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# **Bank Enterprise Award Program**

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## **2010 Application Word Attachments**

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Environmental Review Form

Applicant Name:

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?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, would any of these actions normally require an environmental impact statement (see 12 CFR 1815.108)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any activities proposed in the Application that involve:		
(a) Historical or archeological sites listed on the National Register of Historic Places or that may be eligible for such listing?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Wilderness areas designated or proposed under the Wilderness Act?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Wild or scenic rivers proposed or listed under the Wild and Scenic Rivers Act?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Critical habitats of endangered or threatened species?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Natural landmarks listed on the National Registry of Natural Landmarks?	<input type="checkbox"/>	<input type="checkbox"/>
(f) Coastal barrier resource systems?	<input type="checkbox"/>	<input type="checkbox"/>
(g) Coastal Zone Management Areas?	<input type="checkbox"/>	<input type="checkbox"/>
(h) Sole Source Aquifer Recharge Areas designated by EPA?	<input type="checkbox"/>	<input type="checkbox"/>
(i) Wetlands?	<input type="checkbox"/>	<input type="checkbox"/>
(j) Flood plains?	<input type="checkbox"/>	<input type="checkbox"/>
(k) Prime and unique farmland?	<input type="checkbox"/>	<input type="checkbox"/>
(l) Properties listed or under consideration for listing on the Environmental Protection Agency's List of Violating Facilities?	<input type="checkbox"/>	<input type="checkbox"/>

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 will 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.

## **Certification 1. ETAs or New Branches**

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### **Applicant Name:**

Signing the certification on the SF 424 certifies that the Applicant has complied with the conditions listed below (as applicable for the selected activities). Leave blank if not applicable because the Applicant is not seeking an award in the Service Activities category.

### **ETAs**

The Applicant does hereby certify that (i) the Applicant has entered into, and is in compliance with, the Financial Agency Agreement with the Treasury Department; and (ii) each ETA for which the Applicant is seeking a BEA Award possesses ALL of the characteristics listed below:

- ✓ Is an individually owned account at a Federally-insured financial institution;
- ✓ Permits a minimum of four cash withdrawals and four balance inquiries per month, which are included in the monthly fee, through any combination of proprietary ATM transactions and/or over-the-counter transactions;
- ✓ Allows access to the insured depository institution's on-line point-of-sale network (if any);
- ✓ Requires no minimum balance except as required by Federal or state law;
- ✓ Provides a monthly statement;
- ✓ Provides the same consumer protections that are available to other account holders at the financial institution;
- ✓ Is offered only to individuals receiving Federal benefit, wage, salary, or retirement payments;
- ✓ Allows set-off only for fees directly related to the account; and
- ✓ Is subject to a maximum monthly account-servicing fee of \$3.00.
- ✓ Is in compliance with its Financial Agency Agreement with the U.S. Department of Treasury.

### **Certification for Opening Retail Branches**

The Applicant does hereby certify that on \_\_\_\_\_ (enter date branch opened for business), the Applicant opened a new branch office located at: \_\_\_\_\_ (enter address of branch office). The Applicant has not operated a retail branch office in the same census tract in which it is opening such new branch office within the three years prior to opening said branch on the aforementioned date; and such new branch office will remain in operation for at least the next five years.





## **Certification 4: Certification of Baseline Period Qualified Activities**

Applicant Name:

An Applicant that includes a dollar value for an Assessment Period Qualified Activity must report the corresponding Baseline Period Qualified Activity. Signing the certification on the SF 424 certifies that the Applicant has verified that the transactions included in the Baseline Period dollar values listed below are Qualified Activities as defined in the 2010 NOFA and BEA Program Interim Rule. This Certification is incorporated into the Award Agreement by and between the Applicant and the Fund, and made a material part thereof.

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Date

<b>CDFI RELATED ACTIVITIES</b>		
	Reporting	Baseline Period
Equity Investments / Equity-Like Loans	<input type="checkbox"/>	
CDFI Support Activities	<input type="checkbox"/>	
<b>DISTRESSED COMMUNITY FINANCING ACTIVITIES</b>		
	Reporting	Baseline Period
Affordable Home Mortgage Loans	<input type="checkbox"/>	
Affordable Housing Development Loans & Project Investments	<input type="checkbox"/>	
Small Business Loans and Project Investments	<input type="checkbox"/>	
Home Improvement Loans	<input type="checkbox"/>	
Education Loans	<input type="checkbox"/>	
Commercial Real Estate Loans & Project Investments	<input type="checkbox"/>	
<b>SERVICE ACTIVITIES</b>		
	Reporting	Baseline Period
Deposits	<input type="checkbox"/>	
Community Services	<input type="checkbox"/>	
Financial Services	<input type="checkbox"/>	
Targeted Financial Services	<input type="checkbox"/>	
Targeted Retail Savings/Investment Products	<input type="checkbox"/>	