

**Community
Development
Financial
Institutions
Fund**



New Markets Tax Credit
CDE Certification
Application

PAPERWORK REDUCTION ACT NOTICE

CDFI - 0019

OMB Control Number 1559-0014

This submission requirements package is provided to applicants for Community Development Entity (CDE) certification under the New Markets Tax Credit (NMTC) Program. Applicants are not required to respond to this collection of information unless it displays a currently valid OMB number. The estimated average burden associated with this collection of information is five hours per applicant. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Program Operations Advisor, Department of the Treasury, Community Development Financial Institutions Fund, 601 13th Street, NW, Suite 200 South, Washington, DC 20005.

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INTRODUCTION

CDFIFUND MISSION¹

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

NEW MARKETS TAX CREDIT PROGRAM

Under the New Markets Tax Credit (NMTC) Program, taxpayers may claim a credit against Federal income taxes for *Qualified Equity Investments* made to acquire stock or other capital interests in designated *CDEs*. Substantially all of the *Qualified Equity Investments* must be used by the *CDE* to, among other things, make loans to, or equity investments in, qualified businesses or *CDEs* operating in *Low-Income Communities (LICs)*. The investor (either the original purchaser or a subsequent holder) receives a tax credit for a seven-year period equal to five percent of the total amount paid for the stock or capital interest, at the time of purchase, for each of the first three years, and six percent annually for the remaining four years.

APPLYING FOR NMTC ALLOCATIONS

The Fund allocates NMTC authority to both for-profit and non-profit *CDEs* through a competitive application process pursuant to a *Notice of Allocation Availability (NOAA)* published in the Federal Register. *NMTC Allocation Application* materials and guidance are available from the Fund's website at www.cdfifund.gov. For-profit *CDE NMTC Allocation* awardees can provide their investors the tax credit in exchange for stock or capital interests. A Non-profit *CDE NMTC Allocation* awardee must demonstrate to the Fund, prior to receiving an *Allocation Agreement*, that:

- 1) it controls one or more for-profit *Subsidiary CDE(s)*; and
- 2) it intends to transfer the entire *NMTC Allocation* to its for-profit *Subsidiary CDE(s)*.

For-profit and non-profit entities that do not apply to the Fund for *NMTC Allocations* may obtain *CDE* certification in order to receive *Qualified Low-Income Community Investments* from a for-profit *CDE NMTC Allocation* recipient.

APPLYING FOR CDE CERTIFICATION

An entity seeking *CDE* certification must submit a *CDE Certification Application* to the Fund as directed herein. To qualify as a *CDE* an *Applicant CDE* must at the time of application submission:

- Be a legally established entity and a domestic corporation or partnership for Federal tax purposes;
- Have a primary mission of serving or providing investment capital to *LICs* or *Low-Income Persons*, and
- Establish accountability to *LICs* through representation on its governing or advisory board.

Through this *CDE Certification Application*, an entity may apply for certification solely on its own behalf, or on behalf of itself and one or more *Subsidiary Applicants*, provided that each applicant entity is legally established at the time of application. Each entity and subsidiary entity seeking *CDE* certification must have a valid Employer Identification Number (EIN) at the time the *CDE Certification Application* is submitted.

NOTE: *CDFIs* and *Specialized Small Business Investment Companies (SSBICs)* seeking *CDE* certification automatically qualify as *CDEs* and do not need to complete this Certification Application. Such entities should register electronically for *CDE* certification on the Fund's website at www.cdfifund.gov.

NOTE: *Subsidiaries* and *Affiliates* of certified *CDEs*, *CDFIs*, and *SSBICs* do not automatically qualify as *CDEs*. The parent *CDE* must submit this *CDE Certification Application* to have its *Subsidiary* entities certified as *CDEs*.

MAINTAINING CDE CERTIFICATION

Each *CDE NMTC Allocation* awardee, as well as *CDEs* that are recipients of *Qualified Low-Income Community Investments (QLICs)* from other *CDEs*, may be required to annually certify to the Fund that it continues to meet the Primary Mission and Accountability requirements by providing the information below. The Fund may revoke a *CDE's* certification if it fails to provide the requested information.

- Information indicating that the entity remains accountable to the *LIC(s)* it is serving; and
- A certification statement certifying that no material changes have occurred to affect their current status as a *CDE*.

¹ Terms in *Capitalized Italics* are defined in the Glossary of Terms available on the Fund's website: www.cdfifund.gov.

APPLICATION COMPLETION OVERVIEW

Reminder: Each *Applicant CDE* and each *Subsidiary Applicant* must have its own valid Employer Identification Number (EIN) prior to submission of the Certification Application. Failure to include this information for any entity will result in the rejection of the entire application. For more guidance on obtaining an EIN, refer to the Fund's *CDE Certification Q&A Document*.

Reminder: Certified *CDFIs* and *SSBICs* automatically qualify as a *CDE(s)* and may register to become *CDEs* on-line via the Fund's *CDE Certification* page located at www.cdfifund.gov.

Additional Questions and Resources: For questions related to completing the Certification Application, contact members of the Fund's Program staff by telephone at (202) 622-6355, by e-mail at cdfihelp@cdfi.treas.gov, or visit the Fund's *CDE Certification* page located at www.cdfifund.gov.

Application Completion Steps:

1. Obtain and carefully review the following documents from the Fund's *CDE Certification* page located at www.cdfifund.gov:
 - The *CDE Certification Guidance* as published in the Federal Register.
 - The *CDE Certification Question and Answer Document*.
2. Consult the Glossary of Terms located on the Fund's *CDE Certification* page located at www.cdfifund.gov for clarification on all terms and phrases that are in *Capitalized Italics*.
3. Review the *CDE Certification Criteria* section of this *CDE Certification Application*.
4. Create a customized web portal "myCDFI" account located at the Fund's homepage, www.cdfifund.gov. Account holders can then access the Fund's (CIMS) program which helps determine the eligibility of geographic areas under the NMTC Program.
5. Complete Certification Application Forms CDE-1 through CDE-4 as directed in the Completeness Checklist. Failure to properly complete the Forms may result in the Fund's rejection of the entire Certification Application.
6. Provide the required Documentation Attachments, including legal entity establishment documents, IRS assignment of EIN, and additional documents demonstrating the entity's Primary Mission as directed in the Completeness Checklist. Copy the Documentation Attachments double-sided (front and back) to minimize the Certification Application package size.
7. **DO NOT** attach any of the instruction or narrative pages in order to minimize the size of the Certification Application package.
8. Mail one original and one copy of the Certification Application (Forms and Documentation Attachments) to the address indicated below. Both the original and copy should be secured with a binder clip, without staples, tabbed dividers, or other forms of binding.

Bureau of the Public Debt
CDFI Fund - Awards Management
200 Third Street, A2-B
Parkersburg, West Virginia 2610
Attn: Manager, Franchising Unit
CDE Certification Application

304-480-5449 (only to be used on shipping labels when using overnight delivery services)

Faxed or e-mailed Certification Applications will not be accepted.

NEW MARKETS TAX CREDIT CDE CERTIFICATION APPLICATION COMPLETENESS CHECKLIST COVER SHEET

Complete this checklist and submit it as the *CDE Certification Application's* cover page. The Fund may determine that the Certification Application is incomplete if any of the following forms and documentation attachments are not properly submitted. Copy all forms and attachments double-sided (front and back).

Applicant CDE Name:

Applicant CDE Employer Identification Number:

Number of *Subsidiary Applicant(s)* Certifications Submitted Under This Application:

FORMS (Check all that apply)

- CDE – 1: Applicant CDE Information Form
- CDE – 1A: *Subsidiary Applicant* CDE Information Form
- CDE – 1B: *Subsidiary Applicant* Primary Mission Certification Form (in lieu of *Subsidiary Applicant* organizational documents)
- CDE – 2: Service Area and Accountability Overview Form for *Applicant CDE* and, if applicable, each *Subsidiary Applicant*
- CDE – 3: Low Income Community Representative Form for each representative board member.
- CDE – 4: Authorized Representative Certification Form

DOCUMENTATION ATTACHMENTS (Check all that apply)

Legal Entity

- Establishing documents filed with the state of incorporation for the *Applicant CDE* and each *Subsidiary Applicant*.
- Official IRS notification of EIN assignment for each entity applying for certification under this application.

Primary Mission

- Organizational documents indicating the primary mission of the *Applicant CDE*

- Note: An *Applicant CDE* seeking to certify *Subsidiary Applicants* as *CDEs* must provide either:

organizational documents indicating the primary mission for each *Subsidiary Applicant* seeking *CDE* certification; OR

submit Form CDE – 1B *Subsidiary Applicant* Primary Mission Certification Form.

Accountability

Geocoded data reports obtained from the Fund's CIMS mapping program.

Advisory Board narrative statement detailing member election, meeting frequency, and feedback processes.

CDE CERTIFICATION CRITERIA – LEGAL ENTITY

REQUIREMENTS

As of the date its *Certification Application* is submitted, an *Applicant CDE* must:

- be duly organized and validly existing under the laws of the state jurisdiction in which it is incorporated or established; AND
- be a domestic corporation or partnership for federal tax purposes.

An organization that is not yet a legal entity, does not yet have a valid EIN or is not a domestic corporation or partnership for federal tax purposes cannot apply for *CDE* certification, and such applications will be declined without substantive review for failure to meet the Legal Entity requirement.

An *Applicant CDE* and its *Subsidiary Applicants* may apply under one *CDE Certification Application*, but must provide the following for each entity seeking certification:

- documents establishing legal entity status; AND
- a unique valid EIN for each entity wishing to receive certification.

An *Applicant CDE* may not apply on behalf of its *Subsidiary Applicants* if the *Subsidiary Applicants* are not yet legally established, are not domestic corporations or partnerships for federal tax purposes, or do not have a unique EIN.

Tip: In general, sole proprietorships and single member limited liability companies are not considered domestic corporations or partnerships for federal tax purposes.

DOCUMENTATION ATTACHMENTS

Establishment of Legal Entity Status:

- Attach a copy of the *Applicant CDE's* Articles of Incorporation or other establishing documents that have been filed with the state, and all appropriate amendments thereto. If the *Applicant CDE* is attempting to certify one or more *Subsidiary Applicants* as *CDEs* through this application, it must also attach a copy of each *Subsidiary Applicant's* Articles of Incorporation or other establishing documents, and all appropriate amendments thereto.

Official IRS EIN Notification

- Attach a copy of the *Applicant CDE's* official IRS notification regarding assignment of an EIN². The Fund will only accept the following EIN documentation:
 - Official letter from IRS providing EIN;
 - Confirmation fax from local IRS office with the organization's name and EIN; or
 - A printout of completed and submitted online SS-4 (with organization's EIN in upper right hand corner) from IRS' website, accompanied by a printout of the online confirmation of receipt of EIN from IRS' website. This online confirmation will contain only the EIN and will not contain the organization's name, but the EIN should match that which appears on the accompanying SS-4.

Documentation must clearly identify both the entity's legal name and its EIN (as identified on Form CDE-1 or CDE-1A as applicable).

- Attach a copy of the official IRS EIN notification for each *Subsidiary Applicant(s)* seeking CDE certification.

Tip: For additional information on how to obtain an EIN from the IRS, or how to obtain IRS notification regarding the assignment of an EIN, please review the CDE Certification Q&A document on the Fund's website at www.cdfifund.gov under New Markets.

² An *Applicant CDE* that is already a certified *CDE* does not need to provide this information.

CDE CERTIFICATION CRITERIA – PRIMARY MISSION

REQUIREMENTS

A *CDE* must demonstrate that it has a primary mission of serving, or providing investment capital for *LICs* or *Low-Income Persons*, and that at least 60 percent of its activities (e.g., loans and investments) are targeted to *Low-Income Persons* or *LICs*.

An *Applicant CDE* may meet the primary mission requirement by demonstrating that its signed, board-approved incorporating documents, bylaws, annual reports or other organizational documents evidence a mission of principally servicing *Low-Income Persons* or *LICs*. A low-income mission statement should include reference to *Low-Income Persons* or *LICs*. In the case of an *Applicant CDE* that is an *Insured Depository Institution* or *Insured Credit Union*, designation by a regulatory agency as a *Low-Income Designated Credit Union* or other community development institution is an indication of having such a mission.

An *Applicant CDE* must also demonstrate that, at a minimum, 60 percent of its products and services are directed to (or will be directed to) *Low-Income Persons*, to individuals, businesses or organizations that serve *Low-Income Persons* or to residents of *LICs*. The following are a few examples of such activities:

- Investing in, lending to or providing technical assistance to businesses that are located in *LICs* and/or are owned by *Low-Income Persons*;
- Lending to *Low-Income Persons* or residents of *LICs*;
- Investing in or providing loans to support commercial properties that are located in *LICs*; or
- Investing in, lending to or providing technical assistance to organizations (e.g., *CDEs* or *CDFIs*) engaged in activities that promote community development in *LICs* or for the benefit of *Low-Income Persons*.

DOCUMENTATION ATTACHMENTS

- Organizational documents from the *Applicant CDE* that evidence a primary mission of serving *LICs* or *Low-Income Persons*.³ Such documentation includes, but is not limited to:
 - signed or filed articles of incorporation or organization;
 - signed partnership agreement;
 - board resolution;
 - annual report with a letter from the Board Chairperson;
 - or similar board approved documents.

The Fund will not accept pamphlets, brochures or other marketing materials to document primary mission.

It is not necessary to submit multiple documentation pieces. Submit the minimum necessary to demonstrate that your organization principally serves *LICs* or *Low-Income Persons*.

- If a *Subsidiary Applicant* is seeking designation as a *CDE* under this application, the *Applicant CDE* must:
 - Submit separate organizational documents demonstrating the primary mission for each entity seeking CDE certification; or
 - Sign and submit Form CDE – 1-B, the *Subsidiary Applicant* Primary Mission Certification.

All *Applicant CDEs* are required to complete Form CDE-4, the Authorized Representative Certification, which demonstrates an organization's commitment to provide at least sixty percent of its products and services (and sixty percent of the products and services of all *Subsidiary Applicants*) to *Low-Income Persons*, to individuals, businesses or organizations located in *LICs*; and/or to organizations that principally serve *Low-Income Persons* or *LICs*. It also ensures that the *Applicant CDE* and each of its *Subsidiary Applicants* will continue to maintain accountability to residents of *LICs* at all times during the course of its/their designation as a *CDE*. Failure to meet these requirements may, at the sole discretion of the Fund, result in the Fund's revocation of the organization's CDE status.

³ An *Applicant CDE* that is already a certified *CDE* does not need to provide this information.

CDE CERTIFICATION CRITERIA – ACCOUNTABILITY

REQUIREMENTS

Each entity seeking *CDE* certification under this application must: 1) identify the service area that it serves or intends to serve; and 2) demonstrate that it maintains accountability to the *LICs* in those areas.

Identifying Service Areas. The *Applicant CDE* and each *Subsidiary Applicant* must identify the service areas that it serves or intends to serve. Each entity will be required to select from one of the following service area options:

- Local service area(s). A local service area may be comprised of:
 - a single county within a state;
 - a single (*Primary*) *Metropolitan Statistical Area (PMSA)*; or
 - multiple counties or (*PMSAs*) within the same state (ie. multiple local service areas).

Tip: *Entities* serving or intending to serve multiple communities within a single local service area (e.g., several neighborhoods within a single city, or several cities within a single *PMSA*) are encouraged to designate the larger encompassing jurisdiction as its local service area.

- Statewide (or territory-wide) service area.
- Multi-state service area.
- National Service Area.

Designating a Service Area. *Applicant CDEs* needing to identify qualifying *LICs* in their service area should visit the Fund's geography and census tract based mapping software (CIMS) program located at www.cdfifund.gov. The online mapping software program contains maps and worksheets identifying the program's qualifying census tracts throughout the country.

Maintaining Accountability. An applicant must demonstrate that it is accountable to the residents of *LICs* in the service area that it designates. An applicant will be determined accountable if at least 20% of its governing board or advisory board(s) is representative of *LICs* within the selected service area. In order to be determined representative under this accountability requirement, a board member must either: (a) reside in a *LIC* within its designated service area(s); or (b) otherwise represent the interest of residents of *LICs* (e.g., a small business owner whose business is located in the community, an employee or a board officer of a community-based or charitable organization serving the community, etc.) in the selected service area. The Fund encourages *Applicant CDEs* to

appoint some *Low-Income Persons* from *LICs* to their advisory and/or governing boards.

TIP: Board members that are themselves, or whose family members are, principals or staff members of the *Applicant CDE* (or *Subsidiary Applicant*), its affiliated entities or, except in limited circumstances, its investors cannot be deemed representative of *LICs*. An *Applicant CDE* (or *Subsidiary Applicant*) may, however, designate a board member that also serves on the board of an affiliated entity as representative of *LICs*, provided that the board member is representative of *LICs* through means other than his or her association with the affiliated entity.

An entity that does not have a governing board, but in which the governing authority resides with a general partner or managing company, may satisfy the accountability requirements through the board(s) of the general partner or managing company. Any entity seeking to maintain accountability through advisory board(s) must also be able to demonstrate that the viewpoints of the advisory board(s) are given sufficient consideration and attention by the governing board.

To maintain accountability to the *LICs* in a **statewide service area, a multi-state service area, , or a national service area**, the applicant must demonstrate that at least 20% of its governing board or advisory board(s) is representative of a cross-section of *LICs* within the state(s) that it serves. An entity may need to establish multiple advisory boards in order to satisfy this requirement, or select board members that are from organizations that represent the interests of a cross-section of *LICs* (e.g., a state-wide organization or nationwide non-profit community development organization).

Tip: For additional updated guidance on Accountability please review the CDE Certification Q&A Document on The Fund's website www.cdfifund.gov under New Markets.

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CDE – 1: APPLICANT CDE INFORMATION FORM

1. <i>Applicant CDE</i> Name:	
2. <i>Applicant CDE</i> Employer Identification Number (required for processing):	
3. Is the <i>Applicant CDE</i> already certified as a CDE? Yes No If yes, identify the CDE Control Number of the <i>Applicant CDE</i> :	
4. Mailing Address (Provide mailing and physical address for overnight deliveries (if different), and nine digit zip code):	
5. <i>Authorized Representative</i> Name, Title, and address if different from #4:	Telephone number: Fax number: E-mail address:
6. Congressional District of <i>Applicant CDE's</i> main office	
7. Market served and estimated % of total activities (percentages should add up to 100%): _____% Major urban areas in a Metropolitan Area with a population equal to or greater than 1 million (include both central city and surrounding suburbs). _____% Minor urban areas in a Metropolitan Area with a population of less than 1 million (include both central city and surrounding suburbs). _____% Rural areas	
8. Structure of the <i>Applicant CDE</i> (check all that apply):	
<input type="checkbox"/> For-profit	<input type="checkbox"/> Non-profit
<input type="checkbox"/> <i>Small Business Investment Company</i> (SBIC)	<input type="checkbox"/> <i>Specialized Small Business Investment Company</i> (SSBIC)
<input type="checkbox"/> Certified Community Development Financial Institution (CDFI)	<input type="checkbox"/> Thrift, Bank or bank holding company
<input type="checkbox"/> Credit Union	<input type="checkbox"/> Publicly traded company
<input type="checkbox"/> Government-controlled entity	<input type="checkbox"/> <i>Faith-Based Institution</i>
<input type="checkbox"/> Tribal Entity	<input type="checkbox"/> New Markets Venture Capital Company
9. Structure of the <i>Applicant CDE's Controlling Entity</i> (check all that apply):	
<input type="checkbox"/> For-profit	<input type="checkbox"/> Non-profit
<input type="checkbox"/> <i>Small Business Investment Company</i> (SBIC)	<input type="checkbox"/> <i>Specialized Small Business Investment Company</i> (SSBIC)
<input type="checkbox"/> Certified Community Development Financial Institution (CDFI)	<input type="checkbox"/> Thrift, Bank or bank holding company
<input type="checkbox"/> Credit Union	<input type="checkbox"/> Publicly traded company
<input type="checkbox"/> Government-controlled entity	<input type="checkbox"/> <i>Faith-Based Institution</i>
<input type="checkbox"/> Tribal Entity	<input type="checkbox"/> New Markets Venture Capital Company
<input type="checkbox"/> Not Applicable – <i>Applicant CDE</i> does not have a <i>Controlling Entity</i>	

CDE – 1: Applicant CDE Information Form (cont'd)

10. Is the *Applicant CDE* a domestic corporation or partnership for federal tax purposes?

- Yes No (If no, the applicant is not eligible to apply for certification as a *CDE* and therefore should not submit a CDE Certification Application)

11. Is the *Applicant CDE* duly organized and validly existing under the laws of the jurisdiction in which it was incorporated or otherwise established?

Yes

- *Applicant CDE's* date of incorporation (month/day/year):
- *Applicant CDE's* total assets as of the date of this application: \$

No (If no, the applicant is not eligible to apply for certification as a *CDE* and should not submit a CDE Certification Application)

12. Products and services that are or will be offered by the *Applicant CDE* (check all that apply):

- Microenterprise financing
- Business financing
- Financing other CDEs
- Loan purchase from other CDEs
- Financial Counseling and Other Services
- Real estate financing
 - Retail
 - Industrial
 - Office space
 - Mixed-use (housing + commercial)
 - For-sale housing
 - Community facilities

13. Is the *Applicant* seeking to certify *Subsidiary Applicants* as *CDEs* through this application?

- Yes. If yes, how many *Subsidiary Applicants* are you seeking to designate as *CDEs*?
For each of the *Subsidiary Applicants* identified above, you must complete the "*Subsidiary Applicant CDE Information Form (CDE 1-A)*."
- No

14. Estimate how long this application took to complete: Hours

I hereby certify that all of the application information provided by the Applicant CDE is true, correct, and complete. The execution of this application has been duly authorized by the governing body of the *Applicant CDE*.

15. *Authorized Representative* Signature⁴:

Date:

⁴ ALL APPLICATIONS REQUIRE THE SIGNATURE OF THE ORGANIZATION'S *AUTHORIZED REPRESENTATIVE*, AND A UNIQUE EIN FOR THE *APPLICANT CDE* AND EACH *SUBSIDIARY APPLICANT*, OR THE APPLICATION WILL BE DEEMED INCOMPLETE AND REJECTED.

CDE -2: SERVICE AREA AND ACCOUNTABILITY OVERVIEW FORM

Complete this form (copy double-sided) for **each** entity seeking CDE certification under this application. Reproduce additional forms as necessary.

1) This service area form is applicable to:

The *Applicant CDE* only. Name:

A *Subsidiary Applicant*. Name:

NOTE: You must submit one Service Area and Accountability Overview Form for **each** entity seeking certification under this application.

2) Identify by name the service area(s) that the entity serves or intends to serve:

- Local service area (e.g., county, PMSAs, or state or territory):
- Statewide or territory-wide service area:
- Multi-state service area:
- National service area

3) The entity intends to maintain accountability to the residents of *LICs* through representation on the:

- Governing Board of the *Applicant CDE*
- Governing Board of the *Applicant CDE's* Controlling Entity
- Governing Board of the *Subsidiary Applicant*
- Advisory Board (see item #4 below)
- Multiple Advisory Boards

4) If your organization intends to maintain accountability to the residents of its *LIC* through their representation on **Advisory Board(s)**, provide a narrative (on a separate sheet of paper) detailing each of the following:

- ◆ The process by which members are selected for the advisory board;
- ◆ How often the advisory board meets (to be accountable, a board must meet at least annually);
- ◆ How the board solicits (or intends to solicit) feedback from residents of *LICs* and how often this information is (or will be) collected (e.g., feedback collected semi-annually at community meetings, feedback collected annually through surveys, etc.); and
- ◆ How the information is used (or will be used) to inform the actions of the governing board in developing the organization's policies (e.g., an advisory board representative sits on the governing board; a member of the advisory board presents reports to the governing board, etc.).

5) Name the board checked in item #3:

Total number of Board members:

Total number of *LIC* Representatives on Board:

Board Composition as of (mm/dd/yy):

6) List the names of all members of the board identified in item #3, and complete a LIC Representative Form (#CDE-3) for each member who is a *LIC* Representative:

Name	LIC Representative (yes or no)?
1.	No
2.	No
3.	No
4.	No
5.	No
6.	No
7.	No
8.	No
9.	No
10.	No
11.	No
12.	No
13.	No
14.	No
15.	No
16.	No
17.	No
18.	No
19.	No
20.	No
21.	No
22.	No
23.	No
24.	No
25.	No

CDE – 3: LOW INCOME COMMUNITY (LIC) REPRESENTATIVE FORM

Complete this form (copy double-sided) for each LIC representative. Reproduce additional copies of the form as necessary.

- 1) Name of entity seeking certification as CDE:
- 2) Name of board (if entity has multiple advisory boards).

Board Member Name:	
--------------------	--

- 3)

Service Area Represented: (e.g. County(ies), (P)MSA, State(s), National)	
---	--

4)

Conflict of Interest Certification: Check here to certify that neither the above-mentioned board member, nor any of his/her family members, is (are) principal(s) or staff member(s) of the *Applicant CDE* (or *Subsidiary Applicant*), its affiliated entities, or its investors.

5) How is the board member representative of LICs? (Check only one category)

A. Is a resident of a LIC. Provide information below and attach the "Address Geocoder Report" from The Fund's CIMS mapping program.

Board Member's Address:	
Census Tract (11 digit FIPS code):	

B. Is a small business owner who controls, operates or manages a business located in a LIC that: a) provides goods and services to residents of the LIC; or b) principally employs residents from the LIC. Provide information below and attach the "Address Geocoder Report" from The Fund's CIMS mapping program.

Business Name:	
Business Address:	
Census Tract (11 digit FIPS code):	

Provide a brief description of the goods and/or services provided to the LIC, and/or provide an explanation of how it was determined that the business principally employs residents of the LIC.

Description of goods and/or services:	
Explain how it was determined that the business principally employs residents of the LIC:	

C. Is an employee or board member of a non-affiliated community-based or charitable organization providing more than 50% of its activities or services to LICs. Provide information below.

Board Member's Title:	
Organization Name:	
Area Served:	
Board-approved Organizational Mission Statement.	
If not clearly stated in the Board-approved Organizational Mission Statement explain how it was determined that the organization provides more than 50% of its activities or services to LICs.	

D. Is a religious leader whose congregation is based in a LIC. Provide information below and attach the "Address Geocoder Report" from The Fund's CIMS mapping program.

Board Member's Title:	
Religious Entity Name:	
Religious Entity Address:	
Census Tract (11 digit FIPS code):	

E. Is an employee of a governmental agency or department that principally serves LICs, or is a governmental agency or department employee whose job responsibilities principally involve serving LICs.

Board Member's Title:	
Name of Agency/Department:	
Agency/Department Mission Statement and Community Served:	
Describe the Board Member's Job responsibilities:	
If not stated above, explain how it was determined that the Agency/Department <u>or</u> the Individual principally serves LICs.	

F. Is (or works for) an elected official whose constituency is comprised principally of LICs or residents of LICs. Provide information below and attach the "Address Geocoder Report" from The Fund's CIMS mapping program.

Board Member's Title:	
Elected Official Name:	
Elected Official's Jurisdiction:	
Explain how it was determined that the elected official's constituency is comprised principally of LICs or residents of LICs.	

CDE –4: AUTHORIZED REPRESENTATIVE CERTIFICATION FORM

All *Applicant CDEs* must sign the following certification:

I certify, on behalf of _____ (name of the *Applicant CDE*) and, if applicable, its *Subsidiary Applicants*, that it/they will, at all times during the course of its/their designation as a *CDE*, direct a minimum of sixty percent of its/their activities (including loans, investments and related technical assistance) to *Low-Income Persons*, to persons or organizations located in *Low-Income Communities*, or to other organizations that principally serve *Low-Income Persons* or residents of *Low-Income Communities*.

I further certify that the *Applicant CDE* and, if applicable, its *Subsidiary Applicant(s)*, will maintain accountability to the *Low-Income Communities* that it/they serve, through their representation on the governing board or on an advisory board(s) to the *Applicant CDE* (and, if applicable *Subsidiary Applicants*), at all times during the course of its/their designation as a *CDE*.

The *Applicant CDE* and, if applicable, its *Subsidiary Applicant(s)* acknowledges that it may be required to periodically certify to the Fund that it continues to comply with the above certification requirements, and to notify the Fund if the *Applicant CDE* and, if applicable, its *Subsidiary Applicant(s)* fails to comply with these requirements. The *Applicant CDE* and, if applicable, its *Subsidiary Applicant(s)* acknowledges further that a failure to comply with these requirements may result in the *Applicant CDE* and, if applicable, its *Subsidiary Applicant(s)* losing its designation as a *CDE*, as well as the revocation of *NMTC Allocations* provided to the *Applicant CDE* or *Subsidiary Applicants* and/or the recapture of *NMTCs* claimed by investors for making *Qualified Equity Investments* in the *Applicant CDE* or *Subsidiary Applicants*.

By:

Signature of *Authorized Representative of Applicant CDE*

Date

Print Name: _____

Title: _____

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CDE – 1A: SUBSIDIARY APPLICANT INFORMATION FORM

This form must be completed for each *Subsidiary Applicant* seeking certification under this application (copy and submit additional forms as needed). Not applicable for sole Applicant CDEs.

1. Name of *Subsidiary Applicant*:

2. *Subsidiary Applicant's* Employer Identification Number (required for processing):

3. Mailing Address (Provide mailing address and physical address for overnight deliveries (if different). Provide nine digit zip code):

4. *Authorized Representative* Name, Title, and address if different from #3: Telephone number:
Fax number:
E-mail address:

5. Congressional District of *Applicant CDE's* main office:

6. Market served and estimated % of total activities (percentages should add up to 100%):

- ____ % Major urban areas in a Metropolitan Area with a population equal to or greater than 1 million (include both central city and surrounding suburbs).
____ % Minor urban areas in a Metropolitan Area with a population of less than 1 million (include both central city and surrounding suburbs).
____ % Rural areas

7. Type of entity (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> For-profit | <input type="checkbox"/> Non-profit |
| <input type="checkbox"/> <i>Small Business Investment Company</i> (SBIC) | <input type="checkbox"/> <i>Specialized Small Business Investment Company</i> (SSBIC) |
| <input type="checkbox"/> Certified Community Development Financial Institution (CDFI) | <input type="checkbox"/> Thrift, Bank or bank holding company |
| <input type="checkbox"/> Credit Union | <input type="checkbox"/> Publicly traded company |
| <input type="checkbox"/> Government-controlled entity | <input type="checkbox"/> <i>Faith-Based Institution</i> |
| <input type="checkbox"/> Tribal Entity | <input type="checkbox"/> New Markets Venture Capital Company |

8. Products and services that are or will be offered by the *Applicant CDE* (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Microenterprise financing | <input type="checkbox"/> Business financing |
| <input type="checkbox"/> Financing other <i>CDEs</i> | <input type="checkbox"/> Loan purchase from other <i>CDEs</i> |
| <input type="checkbox"/> Real estate financing | <input type="checkbox"/> <i>Financial Counseling and Other Services</i> |
| <input type="checkbox"/> Retail | |
| <input type="checkbox"/> Industrial | |
| <input type="checkbox"/> Office space | |
| <input type="checkbox"/> Mixed-use (housing + commercial) | |
| <input type="checkbox"/> For-sale housing | |
| <input type="checkbox"/> Community facilities | |

CDE – 1A: *Subsidiary Applicant* Information (cont'd)

9. Is the *Subsidiary Applicant* a domestic corporation or partnership for federal tax purposes?

Yes No **If no, the applicant is not eligible to apply for certification as a CDE.**

10. Is the *Subsidiary Applicant* duly organized and validly existing under the laws of the jurisdiction in which it was incorporated or otherwise established?

Yes

- *Subsidiary Applicant's* date of incorporation (month/day/year):
- *Subsidiary Applicant's* total assets as of the date of this application: \$

No **(If no, the *Subsidiary Applicant* is not eligible to apply for certification as a CDE)**

I hereby certify that all of the application information provided by the Applicant CDE is true, correct, and complete. The *Subsidiary Applicant* identified above is a *Subsidiary* of the *Applicant CDE* (in accordance with the Fund's definition of the term *Subsidiary*). The execution of this application by the *Subsidiary Applicant* has been duly authorized by the governing body of the *Subsidiary Applicant*.

11. *Authorized Representative* Signature⁵:

Date:

⁵ ALL APPLICATIONS REQUIRE THE SIGNATURE OF THE ORGANIZATION'S *AUTHORIZED REPRESENTATIVE*, AND A UNIQUE EIN FOR THE *APPLICANT CDE* AND EACH *SUBSIDIARY APPLICANT*, OR THE APPLICATION WILL BE DEEMED INCOMPLETE AND REJECTED.

CDE – 1B: SUBSIDIARY APPLICANTS PRIMARY MISSION CERTIFICATION

Applicant CDEs wishing to designate *Subsidiary Applicants* as *CDEs*, but have not provided separate organizational documents for each of these entities, must sign the following certification (Not applicable for sole Applicant CDEs):

I certify, on behalf of _____ (name of the "*Applicant CDE*"), that the *Subsidiary Applicant(s)* listed below have the same primary mission of serving *LICs* or *Low-Income Persons* as indicated in the organizational documents of the *Applicant CDE*.

Subsidiary Applicant(s):

Name	EIN
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

By: _____
Signature of *Authorized Representative of Applicant CDE*

Date

Print Name: _____

Title: _____