**<INSERT COVER PAGE>**

OMB Approval No. 1559-0036

Paperwork Reduction Act Notice.

This submission requirements package is provided to Applicants for awards under the Capital Magnet Fund (CMF). Applicants are not required to respond to this collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The estimated average burden associated with this collection of information is 50 hours per Applicant. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Program Manager, Capital Magnet Fund, Department of the Treasury, Community Development Financial Institutions Fund, 1500 Pennsylvania Avenue, Washington, D.C. 20220.

All materials are available on the CDFI Fund Website: [www.cdfifund.gov](http://www.cdfifund.gov).

Catalog of Federal Domestic Assistance Number: 21.011

Contents

[**Application Instructions** 4](#_Toc434340088)

[I. Applicant Eligibility 4](#_Toc434340089)

[II. Application Submission Requirements 4](#_Toc434340090)

[III. Application Deadlines 5](#_Toc434340091)

[**Assurances and Certifications** 6](#_Toc434340092)

[**Environmental Review Form** 13](#_Toc434340099)

[**Part I: Applicant Information** 15](#_Toc434340100)

[**Part II: Business Strategy** 19](#_Toc434340101)

[**Part III: Leveraging Strategy** 23](#_Toc434340102)

[**Part IV: Community Impact** 26](#_Toc434340103)

[**Part V: Organization Capacity** 31](#_Toc434340104)

[**Exhibit 1: Business Strategy Tables** 34](#_Toc434340105)

[**Exhibit 2: Community Impact Tables** 37](#_Toc434340106)

[**Exhibit 3: Organizational Capacity Tables** 38](#_Toc434340107)

[**501(C)(4) Questionnaire** 41](#_Toc434340108)

# **Application Instructions**

## I. Applicant Eligibility

At the time that an entity submits its Application, it must be a duly organized and validly existing legal entity under the laws of the jurisdiction (including a Tribal jurisdiction) in which it is incorporated or otherwise established. Further, in order to be deemed eligible to apply for a CMF award, an organization must either:

1. be currently certified as a CDFI by the CDFI Fund, or
2. be a Nonprofit Organization having as one of its principal purposes the development or management of affordable housing.

All Applicants (regardless of entity type) must demonstrate that they have been in existence as a legally formed entity for a period of at least three years prior to the Application due date.

Additionally, in order to be deemed an eligible Nonprofit Organization, the organization must be able to demonstrate all of the following:

1. It has been designated as a non-profit or not-for-profit entity under the laws of the organization’s State of formation;
2. It is exempt from Federal income taxation pursuant to the Internal Revenue Code of 1986;
3. Its articles of incorporation, by-laws, or other board-approved documents evidence that the development or management of affordable housing are among the organization’s principal purposes;
4. At least 33 percent of the organization’s total assets are dedicated to the development or management of Affordable Housing.

As part of their Application, Nonprofit Organizations will be requested to submit supporting documentation for these factors. The CDFI Fund reserves the right to collect additional information from the Applicant in order to verify that it has satisfied these requirements.

|  |
| --- |
| **NOTE:** The Applicant entity must meet the eligibility requirements on its own behalf. To do so, it may include activities conducted by subsidiary entities that it Controls, but it may not rely upon the track record of any other Affiliated entities, including any parent companies.  |

**Please refer to the FY 2016 Capital Magnet Fund NOFA and Interim Rule for additional information regarding Applicant eligibility factors described above.**

## II. Application Submission Requirements

This is the Application Instruction document for the FY 2016 Round of the CMF and is the primary guide for the Application. DO NOT SUBMIT THIS DOCUMENT. A Complete FY 2016 CMF Application submission consists of the following:

1. Application form to be submitted through the Award Management Information System (AMIS)
2. Required attachments (to be submitted through AMIS)
3. SF-424 (to be submitted through grants.gov)

When submitting the Application form and the required Attachments ensure you have:

* An AMIS account.
* Accurate contact information.
* Responses to all applicable questions.

Submitting SF-424:

* <insert instructions>

##  III. Application Deadlines

| **FY 2016 CMF Program Funding Round****Critical Deadlines for Applicants** |
| --- |
| **Description** | **Deadline** | **Time** **(Eastern Time- ET)** | **Submission Method** |
| SF-424  | January 25, 2016 | 11:59 p.m. ET | Electronically via Grants.gov |
| Last day to contact CMF Program Staff | January 26, 2016 | 5:00 p.m. ET | CDFI Fund Helpdesk: 202-653-0421 or cdfihelp@cdfi.treas.gov |
| CMF Application and Required Attachments | January 28, 2016 | 11:59 p.m. ET | Electronically via Awards Management Information System (AMIS)  |

# **Assurances and Certifications**

By signing the certification on the SF 424, the Applicant is certifying the Assurances and Certifications listed below. Certain of these Assurances and Certifications may not be applicable to the Applicant. An Applicant may not modify any of the Assurances and Certifications.

### 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 Ohm’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 sub agreements.
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.

### Additional Certifications

In addition to the assurances and certifications provided by the Applicant pursuant to OMB Standard Form 424, 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.

### 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 CDFI 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 CDFI 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 CDFI Fund may terminate this transaction for cause or default.
4. The Applicant shall provide immediate written notice to the CDFI 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 CDFI 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 CDFI 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 CDFI 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 No procurement 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 CDFI Fund may terminate this transaction for cause or default.

### 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:
	1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
	2. 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;
	3. 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
	4. 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.

### Certification Regarding Drug-Free Workplace Requirements

1. The Applicant certifies that it will provide a drug-free workplace by:
	1. 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;
	2. establishing a drug-free awareness program to inform employees about:

the dangers of drug abuse in the workplace;

the Applicant’s policy of maintaining a drug-free workplace;

any available drug counseling, rehabilitation, and employee assistance program;

the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace

* 1. 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);
	2. notifying the employee in the statement required by subparagraph (a) that, as a condition of employment in such grant, the employee will:

abide by the terms of the statement; and

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;

* 1. 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;
	2. 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:

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

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

* 1. making a good faith effort to continue to maintain a drug-free workplace through implementation of subparagraphs (a), (b), (c), (d), (e), and (f).
1. 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

### Certification Regarding Lobbying

1. The Applicant certifies, to the best of its knowledge and belief, that:

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;

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

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, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

1. 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

# **Environmental Review Form**

|  |  |
| --- | --- |
| Note: This form must be completed by all Applicants |  |
| Applicant Name: |  |

The CDFI 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?
 |  |  |
| If YES, would any of these actions normally require an environmental impact statement (see 12 CFR 1815.108)? |  |  |
| 1. Are there any activities proposed in the Application that involve:
 |  |  |
| 1. Historical or archaeological sites listed on the National Register of Historic Places, or that may be eligible for such listing?
 |  |  |
| 1. Wilderness areas designated or proposed under the Wilderness Act?
 |  |  |
| 1. Wild or scenic rivers proposed or listed under the Wild and Scenic Rivers Act?
 |  |  |
| 1. Critical habitats of endangered or threatened species?
 |  |  |
| 1. Natural landmarks listed on the National Registry of Natural Landmarks?
 |  |  |
| 1. Coastal barrier resource systems?
 |  |  |
| 1. Coastal Zone Management Areas?
 |  |  |
| 1. Sole Source Aquifer Recharge Areas designated by EPA?
 |  |  |
| 1. Wetlands?
 |  |  |
| 1. Flood plains?
 |  |  |
| 1. Prime and unique farmland?
 |  |  |
| 1. Properties listed or under consideration for listing on the Environmental Protection Agency’s List of Violating Facilities?
 |  |  |

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. |

# **Part I: Applicant Information**

Note: This section will not be scored.

1. **Organization Information:**
	1. Organization name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Mailing Address:

Street 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Applicant Employer Identification Number (EIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Applicant DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Applicant’s date of incorporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **NOTE:** As specified in the FY 2016 CMF NOFA, only Applicants that have been in existence as a legal entity for at least three years prior to the Application deadline are eligible to apply for funding. In order to be eligible to apply for a CMF award in the FY 2016 round, the Applicant must have been in existence as a legal entity prior to November 30, 2012.  |

* 1. Applicant’s fiscal year end (day/month): \_\_\_\_\_\_\_\_\_
	2. Type of Organization (select all that apply):

\_\_\_ Public Housing Authority (PHA)

\_\_\_ State Housing Finance Agency (HFA)

\_\_\_ Community Housing Development Organization (CHDO)

\_\_\_ USDA Grant Recipient

\_\_\_ Government Controlled Entity

\_\_\_ Faith Based Institution

\_\_\_ Minority-Owned or Controlled

\_\_\_ Tribal Entity

\_\_\_ Credit Union

\_\_\_ Thrift or Bank

\_\_\_ Bank Holding Company

\_\_\_ 501(c)4

|  |
| --- |
| **NOTE:** If the Applicant is a 501(c)4, it must complete the 501(c)4 Questionnaire at the end of the Application.  |

1. **Organizational Contact Information:**
	1. Authorized Representative:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (Street, City, State, Zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Contact Person:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (Street, City, State, Zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Applicant Profile:** This will be made public in the event the Applicant is selected to receive an award. Be sure to include the Applicant’s name, the year the organization was established, the proposed products and services offered, and the target geographies served.

|  |
| --- |
| *Narrative - 1,000 character* |

|  |
| --- |
| **SAMPLE PROFILE TEMPLATE:** Local Housing Corporation (LHC) is a certified CDFI established in 1973. LHC provides loans to affordable housing developers in Washington, DC. It will use its 2010 CMF award to capitalize a loan fund which supports construction loans for mixed-income, multi-family housing projects located in areas of high housing need. LHC will ensure that at least 75% of the units developed with the CMF award are targeted to Low-Income Families, and that at least 25% of the units will be targeted towards Very-Low Income Families. LHC will also use 20% of its CMF award to finance the development of child-care centers on-site at affordable housing developments.  |

1. **Applicant Eligibility Criteria:**
	1. Is the Applicant a Certified CDFI as of the date of the NOFA publication?

\_\_\_\_ Yes \_\_\_\_ No If Yes, CDFI Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| NOTE: The Applicant’s CDFI Certification status should pre-populate in the electronic Application form in AMIS. If it is not, please contact the CDFI Fund as soon as possible to resolve the issue.  |

* 1. Is the Applicant a Non-Profit Organization?

\_\_\_\_ Yes \_\_\_\_ No

NOTE: The Applicant’s Non-Profit status should prepopulate based on the Applicant’s organizational profile in AMIS. If it does not, please contact the CDFI Fund as soon as possible to resolve the issue.

If the Applicant is relying on its status as a Non-Profit Organization for eligibility, it must submit the following documentation:

* + - State Charter or Articles of Incorporation stating the Applicant is a non-profit;
		- A certificate demonstrating tax exempt status from the IRS;
		- Articles of incorporation, by-laws, or other board-approved document demonstrating the Applicant has a principal purpose of managing or developing affordable housing.

Additionally, are 33% of the Applicant’s total assets (loan portfolio & investments) are dedicated to the development or management of affordable housing?

\_\_\_\_ Yes \_\_\_\_ No If Yes, enter %\_\_\_\_\_\_\_

**NOTE:** The Applicant must answer “Yes” to either Question #4(a) or both Questions in #4(b) to be eligible to apply for a CMF Award. For more information on eligibility requirements, see the FY 2016 NOFA. The CDFI Fund reserves the right to collect additional information to verify that the Applicant is properly classified as satisfying the necessary requirements.

* 1. Does the Applicant have any Affiliates that are applying for a FY 2016 CMF Award?

\_\_\_\_ Yes \_\_\_\_ No

**NOTE:** The answer to Question #4(c) must be “No.” An Applicant and its Affiliates may collectively submit only one Application under this CMF round. 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, the CDFI Fund will also evaluate whether each Applicant is operated or managed as a “common enterprise” with another Applicant in this Application round using the following indicia, among others: (i) whether different Applicants have the same individual(s), including the Authorized Representative, staff, board members and/or consultants, involved in day-to-day management, operations and/or investment responsibilities; (ii) whether the Applicants have business strategies and/or proposed activities that are so similar or so closely related that, in fact or in effect, they may be viewed as a single entity; and/or (iii) whether the Applications submitted by separate Applicants contain significant narrative, textual or other similarities such that they may, in fact or effect, be viewed as substantially identical Applications. In such cases, the CDFI Fund will reject all Applications received from such entities. For additional information, please see the NOFA.

1. **Service Area:**
	1. Identify the type of service area that the Applicant will service with this award:

\_\_\_\_ 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 that proposes a Service Area that includes individual counties in multiple states (*e.g.* the Philadelphia or Washington, DC metropolitan areas) should check “Multi-state Service Area.” |

* 1. Identify the particular geographical areas that the Applicant will serve with this award.

State(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County(ies):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **NOTE:** If selected to receive a CMF Award, the Applicant may be restricted to making investments within these identified geographic areas as a condition of its Assistance Agreement.  |

1. **Requested Award Amount:**
	1. Total dollar amount of award requested in this Application: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **NOTE:** Applicants should request an amount that they can use to finance eligible activities with total Eligible Project Costs at least 10 times greater than the CMF Award. Applicants should also request an award amount that they are confident can be Committed for use within two years of the Notice of Award, and achieve Project Completion within five years of the Notice of Award. If selected to receive a CMF Award, Applicants will be required by their Assistance Agreements to meet both of these conditions. The CDFI Fund reserves the right to make awards smaller than the Applicant’s request in Question 6(a), but the CDFI Fund will not make an award less than the Applicant’s minimum request in Question 6(c) below.  |

* 1. Is there an absolute minimum amount below which the Applicant would be unwilling to accept a CMF award? \_\_\_ Yes \_\_\_ No
	2. If yes to Question #6(b), provide the amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. If yes to Question #6(b), describe how this amount was determined:

|  |
| --- |
| *Narrative – 2,000 character limit* |

|  |
| --- |
| **NOTE:** The answers to Questions #6(b) – 6(d) will not affect the scoring of the Application. At the conclusion of the CDFI Fund’s review process, if the Applicant is recommended to receive less than the minimum amount identified in Question #6(c), the CDFI Fund will not provide a CMF Award to the Applicant. An Applicant with a minimum award request will need to demonstrate that it can deploy the minimum amount capital requested in a timely manner, that it will likely achieve its proposed impacts, and that it could not successfully implement its business strategy without this minimum award amount. |

1. **Hours to Complete:** Estimate the number of hours required to complete the entire Application package: \_\_\_\_ hours

|  |
| --- |
| **NOTE:** For the purpose of estimating Application completion 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.  |

1. **Executive Summary:** Summarize the key elements of the CMF Proposal, including:
	* + Service Area and primary markets or populations that will be served;
		+ Proposed uses of the CMF Award;
		+ Strategy for leveraging the CMF Award and amount of capital anticipated to be leveraged;
		+ Key products and services that will be offered;
		+ Types of Projects to be financed; and
		+ Anticipated outcomes

|  |
| --- |
| *Narrative – 3,000 character limit* |

# **Part II: Business Strategy**

Total Maximum Points for Part II: 25 Points

|  |
| --- |
| An Applicant will generally be scored more favorably in this section to the extent that it: clearly identifies market gaps it proposes to address with a CMF Award, plans to use a CMF Award to provide products that would not otherwise be available to develop affordable housing, proposes activities that are consistent with the Applicant’s track record, and provides a detailed and viable pipeline of potential eligible activities.  |

1. **Proposed Uses of CMF Award:**

|  |
| --- |
| **NOTE:** As a condition of their Assistance Agreement, Applicants will be required to use their CMF Award for the eligible activities selected in the categories in Q. 9(a), 9(b) and 9(c) below.  |

1. Eligible Activities: Please estimate the percentage of CMF award dollars (including leveraged funds) that will be used for each of the CMF eligible uses:

|  |
| --- |
| **NOTE:** The Applicant may use no more than 5% of its CMF Award for Direct Administrative Expenses. |

* + - 1. \_\_\_\_ % Capitalize Loan Loss Reserves
			2. \_\_\_\_ % Capitalize a Revolving Loan Fund
			3. \_\_\_\_ % Capitalize an Affordable Housing Fund
			4. \_\_\_\_ % Capitalize a fund to support Economic Development Activities
			5. \_\_\_\_ % To make Risk-Sharing Loans
			6. \_\_\_\_ % To provide Loan Guarantees
			7. \_\_\_\_ % For Direct Administrative Expenses (may be no greater than 5%)
1. Financing Types: Please estimate the percentage of CMF Award dollars (excluding any portion to be retained for Direct Administrative Expenses) and leveraged funds that will be used for each of the following types of financing (numbers should add up to 100%)
2. \_\_\_\_ % Predevelopment financing
3. \_\_\_\_ % Acquisition and Site Development financing
4. \_\_\_\_ % Construction financing
5. \_\_\_\_ % Bridge loans or similar short term financing
6. \_\_\_\_ % Permanent financing (1st Lien)
7. \_\_\_\_ % Permanent financing (2nd Lien or lower)
8. \_\_\_\_ % Refinancing
9. \_\_\_\_ % Loan Guarantees
10. Activity Types: Please estimate the percentage of CMF award dollars (excluding any portion to be retained for Direct Administrative Expenses) and leveraged funds that will be directed towards each of the following types of activities (numbers should add up to 100%)

|  |
| --- |
| **NOTE:** No more than 30% of the CMF Award may be used for Economic Development Activities. In addition, no costs attributable to units of Housing for Families whose annual income exceeds 120% of area median income can be financed with the CMF Award or counted toward Eligible Project Costs.  |

1. \_\_\_\_ % Home Ownership (Development)
2. \_\_\_\_ % Home Ownership (Rehabilitation)
3. \_\_\_\_ % Home Ownership (Mortgage Finance)
4. \_\_\_\_ % Home Ownership (Purchase Assistance)
5. \_\_\_\_ % Rental Housing (Development)
6. \_\_\_\_ % Rental Housing (Rehabilitation)
7. \_\_\_\_ % Rental Housing (Preservation)
8. \_\_\_\_ % Economic Development Activities (including Community Service Facilities)
9. **Market Gaps and Proposed Activities:**
10. Market Gaps: Considering the Applicant’s selections in Question 9, identify and describe the key market gaps for Affordable Housing Activities and/or Economic Development Activities in the Applicant’s Service Area that the Applicant will be able to fill with a CMF Award. Support your analysis with relevant data.

|  |
| --- |
| *Narrative – 4,000 characters* |

1. Proposed Financing Activities: Considering the Applicant’s selections in Q. 9(a) and Q. 9(b), describe how the Applicant will use its CMF Award to offer financing that fills market gaps in its Service Area. Be sure to discuss:
	* + The specific financing that will be offered by the Applicant, including: the dollar range, rates and terms of these offerings; and the extent to which the Applicant will its CMF Award to offer financing that are not typically or widely available to support (facilitate) Affordable Housing Activities and (if applicable) Economic Development Activities (*e.g.* more favorable interest rates; flexible underwriting criteria, nontraditional forms of collateral, low down payment requirements, closing cost assistance, etc.)
		+ How this financing will be used for the activities selected in Question 9(c).

|  |
| --- |
| *Narrative – 5,000 characters* |

|  |
| --- |
| **NOTE:** Applicants will be evaluated more favorably to the extent their proposed financing activities in Question #10(b) address the market gaps identified in Question #10(a).  |

1. Based on gaps identified above in (a), does the Applicant plan to use the CMF Award to support financing specifically for small (5-49 unit) Multi-family housing rental Projects?

\_\_\_ Yes \_\_\_ No If Yes, what percentage? \_\_\_\_%

|  |
| --- |
| **NOTE:** The information collected in Question 10(c) is being collected and will be tracked for informational purposes. The *Applicant* will not be held to the commitments made in Question 10(c) below, nor will the information provided in Question 10(c) affect the scoring of the Application.  |

1. **Track Record:**
2. Complete Tables [A1](#A1) and [A2](#A2)
3. Describe the Applicant’s (including any Affiliates) financing track record relevant to its proposed activities described in Questions 9 and 10. Be sure to discuss:
	* + The Applicant’s experience serving its proposed Service Area;
		+ The Applicant’s experience providing financing similar to what it proposes to provide with its CMF Award
		+ The Applicant’s experience financing the Affordable Housing Activities and Economic Development Activities selected in Question 9(c).

|  |
| --- |
| *Narrative – 5,000 characters* |

1. **Projected Performance and Pipeline:**
2. Complete Tables [B1](#B1), [B2](#B2) and [B3](#B3).
3. Describe Projections: Briefly describe how the Applicant determined the projections entered in Tables B1, B2, and B3. Be sure to indicate the data used to develop the projections, along with any key assumptions made. Discuss how these projections are feasible given the Applicant’s track record and capacity. To the extent the Applicant is proposing a significant increase in activities compared with their track record, be sure to describe why this increase is reasonable and achievable.

|  |
| --- |
| *Narrative – 5,000 characters* |

|  |
| --- |
| **NOTE:** Applicants will score more favorably to the extent their projected activity is reasonable in light of their past activity, both in terms of dollar amount of capital deployed and number of units produced.  |

1. Pipeline: Based on the Applicant’s projected activities selected in Q. 9, describe the Applicant’s Project pipeline. Specifically, indicate:
	* + 1. Total number of Projects/transactions identified \_\_\_\_\_\_\_\_\_
			2. Total dollar amount of Projects/transactions identified $\_\_\_\_\_\_\_\_
			3. Total number of Projects/transactions for which underwriting is completed and financing sources secured \_\_\_\_\_\_\_\_\_\_\_\_\_
			4. Total number of Projects/transactions for which underwriting is underway and financing sources identified \_\_\_\_\_\_\_\_\_\_\_\_\_
			5. Complete the following Table with information on five Projects from the Applicant’s pipeline:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project/ Transaction Description** | **Need for CMF Financing** | **Projected Financing Closing Date** | **$ CMF Financing Needed** | **Total Eligible Project Cost** | **Other Financing Sources** | **Status of Other Financing** |
| 750 characters | 500 characters |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **NOTE:** Applicants will score more favorably to the extent that they can provide a pipeline that includes Projects that are Committed for use and/or transactions that are highly likely to close within the next two years and that have a clear and well-justified need for CMF-enhanced financing. If the Applicant is planning to provide pre-development financing, it should provide the projected closing date of the predevelopment financing, not the projected closing date of later stages of project financing.  |

1. Identifying Additional Projects: If Projects in the Applicant’s current pipeline are delayed or prove unfeasible, describe the Applicant’s strategy for identifying additional Projects, including the extent to which the Applicant has utilized or will be utilizing community alliances or strategic partners (including banks, credit unions, CDFIs, local governmental or tribal agencies, etc.) to identify activities. Address both Affordable Housing Activities and Economic Development Activities (if applicable).

*Narrative – 3,000 characters*

1. **Potential Adjustments:** If the Applicant receives less than its proposed award request, how will it adjust its business strategy (*e.g.* what activities will be prioritized, etc.)?

|  |
| --- |
| *Narrative – 2,000 characters* |

# **Part III: Leveraging Strategy**

Total Maximum Points for Part III: 25 Points

|  |
| --- |
| The CDFI Fund will evaluate the Applicant’s ability to leverage its CMF Award. The Applicant will generally score more favorably to the extent that: a higher percentage of leveraged funds come from private sources; it utilizes strategies for leveraging funds at the Applicant level (pre-investment stage and reinvestment), as opposed to solely at the Project level; and the Applicant demonstrates a track record of leveraging funds in a similar manner.  |

|  |
| --- |
| **NOTE:** For compliance monitoring purposes, the CDFI Fund will be evaluating the dollar amount of the CMF Award compared with the Eligible Project Costs (which include the CMF Award amount and the resulting Leverage Costs). For example, if an Applicant requests a CMF Award of $5 million and commits to financing Eligible Project Costs totaling at least $50 million, then it will meet the required 10 times leveraging multiplier. Applicants will **not** score more favorably for projecting leverage above the 10:1 required leverage multiplier.  |

1. **Leveraging Chart:** In the chart below, quantify the Applicant’s model for using a CMF Award to achieve leverage in its activities and indicate what portion of leverage will come from public sources and what portion will come from private sources.

**CMF Award Request ($)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Strategy**  | **Related Public ($)**  | **3rd-Party Public ($)** | **Related Private ($)** | **3rd-Party Private ($)** | **Total Amount** | **Multiplier** |
| Pre-investment stage |  |  |  |  | Auto-calc | Auto-calc |
| Reinvestments |  |  |  |  | Auto-calc | Auto-calc |
| Applicant level sub-total | Auto-calc | Auto-calc | Auto-calc | Auto-calc | Auto-calc | Auto-calc |
| Project level (cost) |  |  |  |  | Auto-calc | Auto-calc |
| Total leveraging projection | Auto-calc | Auto-calc | Auto-calc | Auto-calc | Auto-calc | Auto-calc |

|  |
| --- |
| **NOTE:** In the Leveraging Chart, indicate the total amount of capital that the Applicant anticipates it will be able to secure under each type of leveraging strategy, expressed in terms of total dollars. The pre-investment stage includes all funds raised prior to investment in specific Projects, and does not include the CMF Award. It may include the Applicant’s existing capital if that capital is committed and is being pooled with a CMF Award prior to making any investments in Projects. Reinvestments include Program Income in the form of repaid principal from loans and equity repayments that are redeployed after the original deployment of the CMF Award and invested in eligible activities that are completed within 5 years of the Notice of Award. The amount is not inclusive of any funds counted toward the Pre-Investment Stage or the Project level stage. If the Applicant does not anticipate revolving or redeploying funds, the amount should be zero.The Project level includes total expected Eligible Project Costs for all projected activities. This amount is what is used to calculate the total leveraging projection.  |

1. **Private Leverage Strategy**
2. Indicate the minimum percentage of leverage the Applicant will commit to raising from private sources if it receives a CMF Award: \_\_\_\_\_%

|  |
| --- |
| **NOTE:** The Applicant will be held to the commitment made in Question #15(a) as a condition in their Assistance Agreement.  |

1. Describe efforts that the Applicant has undertaken, or will undertake, to attract private sector capital in support of its activities – either at the pre-investment stage or at the project level.

|  |
| --- |
| *Narrative – 3,000 characters* |

1. **Pre-Investment Leverage (if applicable):**
2. Pre-investment Strategy: For the pre-investment stage, discuss the Applicant’s strategy for using the CMF Award to attract capital, including public and private capital. Indicate to what extent the capital will be raised from third-parties.

|  |
| --- |
| *Narrative – 3,000 characters* |

1. Complete the table below for the projected sources pre-investment leverage:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Investor** | **Previous Investor?** | **Related to Applicant?** | **Type of Financing** | **Dollar Amount Sought** | **Status of Request** | **Est. Date of Receipt of Funds** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Pre-investment Track Record: Discuss the Applicant’s prior relevant experience in raising funds in this manner.

|  |
| --- |
| *Narrative – 2,000 characters* |

1. **Reinvestment Leverage (if applicable):**
2. Indicate the Applicant’s projected schedule for reinvestments:

|  |  |
| --- | --- |
| **Year** | **Dollar Amount** |
| **2016** | $ |
| **2017** | $ |
| **2018** | $ |
| **2019** | $ |
| **2020** | $ |

1. Reinvestment Strategy: If the Applicant plans to use reinvestments to leverage its CMF Award, describe the Applicant’s strategy for reinvesting its CMF Award in the form of Program Income in eligible activities that are completed within 5 years of the effective date of the Assistance Agreement. Be sure to explain the rationale behind the above timeline for reinvestment.

|  |
| --- |
| *Narrative – 3,000 characters* |

1. Reinvestment Track Record: If the Applicant plans to use the reinvestment of Program Income to leverage its CMF Award, please describe the Applicant’s prior experience re-investing funds in the manner described in Q. 17(b).

|  |
| --- |
| *Narrative – 2,000 characters* |

1. **Project Level Leverage (if applicable):**
2. Indicate the minimum and maximum size of investments the Applicant plans to make in a single Project (both in terms of dollars and as a percentage of total projected Eligible Project Costs);

Min $ investment: \_\_\_\_\_\_\_\_\_\_\_\_ Min % of Project Cost: \_\_\_\_\_\_\_\_\_\_\_\_

Max $ investment: \_\_\_\_\_\_\_\_\_\_\_ Max % of Project Cost: \_\_\_\_\_\_\_\_\_\_\_\_

Avg. $ investment: \_\_\_\_\_\_\_\_\_\_\_ Avg. % of Project Cost: \_\_\_\_\_\_\_\_\_\_\_\_

1. Project-level Strategy: If the Applicant plans to leverage its CMF Award at the Project level, please discuss the Applicant’s strategy for doing so, referencing the information in Q. 17(a) as well as potential sources of funding and the status of those sources.

|  |
| --- |
| *Narrative – 3,000 characters* |

1. Project-level Track Record: If the Applicant plans to leverage CMF Award at the Project level, describe the Applicant’s prior experience leveraging project level funds in the as described in Q. 18(c).

|  |
| --- |
| *Narrative – 2,000 characters* |

# **Part IV: Community Impact**

Total Maximum Points for Part IV: 25 Points

|  |
| --- |
| The CDFI Fund will review the extent to which the Applicant’s strategy will have positive community development impacts. The Applicant will generally be scored more favorably to the extent that it: commits to use its CMF Award to finance and/or support Housing for Very Low-Income and/or Extremely Low-Income Families, plans to use a higher portion of its CMF Award to support the construction of Housing in areas of High Housing Need, plans to produce other community and economic development outcomes, including alignment with broader place-based strategies.  |

1. Complete Table [C1](#C1) on the Applicant’s track record of financing and production.
2. **Communities Served:** Describe the persons and communities that the Applicant intends to serve. Be sure to discuss:
* The nature and extent of Affordable Housing and, if applicable, economic development/ community service needs among those persons and communities, particularly Low-Income, Very Low-Income or Extremely Low-Income Families;
* How the Applicant’s business strategy discussed in Part II relates to meeting these needs;
* The Applicant’s track record of providing financing and support to Affordable Housing Activities or Economic Development Activities to those persons and communities.

|  |
| --- |
| *Narrative – 5,000 characters* |

1. **High-Housing Need:**

|  |
| --- |
| **NOTE:** Areas of High Housing Need are census tracts that either (1) have Very Low-Income renters paying more than half their income for rent (affordability), (2) are high poverty neighborhoods with high vacancy (a measure of disinvestment), or (3) is an Underserved Rural Areas as defined in §1807.104. The CDFI Fund will use the information Question #21, to help ensure that the CMF Program achieves its statutory goal of funding activities in geographically diverse areas of economic distress, including Metropolitan and Underserved Rural Areas. The CDFI Fund plans to achieve the goal of promoting investment in areas of economic distress by holding Applicants to their minimum commitment to produce units in Areas of High Housing Need (which in includes Underserved Rural Areas) as stated in Question #21(b).  |

1. What’s the minimum percentage of CMF Award (by percentage of dollars) that the Applicant will use to finance Housing in areas of high housing need? \_\_\_\_\_\_\_\_\_\_ %

|  |
| --- |
| **NOTE:** If the Applicant is selected to receive a CMF Award, it will be required to produce the percentage of housing units listed in Q. 21(b) in Areas of High Housing need as a condition of its Assistance Agreement.  |

1. What is the minimum percentage of the Applicant’s total housing units that will be located in areas of high housing need? \_\_\_\_\_\_\_\_\_\_ %
2. **Activities Targeting LI, VLI, and ELI Populations:**
3. Complete Table [C2](#C2). Also, indicate the number of additional housing units that a CMF Award will allow the Applicant to be able to produce in each income category over the next five years:
* Units Available to 0-30% AMI: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Units Available to 31-50% AMI: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Units Available to 51-80% AMI: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Units Available to 81-120% AMI: \_\_\_\_\_\_\_\_\_\_\_\_\_
1. LI, VLI, and ELI Narrative: Quantify and discuss the extent to which a CMF Award will enable the Applicant to finance and support Affordable Housing Activities targeted at Eligible-Income, Low-Income, Very Low-Income, and Extremely Low-Income Families that it otherwise would not have been able to finance without a CMF Award.

|  |
| --- |
| *Narrative – 3,000 characters* |

1. If selected for a CMF Award, indicate the minimum percentage of the total dollar amount of Affordable Housing financing and of the total number of Affordable Housing units that the Applicant will commit to financing for:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **% of Dollars for All Affordable Housing Activities** | **% of Units for Rental Housing** | **% of Units for Home Ownership** |
| **Low-Income Families (51-80% of area median income)** |  |  |  |
| **Very Low-Income Families (31-50% of area median income)** |  |  |  |
| **Extremely Low-Income Families (30% or less of area median income)** |  |  |  |

|  |
| --- |
| **NOTE:** The Applicant will be required to satisfy the obligations in Question #22(c) as a part of its Assistance Agreement with the CDFI Fund. Note that greater than 50% of the total Eligible Project Costs must be attributable to housing units that meet the CMF affordability qualifications for Low-Income, Very Low-Income, or Extremely Low-Income Families. Additionally, per the FY 2016 NOFA, a minimum of 20% of housing units in each Project must be targeted to Very Low-Income or Extremely Low-Income Families. Applicants will generally be scored more favorably to the extent they commit to produce a greater portion of units available to Very-Low Income and Extremely Low-Income Families. Applicants will be held to achieving this commitment as a condition of their Assistance Agreement.  |

1. **Additional Outcomes:**
2. Housing Outcomes:Describe how the Applicant will work to: (i) ensure that Affordable Housing funded by CMF Awards exists in mixed-income developments or communities; (ii) reduce geographic concentrations of poverty; and (iii) ensure that any residents dislocated from housing as a result of the Applicant’s activities are provided with alternative housing solutions.

|  |
| --- |
| *Narrative – 5,000 characters* |

1. Economic Development Activities (if Applicable)**:** If the Applicant will use its CMF Award to finance Economic Development Activities, describe the Applicant’s proposed Economic Development Activities and describe how the Applicant will ensure that these activities benefit the residents of the surrounding Affordable Housing.

|  |
| --- |
| *Narrative – 5,000 characters* |

|  |
| --- |
| **NOTE:** By definition, Economic Development Activities must be implemented In Conjunction With Affordable Housing Activities to implement a Concerted Strategy to stabilize or revitalize a Low-Income Area or Underserved Rural Area. Applicants intending to use a CMF Award to finance and support Economic Development Activities must meet these criteria.  |

1. Economic Development Activity Commitment:Will the Applicant commit that it will use its CMF Award to finance Economic Development Activities located only in Low-Income Areas?

 \_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable (Applicant will not finance Economic Development Activities)

|  |
| --- |
| **NOTE:** If the Applicant proposes to finance Economic Development Activities, it will score more favorably to the extent it selects “Yes” in Question #23(c). This commitment will become a condition of the Applicant’s Assistance Agreement.  |

1. **Alignment with Place-Based Strategies:**
2. Does the Applicant plan on making investments to support any of the following place-based strategies (select all that apply)?

\_\_\_ Promise Zones

\_\_\_ Opportunity Neighborhoods

\_\_\_ Neighborhood Revitalization Strategy Areas (CDBG-approved)

\_\_\_ Choice Neighborhoods

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **NOTE:** If the Applicant indicates it plans to use its CMF Award to support place-based strategies, it will be required to finance at least one Project as part of a place-based strategy as a condition of its Assistance Agreement.  |

1. Place-Based Strategy Alignment: If the Applicant selected at least one item in Question #24(a), please discuss how its proposed financing of Affordable Housing Activities will align with that place-based strategy.

|  |
| --- |
| *Narrative – 3,000 characters* |

1. Concerted Strategy Alignment (EDA): If the Applicant intends to finance Economic Development Activities, describe how the Applicant will ensure that its activities are certified as being part of a Concerted Strategy by a government agency, HOME participating jurisdiction or other relevant entity.

|  |
| --- |
| *Narrative – 3,000 characters* |

#### Nonmetropolitan Areas:

|  |
| --- |
| NOTE: The answers to Question #25 will not affect the scoring of the Application. The CDFI Fund will use the information collected in Question #25 to ensure that it achieves the appropriate geographic diversity between Metropolitan and Nonmetropolitan Areas. Applicants are therefore required to provide two target estimates: the minimum percentage of dollars that it would commit to invest in Nonmetropolitan Areas and the maximum percentage that the Applicant is willing to commit to invest in Nonmetropolitan Areas. Nonmetropolitan Areas are counties not contained within a Metropolitan Statistical Area, as such term is defined in OMB Bulletin No. 10-02 (Update of Statistical Area Definitions and Guidance on Their Uses) and applied to the 2010 census tracts.  If the Applicant’s response to either Question #25(a) or #25(b) is greater than zero, the Applicant will be held to a required percentage of investment in Nonmetropolitan Areas as a condition of its Assistance Agreement. This required percentage will be no less than the percentage listed in #25(a) and no greater than the percentage listed in #25(b).  |

Indicate the minimum and maximum percentage of investments that the Applicant is willing to commit to deploy in Nonmetropolitan Areas:

1. \_\_\_\_% minimum investment in Nonmetropolitan Areas
2. \_\_\_\_% maximum investment in Nonmetropolitan Areas
3. If the responses to Question #25 (a) or (b) are greater than zero percent, please provide the following information on the Applicant’s track record in Nonmetropolitan Areas:

|  |  |
| --- | --- |
|  | **Total Non-Metro (2011-2015)** |
| **Activity Type** | **Costs($)** | **Units** |
| Total Housing Costs |  |  |
|  0 – 30% AMI Units |  |  |
|  31-50% AMI Units |  |  |
|  51-80% AMI Units |  |  |
|  81-120% AMI Units |  |  |
|  Above 120% AMI Units |  |  |
| Affordable Housing Activity in Areas of High Housing Need |  |  |

Also, briefly describe the Applicant’s track record of serving Nonmetropolitan Areas. Be sure to indicate, both in real dollars and as a percentage of the Applicant’s overall activities, the amount of loans, investments or related activities the Applicant has undertaken in Nonmetropolitan Areas.

|  |
| --- |
| *Narrative – 3,500 characters* |

# **Part V: Organization Capacity**

Total Maximum Points for Part V: 25 Points

|  |
| --- |
| The CDFI Fund will evaluate the Applicant’s capacity to achieve the objectives set forth in its CMF Proposal. The Applicant will generally be scored more favorably to the extent that it: demonstrates that its staff, Board members and other personnel have the requisite skills and experience to administer the CMF Award and maintain compliance with its Assistance Agreement; involves Low-Income persons or Low-Income community representatives in its decision-making process; and demonstrates a strong portfolio and financial health. |

1. Complete [Table D](#D) (Key Personnel) Fill out the Table for up to 10 persons related to the Applicant’s affordable housing activities (from the management team, the governing board, staff, consultants, or contractors) who are integral to implementation of the Applicant’s proposal.
2. Management Team and Key Staff: Describe the roles and responsibilities that key personnel will play in support of your CMF activities. Be sure to address:
	* + Key personnel’s relevant experience and skills for their role supporting CMF activities.
		+ Each person’s time commitment (*e.g.*, hours per week) with respect to carrying out these activities.
		+ For any vacancies or new positions, describe the status of filling the position(s) and the strategy for doing so, as well as the expected date of filling the position(s).

|  |
| --- |
| *Narrative – 5,000 characters* |

1. Governing Board or Advisory Board: Describe the role of the governing board or any advisory boards in advising the Applicant’s strategy, identifying and approving investments, and/or overseeing the Applicant’s loan and/or investment portfolio;

|  |
| --- |
| *Narrative – 3,000 characters* |

1. Low-Income Community Feedback Strategy: Describe the Applicant’s strategy for soliciting feedback from Low-Income, Very Low-Income or Extremely Low-Income community representatives during the process of identifying and approving investments.

|  |
| --- |
| *Narrative – 3,000 characters* |

1. Previous Awards:
2. Previous Awards Chart (if applicable): Complete the table below for all Federal government awards that the Applicant and/or any Affiliates have received over the past three years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of award | Awarding agency | Award $ amount | Award date | Control/Award number (if applicable) |
|  |  |  |  |  |

1. Previous Awards Narrative (if applicable)
	* + Describe the extent to which the Applicant has been successful in administering these awards, including monitoring housing with affordability requirements, and how this will likely translate into success in administering a CMF Award. If the Applicant failed to meet a performance measure or financial requirement with respect to any such 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.

|  |
| --- |
| Narrative: 4,000 characters |

1. **Loan Portfolio:**
2. Complete [Table E](#E) (Loan Portfolio)
3. Discuss the quality of the Applicant’s loan portfolio, referring to Table E1 and E2. Explain any weaknesses, especially those related to delinquencies or net loan loss ratios, and discuss how the Applicant is trying to improve in those areas.

|  |
| --- |
| Narrative: 3,000 characters |

1. **Financial Health:** Have any of the Applicant’s completed audits within the past three years (or, if shorter, for the period from inception) indicated any of the following:
2. Negative net income (or negative change in net assets)? \_\_\_Yes \_\_\_No
3. An opinion other than qualified? \_\_\_Yes \_\_\_No
4. A going-concern paragraph? \_\_\_Yes \_\_\_No
5. Repeated findings of reportable conditions? \_\_\_Yes \_\_\_No
6. Material weaknesses in internal control? \_\_\_Yes \_\_\_No
7. If yes to any of the above, indicate the fiscal years of the occurrence and describe the circumstances and corrective action taken.

|  |
| --- |
| *Narrative – 2,000 characters* |

1. Financial Health Narrative
	* + 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.
		+ Acknowledge any other areas of significant weakness in the Applicant’s financial health and viability capacity and discuss how the Applicant is trying to improve in those areas.

|  |
| --- |
| *Narrative – 3,000 characters* |

1. Complete [Table F](#F) for Financial Information and attached audited financial statements for the last three fiscal years.

|  |
| --- |
| **NOTE:** The CDFI Fund reserves the right to contact other governmental organizations to review the Applicant’s award status and reserves the right to obtain additional audited financial statements from an Applicant to review its financial condition, prior to making a final award determination. Failure on the part of the Applicant to acknowledge issues related to the financial health of the organization in Question #32 above or elsewhere in the Application could result in the Application being dismissed in a subsequent stage of review, or in termination of an award. |

# **Exhibit 1: Business Strategy Tables**

|  |
| --- |
| **Table A1: Track Record of Financing by Financing Type** |
| **Financing Type** | **2011** | **2012** | **2013** | **2014** | **2015** | **Total (2011 - 2015)** |
| Predevelopment |   |   |   |   |   |   |
| Acquisition and Site Development |   |   |   |   |   |   |
| Construction |   |   |   |   |   |   |
| Bridge Loans or Similar |   |   |   |   |   |   |
| Permanent Financing (1st)  |   |   |   |   |   |   |
| Permanent Financing (2nd or lower)  |   |   |   |   |   |   |
| Refinancing |   |   |   |   |   |   |
| Loan Guarantees |   |   |   |   |   |   |
| Total Financing by Awardee |   |   |   |   |   |   |

|  |
| --- |
| **Table A2: Track Record of Financing by Activity Type** |
| **Calendar Year** | **2011** | **2012** | **2013** | **2014** | **2015** | **Total (2011 - 2015)** |
| **Activity Type** | **$** | **Units** | **$** | **Units** | **$** | **Units** | **$** | **Units** | **$** | **Units** | **$** | **Units** |
| Total Home Ownership |   |   |   |   |   |   |   |   |   |   |   |   |
|  Development |   |   |   |   |   |   |   |   |   |   |   |   |
| Rehabilitation |   |   |   |   |   |   |   |   |   |   |   |   |
| Homebuyer Mortgage Finance |   |   |   |   |   |   |   |   |   |   |   |   |
| Purchase Assistance |   |   |   |   |   |   |   |   |   |   |   |   |
| Total Rental Housing |   |   |   |   |   |   |   |   |   |   |   |   |
| Development |   |   |   |   |   |   |   |   |   |   |   |   |
| Rehabilitation |   |   |   |   |   |   |   |   |   |   |   |   |
| Preservation |   |   |   |   |   |   |   |   |   |   |   |   |
| Total Econ. Dev. Activities |   |   |   |   |   |   |   |   |   |   |   |   |
| Community Service Facilities |   |   |   |   |   |   |   |   |   |   |   |   |
| Other Econ. Dev. Activities |   |   |   |   |   |   |   |   |   |   |   |   |
| Total  |   |   |   |   |   |   |   |   |   |   |   |   |

|  |
| --- |
| **Table B1: Projected CMF Commitment Schedule** |
| **Projected Financing** | **Total $ amount of CMF award to be committed in Year 1** | **Total $ amount of CMF award to be committed in Year 2** |
| Total Home Ownership |   |   |
| Development |   |   |
| Rehabilitation |   |   |
| Homebuyer Mortgage Finance |   |   |
| Purchase Assistance |   |   |
| Total Rental Housing |   |   |
| Development |   |   |
| Rehabilitation |   |   |
| Preservation |   |   |
| Total Econ. Dev. Activities |   |   |
| Community Service Facilities |   |   |
| Other Economic Development Activities |   |   |
| Direct Administrative Expenses |   |   |
| Total All |   |   |

|  |
| --- |
| **Table B2: Projected CMF Financing Activity** |
| **Financing Type** | **2016** | **2017** | **2018** | **2019** | **2020** | **Total (2016 - 2020)** |
| Predevelopment |   |   |   |   |   |   |
| Acquisition and Site Development |   |   |   |   |   |   |
| Construction |   |   |   |   |   |   |
| Bridge Loans or Similar |   |   |   |   |   |   |
| Permanent Financing (1st)  |   |   |   |   |   |   |
| Permanent Financing (2nd or lower)  |   |   |   |   |   |   |
| Refinancing |   |   |   |   |   |   |
| Loan Guarantees |   |   |   |   |   |   |
| Total Financing by Awardee |   |   |   |   |   |   |

|  |
| --- |
| **Table B3: Projected Activity Type** |
| **Calendar Year** | **2016** | **2017** | **2018** | **2019** | **2020** | **Total (2016 - 2020)** |
| **Activity Type** | **$** | **Units** | **$** | **Units** | **$** | **Units** | **$** | **Units** | **$** | **Units** | **$** | **Units** |
| Total Home Ownership |   |   |   |   |   |   |   |   |   |   |   |   |
| New Development |   |   |   |   |   |   |   |   |   |   |   |   |
| Rehabilitation |   |   |   |   |   |   |   |   |   |   |   |   |
| Homebuyer Mortgage Finance |   |   |   |   |   |   |   |   |   |   |   |   |
|  Purchase Assistance |   |   |   |   |   |   |   |   |   |   |   |   |
| Total Rental Housing |   |   |   |   |   |   |   |   |   |   |   |   |
| New Development |   |   |   |   |   |   |   |   |   |   |   |   |
| Rehabilitation |   |   |   |   |   |   |   |   |   |   |   |   |
| Preservation |   |   |   |   |   |   |   |   |   |   |   |   |
| Total Econ. Dev. Activities |   |   |   |   |   |   |   |   |   |   |   |   |
| Community Service Facilities |   |   |   |   |   |   |   |   |   |   |   |   |
| Other Econ. Dev. Activities |   |   |   |   |   |   |   |   |   |   |   |   |
| Total  |   |   |   |   |   |   |   |   |   |   |   |   |

# **Exhibit 2: Community Impact Tables**

|  |
| --- |
| **Table C1: Track Record of Financing and Production** |
| **Calendar Year** | **2011** | **2012** | **2013** | **2014** | **2015** | **Total (2011 - 2015)** |
| **Activity Type** | **Costs($)** | **Units** | **Costs($)** | **Units** | **Costs($)** | **Units** | **Costs($)** | **Units** | **Costs($)** | **Units** | **Costs($)** | **Units** |
| Total Housing Costs |   |   |   |   |   |   |   |   |   |   |   |   |
|  0 – 30% AMI Units |   |   |   |   |   |   |   |   |   |   |   |   |
|  31-50% AMI Units |   |   |   |   |   |   |   |   |   |   |   |   |
|  51-80% AMI Units |   |   |   |   |   |   |   |   |   |   |   |   |
|  81-120% AMI Units |   |   |   |   |   |   |   |   |   |   |   |   |
|  Above 120% AMI Units |  |  |  |  |  |  |  |  |  |  |  |  |
| Affordable Housing Activity in Areas of High Housing Need |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table C2: Projections of Financing and Production** |
| **Calendar Year** | **2016** | **2017** | **2018** | **2019** | **2020** | **Total (2016 - 2020)** |
| **Activity Type** | **Costs($)** | **Units** | **Costs($)** | **Units** | **Costs($)** | **Units** | **Costs($)** | **Units** | **Costs($)** | **Units** | **Costs($)** | **Units** |
| Total Housing Costs |   |   |   |   |   |   |   |   |   |   |   |   |
|  0 – 30% AMI Units |   |   |   |   |   |   |   |   |   |   |   |   |
|  31-50% AMI Units |   |   |   |   |   |   |   |   |   |   |   |   |
|  51-80% AMI Units |   |   |   |   |   |   |   |   |   |   |   |   |
|  81-120% AMI Units |   |   |   |   |   |   |   |   |   |   |   |   |
| Affordable Housing Activity in Areas of High Housing Need |  |  |  |  |  |  |  |  |  |  |  |  |

# **Exhibit 3: Organizational Capacity Tables**

|  |
| --- |
| **Table D: People** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# of Yrs Working with Applicant: \_\_\_\_\_\_\_\_\_\_\_ |
| **Positions Held with Applicant (check all that apply):** |
| □ GB Member (Loan/Invest)□ GB Member (other)□ Advisory Board Member | □ ED or Equivalent□ CFO or Equivalent□ Other Key Management | □ Loan/Invest. Officer or Equivalent□ Compliance Officer□ Contracted Consultant |
| □ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Duties to be Provided for Applicant (check all that apply):** |
| □ Capital Raising□ Sourcing/Loan Underwriting□ Asset Management | □ Loan Servicing□ Program Compliance□ Community Outreach | □ Development Services□ Legal Services□ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Brief Description of Key Personnel qualifications (2,000 character limit):** |
|  |

|  |
| --- |
| **Table E: Aggregate Loan Portfolio Quality** |
|   | 2013 | 2014 | 2015 | Most Recent Quarter |
| $ | # | $ | # | $ | # | $ | # |
| a. Total On-Balance Sheet Portfolio Outstanding |   |   |   |   |   |   |   |   |
| b. Total Loans Charged-Off |   |   |   |   |   |   |   |   |
| c. Restructured Loans |   |   |   |   |   |   |   |   |
| d. Recoveries |   |   |   |   |   |   |   |   |
| e. Total Delinquent Loans (Over 90 Days) |   |   |   |   |   |   |   |   |
| f. Total Loans Delinquent 1 to 30 days  |   |   |   |   |   |   |   |   |
| g. Total Loans Delinquent 31 to 60 days |   |   |   |   |   |   |   |   |
| h. Total Loans Delinquent 61 to 90 days |   |   |   |   |   |   |   |   |
| i. Total Off-Balance Sheet Loans Managed |   |   |   |   |   |   |   |   |
| j. Total Off-Balance Sheet Loans Delinquent (Over 90 Days) |   |   |   |   |   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table F: Financial Data** | **2013** | **2014** | **2015** | **Most Recent Quarter (select)** |
| **Assets** |
| a) Total cash and cash equivalents |   |   |   |   |
| b) Unrestricted Cash and Cash Equivalents ($) |   |   |   |   |
| c) Total Investments ($) |   |   |   |   |
| d) Current Gross Loans Receivable |   |   |   |   |
| e) Total Commitments |   |   |   |   |
| f) Total Current Assets |   |   |   |   |
| g) Noncurrent Gross Loans Receivables |   |   |   |   |
| h) Less: Loan Loss Reserve |   |   |   |   |
| i) Total Outstanding Equity Investment Portfolio |   |   |   |   |
| j) Less: Net Unrealized Loss |   |   |   |   |
| k) Total Net Loans Receivable |   |   |   |   |
| l) Total Assets Available for Financing |   |   |   |   |
| m) Total Assets |   |   |   |   |
| n) Total Off-Balance Sheet Assets for Financing |   |   |   |   |
| **Liabilities** |
| o) Total Current Liabilities |   |   |   |   |
| p) Total Notes Payable |   |   |   |   |
| q) Total Adjusted Notes Payable |   |   |   |   |
| r) Non-Current Liabilities Due (Debt & Equity) |   |   |   |   |
| s) Senior Debt |   |   |   |   |
| t) Subordinated Debt/EQ2 |   |   |   |   |
| u) Total Liabilities |   |   |   |   |
| v) Total Off-Balance Sheet Liabilities |   |   |   |   |
| **Net Assets (Net Worth)**  |
| w) Unrestricted Net Assets |   |   |   |   |
| x) Total Net Assets |   |   |   |   |
| y) Net Worth (Credit Union Applicants Only) |   |   |   |   |
| z) Tier 1 Capital (Bank Applicants Only) |   |   |   |   |
| **Income & Expenses** |
| aa) Total Interest Income |   |   |   |   |
| ab) Total Fee Income |   |   |   |   |
| ac) Total Earned Income |   |   |   |   |
| ad) Total Grants and Contributions |   |   |   |   |
| ae) Total Income |   |   |   |   |
| af) Total Interest Expense |   |   |   |   |
| ag) Total Operating Expense  |   |   |   |   |
| ah) Provision for Loan Loss Reserve (Bad Debt) Expense |   |   |   |   |
| ai) Total Expenses  |   |   |   |   |

# **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 on a separate sheet(s) of paper the facts and circumstances, including: subject matter; date(s); names and titles of all individuals and their employers and their organizations. 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 contact the CDFI Fund’s Office of Legal Counsel at (202) 653-0300 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 contacted1 a Covered Executive Branch Official2 with regard to the formulation, modification, or adoption of Federal legislation (including legislative proposals)**
 | ❑ Yes❑ No |
| 1. **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?**
 | ❑ Yes❑ No |
| 1. **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)?**
 | ❑ Yes ❑ No |
| 1. **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?**
 | ❑ Yes ❑ No |
| 1. **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?**
 | ❑ Yes ❑ No |
| 1. **Has any officer, employee, director, partner, proprietor, or Board member contacted a Covered Legislative Branch Official3 with regard to the formulation, modification, or adoption of Federal legislation (including legislative proposals)?**
 | ❑ Yes ❑ No |
| 1. **Has any officer, employee, director, partner, proprietor, or Board member contacted a Covered Legislative 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?**
 | ❑ Yes ❑ No |
| 1. **Has any officer employee, director, partner, proprietor, or Board member contacted a Covered Legislative 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)?**
 | ❑ Yes ❑ No |
| 1. **Has any officer, employee, director, partner, proprietor, or Board member contacted a Covered Legislative Branch Official with regard to the nomination or confirmation of a person for a position subject to confirmation by the United States Senate?**
 | ❑ Yes ❑ No |
| 1. **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 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?**
 | ❑ Yes ❑ 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” (or “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 O-7 or above; or (f) any officer or employee serving in a position of a confidential, policy-determining, policy-making, or policy-advocating character described in section 7511(b)(2) of title 5, United States Code.

# 3 “Covered Legislative Branch Official” means: (a) a member of Congress; (b) an elected officer of either House of Congress; (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; and (d) any other legislative branch employee serving in a position described under section 109(13) of the Ethics in Government Act of 1978 (5 U.S.C. App.).