# CDFI Fund Annual Certification and Data Collection Report Form

**Purpose:**

The primary intent of the Annual Certification and Data Collection Report Form (the “Form”) is to ensure that Community Development Financial Institutions (CDFI) continue to meet the requirements to be certified CDFIs.[[1]](#footnote-1) It is also a method to ensure that organizational information is updated annually. The financial and portfolio data will be used by the CDFI Fund to gain insight on the CDFI industry. Information provided in these sections will not impact a CDFI’s certification status or applications for CDFI Fund programs.

**Instructions:**

Please complete the Form using data from your organization’s most recently completed fiscal year. Please refer to the *CDFI Fund Annual Certification and Data Collection Report Form Instructions* for detailed instructions on how to complete the Form. Definitions for the terms used in these materials may be found in the *CDFI Fund Glossary*.

**Documents needed to complete the Form (if applicable to your organization):**

You should refer to the following documents for your organization when completing this report:

* Balance Sheet (Statement of Financial Position),
* Income Statement (Statement of Activities or Statement of Operations or Profit and Loss Statement), and
* For Banks and Thrifts, Consolidated Reports of Condition and Income; or
* For Credit Unions, 5300 Call Report.

All financial statements should be the final, audited reports from your organization’s most recently completed fiscal year. All data should be taken directly from these documents where possible.

**Amendment to CDFI Certification Application Information:**

There are four (4) parts to the Annual Certification and Data Collection Report Form: Part I. Organization Information; Part II. Verification of CDFI Re-Certification Eligibility; Part III. Selected Financial Information; and Part IV. Loan and Investment Portfolio Values. Part II requires the organization to confirm that it continues to meet the CDFI certification eligibility criteria as outlined in the CDFI Certification Application. Additional information will be required, as needed, to verify that the organization meets specific requirements.

If your organization’s response to any of the Certification eligibility criteria questions in Part II is “No” or if your organization’s EIN has changed, you must submit the “Certification Amendment” Form with the updates in order for your organization to maintain the status as a certified CDFI.

**Please Note:** Eligibility questions not answered in the affirmative will result in a review of CDFI certification eligibility, which may result in revocation of CDFI certification if the Certification Amendment form and necessary documentation are not submitted.

**Changes that require submission of a Certification Amendment**

If any of the following information changed since your organization was last approved or re-certified as a Certified CDFI, you are required to submit a Certification Amendment.

* EIN
* Articles of Incorporation
* Bylaws
* Charter
* Primary Mission
* Target Market
* Accountability Method
* Status as a Non-Government Entity

Part I. Organization Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Organization Information | | | Entry Type | | | | |
|  | *Organization Identification Number* | | | *Autocomplete* | | | | |
|  | *Date* | | | *Autocomplete* | | | | |
| **1.** | **Organization Information** | | |  | | | | |
| 1a. | Organization Name | | | Text Box | | | | |
| 1b. | Employer Identification Number (EIN) | | | Text Box | | | | |
| 1c. | Fiscal Year End | | | Month Day | | | | |
| 1d. | Tax Status | | | Choose a response | | | | |
| 1e. | Certified CDFI Serving Native Communities | | | Select a Response. | | | | |
| **2.** | **Organization Type - Select one of the following** | | | | | | | |
|  | Bank or Thrift | | Venture Capital Fund | | | Depository Institution  Holding Company | | |
|  | Credit Union | | Loan Fund | | |
| 2a. | | FDIC Charter Number *(Banks and Thrifts Only)* | | | Text Box | | | |
| 2b. | | Bank Holding Company Number  *(Banks and Thrifts Only)* | | | Text Box | | | |
| 2c. | | Office of Thrift Supervision (OTS) Docket Number *(Thrifts Only)* | | | Text Box | | | |
| 2d. | | NCUA Number *(Credit Unions Only)* | | | Text Box | | | |
| **3.** | **Line of Business** | | |  | | | | |
| 3a. | | Primary Line of Business | | | Choose a business line. | | | |
| 3b. | | Secondary Line of Business | | | Choose a business line. | | | |
| **4. Credit Union Membership *(Credit Unions Only)*** | | | | | | | | |
| 4a. | | Total Number of Credit Union Members | | | | | | Amount |
| 4b. | | Total Number of Credit Union Members in the Target Market(s) | | | | | | Amount |
| **5.** | **Full-Time Equivalent (FTE) Staff Time** | | | | | |  | |
| 5a. | | Percentage of FTE and contractor time dedicated to providing Financial Products and/or Services *(Unregulated Only)* | | | | | | Amount |
| 5b. | | Percentage of FTE and contractor time dedicated to providing Development Services *(Unregulated Only)* | | | | | | Amount |
| 5c. | | Total number of Full Time Equivalent Staff *(All CDFIs)* | | | | | | Amount |

Part II. Verification of CDFI Re-Certification Eligibility

|  | CDFI Certification Criteria | | | Entry Type | | |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Legal Entity** | | |  | | |
| 1a. | The organization continues to be the same legal entity, duly formed and in good standing, since it was certified by the CDFI Fund. | | | Choose a response | | |
| 1b. | The organization has not amended its organizational documentation (e.g., articles of incorporation, bylaws, charter) since the organization’s CDFI certification was last approved by the CDFI Fund. | | | Choose a response | | |
| **2.** | **Primary Mission** | | |  | | |
|  | The Primary Mission of the organization, as evidenced in board-approved organizational documents, has not changed since the organization’s CDFI certification was last approved by the CDFI Fund. | | | Choose a response | | |
| **3.** | **Financing Entity** | | |  | | |
| 3a. | The organization continues to be an entity whose predominant business activity is the provision, in Arms-Length Transactions, of Financial Products, as reflected on its financial statements and executed notes. | | | Choose a response | | |
| 3b. | The organization continues to maintain Sufficient Capital to continue Financing Activities that support the provision of Financial Products for at least three months from the end of the organization’s fiscal year. | | | Choose a response | | |
| 3c. | The organization continues to dedicate a Predominance of its **Assets** to Financial Products. | | | Choose a response | | |
| 3d. | The organization continues to dedicate a Predominance of **staff time** to the provision to Financial Products. | | | Choose a response | | |
| **4.** | **Development Services** | | |  | | |
| 4a. | The organization, directly or through an Affiliate, or through a contract with another provider, continues to meet the Development Services criteria requirements. | | | Choose a response | | |
| 4b. | Please identify the Development Services provided by the organization during the last fiscal year and the associated Financial Products offered in conjunction with those services. | | | | | |
|  | **Development Services** | **Financial Product** | **Total Clients Served** | | | **Target Market Clients Served** |
|  | Choose services. | Choose an associated product. | Amount | | | Amount |
|  | Choose services. | Choose an associated product. | Amount | | | Amount |
|  | Choose services. | Choose an associated product. | Amount | | | Amount |
|  | Choose services. | Choose an associated product. | Amount | | | Amount |
|  | Choose services. | Choose an associated product. | Amount | | | Amount |
|  | If “Other” is selected, enter a description of the Development Services. | | | | Text Box | |
| **5.** | **Target Market** | | |  | | |
| 5a. | At least 60% of the organization’s Transactions are directed towards serving its approved Target Market(s). | | | Choose a response | | |
| 5b. | The organization reviewed its approved Target Market maps in CIMS and verified that its Target Market(s) have not changed since its CDFI certification was last approved by the CDFI Fund. | | | Choose a response | | |
| **6.** | **Accountability** | | |  | | |
| 6a. | The organization continues to maintain Accountability to clients in its approved Target Market through representation on its governing board, or otherwise, since the Respondent’s CDFI certification was last approved by the CDFI Fund. | | | Choose a response | | |
| 6b. | The organization maintained the same method or set of methods for providing Accountability to the organization’s approved Target Market since the organization’s CDFI certification was last approved by the CDFI Fund. | | | Choose a response | | |
| **7.** | **Non-Governmental Entity** | | |  | | |
|  | The organization continues to not be an agency or instrumentality of the United States, or any state or political subdivision thereof, and that such has not changed since the organization’s CDFI certification was last approved by the CDFI Fund. | | | Choose a response | | |

Part III. Selected Financial Information

Selected Balance Sheet Information

Report Balance Sheet figures below as of the most recent fiscal year end (FYE). Values will correspond to the organization type selected in Part I.

|  |  |  |
| --- | --- | --- |
|  | Value | Entry Type |
| **1.** | **Are the following values being taken from audited financial statements?** | Select a response. |
| **2. Assets** | | |
| 2a. | Unrestricted Cash and Cash Equivalents | Amount |
| 2b. | Restricted Cash and Cash Equivalents | Amount |
| 2c. | Cash and Cash Equivalents *(add unrestricted and restricted cash and cash equivalents amounts)* | Calculated |
| 2d. | Average Assets | Amount |
| 2e. | Current Assets | Amount |
| 2f. | Allowance for Loan and Lease Losses Reserve (ALLL) | Amount |
| 2g. | Total Assets | Amount |
| **3. Liabilities** | | |
| 3a. | Current Liabilities | Amount |
| 3b. | Total Liabilities | Amount |
| **4. Net Assets, Net Worth, or Equity Information** | | |
| 4a. | Temporarily Restricted Net Assets | Amount |
| 4b. | Permanently Restricted Net Assets | Amount |
| 4c. | Unrestricted Net Assets | Amount |
| 4d. | Tier 1 Capital *(Banks and Thrifts Only)* | Amount |
| 4e. | Total Net Assets *(add temporarily restricted, permanently restricted, and unrestricted net asset amounts)* | Calculated |
| 4f. | Total Net Worth *(Credit Unions Only)* | Amount |
| 4g. | Total Equity *(For-profit Entities Only)* | Amount |

**Selected Income Statement Information**

Report Income Statement figures below as of the most recent FYE.

|  |  |  |
| --- | --- | --- |
|  | Value | Entry Type |
| **5. Income** | | |
| 5a. | Interest Income | Amount |
| 5b. | Earned Revenue | Amount |
| 5c. | Operating Revenue | Amount |
| 5d. | Total Revenue | Amount |
| **6. Expenses** | | |
| 6a. | Interest Expense | Amount |
| 6b. | Provision for Loan Losses | Amount |
| 6c. | Operating Expenses | Amount |
| 6d. | Total Expenses | Amount |

**Capital Detail**

Submit detailed Capital figures as of the most recent FYE, these values should equal the Total Capital available for Financing Activities, the activities that support the provision of Financial Products.

|  | Capital Category | Entry Type |
| --- | --- | --- |
| 7. | Financing Debt | Amount |
| 8. | Grants | Amount |
| 9. | Equity Investments | Amount |
| 10. | Deposits | Amount |
| 11. | Secondary Capital, Uninsured (*Credit Unions Only)* | Amount |
| 12. | Net Assets or Retained Earnings | Amount |
|  | Total Capital | Calculated |

**Part IV. Loan and Investment Portfolio Values**

1. **Loan and Investment Portfolio**

Report total outstanding Loan and Investment portfolio information for the most recent FYE.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | Value | | Entry Type |
| 1a. | Total Outstanding Loan Portfolio | | Amount | |
| 1b. | Total Outstanding Investment Portfolio | | Amount | |
| 1c. | Total Charge-Offs | | Amount | |
| 1d. | Total Recoveries | | Amount | |
| 1e. | Total Value of Non-performing Assets | | Amount | |

1. **Financial Products Portfolio Breakdown**

Select all applicable Financial Products that are present in the organization’s outstanding portfolio:

Loans (including loan acquisitions)

Equity Investments (including Equity Equivalent Investments)

Loan Guarantees

*Based on the Financial Products selected above, the Loan, Equity, and Loan Guarantee Portfolio tables will appear on the Form. Your organization will only be required to enter details of the count and value of total and Target Market data for the products that it currently has in its portfolio; for most, this will be limited to the Loan Portfolio Breakdown. The following tables and applicable options will only appear as indicated by the responses to the question above.*

1. **Loan Portfolio Breakdown**

Enter the total number and value of outstanding Loans at the FYE within the portfolio by Loan category, and specify the value of outstanding Loans directed to Target Market borrowers.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Loans  *(If Selected)* | | | Total Loan Portfolio (Count) | | Total Loan Portfolio (Amount) | Target Market (Count) | Target Market (Amount) |
|  | Business Loans | | Amount | | | Amount | Amount | Amount |
|  | Commercial Real Estate Loans | | | Amount | | Amount | Amount | Amount |
|  |  | Charter School | | | Amount | Amount | Amount | Amount |
|  |  | Commercial | Amount | | | Amount | Amount | Amount |
|  |  | Community Facility | Amount | | | Amount | Amount | Amount |
|  |  | Health Care Facility | Amount | | | Amount | Amount | Amount |
|  | Consumer Loans | | Amount | | | Amount | Amount | Amount |
|  | Intermediary Loans | | Amount | | | Amount | Amount | Amount |
|  | Microfinance Loans | | Amount | | | Amount | Amount | Amount |
|  | Residential Real Estate Loans | | | Amount | | Amount | Amount | Amount |
|  | Other (Please Describe) | | Amount | | | Amount | Amount | Amount |
|  | Description: | | Text Box | | | | | |

1. **Equity Portfolio Breakdown**

Enter the number and value of outstanding Equity and Equity Equivalent Investments by category, and specify the value of such products directed to the Target Market.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Equity Investments  *(If Selected)* | | Total Portfolio (Count) | | | | Total Portfolio (Amount) | | Target Market (Count) | Target Market (Amount) |
|  | Business Financing | | | Amount | | | Amount | | Amount | Amount |
|  | Commercial Real Estate Financing | | | | | Amount | | Amount | Amount | Amount |
|  |  | Charter School | | | | Amount | Amount | | Amount | Amount |
|  |  | Commercial | | Amount | | | Amount | | Amount | Amount |
|  |  | Community Facility | | Amount | | | Amount | | Amount | Amount |
|  |  | Health Care Facility | | Amount | | | Amount | | Amount | Amount |
|  | Consumer Financing | | | Amount | | | Amount | | Amount | Amount |
|  | Intermediary Financing | | | Amount | | | Amount | | Amount | Amount |
|  | Microfinance | | | Amount | | | Amount | | Amount | Amount |
|  | Residential Real Estate Financing | | | | Amount | | Amount | | Amount | Amount |
|  | Other (Please Describe) | | | Amount | | | Amount | | Amount | Amount |
|  | Description: | | | Text Box | | | | | | |

1. **Loan Guarantee Portfolio Breakdown**

Enter the number and value of outstanding Loan Guarantees by category, and specify the value of such products directed to the Target Market.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Loan Guarantees  *(If Selected)* | | Total Portfolio (Count) | | | | Total Portfolio (Amount) | | Target Market (Count) | Target Market (Amount) |
|  | Business Financing | | | Amount | | | Amount | | Amount | Amount |
|  | Commercial Real Estate Financing | | | | | Amount | | Amount | Amount | Amount |
|  |  | Charter School | | | | Amount | Amount | | Amount | Amount |
|  |  | Commercial | | Amount | | | Amount | | Amount | Amount |
|  |  | Community Facility | | Amount | | | Amount | | Amount | Amount |
|  |  | Health Care Facility | | Amount | | | Amount | | Amount | Amount |
|  | Consumer Financing | | | Amount | | | Amount | | Amount | Amount |
|  | Intermediary Financing | | | Amount | | | Amount | | Amount | Amount |
|  | Microfinance | | | Amount | | | Amount | | Amount | Amount |
|  | Residential Real Estate Financing | | | | Amount | | Amount | | Amount | Amount |
|  | Other (Please Describe) | | | Amount | | | Amount | | Amount | Amount |
|  | Description: | | | Text Box | | | | | | |

**Organization Attestation**

I am the Authorized Representative of [Organization] and, as such, am authorized to submit this Form on its behalf. Further, as Authorized Representative, I attest that all information in this form is accurate, timely, and complete.

**Authorized Representative**

**Authorized Representative Signature Date**

1. Emerging CDFIs are not required to complete the Form. [↑](#footnote-ref-1)