(CDE or Subsidiary CDE Name)

Annual Questionnaire for Members of the Advisory or Governing Board

Accountability For:	**List in Exhibit B all subsidiary CDEs** (*Applicant CDE* and all *Subsidiary Applicants* Names)	**Board Composition as of:**	_____ (Today's Date)
Service Area:	_____ (Identify Name of Local, Statewide, Multi-State, or National Service Area)	**Board Type:**	_____ (Governing or Advisory)
Total Board Members:	_____ (Number)	**Total LIC Representatives:**	_____ (Number)

Insert Name of CDE (the "CDE") is a recipient of a New Markets Tax Credit (NMTC) Program allocation. New Markets Tax Credit regulations require that the CDE must demonstrate that it maintains accountability to residents of low-income communities ("LICs") in its service area through the members of a governing or advisory board(s). The purpose of this update is to document your status as a LIC representative and to identify any changes or potential changes of such status. For example, (i) a change of residence may mean you no longer live in a low-income census tract or (ii) resignation from a job or board membership in a community organization serving residents of low-income census tracts may mean you no longer represent the CDE's LICs.

Please:

1) After reading the guidance and definitions provided, review carefully the information in the Low Income Community Representative Form (CDE-3) that was included in the CDE Certification Application – *See Exhibit A.*
2) Explain any changes in the Report of Changes/Additions section.
3) Answer the question regarding anticipated changes to the information contained in the LIC Representative form.
4) Sign the Board Member Certification Form in the space provided

BOARD MEMBER CERTIFICATION

Except for changes noted herein, my information as reported on the LIC Representative Form attached as Exhibit A remains complete and correct to the best of my knowledge with respect to me and my family members and may be relied upon by the CDE in determining if the CDE meets certain NMTC Program requirements.

_____ _____

Signature Date

_____

Print Name

If there is a change to your status which occurs after the date of this update, please inform [*Insert Contact Information*] at your earliest convenience. Thank you for your cooperation in this matter.

Guidance and Definitions for the LIC Representative Form (CDE-3):

Item 3:
A **"service area"** is an area that the CDE has indicated it will serve and be able to demonstrate accountability. Service areas may be a local service area (a single county, a single Metropolitan Statistical Area ("MSA") or multiple local service areas within the same state), a statewide service area, a multi-state service area or a national service area.

Item 4:
"Family members" means your spouse, ancestors, and lineal descendants.

"Subsidiary" means any of the entities listed on Exhibit B.

"Affiliate entity" means with respect to any potential investor or existing investor, any entity which is controlled, controlled by, or under common control of the potential investor or existing investor.

"Principal(s) or staff member(s)" includes any person who is employed in a decision-making capacity by an entity.

"Allocatee" means [name of Allocatee].

"Decision-making capacity" means the ability and responsibility of a person to make independent policymaking decisions on behalf of the person's employer as a significant part of the activities of such employee.

"Existing investor" means any entity listed below to whom the CDE or a Subsidiary has issued a Qualified Equity Investments to:

1. *List each investor to whom the CDE has issued a QEI.*

"Potential investor" means any entity listed below to whom the CDE or a Subsidiary proposes to issue a Qualified Equity Investments to:

1. *List each investor to whom the CDE proposes to issue a QEI.*

Please respond to the questions below as they relate to Item 4 on the LIC Representative Form (CDE-3):

If you have a **family member** who is employed in a **decision-making capacity** by the **Allocatee**, please describe the position, title and responsibilities:

_____

_____

If you or a **family member** is a **principal or staff member** of an **existing investor** or an **affiliate entity** of an **existing investor**, please describe the position, title and responsibilities:

_____

_____

If you or a **family member** is a **principal or staff member** of a p**otential investor** or an **affiliate entity** of a potential investor, please describe the position, title and responsibilities:

_____

_____

Item 5:
"Representative" means that board members must either: a) reside in a LIC in the Applicant CDE's service area (Item 5A); or b) otherwise represent the interests of residents of LICs in the Applicant CDE's service area (Items 5B – 5F).

Report of Changes/Additions:

Please complete the items below to document any changes to your LIC representative status since the prior report.

Has home address changed from Exhibit A? (if resident of a LIC): ☐ Yes ☐ No

Is job noted on Exhibit A current? ☐ Yes ☐ No (include the mission of the organization if it primarily serves LICs):

_____

_____

Are all board memberships noted on Exhibit A? ☐ Yes ☐ No (include name of board and address of any not reflected above. Also, include the mission of the organization and how it primarily serves LICs):

_____

_____

Anticipated Changes:

Please share any plans that you may have for ceasing or changing your status as set forth on Exhibit A (e.g. change in residence, change in job, change in board membership):

_____

_____

EXHIBIT A

Attach LIC Representative Form (CDE-3; pages 15-16 of 05/09 CDE Certification Application) that was submitted with CDE Certification Application.

http://www.cdfifund.gov/docs/certification/CDE/CDEcertificationFAQs.pdf

EXHIBIT B

[List of Subsidiary CDEs]