip: This narrative will be used to enhance the Fund's understanding of the likely financial sustainability of your organization. The Fund will not make an award to an entity if it appears that there will be a dependence on the Fund as a primary source of funding.

5. Are you planning to use any of the requested TA award to enhance your financial capacity (for example, developing a capitalization strategy, obtaining accounting software and/or staff training in collections)? Yes No If yes, describe the applicable activities and how they will increase your organizational capacity and ability to achieve community development impact. (Suggested length: up to 1 page)

PLEASE PROVIDE THE NARRATIVE TO THIS QUESTION
 AS A SEPARATE ATTACHMENT.
 Be sure to indicate the Question number.

E. COMMUNITY DEVELOPMENT PERFORMANCE AND EFFECTIVE USE OF TECHNICAL ASSISTANCE
 (maximum of 40 points, minimum of 20 points needed)

E1. Complete the Projected Activity Chart (Appendix G).

- E2. Indicate whether you plan to provide the following:
- a. Mortgage financing (first or subordinated) to *Low-Income* or *Other Targeted Populations* homebuyers?
 Yes No
 - b. *First Accounts* or other deposit *Financial Services* geared to individuals or households currently lacking such services?
 Yes No
 - c. Pre-development, bridge, or other financing for *Affordable Housing Development*?
 Yes No
 - d. Loans to start-up businesses, long term loans to small businesses, *Equity Investments* or other financing that stimulates economic development in *Investment Areas*?
 Yes No
 - e. Low-cost money orders, bill payments, and other financial transaction services geared toward *Low-Income* or other underserved individuals?
 Yes No
 - f. Products specifically designed to address predatory lending, such as consumer or financial education to inform homeowners about predatory lending practices, or a product for refinancing of predatory loans into more affordable products?
 Yes No
 - g. Consumer loan products such as credit builder loans, pay day alternative loans, or other loans specifically targeted to *Low-Income* or other disadvantaged customers?
 Yes No

E3. Do you expect that 50% or more of your activities will be directed to or benefit individuals or households at or below 60% of area median income? Yes No

E4. If you are a prior Fund awardee, describe how you have used prior assistance and explain the need for additional Fund dollars over and above prior assistance. What additional benefits would accrue to your *Target Market* with another award from the Fund? (Suggested length: up to 1 page)

PLEASE PROVIDE THE NARRATIVE TO THIS QUESTION
AS A SEPARATE ATTACHMENT.
Be sure to indicate the Question number.

TIP: The Fund does not look favorably on providing *TA* award for similar purposes to a prior *Awardee*. Prior *Awardees* should show significant plans for expansion of staff, market or products to justify an additional *TA* award. Additionally, the Fund does not expect to fund requests for *TA* for *Applicants* that have previously received \$250,000 or more in funding from the Fund.

E5. Prior *Awardees*, **NOTE: In scoring this section the Fund will consider the extent to which the Applicant has complied with performance goals and other requirements of past Assistance Agreements and whether the Applicant has received more than \$250,000 in prior funding rounds.**

E6. Are you planning to use any of the requested *TA* to enhance your community development impact performance (such as through developing means of assessing community improvements, enhancing ability to serve more remote markets through use of laptop computers)?

Yes No

If yes, describe the applicable activities and how they will increase your organizational capacity and ability to achieve community development impact. (Suggested length: up to 1 page)

PLEASE PROVIDE THE NARRATIVE TO THIS QUESTION
AS A SEPARATE ATTACHMENT.
Be sure to indicate the Question number.

E7. Provide a narrative explaining how the requested *TA* will enhance your organization's ability to effectively serve its *Target Market* and why you need the assistance from the Fund to achieve the goals of serving the *Target Market*. (Suggested length: up to 2 pages)

PLEASE PROVIDE THE NARRATIVE TO THIS QUESTION
AS A SEPARATE ATTACHMENT.
Be sure to indicate the Question number.

Tip: You may wish to show how you will deploy the *TA* award through a timeline showing when the various *TA* activities will be completed. The timeline should show use of all the requested *TA* award within 24 months of receipt of funding. The narrative may address such issues as how the requested *TA* will allow the organization to provide enhanced services to a larger market without increased staff expenses, improve the quality of services provided to the *Target Market*, and enhance financial management so that more dollars may be directed to loan capital.

Instructions: List your Target Market financing activities in the chart below by Investment Areas, Low Income Targeted Population and Other Targeted Population. Fill in only the type of Target Market(s) that you have designated. Provide a description of each applicable Target Market type in the space provided. For Investment Areas, list the number of census tracts or counties included in the Investment Area(s) and its location by city or county and state. For Low Income Targeted Populations and Other Targeted Populations list the service area from which the populations are drawn from. When calculating the number of loans or investments or the dollar amount of loans or investments as a percentage of total loans or investments, be sure to include all of your financing activities, including those that were not directed to a Target Market, in your calculation of total financing activities.

ACTIVITIES BY INVESTMENT AREAS				
Describe your Investment Area(s) below:	Enter sum of last three completed fiscal years			
	Number of Loans or Investments	Dollar Amount of Loans or Investments	Number of Loans or Investments as % of Total Loans or Investments	Dollar Amount of Loans or Investments as % of Total Loans or Investments
EXAMPLE: 20 Contiguous census tracts in the City of Los Angeles, CA	3	\$45,000	24%	21%

ACTIVITIES BY LOW INCOME TARGETED POPULATIONS				
Describe your Low Income Target Population below:	Enter sum of last three completed fiscal years			
	Number of Loans or Investments	Dollar Amount of Loans or Investments	Number of Loans or Investments as % of Total Loans or Investments	Dollar Amount of Loans or Investments as % of Total Loans or Investments
EXAMPLE: A Low Income Targeted Population in the state of Michigan	3	\$45,000	24%	21%

ACTIVITIES BY OTHER TARGETED POPULATIONS				
Describe your Other Target Population below:	Enter sum of last three completed fiscal years			
	Number of Loans or Investments	Dollar Amount of Loans or Investments	Number of Loans or Investments as % of Total Loans or Investments	Dollar Amount of Loans or Investments as % of Total Loans or Investments
EXAMPLE: African Americans in the city of Chicago, IL	3	\$45,000	24%	21%

Instructions on using this form:

Describe the key elements of each of your major project lines (current and proposed). Fill in information only for those products that are applicable to you. Identify whether products are current (C) or proposed (P). In the "Expected Annual Closings" column, enter the dollar amount for the current fiscal year, for current products. For proposed products, indicate the proposed dollar amount and the fiscal year in which the product will be launched.

Loan Products	Current or Proposed	Avg. Loan Size	Product Use	Equity Features	Expected Annual Closings Current products	Expected Annual Closings Proposed Products
EXAMPLE of a Business Loan	P	\$100,000	working capital, equipment, inventory	small business located in investment area	NA	\$1,000,000 FY 2004
1. Business						
2. <i>Microenterprise</i>						
3. <i>Commercial Real Estate</i>						
a. Short term						
b. Permanent						
4. <i>Community Facilities</i>						
a. Short term						
b. Permanent						
5. Affordable Housing Development						
a. Short term						
b. Permanent						
c. Single Family (1-4 units)						
d. Multi-Family (5+ units)						
6. First Mortgages						
7. Subordinated Mortgages - Purchase						
8. Downpayment Assistance Loans						
9. Subordinated Mortgages - Repair						
10. Consumer Loans						
11. Other (provide name)						
Equity Products						
1. <i>Equity Investments</i>						
2. Debt w/Equity features						
Loans Purchased						
Loans Purchased from other CDFIs						

DEVELOPMENT SERVICE (DS)	Topics/Issues Covered	Eligibility Features	Expected Number of DS Recipients
1. Financial Counseling/Financial Literacy			
2. Homeownership Counseling			
3. Business Plans Development			
4. Other Technical Assistance to businesses or non-profits			

NOTE: *Insured Credit Unions* may submit their NCUA Financial Performance Ratios for the 3 most recent years available in place of this chart. *Insured Depository Institutions* may submit their Uniform Bank Performance Reports for the 3 most recent years available in place of this chart.

	Loan Portfolio Aging Schedule			Current FY To Date End of Period:		End of FY:		End of FY:	
	Non-Regulated Institutions	Insured Credit Unions	Insured Depository Institutions	Number	Principal Outstanding	Number	Principal Outstanding	Number	Principal Outstanding
a.	31 to 60 days	2 to 6 months	30 to 89 days		\$		\$		\$
b.	61 to 90 days	6 to 12 months	90+ days		\$		\$		\$
c.	90+ days	12+ months	Total non-accrual loans		\$		\$		\$
d.	Gross Loans Receivable (or Total Loans) with payments past due (sum of a thru c)				\$		\$		\$
e.	Total Portfolio-at-Risk or Delinquency Ratio (d divided by f)								
Loan Loss History									
f.	Total Outstanding Loan Portfolio				\$				
g.	Net Write-Offs or Net Charge-Offs				\$				
h.	Annual Net Loan Loss Ratio (g divided by f)				\$				
i.	Loan Loss Reserve (cash reserves)				\$				
j.	Loan Loss Reserve (accrual)				\$				
k.	Loan Loss Reserve Ratio (sum of i plus j divided by f)				\$				

Portfolio at risk will be measured in performance goals for any funded CDFI

Enter information on your equity investment portfolio as of the last day of your organization's fiscal year for the last three years (if applicable), and the current year to date. List follow-on investments into the same company separately.

Business State (As of Date of Investment. See definitions below.)					
End of FY ____	<i>Seed Stage</i>	<i>Early Stage</i>	<i>Expansion/Later Stage</i>	Total	<i>Turnaround Stage</i> (of those investments listed to the left)
% Portfolio				100%	
# Equity					
\$ Valuation					
Other Returns					
	Avg Holding Period (# of Months) of all investments in portfolio	Investments Exited during the year	Investments Written Off during the year	Gains (Losses)	
Number					
Dollars Gained (Lost)				\$	
Business State (As of Date of Investment. See definitions below.)					
End of FY ____	<i>Seed Stage</i>	<i>Early Stage</i>	<i>Expansion/Later Stage</i>	Total	<i>Turnaround Stage</i> (of those investments listed to the left)
% Portfolio				100%	
# Equity					
\$ Valuation					
Other Returns					
	Avg Holding Period (# of Months) of all investments in portfolio	Investments Exited during the year	Investments Written Off during the year	Gains (Losses)	
Number					
Dollars Gained (Lost)				\$	
Business State (As of Date of Investment. See definitions below.)					
End of FY ____	<i>Seed Stage</i>	<i>Early Stage</i>	<i>Expansion/Later Stage</i>	Total	<i>Turnaround Stage</i> (of those investments listed to the left)
% Portfolio				100%	
# Equity					
\$ Valuation					
Other Returns					
	Avg Holding Period (# of Months) of all investments in portfolio	Investments Exited during the year	Investments Written Off during the year	Gains (Losses)	
Number					
Dollars Gained (Lost)				\$	
Business State (As of Date of Investment. See definitions below.)					
End of FY ____	<i>Seed Stage</i>	<i>Early Stage</i>	<i>Expansion/Later Stage</i>	Total	<i>Turnaround Stage</i> (of those investments listed to the left)
% Portfolio				100%	
# Equity					
\$ Valuation					
Other Returns					
	Avg Holding Period (# of Months) of all investments in portfolio	Investments Exited during the year	Investments Written Off during the year	Gains (Losses)	
Number					
Dollars Gained (Lost)				\$	

Seed Stage: Businesses that have a business concept, but not product yet for sale. The business may or may not be operational.
Early Stage: Operational businesses that are in the early stage of developing or piloting products and services and may or may not be generating revenue.
Expansion/Later Stage: Businesses that have a developed product or service, but need more capital to expand product and service offerings or reach new markets.
Turnaround Stage: Businesses that need capital to address development, operational, or financial difficulties.

PART A. ORGANIZATIONAL SUMMARY

INSTRUCTIONS:

Enter the information requested below regarding the historical and projected composition of your staff and Board. Estimates are acceptable. If you have been in operation for less than 3 years enter data only as applicable.

PART A. ORGANIZATIONAL SUMMARY	Historical (last 3 years)			Current YR	Projected (next three years)		
	FY ____	FY ____	FY ____		FY ____	FY ____	FY ____
Total number of employees* at the beginning of the year							
Total number of full-time equivalent (FTE)** employees at the beginning of the year							
Total number of employees terminated during the year for any reason							
Total number of FTE employees terminated during the year for any reason							
Total number of employees at the end of the year							
Total number of FTE employees at the end of the year							
Total number of FTE employees directly dedicated to financial products - include loan officers, loan assistants, and similar positions (average during the year)							
Total number of loans closed during the year							

PART B. KEY INDIVIDUALS (ADD LINES AS NEEDED)	DATE INDIVIDUAL BEGAN STAFF OR BOARD POSITION WITH THE APPLICANT (OR APPLICANT'S PARENT AFFILIATE)
Board Members (list by name)	
<i>Example: Carmen Lanza</i>	<i>10/1/1999</i>
Management	
Executive Director or equivalent	
Chief Financial officer or equivalent	
Director of Lending or equivalent	
Other Key Management (List by name and title)	
Loan Officer(s) (List by name if more than one)	
Other Key Staff (List by name and title)	

* Employees include individuals that are employed by another entity, such as the applicant's parent Affiliate, that are "loaned" or working temporarily for the applicant.

** The Fund considers *Full-Time Equivalent (FTE)* employees to be an employee that works at least a 40-hour work week. In calculating the number of FTEs, part-time employees should be aggregated to FTEs (e.g. two part-time employees that each work 20 hours per week may be aggregated to count as one FTE).

INSTRUCTIONS:

Project resources for sustaining your operations for the next three years. Use annual, not cumulative projections.

	Current FY	FY + 1	FY + 2
Earned Income			
From Lending			
From other activities			
Grants (list sources, add lines if needed)			
Other			
Total Resources			

community
 future
 CDFI fund
 PROJECTED RESOURCES
 APPENDIX F
 BUILD
 access
 INVESTMENT

INSTRUCTIONS:

Project the total dollar amount and number of transactions you expect to close for each of the next three years. Similarly, project the number of accounts expected to be opened and the dollars on deposit. Finally, project the number of clients you expect to serve through *Development Services*. Clients can include individuals, or organizations such as small businesses. For each, indicate the projected level of activity to serve your *Target Market (TM)*.

	CURRENT FY _____						FY _____					
	Number		Dollar		Estimated % TM		Number		Dollar		Estimated % TM	
Loans												
Equity Investments												
Accounts Opened												
	# Individuals (if applicable)	# Organizations (if applicable)			% TM		# Individuals (if applicable)	# Organizations (if applicable)			% TM	
Development Services												

community

future

CDFI
fund

BUILD

access



INVESTMENT