



COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS FUND

UNITED STATES DEPARTMENT OF THE TREASURY

CDFI Fund • 601 Thirteenth Street, NW • Suite 200, South • Washington, DC 20005 • (202) 622-8662

Financial Education and Counseling Pilot Program

FY 2009 Application

OMB No. 1559-0034

Paperwork Reduction Act Notice

This submission requirements package is provided to Applicants for awards under the Financial Education and Counseling Pilot Program. The Estimated average burden associated with this collection of information is 40 hours per respondent, depending on individual circumstances. 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 Thirteenth Street, N.W., Suite 200 South, Washington, DC 20005.

All materials are available on the CDFI Fund Website: www.cdfifund.gov.

Catalog of Federal Domestic Assistance Number: 21.010

FY 2009 FINANCIAL EDUCATION AND COUNSELING PILOT PROGRAM

TABLE OF CONTENTS

<u>Introduction And Instructions</u>	<u>1</u>
CDFI Fund: Mission and Programs.....	1
The Financial Education and Counseling (FEC) Pilot Program.....	1
Application Eligibility Factors	2
Application Submission Requirements	3
Contacting the CDFI Fund.....	4
CDFI Fund Contact List	4
<u>Part I: Applicant Information</u>	<u>5</u>
<u>Part II: FEC PILOT Program Proposal</u>	<u>10</u>
Suggested Application Page Limits	10
Executive Summary.....	10
Implementation Plan	11
Proposed Impact and Effective Use	12
Organizational Capacity	14
Budget and Program Funding.....	16
Sources and Uses of Funds	16
<u>Part III: Forms and Certifications</u>	<u>17</u>
Standard Form 424.....	17
Environmental Review Form.....	24
Assurances and Certifications.....	26
501(C)(4) Questionnaire	30

INTRODUCTION AND INSTRUCTIONS

NOTE: Capitalized terms (other than titles) are defined in the Notice of Funds Availability (NOFA) inviting applications for the FY 2009 funding round of the Financial Education and Counseling (FEC) Pilot Program which may be downloaded from the CDFI Fund's website at www.cdfifund.gov. Certain terms used throughout the Application have definitions unique to the Financial Education and Counseling Pilot Program. Applicants should make sure that they are familiar with these definitions by consulting the NOFA.

CDFI Fund: Mission and Programs

The mission of the Community Development Financial Institutions Fund (the CDFI Fund) is to expand the capacity of financial institutions to provide credit, capital, and financial services to underserved populations and communities in the United States. The CDFI Fund achieves its mission by directly investing in and supporting Community Development Financial Institutions (CDFIs), Community Development Entities (CDEs), and other financial institutions through the following programs and initiatives:

- CDFI Program (includes Financial Assistance (FA) and Technical Assistance (TA)),
- Bank Enterprise Award (BEA) Program,
- New Markets Tax Credit (NMTC) Program,
- Native Initiatives,
- Capital Magnet Fund (CMF), and
- Financial Education and Counseling (FEC) Pilot Program

Information on the CDFI Fund's programs can be found on the CDFI Fund's website at www.cdfifund.gov. From the homepage, click on "What We Do" then "Information for Applicants." Click on the link for the various programs of interest.

The Financial Education and Counseling (FEC) Pilot Program

Through the FEC Pilot Program, the CDFI Fund shall provide grants to Eligible Organizations to enable such organizations to provide a range of Financial Education and Counseling Services to Prospective Homebuyers, with the goals of:

- (i) increasing the financial knowledge and decision-making capabilities of Prospective Homebuyers;
- (ii) assisting Prospective Homebuyers to develop monthly budgets, build personal savings, finance or plan major purchases, reduce debt, improve financial stability, and set and reach financial goals;
- (iii) helping Prospective Homebuyers to improve credit scores by understanding the relationship between credit histories and credit scores; and

- (iv) educating Prospective Homebuyers about the options available to build savings for short- and long-term goals.

The ultimate program goals of the FEC Pilot Program are to identify successful methods resulting in Positive Behavioral Change for financial empowerment, and to establish program models for organizations to carry out effective Financial Education and Counseling Services to Prospective Homebuyers.

Funding can be requested for all expenses related to the administration, operation and implementation of a FEC Pilot Program, which include but are not limited to personnel, professional services, materials and supplies, equipment and capital expenditures, other program expenses, and indirect expenses that support the program and staff – provided that no more than 15 percent of the funds may be used to support such indirect expenses. FEC Pilot Program grant funds are intended to offer financial support for the Applicant to implement the strategies outlined in this Application. Please refer to the FY 2009 FEC Pilot Program NOFA for additional information regarding use of funds.

Application Eligibility Factors

An Applicant must be an Eligible Organization in order to apply under the FY 2009 funding round. In addition to meeting the criteria as outlined in the FY 2009 FEC Pilot Program NOFA, all Applicants are required to submit an online Applicant Information Questionnaire with their Application via their myCDFIFund account. For reference purposes, a copy of the Applicant Information Questionnaire is included in the Application (see Part I).

As further specified in the FY 2009 FEC Pilot Program NOFA, in order to be deemed an Eligible Organization, the Applicant must be a certified CDFI, a US Department of Housing and Urban Development (HUD) approved Housing Counseling Agency, a Credit Union, a governmental entity (State government, Local government or Tribal government), or a Collaborative Effort of two or more such entities. In addition, the Applicant must demonstrate that it meets certain minimum threshold requirements with respect to its experience and ability to provide Financial Education and Counseling Services resulting in documented Positive Behavioral Changes for Prospective Homebuyers. Specifically, the Applicant must certify that:

- (i) it has provided Financial Education and Counseling Services for a period of at least three years immediately prior to the Application deadline;
- (ii) it has at least two full time equivalent positions dedicated to the development and/or delivery of Financial Education and Counseling Services;
- (iii) it has provided Financial Education and Counseling Services to at least 100 Potential Homebuyers in the past year, or has served an average of at least 150 clients per year over the past three years, and subsequently tracked Positive Behavioral Change outcomes with respect to such services; and
- (iv) it has independent budget resources of at least \$50,000 currently available for the provision of Financial Education and Counseling Services.

These certifications will be made as part of the Applicant Information Questionnaire. Applicants that cannot provide these certifications will be deemed not to have the minimum requisite experience and ability to administer an award under the FEC Pilot Program, and will not be eligible for FEC Pilot Program awards.

Application Submission Requirements

The 2009 FEC Pilot Program Application consists of:

- Part I -- Applicant Information Questionnaire/Signature Page (completed online in organization's myCDFIFund account)
- Part II -- FEC Program Proposal, including Sources and Uses of Funds Table (submitted through myCDFIFund account as attachments)
- Part III – Forms and Certifications: (i) Standard Form 424; (ii) Environmental Review Form; (iii) Assurances and Certifications; (iv) 501(c)(4) Questionnaire (all submitted through myCDFIFund account as attachments).

All Applicants must register User and Organization accounts in myCDFIFund, the CDFI Fund's Internet-based interface, and submit their Application materials through this interface. As the myCDFIFund account is the CDFI Fund's primary means of communication with Applicants and Awardees, organizations must make sure that they update the contact information in their myCDFIFund accounts before the applicable Application deadline. For more information on myCDFIFund accounts, please see the "Frequently Asked Questions" link posted at <https://www.cdfifund.gov/myCDFI/Help/Help.asp>.

The Applicant is required to complete and submit, through its myCDFIFund account, the online Applicant Information Questionnaire/Signature Page, the FEC Program Proposal (including Sources and Uses Table), and all required Forms and Certifications (listed in Part III of the application) **by 5:00 p.m. EST on November 19, 2009.**

Applications submitted to the CDFI Fund in any form or fashion other than through the process described above will be deemed ineligible for consideration.

Contacting the CDFI Fund

CDFI Fund staff will respond to questions and provide support concerning FEC Pilot Program funding related to the FY 2009 FEC Pilot Program NOFA between the hours of 9:00 a.m. and 5:00 p.m. EST, until two (2) business days before the application deadline of November 19, 2009.

The CDFI Fund will not respond to phone calls or e-mail inquiries received after 5:00 p.m. EST on November 17, 2009, until after the Application deadline.

CDFI Fund Contact List (Not toll-free phone numbers)			
Office	Phone Number	Email Address	Type of Question
Main Office:	(202) 622-8662 (202) 622-7754 (fax)	www.cdfifund.gov	General Fund inquires
Program Support:	(202) 622-6355	cdfihelp@cdfi.treas.gov	Inquiries regarding the Application
Compliance and Monitoring Support	(202) 622-6330 (202) 622-7754 (fax)	cme@cdfi.treas.gov	Questions about the status of compliance of prior awards including outstanding reports
IT Support	(202) 622-2455	ithelpdesk@cdfi.treas.gov	Registering and creating accounts on myCDFIFund inquiries
Legal Support	If you have any questions or matters that you believe require response by the Fund's Office of Legal Counsel, please refer to the document titled "How to Request a Legal Review," found on the CDFI Fund's web site at www.cdfifund.gov .		

PART I: APPLICANT INFORMATION

NOTE: The following questionnaire is to be completed by the Applicant online, through the organization's myCDFIFund interface. All questions are contained in the FEC Signature Page; however, the order of questions online varies from the order presented below. Applicants that do not complete and submit their answers using the online form will be deemed ineligible for consideration for a FEC Pilot Program award.

1. Applicant Award Request

Total dollar amount of award requested in this Application: \$400,000¹.

2. Applicant Information²:

(a) Applicant Name: _____

(b) Applicant Employer Identification Number: _____

(c) Applicant DUNS Number: _____

(d) Applicant Eligibility Criteria (check all that apply):

Housing Counseling Agency (HUD-Approved agency, in active status as of Application Date)

CDFI (currently certified by the CDFI Fund of the U.S. Department of the Treasury)

Credit Union (as defined in the FY 2009 FEC Pilot Program NOFA)

State, Local or Tribal governmental entity (as defined in the FY 2009 FEC Pilot Program NOFA)

A Collaborative Effort consisting of two or more of the above four entities (as defined in the FY 2009 FEC Pilot Program NOFA)

NOTE: As specified in the FY 2009 FEC Pilot Program NOFA, an Applicant must be able to be classified as at least one of these five entity-types in order to be deemed eligible to apply. Applicants that cannot be so classified will not be reviewed under the 2009 FEC Pilot Program. The CDFI Fund reserves the right to collect additional information (e.g., articles of incorporation; charter information; Agency documentation) to verify that the Applicant is properly classified as satisfying at least one of these designations.

¹ The CDFI Fund anticipates making five awards of \$400,000 each in FY 2009. All Applicants are therefore required to apply for a \$400,000 award. However, the CDFI Fund reserves the right to provide any grant in an amount other than \$400,000 or in an amount other than that which the Applicant requested. The CDFI Fund reserves the right to fund, in whole or in part, any, all or none of applications submitted.

² An Application submitted on behalf of a Collaborative Effort must select one organization to serve as the primary administrator of the FEC Pilot Program award. This lead organization should be identified as the Applicant, and must be able to assert that it can satisfy each of the minimum threshold criteria necessary to be deemed an Eligible Organization.

- (e) Applicant's date of incorporation or formation (month/day/year):³ _____
- (f) Applicant's fiscal year end (month/day): _____
- (g) Applicant's total assets as of the date of this Application: \$_____
- (h) Applicant's total budget resources dedicated to the provision of Financial Education and Counseling Services⁴: \$_____
- (i) Applicant's total number of FTEs⁵: _____
- (j) Applicant's total number of FTEs that are dedicated to the provision of Financial Education and Counseling Services⁶: _____
- (k) Total number of Potential Homebuyers receiving Financial Education and Counseling Services provided by the Applicant in:
- Calendar Year 2008: _____
- Calendar Year 2007: _____
- Calendar Year 2006: _____
- 3-YEAR TOTAL⁷: _____

NOTE: As specified in the FY 2009 FEC Pilot Program NOFA, and reiterated in the footnotes accompanying certain fields above, Applicants must demonstrate that they meet certain minimum threshold requirements with respect to their experience and ability to provide Financial Education and Counseling services in order to be deemed eligible to apply. Applicants that have not satisfied these minimum requirements will not be reviewed under the 2009 FEC Pilot Program. The CDFI Fund reserves the right to collect additional information (e.g., audited financial statements; organizational charts; articles of incorporation; staff rosters; client records) to verify that the Applicant has, in fact, satisfied these minimum threshold requirements.

3. Does the Applicant have any Affiliates that are applying for an award under the FY 2009 funding round of the FEC Pilot Program?

(check one): Yes No

³ In order to be deemed eligible to apply for a FEC Pilot Program award in 2009, the Applicant must have been in existence as a legal entity since at least October 1, 2006.

⁴ In order to be deemed eligible to apply for a FEC Pilot Program award in 2009, the Applicant must have at least \$50,000 of budget resources dedicated to the administration of Financial Education and Counseling Services.

⁵ FTEs may include the time of more than one staff person, board member, volunteer, or outside contractor. For example, if two staff persons share responsibility, their combined work must total at least 37.5 hours per week to constitute one FTE.

⁶ In order to be deemed eligible to apply for a FEC Pilot Program award in 2009, the Applicant must have at least two FTEs dedicated to the provision of Financial Education and Counseling Services.

⁷ In order to be deemed eligible to apply for a FEC Pilot Program award in 2009, the Applicant must have served at least 100 Potential Homebuyers in 2008, or an average of 150 Potential Homebuyers over the past three years.

NOTE: The answer to question 3 must be "No." An Applicant and its Affiliates may collectively submit only one Application under this round of the FEC Pilot Program. If separate Applications are received from multiple Affiliated entities, the CDFI Fund reserves the right to reject all such Applications. For purposes of this requirement, in addition to assessing whether Applicants are Affiliates or Subsidiaries, the CDFI Fund will consider whether Applicants constitute a common enterprise. A common enterprise may exist: (i) where the activities described in Applications submitted by separate entities are, or will be, operated and/or managed such that, in fact or effect, they may be viewed as a single entity; (ii) where the Applications submitted by separate entities contain significant narrative, textual or other similarities; or (iii) where the strategies and/or activities described in Applications submitted by separate entities are so closely related, in fact or effect, they may be viewed as substantially identical Applications. In such cases, the CDFI Fund reserves the right to reject all Applications received from all such entities, to select a single Application as the only one that will be considered for an award, and/or, in the event that an Application is selected to receive an award, to deem certain activities ineligible.

4. Identify the type of service area that the Applicant will serve (check one).

- National service area
- Multi-state service area
- Statewide (or territory-wide) service area
- Local service area (e.g., neighborhoods, cities, a county or contiguous counties, or metropolitan areas) within a state or territory

NOTE: An Applicant serving a metropolitan area that crosses multiple states (e.g., the Washington, D.C. or Philadelphia metropolitan areas) should check "Multi-state service area."

5. Identify the particular geographical areas that the Applicant will serve. An Applicant that is serving a national service area must identify the seven states with the largest amount of projected activities:

State(s): _____

County(ies): _____

6. Estimate the percentage of activities (by number of clients served) that will be directed to each of the following markets.

- % Major urban areas (Counties in metropolitan area with a population equal to or greater than 1 million, including both central city and surrounding suburbs)
- % Minor Urban areas (Counties in metropolitan area with a population less than 1 million, including both central city and surrounding suburbs)
- % Non-metropolitan counties

7. Please indicate the Applicant's predominant targeted program participants: (**check only one**):

- Low-Income/Low-Wealth
- Minorities (please identify): _____
- Residents of rural communities
- Native populations
- Other targeted populations (e.g., military personnel; disabled populations) (please identify): _____
- Other providers of Financial Education and Counseling Services
- None of the above

8. Please indicate the Applicant's predominant anticipated delivery strategy described in its Application: (**check only one**):

- Classroom
- Internet/Distance Learning
- One-on-One Financial Counseling
- Other (please identify): _____

9. Estimate the number of hours required to complete the entire Application package (the Application package includes the Part I: Applicant Information completed through the myCDFIFund account Signature Page; Part II: FEC Program Proposal (including Sources and Uses of Funds Table); and, Part III: Forms and Certifications: _____ hours

NOTE: For the purpose of estimating hours, Applicants should focus only on the amount of time it took to complete the questions asked in the Application materials. Other activities that are carried out in the normal course of business and are only indirectly related to the completion of this Application (e.g., developing a business strategy or marketing plan; etc.) should not be included in this estimation.

10. Applicant Mailing Information:

Mailing address (provide nine-digit zip code):

Address for overnight deliveries (if different from mailing address, include 9-digit zip code):

11. Authorized Representative Information:

Name, title, and mailing address, if different from Applicant:

Telephone number: _____ Fax number: _____

E-mail address: _____

12. Contact Person Information (if different from Authorized Representative):

Name, title, and mailing address, if different from Applicant:

Telephone number: _____ Fax number: _____

E-mail address: _____

By signing this Application, the Applicant makes the Assurances and Certifications, set forth in the Assurances and Certifications (pages vi-ix) of the Application, which Assurances and Certifications are made a part hereof and will continue in effect until the Applicant enters into an Assistance Agreement with the CDFI Fund.

I hereby certify that all of the information provided by the Applicant in this Application and in the supporting documentation, Assurances and Certifications in support of this Application is true, correct, and complete. The execution and submission of this Application has been duly authorized by the governing body of the Applicant and, in the case of an Application submitted as part of a Collaborative Effort, the governing bodies of the other members of the Collaborative Effort.

Applicant Name: _____

Authorized Representative Signature: _____

Name (print)

Title

Date: _____

PART II: FEC PILOT PROGRAM PROPOSAL

- The Applicant will use the specified MS Word template provided in the Application documents available from the CDFI Fund's website to respond to the FEC Pilot Program Proposal questions. No Applicant will be provided an opportunity to provide supplemental information for the FEC Program Proposal unless the CDFI Fund explicitly requests clarifying information during the review phase.
- Each section in the Application has suggested page limitations. FEC Pilot Program Proposals must be single-spaced and use a 12-point font with 1-inch margins, and may not exceed 25 total pages.

Suggested Application Page Limits	
FEC Program Proposal Sections	Suggested Maximum Number of Pages
Executive Summary	One (1) page
Implementation Plan	Six (6) pages
Proposed Impact and Effective Use	Seven (7) pages
Organizational Capacity	Eight (8) pages
Budget and Program Funds	Three (3) pages

- The Applicant should number each page of its proposal, and should also include its name in the upper right corner of each page.
- Do not submit additional materials that are not specifically requested in this Application. The CDFI Fund will read only the information it requests. It will not read attachments that have not been specifically requested (such as organizational strategic plans, marketing plans, or letters of support).

EXECUTIVE SUMMARY

Suggested Length: No more than one (1) page

- Provide a narrative describing the Applicant's mission, its proposed activities, its target market or population, its track record, and impacts to date.
- Include a paragraph that details the exact amount and intended use of funds. The total must be indicated on the Sources and Uses Form (see the Budget and Program Funds section within the Application.)
- Summarize the key elements of the FEC Pilot Program Proposal, including any innovations, and the expected outcomes and impacts.

IMPLEMENTATION PLAN

Suggested length: no more than six (6) pages

Applicants will be rated based upon their ability to demonstrate a demand for its FEC services amongst its target audience; the quality and innovation of the FEC services it intends to offer; and the quality of its marketing, outreach and delivery strategy.

- 1. Describe the Applicant's target audience.**
 - Provide an overview of the designated target participants' principal characteristics (such as demographic, economic, or household characteristics).
 - Discuss and quantify the demand for Financial Education and Counseling Services by the proposed participants. Explain how the Applicant ascertained demand. Discussion should include indicators of demand such as market studies for specific programs, trends in financial education, and/or the number of applications and inquiries per month.
- 2. Describe the Financial Education and Counseling Services that will be provided to Prospective Homebuyers.**
 - Briefly describe, for each proposed FEC Program activity: the curriculum and course content, qualifications of instructors, format (i.e., one-on-one vs. group); frequency of offerings, fees/costs, etc.
 - Discuss how the proposed program activities compare with what is currently offered by the Applicant, and how the proposed program will address a specific unmet need among the targeted Prospective Homebuyers. This section should describe any innovative or unique aspects of the Applicant's proposed FEC program.
- 3. Describe the Applicant's marketing, outreach, and delivery strategy. Discuss the Applicant's collaboration, coordination, and partnerships.**
 - Describe how the Applicant markets, or intends to market, its FEC services.
 - Discuss methods the Applicant uses to expand the reach of its marketing. Discuss efforts to reach out to marginalized or isolated populations.
 - Discuss how the Applicant will sustain its delivery mechanisms.
 - Describe the Applicant's collaboration, coordination, and partnerships at the community or national level (including with banks; credit unions; CDFIs; local, state and tribal government agencies; local or national initiatives; and other relevant entities).

PROPOSED IMPACT AND EFFECTIVE USE

Suggested length: no more than seven (7) pages

Applicants will be rated based upon:

- 1) The Applicant's ability to identify, track and monitor output and impact performance measurements that result in Positive Behavioral Changes for Prospective Homebuyers, which may include:
 - (i) increasing Prospective Homebuyers' financial knowledge and decision-making capabilities;
 - (ii) assisting Prospective Homebuyers in developing monthly budgets, building personal savings, financing or planning for major purchases, reducing debt, improving financial stability and setting and reaching financial goals;
 - (iii) instructing Prospective Homebuyers on methods to improve credit scores through understanding the relationship between credit histories and credit scores; or
 - (iv) building Prospective Homebuyers' savings to achieve short- and long-term goals.
- 2) The extent to which the Applicant's program model can be replicated by other providers of FEC services.

1. **Select Metrics.** Awardees will be required to collect information and evaluate the impact of their FEC programs using five (5) metrics – two (2) output measures required by the CDFI Fund, and three (3) impact measures which may be chosen by the Applicant based upon the impacts that it hopes to achieve for its program participants.
 - a. The two output measures required to be collected by all Awardees are:
 - The number of participants served annually; and
 - The total hours of class time/instruction/counseling provided, per person, on an annual basis
 - b. The three impact measures may be chosen by the Applicant. The following list is provided for illustrative purposes. The Applicant may choose impact measures from this list below, or may submit its own impact measures. All Applicants must submit three impact measures.
 - Percent change in average household savings levels
 - Total number/percentage of participants that established long-term savings goals
 - Percentage point changes in participant credit scores
 - Total number/percentage of participants that increased the use of budgeting tools
 - Percent change in average household debt outstanding
 - Total number/percentage of participants that established a bank relationship/opened an account with a bank or credit union
 - Total number/percentage of participants that improved bill payment history

- Total number/percentage of participants able to obtain mortgages
2. **Describe the Applicant's method of evaluating and documenting Positive Behavioral Change in its program participants as a result of the FEC program as captured by the above measures:**
- Identify which impact measures the Applicant intends to track.
 - For each of the five measures selected (two outcome measures and three impact measures), provide a brief narrative describing:
 - the type of data that will need to be collected;
 - how that data will be captured;
 - what quantitative measurements will be used to document any Positive Behavioral Changes on the part of the program participants over time;
 - the ranges of results that will be used to classify outcomes as “highly successful,” “successful,” or “less than successful;” and the basis for determining these thresholds;
 - the timeline for implementation and impact measurement; and
 - the procedures and systems in place (or that will be developed) allowing the Applicant to track the FEC program impact measures over time.
3. **Discuss the extent to which the Applicant believes that its program model can be replicated by other providers.**
- Discuss specific program design features, outreach methods or other aspects of the Implementation Plan that the Applicant believes increases the likelihood that the program can be readily adopted by other providers.
 - Discuss the extent to which the Applicant’s methodologies for documenting and evaluating Positive Behavioral Changes, as described above, can be replicated by other providers.
 - Discuss Applicant’s strategy for sharing program outcomes, including both “best practices” and “lessons learned,” with other service providers at the conclusion of Applicant’s FEC Pilot Program grant.

ORGANIZATIONAL CAPACITY

Suggested length: no more than eight (8) pages

Applicants will be rated based upon: (i) the capacity, skills, size and experience of the Applicant's management team and key staff; (ii) the Applicant's track record of providing financial education and counseling services; (iii) the Applicant's track record of administering grants and Federal funding; and (iv) the overall financial health and viability of the organization.

1. Describe the capacity, skills, and experience of the Applicant's management team and key staff.

- Identify up to five persons (from the management team, the governing board, staff, consultants, or contractors) who are integral to implementation (e.g., instructor, content developer or marketing professional). For each person identified, provide a brief (1-2 paragraph) description of: (i) the position held by the individual including role and responsibilities; (ii) the individual's capacity, skills, and experience as it relates to his or her position; and (iii) the individual's role in carrying out the FEC activities.
- If the Applicant uses consultants, contractors, volunteers, or other non-staff individuals to carry out key roles in its FEC activities, describe (i) how such individuals are selected; (ii) their time commitment and length of involvement with the Applicant; and (iii) their role in the proposed FEC activities.
- 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.

2. Discuss the Applicant's track record of successfully providing Financial Education and Counseling services to Prospective Homebuyers, and documenting Positive Behavioral Changes.

- Describe the Applicant's track record of creating and delivering FEC services, including the number of clients served. Be sure to address, in particular, experience in working with isolated or marginalized populations.
- Describe how this track record relates to the activities proposed with the FEC Pilot Program grant; how it informed the Applicant's development of this proposal; and how it will increase Applicant's likelihood of introducing successful FEC services to Potential Homebuyers.
- Describe Applicant's experiences in collecting and analyzing outcome data from Applicant's program participants, tracking these results over time, and reporting findings.

3. Discuss the extent to which the Applicant has been successful in using grants and Federal funding to provide financial education and counseling.

- Provide a list of all federal government awards that the Applicant and/or any Affiliates have received over the past three years. Include the name of the award, the amount of the award, the name of the awarding entity or agency, the date in which the award was made, and, if applicable, the control # of the award.
- Describe the extent to which the Applicant has been successful in administering these awards. If the Applicant failed to meet a performance measure or financial requirement

with respect to any award, describe what caused the failure and whether issues leading to the failure have been addressed or resolved.

- Discuss any other experience that the Applicant has in administering awards from other entities (e.g., state or local governments, foundations), particularly large monetary awards with substantial compliance requirements.

4. Discuss the Applicant's financial health.

- Discuss whether the Applicant conducts annual audits. If it does, have any of the Applicant's completed auditor reports within the past three years (or, if shorter, for the period from inception) indicated any of the following:

- An opinion other than qualified?
- A going-concern paragraph?
- Repeated findings of reportable conditions?
- Material weaknesses in internal control?

If yes to any of the above, indicate the fiscal years of the occurrence and describe the circumstances and corrective action taken.

- Have the Applicant's financial statements shown negative net income (or if a non-profit, negative change in net assets) in any of the past three years, or if in business for less than three years, for the period of time it has operated? If yes, please explain and describe when the entity expects to achieve profitability. Non-profit organizations should provide an explanation if annual contributions and revenues do not exceed expenditures.
- Has the Applicant ever filed for bankruptcy or otherwise defaulted on financial obligations to a third party? If yes, please explain the circumstances, indicate the fiscal year in which they occurred, and describe the corrective action being taken.

NOTE: The CDFI Fund reserves the right to contact other governmental organizations to review an Applicant's award status, and reserves the right to obtain audited financial statements from an Applicant to review its financial conditions, prior to making an award determination.

BUDGET AND PROGRAM FUNDING

Suggested length: no more than three (3) pages

Applicants will be rated based upon their ability to demonstrate that the FEC Pilot Program funding is necessary and appropriate in order for the Applicant to provide critical FEC services.

1. **Complete Table – Sources and Uses of Funds.** The Applicant may add more rows/items as necessary.
2. **Describe how the FEC Pilot Program grant will support the operations of the proposed FEC program.**
 - Include a brief summary of the listed sources.
 - Describe how the funds listed will be used to deliver the proposed FEC program.
 - Discuss the extent to which the Applicant’s activities will effectively leverage other resources (public and private) to achieve greater impact relative to expenses.

Sources and Uses of Funds			
Proposed Time Line	Services Start Date:	Completed Date:	
Source of Capital			
<u>Source of Funds</u>	<u>Type of Funding</u>	<u>Expected Amount</u>	<u>Estimated Date of Receipt</u>
FEC Pilot Program	Grant	\$400,000	3/1/2010
Total Sources of Capital:		\$400,000	
Use of Funds			
<u>Categories</u>	<u>Description</u>	<u>Expected Amount</u>	<u>Estimated Date(s) of Expenditure</u>
Curriculum Development			
Program Marketing			
Participant Recruitment			
Program Delivery Expense: Materials			
Outcome Measurement			
Compliance and Monitoring			
Total Use of Funds		\$0	

PART III: FORMS AND CERTIFICATIONS

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Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision
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3. Date Received: _____	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	*5b. Federal Award Identifier: _____
---	---

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
---	---

8. APPLICANT INFORMATION:

***a. Legal Name:** _____

*b. Employer/Taxpayer Identification Number (EIN/TIN): _____	*c. Organizational DUNS: _____
---	---------------------------------------

d. Address:

*Street 1: _____
Street 2: _____
*City: _____
County: _____
*State: _____
Province: _____
*Country: _____
*Zip / Postal Code: _____

e. Organizational Unit:

Department Name: _____	Division Name: _____
-------------------------------	-----------------------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ *First Name: _____
Middle Name: _____
*Last Name: _____
Suffix: _____

Title: _____

Organizational Affiliation: _____

*Telephone Number: _____	Fax Number: _____
---------------------------------	--------------------------

*Email: _____

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: _____

*b. Program/Project: _____

17. Proposed Project:

*a. Start Date: _____

*b. End Date: _____

18. Estimated Funding (\$):

*a. Federal _____
*b. Applicant _____
*c. State _____
*d. Local _____
*e. Other _____
*f. Program Income _____
*g. TOTAL _____

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on _____
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: _____ *First Name: _____
Middle Name: _____
*Last Name: _____
Suffix: _____

*Title: _____

*Telephone Number: _____

Fax Number: _____

* Email: _____

*Signature of Authorized Representative: _____

*Date Signed: _____

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
		12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions: <ul style="list-style-type: none"> a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website. d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the 	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
		18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
		19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	<p>assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>	<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p>		
20.		<p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>		
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="198 436 867 993"> <tr> <td data-bbox="198 436 532 993"> <p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p> </td> <td data-bbox="532 436 867 993"> <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p> </td> </tr> </table>	<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>	<p>21. Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>			

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 CDFI 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 CDFI Fund all information necessary for the CDFI Fund to perform or have performed any required environmental review;
2. The Applicant not using any CDFI Fund Financial Assistance to perform any of the proposed actions in the Application requiring an environmental review until approval is received from the CDFI Fund; and
3. The outcome of the required environmental review.

In addition, as stated in 12 CFR 1815.106, if the CDFI 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 CDFI Fund Financial Assistance for any action that is not a categorical exclusion.

ASSURANCES AND CERTIFICATIONS

SIGNING THE CERTIFICATION ON THE SF 424 CERTIFIES THAT THE APPLICANT WILL COMPLY WITH THE ASSURANCES AND CERTIFICATIONS LISTED BELOW IF AN AWARD IS MADE. CERTAIN OF THESE ASSURANCES AND CERTIFICATIONS MAY NOT BE APPLICABLE TO THE APPLICANT. AN APPLICANT MAY NOT MODIFY ANY OF THE ASSURANCES AND CERTIFICATIONS.

A. Standard Form 424B: Assurances -- Non-Construction Programs

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 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 or 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) 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).
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, 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 alcohol abuse or alcoholism; (g) Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-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 nondiscrimination provisions in the specific statute(s) under which Application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statutes 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 & 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. 276a to 276a-7), the Copeland 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 area to participate in the program and to purchase flood insurance if the total cost of insurable 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 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains 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. 1451et seq.); (f) conformity of Federal actions to State Implementation Plans under Section 176(c) of the Clean 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 based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
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 the 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 Financial 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 or 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.

D. 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 judgment rendered 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 or 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.

E. 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 manufacture, 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 to 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;
 - (iv) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace

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);

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;

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;

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 satisfactorily 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
 - (c) 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)): Not Applicable

F. Certification Regarding Lobbying

1. The Applicant certifies, to the best of its knowledge and belief, that:
 - (d) 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 Awarding 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;
 - (e) 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 complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying, " in accordance with its instructions; and
 - (f) The Applicant shall require that the language of this certification be included in the Award documents for all sub-awards of all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
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. Code. 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.

501(C)(4) QUESTIONNAIRE

This questionnaire is necessary for the CDFI Fund to determine whether an Applicant with a 501(c)(4) designation from the IRS is eligible to receive an award from the Fund (see 2 U.S.C. 1601 et al). 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, subject matter, date(s), names and titles of all individuals and their employers and their organizations on a separate sheet(s) of paper. The CDFI 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 submitting 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 CDFI Fund's Office of Legal Counsel at (202) 622-8662 if you have any questions about this form.

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

Questions

1. Has any officer, employee, director, partner, proprietor, or board member contacted ¹ a Covered Executive Branch Official ² with regard to the formulation, modification, or adoption of Federal legislation (including legislative proposals)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. 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 Federal legislation (including legislative proposals)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. 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 of a Federal contract, grant, loan, permit, or license)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 ³ 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

Signing the certification on SF 424 certifies that the 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 and 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.

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

² "Covered executive branch official" means: (a) the President; (b) the Vice President; (c) 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; (d) 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; (e) any member of the uniformed services serving at grade 0-7 or above; or (f) any officer or employee serving in a position of a confidential, policy-determining, policy-making, or policy-advocating character.

3 "Covered legislative branch official" means: (a) a member of Congress; (b) an elected officer of either House of Congress; and (c) any employee of the House or Senate, including employees of Members, committees, leadership and working groups or caucuses organized to provide legislative services or other assistance to Members of Congress.