

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

<b>GENERAL APPLICATION INSTRUCTIONS</b>	<b>1</b>
Applicant Eligibility	1
Application Submission Requirements and Deadlines	2
Contacting the CDFI Fund	4
<b>GRANTS.GOV (SF-424) INSTRUCTIONS</b>	<b>6</b>
<b>AMIS APPLICATION INSTRUCTIONS</b>	<b>8</b>
AMIS Application Overview	8
Program Profile	9
Forms and Certifications	10
Part 1: Applicant Information	11
Part 2: Business Strategy and Leveraging Strategy	16
Part 3: Community Impact	30
Part 4: Organization Capacity	37
Appendix 1: Application Geographic Areas Related List	41
Appendix 2: Projections Related List	42
Appendix 3: Sample Pipeline Projects Related List	49
Appendix 4: Track Record Related List	50
Appendix 5: Enterprise-Level Sources of Leverage	55
Appendix 6: Key Personnel Related List	56
Appendix 7: Previous Federal Awards	58
Appendix 8: Application Financial Data	59
Appendix 9: AMIS Application Attachments	66
Appendix 10: Forms and Certifications	67
Environmental Review Form	67
Assurances and Certifications	69
501(C)(4) Questionnaire	74

## GENERAL APPLICATION INSTRUCTIONS

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The Capital Magnet Fund (CMF) is administered by the Community Development Financial Institutions Fund (CDFI Fund). Through the CMF, the CDFI Fund provides financial assistance grants to Community Development Financial Institutions (CDFIs) and to qualified Nonprofit Organizations that have the development or management of affordable housing as one of their principal purposes.

In order to understand the requirements of CMF, including eligible uses of financial assistance grants, potential Applicants should review the Interim Regulations ([12 C.F.R. 1807](#)). In addition, potential Applicants should review and become familiar with the FY 2017 CMF Notice of Funds Availability (NOFA) prior to beginning this Application. Capitalized terms not defined in this Application (other than titles) shall have the meanings set forth in the CMF Interim Regulations or the FY 2017 CMF NOFA. Both the CMF Interim Regulations and the FY 2017 CMF NOFA are available on the CDFI Fund's website: [www.cdfifund.gov/cmf](http://www.cdfifund.gov/cmf).

This document provides a detailed explanation of how to apply for a CMF Award under the FY 2017 Round. It covers Applicant eligibility requirements, as well as the content and form for submitting an Application. Please be aware that the CDFI Fund reserves the right to request supplemental documentation verifying any of the information submitted in an Applicants FY2017 CMF Application. Applicants should also be aware that any of the information submitted in their Application may be incorporated into their Assistance Agreement should they be selected for a CMF Award.

### 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. 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 Awards Management Information System (AMIS) Application due date.

Further, in order to be deemed eligible to apply for a CMF award, an organization must either:

- (1) be certified as a CDFI by the CDFI Fund (as of the publication date of the FY 2017 NOFA), or
- (2) be a Nonprofit Organization having as one of its principal purposes the development or management of affordable housing.

In order to be deemed an eligible Nonprofit Organization under item (2) above, the organization must be able to demonstrate all of the following:

- (a) 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;
- (b) At least 33 and one-third percent of the organization's total assets are dedicated to the development or management of affordable housing.

As part of their Application, Nonprofit Organizations (that are not Certified CDFIs) will be required to submit supporting documentation to demonstrate these factors. The CDFI Fund reserves the right to collect additional

information from all Applicants (regardless of entity type) in order to verify that they have each satisfied these requirements.

**NOTE:** The Applicant entity must meet the eligibility requirements on its own behalf and may not rely on any Affiliates or Subsidiaries to meet this requirement.

**Other Eligibility Criteria:** Please note, as outlined in the FY2017 Capital Magnet Fund NOFA (Section III), an Applicant will not be eligible to receive a CMF Award if the Applicant fails to demonstrate in its Application that its CMF Award will result in Eligible Project Costs that equals at least 10 times the amount of the CMF Award. For additional information on Applicant eligibility factors, please refer to the FY 2017 Capital Magnet Fund NOFA, particularly Section III.

## Application Submission Requirements and Deadlines

CMF Application documents must be submitted electronically through Grants.gov and the CDFI Fund's web-based Award Management Information System (AMIS), as described in Table 1 below. This Application Instruction document serves only as a guide for completing CMF Application documents, and this document is not meant to be submitted via Grants.gov or AMIS. **DO NOT SUBMIT THIS DOCUMENT.**

### APPLICATION COMPONENTS

A complete FY 2017 CMF Application must include submission of each part listed in the table below:

Table 1 – Application Components		
Application Component	Submission Method	Required?
<b>SF-424 Mandatory Form (Application for Federal Assistance):</b> <ul style="list-style-type: none"> <li>All Applicants are required to have an active System for Award Management (SAM) account in order to submit the SF-424.</li> <li>By completing the SF-424, Applicants are certifying the CMF Assurances and Certifications provided on pages 69-74 of this document. The Assurances and Certifications document are provided for review and reference purposes and do not need to be submitted separately through Grants.gov.</li> </ul>	Submit electronically via Grants.gov	Required for All Applicants
<b>CMF Online Application Form</b> <ul style="list-style-type: none"> <li>Includes Assurances and Certifications, Environmental Review Form, and 501(c)4 Questionnaire (if applicable)</li> </ul>	Submit electronically via AMIS	Required for All Applicants
APPLICATION ATTACHMENTS		
<b>Audited Financial Statements for the 2 most</b>	Submit electronically via	Required for All

**Table 1 – Application Components**

recent fiscal years	AMIS	Applicants
Any management letters related to the audited financial statements for the 2 most recent fiscal years	Submit electronically via AMIS	Required for All Applicants
State charter, articles of incorporation, or other establishing documents designating that the Applicant is a nonprofit or not-for-profit entity under the laws of the organization's State of formation	Submit electronically via AMIS	Required only for Applicants that are <u>not</u> Certified CDFIs
A certification or determination letter demonstrating tax-exempt status from the IRS <sup>1</sup>	Submit electronically via AMIS	Required only for Applicants that are <u>not</u> Certified CDFIs
Articles of incorporation, by-laws or other establishing documents demonstrating the Applicant has a principal purpose of managing or developing affordable housing	Submit electronically via AMIS	Required only for Applicants that are <u>not</u> Certified CDFIs

## APPLICATION SUBMISSION DEADLINES

The submission deadlines for the FY 2017 Application components are listed in Table 2 below. Please note the different submission deadlines for materials that must be submitted through Grants.gov and those that must be submitted through AMIS.

**Table 2 - FY 2017 CMF Program Funding Round Deadlines**

Description	Deadline	Time (Eastern Time - ET)	Submission Method
SF-424 Mandatory Form	July 14, 2017	11:59 p.m. ET	Electronically via Grants.gov
CMF Online Application and Required Attachments	August 4, 2017	11:59 p.m. ET	Electronically via AMIS

## SUBMISSION REQUIREMENTS

**GRANTS.GOV:** An active System for Awards Management (SAM) account is required to submit Applications via Grants.gov. Each Applicant is advised to first make sure its SAM account is active and valid before beginning its preparation of the other Application materials. SAM registration is required before any Application can be successfully submitted via Grants.gov, and Applicants should allow ample time to complete the entire registration and submission process well in advance of the application deadline. The SAM website is: [www.SAM.gov](http://www.SAM.gov).

Please be advised that, in order to submit an application (in Grants.gov, as well as AMIS), an Applicant must have a current and valid Dun and Bradstreet Data Universal Numbering System (DUNS) number and Employer Identification Number (EIN). The CDFI Fund advises Applicants to allow sufficient time to obtain this

<sup>1</sup> For Applicants that are governmental instrumentalities only, and as long as all other eligibility requirements are met, the CDFI Fund will accept a legal opinion from the Applicant's counsel, in form and substance acceptable to the CDFI Fund, opining that the Applicant is exempt from federal taxation.

information. A DUNS number is required for SAM registration and for Grants.gov submission. Applicants unable to submit their Applications via Grants.gov by the deadline due to failure to obtain a DUNS number and/or SAM registration confirmation will not be allowed to submit their Applications after the application deadline has passed.

**AWARDS MANAGEMENT INFORMATION SYSTEM (AMIS):** Each Applicant must register as an organization in AMIS and submit the required Application materials through the AMIS portal. In order to apply, the Authorized Representative and Application point(s) of contact **must be included as “Contacts”** in the Applicant’s AMIS account. The Authorized Representative **must also be a “user” in AMIS**, and must electronically sign the application prior to submission through AMIS. An Applicant that fails to properly register and update its AMIS account may miss important communications from the CDFI Fund or fail to submit an Application successfully. Additional guidance on creating an AMIS account can be found on the AMIS Homepage:

<https://amis.cdfifund.gov/s/AMISHome>.

## ENSURING THAT THE APPLICATION PACKAGE IS COMPLETE

A complete Application Package is one that includes all required materials listed in the above Table 1, including the specified attachments. If the Applicant fails to submit either the SF-424 Mandatory Form through Grants.gov or the CMF Online Application through AMIS by the required deadlines, the CDFI Fund will not accept the Application.

## Contacting the CDFI Fund

The CDFI Fund will respond to Application related questions between the hours of 9:00 a.m. and 5:00 p.m. EST, through **August 2, 2017** (two business days before the AMIS Application deadline). The CDFI Fund will not respond to phone calls, program-related Service Requests, or e-mail inquiries that are received after 5:00 p.m. ET on **August 2, 2017**, until after the AMIS Application deadline. The CDFI Fund will respond to technical issues related to AMIS through 5:00 p.m. EST, on **August 4, 2017**. Please note that these are not toll free numbers.

**Table 3 – CDFI Fund Contact Information**

Area	Topic	Phone	E-mail
CMF Program	How to complete Application materials.	202-653-0421	Submit a Service Request in AMIS or email <a href="mailto:cdfihelp@cdfi.treas.gov">cdfihelp@cdfi.treas.gov</a>
CDFI Certification	Status of CDFI Certification.	202-653-0421	Submit a Service Request in AMIS
Compliance, Monitoring, and Evaluation	Status of compliance with other awards, including outstanding reports.	202-653-0421	Submit a Service Request in AMIS
IT Support	Technical issues related to the CDFI Fund’s Award Management Information System (AMIS).	202-653-0422	AMIS Service Requests or <a href="mailto:AMIS@cdfi.treas.gov">AMIS@cdfi.treas.gov</a>

## SERVICE REQUESTS

To submit a Service Request, you need an AMIS user account. For a CMF Application-related Service Request, select “General Inquiry” for the record type and “CMF-Application” for the type. For a CDFI Certification or Compliance question, select “General Inquiry” for the record type and select the appropriate type. For Information Technology, select “General Inquiry” for the record type and “CMF-AMIS technical problem” for the

type. Failure to select the appropriate type for the Service Request could result in delays responding to your question.

If an Applicant has any questions related to the registration or submission process in Grants.gov or SAM.gov, it should contact these systems directly. The CDFI Fund does not manage Grants.gov or SAM.gov and is unable to respond to any questions related to these systems.

## GRANTS.GOV (SF-424) INSTRUCTIONS

In accordance with federal regulations, the CDFI Fund requires Applicants to submit their FY 2017 CMF Program Application using the [www.Grants.gov](http://www.Grants.gov) portal, the official website for federal grant information and applications. The Grants.gov registration process alone can take several days to complete. Contact the Grants.gov support staff if you have any questions about the process. The Grants.gov help desk can be reached at 1-800-518-4726 or via email at [support@grants.gov](mailto:support@grants.gov). If you experience any technical difficulties submitting the Application via Grants.gov, do not contact the CDFI Fund. Contact the Grants.gov help desk instead.

The only component of the CMF Application submitted via Grants.gov is the Standard Form (SF)-424 Mandatory form. The SF-424 Mandatory Form (SF-424) is required for all Applicants. Electronically signing and submitting the SF-424 Mandatory Form certifies that the Applicant attests that the information in its CMF application is true, complete, and accurate, and also certifies that the Applicant will comply with the Assurances and Certifications, if an Award is made. The Assurances and Certifications are on Grants.gov. A copy has also been provided on pages 69-70 of this document. Details for completing the SF-424 Mandatory Form are provided below.

### STANDARD FORM (SF)-424 MANDATORY (APPLICATION FOR FEDERAL ASSISTANCE) INSTRUCTIONS

In Grants.gov, this form is located in the 'Mandatory Documents' box of the downloaded Grant Application Package. To access the form, click on "SF-424 Mandatory Form."

**Please note:** Only the fields outlined in red on the SF-424 Mandatory Form are required for submission. These fields are also marked as "Required" in Table 4 below. The Instructions column in Table 4 provides guidance on how CMF Applicants should complete their SF-424 Mandatory Form for submission through Grants.gov.

**Please note:** Applicants' AMIS record and Grants.gov record are linked by the Organizational DUNS (Field 7.c) and Employer/Taxpayer Identification Number (Field 7.b.). Please ensure these numbers align in both systems to ensure that AMIS will be able to retrieve the SF-424 from Grants.gov.

**Table 4 – SF-424 Mandatory Form Instructions & Field Descriptions**

Field	Required	Instructions
1.a. Type of Submission:	Yes	'Application' is automatically selected.
1.b. Frequency	Yes	'Annual' is automatically selected.
1.c. Consolidated Application/Plan/Funding Request	Yes	'No' is automatically selected.
1.d. Version	Yes	'Initial' is automatically selected.
2. Date Received:	Yes	Automatically filled by the system upon submission-no entry necessary.
3. Applicant Identifier:	No	Not Applicable-leave blank.
4.a. Federal Entity Identifier:	No	Not Applicable-leave blank.
4.b. Federal Award Identifier:	No	Enter 21.011.
5. State use only: Date Received by State	No	Not Applicable-leave blank.
6. State use only: State Application Identifier	No	Not Applicable-leave blank.
7.a. Applicant Information: Legal Name	Yes	Enter the legal name of the Applicant.
7.b. Employer/Taxpayer Identification Number (EIN/TIN):	Yes	Enter the Applicant's EIN/TIN.
7.c. Organizational DUNS:	Yes	Enter the Applicant's DUNS.



<b>Table 4 – SF-424 Mandatory Form Instructions &amp; Field Descriptions</b>		
7.d. Address:	Yes	Complete all fields with Applicant's mailing address. Include 9-digit zip.
7.e. Organizational Unit:	No	Not Applicable–leave blank.
7.f. Name and contact information of person to be contacted on matters involving this Application:	Yes	Enter a Contact Person who can answer questions about the submission. The Contact Person (name and contact information) identified here must match a User/Contact Person information in the Applicant's AMIS account.
8.a. Type of Applicant:	Yes	Select the most appropriate description from list of dropdown options.
8.b. Additional Description	No	Not Applicable–leave blank.
9. Name of Federal Agency	Yes	Pre-filled–no entry necessary.
10. Catalog of Federal Domestic Assistance Number / CFDA Title:	No	Pre-filled–no entries necessary. If not, enter 21.011.
11. Descriptive Title of Applicant's Project	Yes	Indicate whether the Applicant plans to use a CMF Award to finance (i) Affordable Housing Activities, (ii) Economic Development Activities, or (iii) Both Affordable Housing Activities and Economic Development Activities.
12. Areas Affected by Funding	No	Not Applicable–leave blank.
13. Congressional Districts Of: (a) Applicant; and (b) Program/Project	Yes	See <a href="http://www.house.gov">www.house.gov</a> to find congressional district where the Applicant is headquartered. Use same district for both boxes.
14. Funding Period: (a) Start Date; and (b) End Date	Yes	Start Date: enter 12/31/2017. End Date: enter 3/31/2022.
15. Estimated Funding	Yes	Enter total Award request for Federal; enter zeroes in other boxes.
16. Is Submission Subject to Review by State:	Yes	Select option C.
17. Is the Applicant Delinquent on Any Federal Debt:	Yes	Answer, and provide Explanation if 'Yes' selected.
18. Applicant Certification/ Authorized Representative:	Yes	Click the 'I Agree' button. Complete all fields for Authorized Representative information.
Worksheet: Consolidated Application/Plan/Funding Request Explanation	No	Not Applicable–leave blank.
Worksheet: Applicant Federal Debt Delinquent Explanation	No	Complete if applicable.

# AMIS APPLICATION INSTRUCTIONS

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## AMIS Application Overview

The remainder of this document provides the full question text and related guidance for the information that should be entered into the CMF Online Application in AMIS. For technical details on how to use and navigate AMIS, see the “CMF Program Application Submission” manual at <https://amis.cdfifund.gov/s/Training>.

In order to submit an Application through AMIS, your organization must first have be registered in AMIS and have an Organizational Profile. For guidance on these issues, see “Getting Started – Navigating AMIS” at <https://amis.cdfifund.gov/s/Training>.

In order to facilitate the crosswalk between the online AMIS Application and this Question Text/Guidance document, here are a few tips:

- Prepare narrative responses to questions outside of AMIS. Once your narratives are finalized, you can copy and paste the final versions into the appropriate fields in AMIS.
- Prior to submitting the Application and required attachments through AMIS, be sure that the information is correct. The CDFI Fund will not accept any revisions or amendments to the CMF Application once they have been submitted.

Please be sure that all data entered into AMIS is accurate and complete. As part of the CMF Application review process, information entered in AMIS will be used to score and rank the Applicants (as outlined in the FY 2017 NOFA). Applicants will not be able to revise information entered into AMIS after Application submission. Failure to provide complete and accurate information may negatively impact the evaluation of an Applicant's FY 2017 CMF Application. The CDFI Fund reserves the right to reject an Application if information submitted through AMIS is determined to be inaccurate.

AMIS is a Salesforce-based system, which at the present time has certain display limitations. In particular, AMIS can only display short question fields rather than full question text for certain Application questions. In order to facilitate the crosswalk between this Application guidance document and AMIS, each Application question in this document will be presented in a Table that contains the following information:

- Full question text
- Response
- Notes/guidance relevant to that specific question or sub-question
- AMIS Field Label (this is the field where you should enter your response in AMIS)
- AMIS Field Type

We will also be providing an Excel workbook to help you prepare your application data for entry into AMIS.

## AMIS FIELD TYPES

Below is an overview of the seven field types you will encounter in completing the Application in AMIS.

- **Auto-populated:** These fields be will be automatically populated in AMIS based on other data inputs. No data entry is required for fields that are marked “auto-populated”.
- **Currency:** These fields allow the Applicant to enter currency data points. They have a dollar sign in front and are formatted to two decimal places. For example, Total Eligible Project Costs: \$10,000,000.00.

- **Look-up:** These fields allow the Applicant to search and select data fields. For example, when entering geographic areas, the Applicant can “look-up” counties or states.
- **Narrative:** These fields allow the Applicant to enter text (non-numeric data). These fields will also have a character limit as indicated in each question.
- **Numeric:** These fields allow the Applicant to enter a number (that is not a dollar figure or a percentage). For example, the number of hours to complete the application: 100.
- **Percentage:** These fields allow the Applicant to enter a percentage. For example, percentage of CMF Award that will be used as a Loan Loss Reserve: 23%.
- **Picklist:** These fields allow the Applicant to select an option from a suite of choices (e.g. a dropdown of “Yes” or “No”).

## Program Profile

Once you are registered as an organization in AMIS, the first step in completing the AMIS Application is to make sure your CMF Program Profile is up-to-date. You navigate to your CMF Program Profile from your Organization Page in AMIS. Click on the Program Profile Name (P-XXXXXX) to navigate to the CMF Record Type.

On the Program Profile, make sure the field “**Organizational Attributes**” is completed. You may select all organization types applicable to your organization. You can also select none, if none of the following apply. The options are listed below:

- ☐ 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
- ☐ **Loan Fund**
- ☐ Bank Holding Company (Depository Institution Holding Company)

If you update your Organizational Attributes, please be sure to click “Save.” After you have verified the information in your Program Profile, you can create an FY2017 Application in AMIS. To do so, click the button for “New CMF Application.” This will bring you to an initial screen where you enter the data from the Application Information and Certifications section described below.

## Forms and Certifications

All CMF Applicants must complete the Environmental Review Form and Assurances and Certifications as part of their AMIS online application submission. Any Applicant that is a 501(c)(4) must complete the 501(c)(4) form as part of their AMIS online Application submission. You will complete these forms by entering data in the Applicant Information screen in AMIS. For the full text and questions for the Environmental Review form, Assurances and Certifications, and 501(c)(4) Questionnaire, see [Appendix 10](#). If an Applicant is unable to respond “Yes” to all Assurances and Certifications, it must attach a statement that contains an explanation.

## Part 1: Applicant Information

When an Applicant first opens its AMIS Application, you will be asked to complete the question in the Applicant Information section. You will be required to enter initial responses to the questions in order to save your new Application. You can go back and edit these responses at any time before submitting the Application. Questions in this section appear on the “Funding Application Detail” page in AMIS. Certain information in these questions may be auto-populated in AMIS based on data from the Applicant’s organizational profile. **These auto-populated fields aren’t visible on the data entry screens, but will appear after you’ve saved entered data.**

### Question 1 – Organization Information

All fields in this question are auto-populated in AMIS based on the Applicant’s AMIS Organizational Profile. If you need to edit any of the information in these fields, you need to do so in the Organizational Profile. You won’t be able to edit in the Application itself.

Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
Organization Name	Auto-populated	This must be the formal name of your organization as it appears on all relevant legal documents such as the Articles of Incorporation. Please make sure punctuation, capitalization and spelling are correct. If the name that is currently listed in this field is not your organization’s legal name, please contact the CDFI Fund through a Service Request.	<b>Organization</b>	Auto-populated
Employer Identification Number (EIN)	Auto-populated	Must match what’s on your SF-424 in Grants.gov	<b>EIN</b>	Auto-populated
Dun & Bradstreet Data Universal Numbering System (DUNS) Number	Auto-populated	Must match what’s on your SF-424 in Grants.gov	<b>DUNS</b>	Auto-populated
Applicant’s Date of Incorporation	Auto-populated	As specified in the FY 2017 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 2017 round, the Applicant must have been in existence as a legal entity <b>on or before August 4, 2014.</b>	<b>Applicant’s date of incorporation</b>	Auto-populated
Applicant’s fiscal year end (month/day)	Auto-populated	Enter your organization’s fiscal year end	<b>Applicant’s fiscal year end (month/day)</b>	Auto-populated

### Question 2 – Application Contacts

Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Select your Authorized Representative from your Organization’s AMIS Users.	_____	<ul style="list-style-type: none"> <li>The Authorized Representative is an officer, or other individual, who has the <u>authority</u> to sign for and make representations on behalf of the Applicant.</li> <li>When you select your Authorized</li> </ul>	<b>Authorized Representative Name</b>	Look-up

Question 2 – Application Contacts				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
		Representative in AMIS, their email and phone number will populate. Please ensure this information is accurate or you may miss important information about your Application.		
b. Select your Application Point of Contact from your Organization's AMIS contacts.	_____	When you select an Application Point of Contact in AMIS, their email and phone number will populate. Please ensure this information is accurate or you may miss important information about your Application.	<b>Application Point of Contact Name 1</b>	Look-up
c. Select a second Application Point of Contact from your Organization's AMIS contacts.	_____	You don't have to select a second point of contact, but it is recommended. If there are any issues with your Application, we will contact you through the information listed in Question 2. Adding more individuals makes it less likely your organization would miss a communication.	<b>Application Point of Contact Name 2</b>	Look-up

Question 3 – Application Profile				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
Provide a brief Application Profile. This narrative 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.	<i>Narrative – 1,000 character limit</i>	<b>SAMPLE PROFILE:</b> 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 FY2017 CMF Award to capitalize a loan fund that 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 a portion of its CMF award to finance the development of child-care centers on-site at affordable housing developments.	<b>Applicant Profile</b>	Narrative

Question 4 – Applicant Eligibility Criteria				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Is the Applicant a Certified CDFI as of the date of the NOFA publication?	Yes/No	The Applicant's CDFI Certification status should auto-populate in AMIS for the Applicant's Organization Profile. If it does not, please contact the CDFI Fund as soon as possible to resolve the issue.	<b>Certified CDFI</b>	Auto-populated
b. If (a) is Yes, what is the CDFI Certification Number	Auto-populated	The Applicant's CDFI Certification number should pre-populate in AMIS for the Applicant's Organization Profile. If it does not, please contact the CDFI Fund as soon as possible to resolve the issue.	<b>CDFI Certification Number</b>	Auto-populated
c. Is the Applicant a Non-	Yes/No	<ul style="list-style-type: none"> <li>The Applicant's Nonprofit status should pre-</li> </ul>	<b>Non-Profit</b>	Auto-

Question 4 – Applicant Eligibility Criteria				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
Profit?		<p>populate in AMIS for the Applicant's Organization Profile. If it does not, please contact the CDFI Fund as soon as possible to resolve the issue.</p> <ul style="list-style-type: none"> <li>If the Applicant is <u>relying on its Nonprofit Organization status for eligibility</u> (i.e., it is not a Certified CDFI), it must submit the following documentation: <ul style="list-style-type: none"> <li>State charter, articles of incorporation, or other establishing document stating the Applicant is a nonprofit;</li> <li>A certificate or determination letter demonstrating tax exempt status from the IRS;<sup>2</sup> and</li> <li>Articles of incorporation, by-laws, or other organizational establishing documents demonstrating the Applicant has a principal purpose of managing or developing affordable housing</li> </ul> </li> </ul>	Organization?	populated
d. Are at least 33 and 1/3 percent of the Applicant's total assets dedicated to the development or management of affordable housing?	Yes/No	<ul style="list-style-type: none"> <li>Total assets are the sum of the value of all of the organization's assets.</li> <li>If the Applicant is relying on its Nonprofit Organization status for Eligibility, it must indicate it meets this test. CDFIs are only asked for tracking purposes.</li> </ul>	33 1/3% of Total Assets are for Affordable Housing	Picklist
e. Does the Applicant have any Affiliates that are also applying for a FY 2017 CMF Award?	Yes/No	<ul style="list-style-type: none"> <li>The answer to this question must be "No." Per the FY 2017 NOFA, 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 will reject all such Applications. See the CMF Interim Regulations (12 C.F.R. 1807) for the definition of Affiliate. If the organization has closely held Affiliates, the Applicant should be careful to select the most appropriate entity to carry out the proposed activities under this grant. <b>Note that the Applicant entity must meet the CMF eligibility requirements on its own.</b></li> </ul>	Affiliates Applying in the same CMF Funding Round	Picklist

Question 5 – Service Area				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Identify the type of Service Area the Applicant will serve	-- Multi-State -- Statewide (or	<ul style="list-style-type: none"> <li>An Applicant that proposes to serve a Service Area that includes individual</li> </ul>	Service Area Type	Picklist

<sup>2</sup> For Applicants that are governmental instrumentalities only, and as long as all other eligibility requirements are met, the CDFI Fund will accept a legal opinion from Applicant's counsel, in form and substance acceptable to the CDFI Fund, opining that the Applicant is exempt from federal taxation.

Question 5 – Service Area				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
with this award.	<i>territory-wide)</i> __ <i>Local (a county or set of counties)</i>	<p>counties in multiple states (e.g., the Philadelphia and Boston metropolitan areas) should select “Multi-state Service Area.”</p> <ul style="list-style-type: none"> <li>There are no National Service Areas for the FY 2017 CMF Round. The largest service area an Applicant can request is a multi-state service area with up to 10 states.</li> </ul>		
b. In the “Application Geographic Areas” Related List, identify the particular geographic areas that the Applicant will serve with this award.	See <a href="#">Appendix 1</a>	<ul style="list-style-type: none"> <li>The Application Geographic Areas Related List is located below the “Applicant Signature Block.”</li> <li>A multi-state Service Area can be no more than <b>10 states</b> as geographic areas.</li> <li>If you are a Certified CDFI, please note that the CMF Geographic Areas do not need to be the same as your CDFI Target Market.</li> </ul>	See <a href="#">Appendix 1</a>	See <a href="#">Appendix 1</a>

Question 6 – Requested Award				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. What is the total dollar amount of award requested in this Application?	\$_____	<ul style="list-style-type: none"> <li>The Applicant should request an amount that they can use to finance eligible activities with total Eligible Project Costs at least 10 times the amount of the CMF Award. The Applicant should also request an award amount that they are confident can be Committed for use within two years of the Effective Date of the Assistance Agreement, and achieve Project Completion within five years of the Effective Date of the Assistance Agreement.</li> <li>The Applicant may not request an amount below \$500,000.</li> <li>The Applicant may not request an amount above <b>\$17.9 million.</b></li> </ul>	<b>CMF Award Amount Requested</b>	Currency
b. Is there an absolute minimum amount below which the Applicant would be unwilling to accept a CMF award?	Yes/No	<ul style="list-style-type: none"> <li>Having a minimum request will not affect the scoring or evaluation of your 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 of 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.</li> </ul>	<b>Is There a Minimum Amount</b>	Picklist
c. If Yes to (b), provide the	\$_____	<ul style="list-style-type: none"> <li>The CDFI Fund reserves the right to make awards</li> </ul>	<b>If yes, Enter</b>	Currency



Question 6 – Requested Award				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
minimum amount:		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).	<b>Minimum Amount</b>	
d. If Yes to (b), how was the minimum amount in (c) determined?	<i>Narrative – 2,000 characters</i>	<ul style="list-style-type: none"> <li>Applicant should articulate why its business strategy would not be feasible with an award that is less than the minimum request.</li> </ul>	<b>If yes, how the amount determined</b>	Narrative

Question 7 – Total Estimated Hours to Complete the Application				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
Estimate the number of hours required to complete the entire Application package:	_____ hours	For the purpose of estimating Application completion hours, Applicants should focus only on the amount of time it took to complete and populate 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.	<b># of Hrs to Complete Application</b>	Numeric

Question 8 – Executive Summary				
This is a high level summary of your application strategy/vision. This will not be scored in the External Review phase.				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
Summarize the key elements of the CMF Proposal, including: <ul style="list-style-type: none"> <li>The challenge/need you are trying to address with a CMF Award.</li> <li>Your vision to address this challenge, strategy for achieving it, and the anticipated outcomes that will result from your strategy.</li> <li>How the CMF Award is key to enabling you to execute your strategy and to achieve these outcomes.</li> </ul>	<i>Narrative – 3,000 character limit</i>	<b>NOTE:</b> If the Applicant is a Certified CDFI Depository Institution Holding Company that intends to carry out the activities of a CMF Award through its Certified CDFI Subsidiary Insured Depository Institution, it must identify the name and CDFI Certification Number of this Certified CDFI Subsidiary depository institution in the Executive Summary (in addition to in Question 10b).	<b>Executive Summary</b>	Narrative

## Part 2: Business Strategy and Leveraging Strategy

Total Maximum Points for Business and Leveraging Strategy: 40 points

*An Applicant will generally be scored more favorably in this section to the extent that it: clearly aligns its proposed CMF Award activities with the affordable housing and financing gaps it identifies; demonstrates that its projected activities are achievable based on the Applicant's strategy and track record; describes a clear process for locating projects and proposes activities that have a clear need for CMF financing; has a clear strategy for and track record of leveraging private capital; and has a clear strategy for and demonstrates a track record of leveraging funds at the enterprise-level and/or through re-investments (if applicable). (See definition of "enterprise-level" in Question 14).*

### Proposed Uses of a CMF Award

Questions 9(a), 9(b), 9(c) and 10 address how the Applicant plans to use the CMF Award.

Question 9(a) – Eligible Activities				
Please estimate the percentage of <u>CMF Award dollars</u> that will be used for each of the CMF eligible uses (numbers must add up to 100%). 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).				
Sub-Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
i. Capitalize Loan Loss Reserves	_____ %	Loan Loss Reserves means proceeds from the CMF Award the Applicant plans to set aside in the form of cash reserves, or through accounting-based accrual reserves, to cover losses on loans, accounts, and notes receivable for Affordable Housing Activities and/or Economic Development.	% Capitalize loan loss reserves	Percentage
ii. Capitalize a Revolving Loan Fund	_____ %	Revolving Loan Fund means a pool of funds managed by the Applicant wherein repayment on loans for Affordable Housing Activities or Economic Development Activities are used to refinance additional loans.	% Capitalize a Revolving Loan Fund	Percentage
iii. Capitalize an Affordable Housing Fund	_____ %	Affordable Housing Fund means a loan, grant or equity investment fund that is managed by the Applicant and uses its capital to finance Affordable Housing Activities.	% Capitalize an Affordable Housing	Percentage
iv. Capitalize a fund to support Economic Development Activities	_____ %	A fund to support the development, preservation, acquisition and/or rehabilitation of Community Service Facilities and/or other physical structures. Must be In Conjunction With Affordable Housing Activities.	% Capitalize a fund for Econ. Dev.	Percentage
v. Make Risk-Sharing Loans	_____ %	Risk-Sharing Loans mean loans for Affordable Housing Activities and/or Economic Development in which the risk of borrower default is shared by the Applicant with other lenders (e.g.,	% To make Risk-Sharing Loans	Percentage

**Question 9(a) – Eligible Activities**

Please estimate the percentage of CMF Award dollars that will be used for each of the CMF eligible uses (numbers must add up to 100%). 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).

Sub-Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
		participation loans).		
vi. Provide Loan Guarantees	_____ %	Loan Guarantee means using CMF Award to support an agreement to indemnify the holder of a loan all or a portion of the unpaid principal balance in case of default by the borrower. The proceeds of the loan that is guaranteed with the CMF Award must be used for Affordable Housing Activities and/or Economic Development Activities. Examples include arrangements where the Applicant will assume or repay all or a portion of the debt if the borrower defaults.	% To provide Loan Guarantees	Percentage
vii. For Direct Administrative Expenses	_____ %	The Applicant may use no more than 5% of its CMF Award for Direct Administrative Expenses. For the FY 2017 CMF Round, the CDFI Fund anticipates allowing all Recipients to use up to 5 percent of their CMF Award for Direct Administrative Expenses. Any portion of the amount available for Direct Administrative Expenses may be used for direct costs related to the effective tracking and evaluation of program or evidence-based outcomes for CMF-funded Projects.	% For Direct Administrative Expenses	Percentage

**Question 9(b) – Financing Types**

Please estimate the percentage of CMF Award dollars and Leveraged Costs that will be used for each of the following types of financing. Please exclude any portion to be retained for Direct Administrative Expense. Percentages must add up to 100%.

Sub-Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
i. Predevelopment Financing	_____ %	Refers to costs related to determining the feasibility of a particular project, such as the costs of preliminary financial applications, legal fees, architectural fees, and engineering fees.	% Predevelopment financing	Percentage
ii. Property/Site Acquisition Financing	_____ %	This category refers to financing any costs associated with obtaining control of the site.	% Acquisition	Percentage
iii. Site Development Financing		This category refers to site work that occurs pre-construction (e.g. environmental remediation) and not site work that is routinely part of construction.	% Site Development Financing	Percentage
iv. Construction Financing	_____ %	This category refers to financing costs associated with the	% Construction	Percentage

**Question 9(b) – Financing Types**

Please estimate the percentage of CMF Award dollars and Leveraged Costs that will be used for each of the following types of financing. Please exclude any portion to be retained for Direct Administrative Expense. Percentages must add up to 100%.

Sub-Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
		construction of a Project.	financing	
v. Bridge Loans or Other Similar Short-Term Financing	_____ %	This category is for short term financing that doesn't fit into the categories in (i) – (iv).	% Bridge loans/short term financing	Percentage
vi. Permanent Financing (1 <sup>st</sup> Lien)	_____ %	This category refers to permanent financing (1 <sup>st</sup> Lien).	% Permanent financing (1 <sup>st</sup> Lien)	Percentage
vii. Permanent Financing (2 <sup>nd</sup> Lien or lower)	_____ %	This category refers to permanent financing (2 <sup>nd</sup> Lien or lower).	% Permanent financing (2 <sup>nd</sup> Lien)	Percentage
viii. Refinancing	_____ %	This category refers to refinancing costs.	% Refinancing	Percentage
ix. Loan Guarantees	_____ %	See question 9(a) for more detailed guidance.	% Loan Guarantees	Percentage
x. Equity	_____ %	This category refers to equity investments.	% Equity	Percentage

**Question 9(c) – Proposed Uses**

Please estimate the percentage of CMF Award dollars and Leveraged Costs that will be directed towards each of the following proposed uses. Please exclude any portion to be retained for Direct Administrative Expenses. All percentages must add up to 100%. Applicants will be restricted in the Assistance Agreement to using the CMF Award for Homeownership, Rental Housing, and/or Economic Development based on the selections in Q. 9(c).

Sub-Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
i. Home Ownership (Development)	_____ %	Development includes any combination of land acquisition, demolition of existing facilities, and construction of new facilities for Homeownership units for Affordable Housing	% Home Ownership (Development)	Percentage
ii. Home Ownership (Rehabilitation)	_____ %	Rehabilitation includes any repairs and/or capital improvements related to Homeownership units for Affordable Housing.	% Home Ownership (Rehabilitation)	Percentage
iii. Home Ownership (Mortgage finance)	_____ %	If you plan to use CMF to provide mortgage finance assistance to eligible Families to purchase Homeownership units.	% Home Ownership (Mortgage Finance)	Percentage
iv. Home Ownership (Purchase assistance)	_____ %	Purchase assistance means providing down payment or closing cost assistance to home buyers to assist with the purchase of a unit.	% Home Ownership (Purchase Assist.)	Percentage
v. Rental Housing (Development)	_____ %	Development includes any combination of land acquisition, demolition of existing facilities, and construction of new facilities for rental Affordable Housing units.	% Rental Housing (Development)	Percentage
vi. Rental Housing (Rehabilitation)	_____ %	Rehabilitation includes any repairs and/or capital improvements related to rental Affordable Housing.	% Rental Housing (Rehabilitation)	Percentage

**Question 9(c) – Proposed Uses**

Please estimate the percentage of CMF Award dollars and Leveraged Costs that will be directed towards each of the following proposed uses. Please exclude any portion to be retained for Direct Administrative Expenses. All percentages must add up to 100%. Applicants will be restricted in the Assistance Agreement to using the CMF Award for Homeownership, Rental Housing, and/or Economic Development based on the selections in Q. 9(c).

Sub-Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
vii. Rental Housing (Preservation)	_____ %	Preservation includes acquisition, with or without rehabilitation of at-risk affordable rental housing (already subsidized and restricted) as well as recapitalization of expiring LIHTC properties. <b>Note, in this scenario, the existing affordability and use restrictions must be extended by a minimum of 10 years.</b> Preservation also includes using CMF to convert non-restricted rental housing, such as “naturally occurring affordable housing” to Affordable Housing (with or without rehabilitation).	% Rental Housing (Preservation)	Percentage
viii. Economic Development Activities (including Community Service Facilities)	_____ %	No more than 30% of the CMF Award may be used for Economic Development Activities. If you would like to use your CMF Award to finance/support Economic Development Activities, this percentage must be greater than 0%, and your proposed activities must be clearly explained in your Application.	% Economic Development Activities	Percentage

**Question 10 – Market Gaps and Proposed Strategy and Activities**

Sub-Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Describe the challenges facing the Low-Income Families and communities within your Service Area. Your discussion should address: <ul style="list-style-type: none"> <li>The nature and extent of the Affordable Housing needs and, if applicable, the economic development/community service needs;</li> <li>Your vision of how you will use your CMF Award to address these needs.</li> </ul>	<i>Narrative – 5,000 characters</i>	<ul style="list-style-type: none"> <li>Support your narrative with relevant data where possible (e.g., metrics of demand for affordable housing, whether this unmet demand is more acute among certain subsets of the population, income characteristics of families in your Service Area, the extent of unemployment in your service area (if applicable), etc.) Be sure to cite the sources of any metrics you use in your narrative.</li> <li>Be sure to address whether you are planning on targeting certain more specific areas within your broader Service Area (e.g., you have a statewide service area, but plan to target your activities in 5 key cities, <b>or Non-Metropolitan Areas within a statewide Service Area</b>). If so, discuss these areas, their needs and your vision to address their needs in detail.</li> </ul>	<b>Communities Served</b>	Narrative

Question 10 – Market Gaps and Proposed Strategy and Activities				
Sub-Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
b. What financing gaps in your market are contributing to the challenges described in 10(a)? Describe what types of financing are missing or not available at the appropriate rates and terms, and why this financing is unavailable in the private marketplace	<i>Narrative – 4,000 character limit</i>	<ul style="list-style-type: none"> <li>Support your description with relevant data where possible (e.g., metrics related to financing gaps, examples of unaffordable financing, etc.). Be sure to cite the sources of any metrics you use in your narrative.</li> </ul>	<b>Market Gaps</b>	Narrative
<p>c. Describe your strategy to achieve your vision and address the gaps you have identified. Specifically, describe the financing activities that the CMF Award will support. Be sure to discuss:</p> <ul style="list-style-type: none"> <li>How your planned financing activities will address the challenges and financing gaps identified in Q. 10(a) and 10(b);</li> <li>The rates and terms of the proposed financing activities;</li> <li>How these rates and terms compare with what is otherwise available in your market, including the extent to which they are more favorable;</li> <li>Why the CMF Award is needed to be able to pursue/offer these financing activities.</li> <li>What will be the spread between the CMF cost of funds (0%) and the interest rate you intend to charge?</li> </ul>	<i>Narrative – 5,000 character limit</i>	<ul style="list-style-type: none"> <li>Your strategy is an important piece of your Application. It should be evident that your strategy and the financing activities you will undertake tie to the needs in your community, fill market gaps and will help you achieve your vision.</li> <li>Address how the terms of your financing activities are different and more favorable than what is available in the market.</li> <li>If the Applicant is a Nonprofit Affordable Housing developer who is planning to use the CMF Award to finance its own projects, it should clearly state how the CMF Award dollars will be delivered to the project (e.g., grant, loan, etc.).</li> <li>For Applicants proposing to make a loan or an equity investment, describe rates and terms of the loan/investment. Be sure to clearly state the role the CMF Award will play in project financing and why other sources of capital are unavailable or inadequate.</li> <li>Identify the spread between the CMF Cost of Funds (0%) and the rate you intend to charge your borrowers or Project.</li> <li>If the Applicant is a Certified CDFI Depository Institution Holding Company that intends to carry out the activities of a CMF Award through its Certified CDFI Subsidiary Insured Depository Institution, it must identify the name and CDFI Certification Number of this Certified CDFI Subsidiary depository institution in Q. 10b (in addition to in Question 8).</li> </ul>	<b>Proposed Financing Activities</b>	Narrative

## Projections and Track Record

Questions 11 and 12 focus on the Applicant’s projections and track record. These questions elaborate on the data asked for in the Track Record and Projections related list which can be found in Appendix 2.

Question 11 – Projected Performance and Pipeline				
Sub-Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Complete the “Proposed CMF Commitment Schedule” Record in the Track Record and Projections Related List. See <a href="#">Appendix 2, Table A</a> .	See <a href="#">Appendix 2, Table A</a>	See <a href="#">Appendix 2, Table A</a> .	See <a href="#">Appendix 2, Table A</a>	See <a href="#">Appendix 2, Table A</a>
b. Complete the data by year for the “Projected Performance and Financing” Records for 2018 – 2022 in the Track Record and Projections Related List. See <a href="#">Appendix 2, Tables B, C, and D</a> .	See <a href="#">Appendix 2, Tables B-D</a>	See <a href="#">Appendix 2, Tables B, C, and D</a> .	See <a href="#">Appendix 2, Tables B-D</a>	See <a href="#">Appendix 2, Tables B-D</a>
c. Describe how the Applicant determined the Proposed CMF Commitment Schedule and developed the financing projections for 2018-2022. Be sure to address the following factors: <ul style="list-style-type: none"> <li>• How your projections compare to your past volume of activity;</li> <li>• How your projected outputs (e.g., units produced, dollars of financing) address the housing and economic development (if applicable) gaps identified in Q. 10(a);</li> <li>• The extent to which your projections are based on an identified pipeline of potential investments.</li> <li>• Any risks that may impact your ability to achieve projections and steps to mitigate those risks.</li> </ul>	Narrative – 5,000 characters	<ul style="list-style-type: none"> <li>• Assume that you will receive a CMF Award no earlier than January 1, 2018 (if selected).</li> <li>• To the extent the Applicant is proposing a significant increase in activities compared with its track record, be sure to describe why this increase is reasonable and achievable.</li> <li>• If your projections rely on investments in LIHTC projects that have not yet received credit allocations, be sure to discuss your risk management strategy for this issue.</li> <li>• If you have a project pipeline, describe it in terms of dollar amounts, number of projects, units, etc.</li> </ul>	Describe Projections	Narrative
d. Describe how you will build a pipeline of suitable projects for your CMF Award in your Service Area. Be sure to address the factors you look for in potential projects, the extent to which you will utilize community partnerships and referrals to identify projects, your process	Narrative – 3,000 characters	<ul style="list-style-type: none"> <li>• If you intend to pursue different types of activities or financing types (e.g. rental housing and economic development, or pre-development and construction lending), be sure to discuss how you will approach each type.</li> <li>• To the extent you have an on-going pipeline of potential projects, describe the size of the pipeline both in terms of</li> </ul>	Identifying Pipeline Projects	Narrative

Question 11 – Projected Performance and Pipeline				
Sub-Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
for making lending/investment decisions, and determining the need for CMF investment.		number of projects and dollar amount.		
e. Provide sample projects for each of your proposed activities in the “Applicant Pipeline Projects” related list. See <a href="#">Appendix 3</a> .	See <a href="#">Appendix 3</a>	See <a href="#">Appendix 3</a> .	See <a href="#">Appendix 3</a>	See <a href="#">Appendix 3</a>

Question 12 – Track Record				
Sub-Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Complete the “Financing Track Record” Records for 2012-2016 in the Track Record and Projections Related List. See <a href="#">Appendix 4, Tables E, F, and G</a> .	See <a href="#">Appendix 4, Tables E-G</a>	See <a href="#">Appendix 4, Tables E, F, and G</a> .	See <a href="#">Appendix 4, Tables E-G</a>	See <a href="#">Appendix 4, Tables E-G</a> .
b. Describe the Applicant’s track record relevant to its proposed financial products and activities in Question 10 and Question 11. Be sure to address: <ul style="list-style-type: none"> <li>• The Applicant’s experience serving its proposed Service Area;</li> <li>• The Applicant’s experience undertaking activities similar to what it proposes to undertake with its CMF Award.</li> </ul>	Narrative – 5,000 characters	<ul style="list-style-type: none"> <li>• Please be sure to limit your answer to the time period(s) specified in the table.</li> </ul>	Describe Applicant’s Track Record	Narrative



## Leveraging the CMF Award

The CMF authorizing statute requires that Recipients use the CMF Award to finance/support projects with Eligible Project Costs totaling at least ten times the CMF Award amount. The CDFI Fund refers to this as “leveraging” the CMF Award. Questions 13-18 ask the Applicant to detail its strategy for leveraging the CMF Award.

Question 13 – Overall Leverage Summary				
In this question, please provide information on your overall plans for leveraging your CMF Award.				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Your organization’s CMF Award Request:	Auto-Calculated	This will auto-populate based on your response to 6(a).	CMF Award Amount Requested	Auto-Calculated
b. How much additional capital will be attracted by your CMF Award? In other words, how much to do anticipate generating in Leveraged Costs with your CMF Award?	\$_____	<u>Leveraged Costs</u> means costs for Affordable housing Activities and Economic Development Activities that exceed the dollar amount of the CMF Award, as further described in CFR 1807.500.	Projected Leveraged Costs	Currency
c. How much of (b) above will be generated from private, third party sources?	\$_____	13(c) + 13(d) + 13(e) must equal 13(b).	Lev. Projection 3rd Party Private \$	Currency
d. How much of (b) above will be contributed by you (the Applicant or any Affiliates)?	\$_____	<ul style="list-style-type: none"> <li>13(c) + 13(d) + 13(e) must equal 13(b).</li> <li>Do not include your CMF Award in this figure.</li> </ul>	Lev. Projection Related Private \$	Currency
e. How much of (b) above will be generated from public sources?	\$_____	<ul style="list-style-type: none"> <li>13(c) + 13(d) + 13(e) must equal 13(b).</li> <li>Do not include your CMF Award in this figure.</li> </ul>	Lev. Projection Public \$	Currency
f. What are the total Eligible Project Costs that will be financed/supported with your CMF Award?	Auto-Calculated	Auto-calculated by adding 13(a) and 13(b).	Projected Eligible Project Costs	Auto-Calculated
g. Your Organization's projected Leverage Multiplier:	_____	Projected Leverage Multiplier = Projected Eligible Project Costs ÷ CMF Award Request	Leveraging Projection Multiplier	Auto-Calculated

**Question 14 – Enterprise-Level Leverage (if applicable)**

The questions below focus on the Applicant's plans to leverage its CMF Award at the "Enterprise-level." Leveraging the CMF Award at the **"Enterprise-level" means using the CMF Award to raise additional capital for the organization that is not restricted to specific projects at the time it is raised.** Enterprise-level leverage, can include but are not limited to Program-Related Investments (PRIs), loans from third parties, and the organization's own contributed capital (equity or retained earnings). Enterprise-level leverage must be used to finance Eligible Project Costs. The Applicant only needs to respond to Questions 14(e), 14(f) and 14(g) if any of 14(a) – 14(c) are greater than 0.

Here is an example of Enterprise-Level Leverage:

- An Applicant receives a \$2 million CMF award and will leverage that 10 times to create a \$20 million Affordable Housing Fund. The Affordable Housing Fund will be comprised of \$2 million in CMF funding and \$18 million in leveraged funds. Of the \$18 million, \$16 million is from private, third party sources (\$15 million bank line of credit and \$1 million foundation Program Related Investments (PRI)). The Affordable Housing Fund also includes \$1 million from the city and the Applicant is contributing \$1 million of their own funds. Only the bank loan and foundation investment would be counted as private, third party leverage. The total Enterprise-level Leverage in this example is \$18 million.

Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. How much capital have you raised or do you plan to raise at the Enterprise-level from 3 <sup>rd</sup> party, private sources with your CMF Award?	\$-----	Any capital designated by the capital provider for a specific, identified project cannot be included here.	<b>Enterprise-level - 3rd Party Private \$</b>	Currency
b. How much of your own (or any Affiliate's) private internal capital do you plan to contribute and combine with a CMF Award?	\$-----	Private internal capital is retained earnings, unrestricted net assets, etc.	<b>Enterprise-level - Related Private \$</b>	Currency
c. How much capital have you raised or do you plan to raise from public sources at the Enterprise-level with your CMF Award?	\$-----	Any capital designated by the capital provider for a specific, identified project cannot be included here.	<b>Enterprise-level - Public \$</b>	Currency
d. Total amount of Enterprise-level leverage.	Auto-Calculated	Calculated by adding 14(a) +14(b) +14(c). Must be less than 13(b).	<b>Enterprise-level total \$</b>	Auto-Calculated
e. Describe your strategy to leverage your CMF Award by using it to attract additional Enterprise-level capital. To the extent you are planning to raise capital from third party, private sources, internal sources, and/or public sources, be sure to separately describe your strategy for each potential source.	<i>Narrative – 3,000 characters</i>	If you don't plan to leverage Enterprise-level capital, answer this question with "Not Applicable."	<b>Enterprise-level Leverage Strategy</b>	Narrative
f. Discuss your organization's prior relevant experience raising funds from the sources you are targeting for Enterprise-level capital.	<i>Narrative – 3,000 characters</i>	If you don't plan to leverage Enterprise-level capital, answer this question with "Not Applicable."	<b>Enterprise-level Track Record</b>	Narrative
g. If you have identified potential sources of	See	<ul style="list-style-type: none"> <li>See <a href="#">Appendix 5</a>.</li> </ul>	<b>See <a href="#">Appendix 5</a></b>	See

**Question 14 – Enterprise-Level Leverage (if applicable)**

The questions below focus on the Applicant's plans to leverage its CMF Award at the "Enterprise-level." Leveraging the CMF Award at the **"Enterprise-level" means using the CMF Award to raise additional capital for the organization that is not restricted to specific projects at the time it is raised.** Enterprise-level leverage, can include but are not limited to Program-Related Investments (PRIs), loans from third parties, and the organization's own contributed capital (equity or retained earnings). Enterprise-level leverage must be used to finance Eligible Project Costs. The Applicant only needs to respond to Questions 14(e), 14(f) and 14(g) if any of 14(a) – 14(c) are greater than 0.

Here is an example of Enterprise-Level Leverage:

- An Applicant receives a \$2 million CMF award and will leverage that 10 times to create a \$20 million Affordable Housing Fund. The Affordable Housing Fund will be comprised of \$2 million in CMF funding and \$18 million in leveraged funds. Of the \$18 million, \$16 million is from private, third party sources (\$15 million bank line of credit and \$1 million foundation Program Related Investments (PRI)). The Affordable Housing Fund also includes \$1 million from the city and the Applicant is contributing \$1 million of their own funds. Only the bank loan and foundation investment would be counted as private, third party leverage. The total Enterprise-level Leverage in this example is \$18 million.

Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
Enterprise-level capital to leverage with your CMF Award, provide the information in <a href="#">Appendix 5</a> .	<a href="#">Appendix 5</a>			<a href="#">Appendix 5</a>

**Question 15 – Re-investment (if applicable)**

The questions below focus on the Applicant's plans to leverage its CMF Award by re-investing CMF Award dollars and/or Enterprise-level capital. Applicants in the FY 2017 CMF Round are required to re-invest any principal repayments of CMF Award dollars into Eligible Activities during the five year Investment Period. If the Applicant does not anticipate re-deploying CMF Award dollars within the 5-year Investment Period, the amount should be zero.

Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. How much of your CMF Award will be re-invested during the five year investment period?	\$_____	<ul style="list-style-type: none"> <li>Only list capital that will be re-invested by the Applicant.</li> <li>Enter "0" if you are not planning to re-invest the CMF Award within the 5-year Investment Period.</li> </ul>	<b>Reinvestments – CMF \$</b>	Currency
b. How much of your Enterprise-level capital will be re-invested during the five year investment period?	\$_____	<ul style="list-style-type: none"> <li>Only list capital that will be re-invested by the Applicant.</li> <li>If 15(b) is greater than 0, 15(a) must also be greater than 0.</li> <li>Enter "0" if you are not planning to re-invest any Enterprise-level funds within the 5-year Investment Period or if 14(d) is \$0.</li> </ul>	<b>Reinvestments – Enterprise \$</b>	Currency

**Question 15 – Re-investment (if applicable)**

The questions below focus on the Applicant's plans to leverage its CMF Award by re-investing CMF Award dollars and/or Enterprise-level capital. Applicants in the FY 2017 CMF Round are required to re-invest any principal repayments of CMF Award dollars into Eligible Activities during the five year Investment Period. If the Applicant does not anticipate re-deploying CMF Award dollars within the 5-year Investment Period, the amount should be zero.

Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
c. Please outline how much your organization plans to re-invest every year during the five year Investment Period.	Yr 1: \$ _____ Yr 2: \$ _____ Yr 3: \$ _____ Yr 4: \$ _____ Yr 5: \$ _____	The sum of re-investment in Years 1-5 (Investment Period) needs to equal Q. 17(a) + 17(b).	<ul style="list-style-type: none"> <li>• Year 1 Projected Reinvestment \$ Amount</li> <li>• Year 2 Projected Reinvestment \$ Amount</li> <li>• Year 3 Projected Reinvestment \$ Amount</li> <li>• Year 4 Projected Reinvestment \$ Amount</li> <li>• Year 5 Projected Reinvestment \$ Amount</li> </ul>	Currency
d. If your response to Q. 15(a) was greater than \$0, describe your strategy for re-investment. In particular, discuss how much capital you anticipate will be repaid during the 5-year investment, how you developed the schedule for re-investment in 15(c), and how you plan to identify potential reinvestment opportunities.	<i>Narrative – 3,000 characters</i>	Enter “NA” if your response to Q17(a) was \$0. If you need to reinvest your CMF Award to reach a 10 times leverage multiplier, be sure to indicate that in this narrative.	<b>Reinvestment Strategy</b>	Narrative
e. If your response to Q. 15(a) was greater than \$0, discuss your track record of re-investing capital.	<i>Narrative – 3,000 characters</i>	Enter “NA” if your response to Q17(a) was \$0.	<b>Reinvestment Track Record</b>	Narrative

**Question 16 – Applicant-Level Leverage Multiplier**

The Applicant-Level leverage multiplier is calculated by summing your CMF Award request, Enterprise-level leverage (14d) and Re-investment leverage (Q. 15a and Q. 15b) and dividing that sum by your award request (13a). If selected for a CMF Award, it will serve as a condition to your organization's Assistance Agreement.

Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Your organization's Applicant-level Leverage Multiplier:	_____	Applicant-level Leverage Multiplier = (Enterprise-Level Total \$ + Reinvestments-CMF \$ + Reinvestments-Enterprise \$ + CMF Award Amount Requested) ÷ CMF Award Request	<b>Applicant Level Multiplier</b>	Auto-calculated

**Question 17 – Project-Level Leverage (if applicable)**

Project-level leverage can, among other things, include mortgages secured by the property, proceeds from the sale of bonds, equity investment raised through LIHTC, deferred developer fees, loans and grants from local and state government made directly to the Project. Project-level leverage does not include Enterprise-level funds or Reinvestments. **Project-level leverage is the difference between the total Eligible Project Costs of the Project and the amount of financing or capital provided to the Project by the Applicant.** Here are two examples:

- Example 1: The Applicant is using a CMF Award to support a multi-family rental project with total Eligible Project Costs of \$2.5 million. In total, the Applicant will be providing \$500,000 in financing from their own funds (Enterprise-level) and \$500,000 from its CMF Award to the project. The amount of Project-level leverage is \$1.5 million.
- Example 2: The Applicant is using a CMF Award to seed an Affordable Housing Fund that will provide soft second mortgages to Low-Income Families. This fund provides a second mortgage of \$10,000 (\$5,000 of their own funds and \$5,000 in CMF) to a homebuyer to help finance a home purchase of \$100,000. The amount of Project-level leverage is \$90,000.

Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. How much capital do you plan to leverage at the project-level from 3 <sup>rd</sup> party, private sources?	\$-----	Examples may be a mortgage secured by the property or equity investment raised through LIHTC.	<b>Project Level 3rd Party Private \$</b>	Currency
b. How much capital do you plan to leverage at the project-level from public sources?	\$-----	Examples may be grants or loans from local or state government.	<b>Project Level Public \$</b>	Currency
c. Total amount of Project-level leverage	Auto-Calculated	This field will be auto-calculated. It is the sum of 17(a) and 17(b).	<b>Project Level Total \$s</b>	Auto-Calculated
d. Describe your approach to leveraging at the project-level. Be sure to discuss, on average, how much of the Eligible Project Costs the Applicant will fund and how much will be funded by other sources (i.e., project level sources). If you plan to fund projects that have not secured all the necessary sources of financing, be sure to discuss your strategy for managing the risk that these other sources will not be available.	<i>Narrative – 3,000 characters</i>	<ul style="list-style-type: none"> <li>• As part of this narrative, be sure to identify likely sources of Project-level leverage (e.g., bank loan, LIHTC equity, etc.).</li> <li>• If you are relying on LIHTC to provide a portion of your project-level leverage, be sure to discuss how you plan to mitigate any risk associated with the possibility of not receiving a planned allocation of credits and/or issues caused by credit pricing.</li> </ul>	<b>Project-level Strategy</b>	Narrative
e. Discuss the Applicant's track record in the last five years of providing financing that leverages project costs beyond the Applicant's financing.	Narrative – 3,000 characters	Discussion should be thorough, descriptive, and provide quantitative as well as qualitative information.	<b>Project-level Track Record</b>	Narrative

Question 18 – Private Leverage				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Your organization's overall Private Leverage Multiplier:	Auto-Calculated	This multiplier is calculated by dividing the sum of 13(c) and 13(d) by your CMF Award request. If selected for a CMF award, your organization will be held to this multiplier in your Assistance Agreement. If your projected multiplier is greater than 10, your organization will be held to a multiplier of 10 in your Assistance Agreement.	<b>Private Leverage Multiplier</b>	Auto-Calculated
b. Describe efforts the Applicant will undertake to attract private sector capital in support of its CMF activities. Be sure to specifically address your strategy for raising third-party private capital from sources unrelated to the Applicant, if applicable.	Narrative – 3,000 characters	If you are relying on LITHC to provide a portion of your project-level leverage, be sure to discuss how you plan to mitigate any risk of not receiving a planned allocation of credits and/or issues caused by credit pricing.	<b>Private Leverage Strategy Narrative</b>	Narrative

## Potential Adjustments

Question 19 – Potential Adjustments				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
If the Applicant receives less than its proposed award request, how will it adjust its business strategy and leveraging strategy? For example, what activities will be prioritized? Will leverage amount remain the same? Will income targeting change?	<i>Narrative – 2,000 character limit</i>	If the Applicant is recommended to receive a CMF Award less than its request, the CDFI Fund may reduce the number of allowable activities in the Applicant's Assistance Agreement (assuming the Applicant proposed more than one). In that situation, the CDFI Fund would use the Applicant's response to this question as a basis for those adjustments. If the Applicant doesn't present clear priorities, the CDFI Fund will adjust as it sees fit.	<b>Potential Adjustments</b>	Narrative

## Part 3: Community Impact

Total Maximum Points for Community Impact: 35 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: demonstrates how the expected outcomes will address community needs; commits to producing a higher percentage of rental housing units targeted to Very Low-Income Families (if proposing to use CMF for rental housing); commits to producing a higher percentage of homeownership units targeted to Low-Income Families (if proposing to use CMF for homeownership); demonstrates a clear and compelling strategy for producing housing units targeted to Low-Income Families (for homeownership) and Very-Low Income Families (for rental); for Economic Development Activities, it demonstrates how its proposed Economic Development Activities fit within a Concerted Strategy and will benefit the residents of the surrounding Affordable Housing; and demonstrates that low-income stakeholders play an important role in **executing your business strategy**; and commits to producing a higher percentage of units in Areas of Economic Distress.

### Potential Outcomes and Impacts

Question 20– Housing and Economic Development Outcomes				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Describe the outcomes you expect will result from Affordable Housing Activities. Discuss how these outcomes will impact the community needs described in Q. 10(a) and how you will evaluate whether you are achieving these outcomes. Please cite any relevant studies or program evaluations which support that your proposed activities will achieve these outcomes.	Narrative – 5,000 character limit	CMF is encouraging Applicants to use an evidence-based approach in determining its strategy, anticipated outcomes and the impact that may result for the community or individuals and families. Outcomes typically measure the actual results or progress towards a goal (e.g., <b>number of units developed; number of families able to buy their first home</b> ) while impact looks at the improvements in the community or the lives of those served as a result of outcomes (e.g., neighborhood revitalization or better quality of life for individuals). <b>Both outcomes and impact should demonstrate progress in addressing the identified community needs.</b>	Housing Outcomes	Narrative
b. If you intend to finance Economic Development Activities, describe the outcomes (e.g., jobs created, etc.) and the impact you expect will result from your Economic Development Activities. Be sure to address the following: <ul style="list-style-type: none"> <li>How these activities will impact the</li> </ul>	Narrative – 5,000 character limit	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. Please refer to Question #23 in the CMF Application FAQ document for the definition of and	Economic Development Outcomes	Narrative

Question 20– Housing and Economic Development Outcomes				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
<p>community needs described in Q. 10(a)</p> <ul style="list-style-type: none"> <li>How you will evaluate whether you are achieving these outcomes.</li> <li>The extent to which residents of the surrounding affordable housing will benefit.</li> <li>Please cite any relevant studies or program evaluations that support that your proposed activities will achieve these outcomes.</li> </ul>		additional information on Low-Income Areas.		
c. 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	If the Applicant proposes to finance Economic Development Activities, it will score more favorably to the extent it selects “Yes” in Question #20(c). This commitment will become a condition of the Applicant’s Assistance Agreement.	<b>Economic Development Activities Commitment</b>	Picklist

## Economic Distress and Income Targeting

Question 21 – Areas of Economic Distress				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
What is the minimum percentage of the Applicant’s total CMF-financed housing units that will be located in Areas of Economic Distress?	-----%	<ul style="list-style-type: none"> <li>Areas of Economic Distress are census tracts: (a) where at least 20 percent of households that Very Low-Income (50% of AMI or below) spend more than half of their income on housing; or (b) where the unemployment rate is at least 1.5 times the national average; or (c) that are Low-Income Housing Tax Credit Qualified Census Tracts; or (d) where greater than 20 percent of households have incomes below the poverty rate and the rental vacancy rate is at least 10 percent; or (e) where greater than 20 percent of the households have incomes below the poverty rate and the homeownership vacancy rate is at least 10 percent; or (f) Are Underserved Rural Areas as defined in the CMF Interim Rule (as amended February 8, 2016; 12 CFR Part 1807).</li> <li>The CDFI Fund will use the information obtained from Question</li> </ul>	<b>Min % Units in Economic Distress</b>	Percent



Question 21 – Areas of Economic Distress				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
		<p>#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 Economic Distress (which includes Underserved Rural Areas).</p> <ul style="list-style-type: none"> <li>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 as a condition of its Assistance Agreement.</li> </ul>		

Question 22 – Affordable Housing Activities Targeting LI, VLI, and ELI Populations				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Describe the income levels you intend to serve using CMF funds. Discuss the extent to which your CMF Award will enable you to finance/produce more units of affordable housing than would otherwise be possible without a CMF award.	<i>Narrative – 3,000 character limit</i>	Be specific as to how a CMF Award will allow you to increase your level of housing finance/production and/or pursue targeting units for families with lower incomes than would otherwise be possible.	LI, VLI, and ELI Narrative	Narrative
b. Within each income category below, indicate the number of additional housing units that the CMF Award will allow the Applicant to finance/produce in the next five years. <ul style="list-style-type: none"> <li>Units Available to 0-30% AMI</li> <li>Units Available to 31-50% AMI</li> <li>Units Available to 51-80% AMI</li> <li>Units Available to 81-120% AMI</li> </ul>	----- ----- ----- -----	When responding to this question, use your expected housing finance/production for the next five years as a baseline. If you receive a CMF Award, how will the amount of units you are able to finance/produce increase?	<ul style="list-style-type: none"> <li># Additional 0-30% AMI Units</li> <li># Additional 31-50% AMI Units</li> <li># Additional 51-80% AMI Units</li> <li># Additional 81-120% AMI Units</li> </ul>	Numeric
c. If you are proposing to finance rental		<ul style="list-style-type: none"> <li>If applicable, Applicants will generally be scored more</li> </ul>	• % of Units for LI	Percentage

Question 22 – Affordable Housing Activities Targeting LI, VLI, and ELI Populations				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
<p>housing, indicate the minimum percentage of the total number of Affordable housing units that the Applicant will commit to financing for each of the following income groups:</p> <ul style="list-style-type: none"> <li>Low-Income Families (51-80% of the area median income)</li> <li>Very-Low Income Families (31-50% of the area median income)</li> <li>Extremely Low-Income Families (30% or below the area median income)</li> </ul>	<p>---- Units</p> <p>---- Units</p> <p>---- Units</p>	<p>favorably to the extent they commit to produce a greater portion of total Rental units available to Very Low-Income and/or Extremely Low-Income Families. Applicants will be held to achieving this commitment as a condition of their Assistance Agreement.</p> <ul style="list-style-type: none"> <li>Please refer to the definitions for Affordable Housing Activities and Affordable Housing laid out in section 1807.104 of the Interim Regulations (12 C.F.R. 1807).</li> <li>Note that greater than 50% of the total Eligible Project Costs (CMF Award plus Leveraged 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 2017 NOFA, a minimum of 20% of the total <u>rental housing</u> units financed/supported with a FY2017 CMF Award must be targeted to Very Low-Income or Extremely Low-Income Families.</li> </ul>	<p><b>Families (Rental)</b></p> <ul style="list-style-type: none"> <li>% of Units for VLI Families (Rental)</li> <li>% of Units for ELI Families (Rental)</li> </ul>	
<p>c. If you are proposing to finance Homeownership, indicate the minimum percentage of the total number of Affordable housing units that the Applicant will commit to financing for each of the following income groups:</p> <ul style="list-style-type: none"> <li>Low-Income Families (51-80% of the area median income)</li> <li>Very-Low Income Families (50-31% of the area median income)</li> <li>Extremely Low-Income Families (30% or below the area median income)</li> </ul>	<p>---- Units</p> <p>---- Units</p> <p>---- Units</p>	<ul style="list-style-type: none"> <li>See note above about definitions.</li> <li>Note that greater than 50% of the total Eligible Project Costs (CMF Award plus Leveraged 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 2017 NOFA, a minimum of 20% of <u>homeownership</u> units financed/supported with a CMF Award must be targeted to Low-Income, Very Low-Income or Extremely Low-Income Families.</li> <li>If applicable, Applicants will generally be scored more favorably to the extent they commit to produce a greater portion of total Homeownership units available to Low-Income Families.</li> </ul>	<ul style="list-style-type: none"> <li>% of Units for LI Families (Ownership)</li> <li>% of Units for VLI Families (Ownership)</li> <li>% of Units for ELI Families (Ownership)</li> </ul>	Percentage

## Community Engagement and Strategy Alignment

Question 23 – Low-Income Community Engagement Strategy				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
Describe the Applicant's strategy for soliciting feedback from community stakeholders, including low-income community stakeholders. Specifically discuss how this feedback will inform the process of executing your CMF business strategy.	<i>Narrative – 3,000 character limit</i>	Examples of processes for incorporating community stakeholders include: community meetings, design charrettes, consulting a community advisory board, etc.	<b>Low-Income Engagement Strategy</b>	Narrative

Question 24 – Alignment with Place-based Strategies				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Please discuss the extent to which your planned CMF activities will be part of a place-based strategy (federal/state/local). Identify these strategies to the extent possible and describe how the activities will align with and support the strategy(ies).	<i>Narrative – 3,000 character limit</i>	<ul style="list-style-type: none"> <li>Place-based strategies are defined as policies that leverage investments by focusing resources in targeted places and drawing on the compounding effect of well-coordinated action. Such policies can also streamline otherwise redundant and disconnected programs.</li> <li><b>This question applies to all Applicants, not just those pursuing Economic Development Activities.</b></li> </ul>	<b>Place-based Strategies Alignment</b>	Narrative
b. 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 <u>Concerted Strategy</u> by a government agency, HOME Program Participating Jurisdiction, or other relevant entity.	<i>Narrative – 3,000 character limit</i>	<ul style="list-style-type: none"> <li>This is a regulatory requirement. CMF Interim Rule (12 CFR § 1807.104)</li> <li><i>Concerted Strategy</i> means a formal planning document that evidences the connection between Affordable Housing Activities and Economic Development Activities. Such documents include, but are not limited to, a comprehensive, consolidated, or redevelopment plan, or some other local or regional planning document adopted or approved by the jurisdiction.</li> <li>N/A if your organization is not proposing to use its CMF Award for Economic Development Activities.</li> </ul>	<b>Concerted Strategy Alignment (EDA)</b>	Narrative

## Non-Metropolitan Areas

Answers to Question 25 will not affect the scoring of the Application. The CDFI Fund will use the information collected in this question to ensure that it achieves the appropriate geographic diversity between Metropolitan and Non-Metropolitan Areas. An Applicant is therefore required to provide two target estimates: the minimum percentage of CMF dollars that it is willing to commit to investing in Non-Metropolitan Areas and the maximum percentage of CMF dollars that it is willing to commit to investing in Non-Metropolitan Areas. Non-Metropolitan 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 using a required percentage of CMF Award dollars in Non-Metropolitan 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).

Question 25 – Non-Metropolitan Areas				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Indicate the <u>minimum</u> percentage of CMF Award dollars that the Applicant is willing to commit to deploy in Non-Metropolitan Areas:	-----%	<ul style="list-style-type: none"> <li>The percentage entered must be between 0 and 100.</li> </ul>	<b>Min. Investment in Non-Metro Areas</b>	Percentage
b. Indicate the <u>maximum</u> percentage of CMF Award dollars that the Applicant is willing to commit to deploy in Non-Metropolitan Areas:	-----%	<ul style="list-style-type: none"> <li>The percentage entered must be between 0 and 100.</li> </ul>	<b>Max. Investment in Non-Metro Areas</b>	Percentage
c. If the response to (a) or (b) was greater than 0%, briefly describe the Applicant's track record of serving Non-Metropolitan Areas. Be sure to indicate, both in dollar amount and as a percentage of the Applicant's overall activities, the amount of loans, investments or related activities the Applicant has undertaken in Non-Metropolitan Areas.	<i>Narrative – 3,500-character limit</i>	<ul style="list-style-type: none"> <li>Enter "N/A" if maximum percentage in 25(b) is 0.</li> </ul>	<b>Non-Metro Track Record Narrative</b>	Narrative
d. For the Applicant's activity between 2012 and 2016 provide the following information for housing units targeted to 0-30% area median income (AMI) in <u>Non-Metropolitan counties</u> : <ul style="list-style-type: none"> <li>Total project costs financed/supported</li> <li>Total Units produced</li> </ul>	\$_____ Costs _____ Units	<ul style="list-style-type: none"> <li>If your organization doesn't have a track record in Non-Metropolitan counties, enter "0" into both of these fields in AMIS.</li> </ul>	<ul style="list-style-type: none"> <li><b>Non-Metro 0-30% AMI Costs \$</b></li> <li><b>Non-Metro 0-30% AMI Units</b></li> </ul>	<ul style="list-style-type: none"> <li>Currency</li> <li>Numeric</li> </ul>
e. For the Applicant's activity between 2012 and 2016, provide the following information for housing units targeted to 31-50%	\$_____ Costs _____ Units	<ul style="list-style-type: none"> <li>If you don't have a track record in Non-Metropolitan counties, enter</li> </ul>	<b>Non-Metro 31-50% AMI Costs \$</b>	<ul style="list-style-type: none"> <li>Currency</li> <li>Numeric</li> </ul>

Question 25 – Non-Metropolitan Areas				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
AMI in <u>Non-Metropolitan counties</u> : <ul style="list-style-type: none"> <li>Total project costs financed/supported</li> <li>Total Units produced</li> </ul>		“0” into both of these fields in AMIS.	<ul style="list-style-type: none"> <li><b>Non-Metro 31-50% AMI Units</b></li> </ul>	
f. For the Applicant’s activity between 2012 and 2016, provide the following information for housing units targeted to 51-80% AMI in <u>Non-Metropolitan counties</u> : <ul style="list-style-type: none"> <li>Total project costs financed/supported</li> <li>Total Units produced</li> </ul>	\$_____ Costs _____ Units	<ul style="list-style-type: none"> <li>If you don’t have a track record in Non-Metropolitan counties, enter “0” into both of these fields in AMIS.</li> </ul>	<ul style="list-style-type: none"> <li><b>Non-Metro 51-80% AMI Costs \$</b></li> <li><b>Non-Metro 51-80% AMI Units</b></li> </ul>	<ul style="list-style-type: none"> <li>Currency</li> <li>Numeric</li> </ul>
g. For the Applicant’s activity between 2012 and 2016, provide the following information for housing units targeted to 81-120% AMI in <u>Non-Metropolitan counties</u> : <ul style="list-style-type: none"> <li>Total project costs financed/supported</li> <li>Total Units produced</li> </ul>	\$_____ Costs _____ Units	<ul style="list-style-type: none"> <li>If you don’t have a track record in Non-Metro counties, enter “0” into both of these fields in AMIS.</li> </ul>	<ul style="list-style-type: none"> <li><b>Non-Metro 81-120% AMI Costs \$</b></li> <li><b>Non-Metro 81-120% AMI Units</b></li> </ul>	<ul style="list-style-type: none"> <li>Currency</li> <li>Numeric</li> </ul>
g. For the Applicant’s activity between 2012 and 2016, provide the following information for housing units targeted to over 120% AMI in <u>Non-Metropolitan counties</u> : <ul style="list-style-type: none"> <li>Total project costs financed/supported</li> <li>Total Units produced</li> </ul>	\$_____ Costs _____ Units	<ul style="list-style-type: none"> <li>If you don’t have a track record in Non-Metropolitan counties, enter “0” into both of these fields in AMIS.</li> </ul>	<ul style="list-style-type: none"> <li><b>Non-Metro 120% AMI Costs \$</b></li> <li><b>Non-Metro 120% AMI Units</b></li> </ul>	<ul style="list-style-type: none"> <li>Currency</li> <li>Numeric</li> </ul>
g. For the Applicant’s activity between 2012 and 2016, provide the following information based on the total housing units produced in Areas of Economic Distress located in <u>Non-Metropolitan counties</u> : <ul style="list-style-type: none"> <li>Total project costs financed/supported</li> <li>Total Units produced</li> </ul>	\$_____ Costs _____ Units	<ul style="list-style-type: none"> <li>If you don’t have a track record in non-metro counties, enter “0” into both of these fields in AMIS.</li> </ul>	<ul style="list-style-type: none"> <li><b>Non-Metro Areas of Economic Distress Costs \$</b></li> <li><b>Non-Metro Areas of Economic Distress Units</b></li> </ul>	<ul style="list-style-type: none"> <li>Currency</li> <li>Numeric</li> </ul>

## Part 4: Organization Capacity

Total Maximum Points for Organization Capacity: 25 Points

*The CDFI Fund will evaluate the Applicant's ability and capacity to successfully undertake its proposed CMF activities and maintain compliance with its Assistance Agreement. The Applicant will generally be scored more favorably to the extent that it: demonstrates strong qualifications of its key personnel with respect to their skills and experience identifying investments, underwriting similar projects, managing a portfolio of similar activities and ensuring compliance with program requirements; demonstrates success in administering prior CMF Awards and/or other Federal program awards; demonstrates strong financial health; and solid portfolio performance (if applicable).*

Question 26 – Management Team and Key Staff				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Complete the “Key Personnel Related List” for up to 10 persons who will be integral to the implementation of the Applicant’s proposal. You may include members of the Applicant’s staff, management team, consultants or contractors. See <a href="#">Appendix 6</a> .	See <a href="#">Appendix 6</a>	<ul style="list-style-type: none"> <li>See <a href="#">Appendix 6</a></li> </ul>	See <a href="#">Appendix 6</a>	See <a href="#">Appendix 6</a>
b. Describe the roles and responsibilities that the key personnel will play in managing your CMF Award and CMF financing activities. Be sure to address the following functions: identifying potential projects, underwriting and/or approving potential projects, portfolio management, and program compliance.	Narrative – 5,000 character limit	Do not repeat the experience of any personnel listed in the “Key Personnel” related list in this narrative.	Management Team and Key Staff	Narrative

Question 27 – Previous Federal Awards (if applicable)				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Provide the following information for all Federal government awards that the Applicant and/or any Affiliates have received in the past 3 years. <ul style="list-style-type: none"> <li>Name of Award</li> <li>Awarding Agency</li> <li>Award Amount (\$)</li> <li>Award Date</li> <li>Control Award number (if applicable)</li> </ul>	See <a href="#">Appendix 7</a>	<ul style="list-style-type: none"> <li>See <a href="#">Appendix 7</a>.</li> </ul>	See <a href="#">Appendix 7</a>	See <a href="#">Appendix 7</a>

Question 27 – Previous Federal Awards (if applicable)				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
<p>b. If the Applicant has received other Federal Awards in the last 3 years:</p> <ul style="list-style-type: none"> <li>Describe the extent to which the Applicant or its Affiliates 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 contributed to the failure and whether these issues have been addressed.</li> <li>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.</li> </ul>	Narrative – 4,000 characters		Previous Awards Narrative-If Applicable	Narrative

Question 28 – Financial Health				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
a. Enter the Applicant's relevant financial data in <a href="#">Appendix 8</a> . The CDFI Fund recognizes that certain fields, such as loan portfolio, may not be relevant to certain Applicants.	See <a href="#">Appendix 8</a>	<p>If you do not have a loan portfolio, enter 0 for all those fields. You will not be penalized in your Application evaluation for not having a loan portfolio.</p> <p>For reference, see <a href="#">Appendix 8</a>.</p>	See <a href="#">Appendix 8</a>	See <a href="#">Appendix 8</a>
b. Have any of the Applicant's completed audits within the past 3 years indicated negative Net Income (or negative change in net assets)?	Yes/No	Net Income, also known as Earnings, is Revenue less Expenses.	Negative net income/change in net assets	Picklist
c. Have any of the Applicant's completed audits within the past 3 years included an opinion other than unqualified?	Yes/No	An unqualified opinion is an independent auditor's judgment that a company's financial records and statements are fairly and appropriately presented, and in accordance with Generally Accepted Accounting	An opinion other than unqualified?	Picklist

Question 28 – Financial Health				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
		Principles (GAAP). An unqualified opinion is the most common type of auditor's report.		
d. Have any of the Applicant's completed audits within the past 3 years included a "going-concern paragraph" or qualification?	Yes/No	The going concern principle is that you assume a business will continue in the future, unless there is evidence to the contrary. When an auditor conducts an examination of the accounting records of a company, he or she has an obligation to review its ability to continue as a going concern; if the assessment is that there is a substantial doubt regarding the company's ability to continue in the future (which is defined as the following year), a going concern qualification must be included in his or her opinion of the company's financial statements.	A going-concern paragraph	Picklist
e. Have any of the Applicant's completed audits within the past 3 years included repeated finding of reportable conditions?	Yes/No	Reportable condition is a matter coming to the auditor's attention relating to significant deficiencies in the design or operation of the internal control that could adversely affect an entity's ability to fulfill future obligations and/or the satisfaction of liabilities.	Repeated finding of reportable condition	Picklist
f. Have any of the Applicant's completed audits with the past 3 years indicated material weaknesses in internal control?	Yes/No	Material weakness in internal controls means that it could lead to a material misstatement in a company's financial statements.	Material weaknesses in internal control	Picklist
g. If "Yes" to any of (b)-(f) above, indicate the fiscal years of the occurrence, and describe the circumstances and corrective action taken.	Narrative – 2,000 character limit	Be as thorough as possible in describing the circumstances around the occurrence and any corrective steps take to address the issue.	If yes, enter FY occurred & action taken	Narrative
h. Provide a narrative responding to the following questions on the Applicant's financial health: <ul style="list-style-type: none"> <li>Discuss financial health track record, noting key trends and circumstances and how they shape organizational performance and business strategy</li> <li>Has the Applicant ever filed for bankruptcy or otherwise defaulted on financial obligations to a third party?</li> <li>If yes, please explain the circumstances, indicate the fiscal year in which they occurred, and describe the</li> </ul>	Narrative – 4,000 characters	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 #28 above or elsewhere in the Application could result in the Application being dismissed from a subsequent stage of review, or in	Financial Health Narrative	Narrative



Question 28 – Financial Health				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
<p>corrective action being taken.</p> <ul style="list-style-type: none"> <li>Is the Applicant delinquent with respect to any obligations owed by the Applicant to an investor or lender? If yes, please explain the circumstances and describe the corrective action being taken.</li> <li>Acknowledge any other areas of material weakness in the Applicant's financial health, viability, and capacity as well as audit findings. Discuss how the Applicant is trying to improve in those areas.</li> </ul>		<p>termination of an award.</p>		

Question 29 – Loan Portfolio				
Question Text	Response	Notes/Guidance	AMIS Field Name	Field Type
<p>Discuss the Applicant's loan portfolio, referring to the Loan Portfolio data entered in 29(a) as necessary. Explain any weaknesses, especially those related to delinquencies or net loan losses and discuss how the Applicant is trying to improve those areas. Compare your performance with third-party benchmarks where appropriate.</p>	<p><i>Narrative – 3,000 character limit</i></p>	<p>If you do not have a loan portfolio, simply state that in response to this question. You will not be penalized in your Application evaluation for not having a loan portfolio.</p>	<p><b>Discuss Applicant's Loan Portfolio</b></p>	<p>Narrative</p>

## Appendix 1: Application Geographic Areas Related List

### Application Geographic Areas

Add your geographic areas based on the service area type you selected in Question 5. To add a Geographic Area, select “New Application Geographic Areas.”

- For a Local Service Area, you may select one or more counties in one state.
- For a Statewide Service Area, select one state.
- For a Multi-State Service Area, you may select any combination of counties and states. You must cover geographic areas in more than one state for this type of Service Area, but you cannot select geographic areas in more than 10 states.

AMIS Field Name	Response	Notes/Guidance	Field Type
Geographic Area	-----	Click on the magnifying glass icon next to the Geographic Area field to search for an add Geographic Areas. In the search field, you can search by state or county name. When you select a Geographic Area, it will display in the Application as a “State/County Name” and a “State Abbreviation”.	Look-up

## Appendix 2: Projections Related List

**Instructions for Table A:** Project the Applicant’s schedule for Committing its CMF Award Funds. “Committed” means that the Recipient is able to demonstrate, in written form and substance that is acceptable to the CDFI Fund, a commitment for use of CMF Award, as set forth in 12 CFR 1807.501 (CMF Interim Rule). Under Year 1, enter the amount of CMF Award dollars the Applicant plans to Commit in the first 12 months after receiving a CMF Award. Under Year 2, enter the amount of CMF Award dollars the Applicant plans to Commit in months 13 through 24. Only enter the dollar amount of the CMF Award. Do not include any Leveraged Costs in Table A. Amounts entered in Total Committed for Year 1 and Year 2 must sum to the CMF Award request. *Enter the data for Table A in AMIS in the item “Proposed CMF Commitment Schedule” in the “Track Record and Projections” related list.*

Table A – Projected Initial CMF Commitment Schedule			Total Amount (in \$) of CMF Award to be Committed in Each Year	
AMIS Field Name	Notes/Guidance	Field Type	Year 1	Year 2
<b>Projected CMF Commitment Schedule - Homeownership</b>				
HO Development (\$)	• Enter the amount for Year 1 and Year 2.	Currency	\$_____	\$_____
HO Rehabilitation (\$)	• Enter the amount for Year 1 and Year 2.	Currency	\$_____	\$_____
Homebuyer Mortgage (\$)	• Enter the amount for Year 1 and Year 2.	Currency	\$_____	\$_____
Purchase Assistance (\$)	• Enter the amount of down payment and/or closing cost assistance for Year 1 and Year 2.	Currency	\$_____	\$_____
Total Homeownership (\$)	Total homeownership costs will be auto-calculated for Year 1 and Year 2	Auto-Calculated	Auto-Calculated	Auto-Calculated
<b>Projected CMF Commitment Schedule - Rental Housing</b>				
Rental Development (\$)	• Enter the amount for Year 1 and Year 2.	Currency	\$_____	\$_____
Rental Rehabilitation (\$)	• Enter the amount for Year 1 and Year 2.	Currency	\$_____	\$_____
Rental Preservation (\$)	• Enter the amount for Year 1 and Year 2.	Currency	\$_____	\$_____
Total Rental Housing (\$)	Total rental housing costs will be auto-calculated for Year 1 and Year 2	Auto-Calculated	Auto-Calculated	Auto-Calculated
<b>Projected CMF Commitment Schedule - Economic Development Activities</b>				
Community Facilities (\$)	• Enter the amount for Year 1 and Year 2.	Currency	\$_____	\$_____
Other Econ. Development (\$)	• Enter the amount for Year 1 and Year 2.	Currency	\$_____	\$_____
Total Econ. Development (\$)	Total Economic Development Activity costs will be auto-calculated for Year 1 and Year 2	Auto-Calculated	Auto-Calculated	Auto-Calculated
<b>Projected CMF Commitment Schedule - Direct Administrative Expenses</b>				
Administrative (\$)	• Enter the amount for Year 1 and Year 2.	Currency	\$_____	\$_____
<b>Projected CMF Commitment Schedule - Grand Totals</b>				

Table A – Projected Initial CMF Commitment Schedule			Total Amount (in \$) of CMF Award to be Committed in Each Year	
AMIS Field Name	Notes/Guidance	Field Type	Year 1	Year 2
Total Committed (\$)	Total committed amounts will be auto-calculated for Year 1 and Year 2	Auto-Calculated	<i>Auto-Calculated</i>	<i>Auto-Calculated</i>

**Instructions for Tables B, C, and D:** Please provide the information requested in Tables B, C, and D about the Applicant's projected deployment and production related to its CMF Award request. Tables B, C, and D should only contain data for activities undertaken as a result of the Applicant's requested CMF Award. Do not include data on activities unrelated to the Applicant's requested CMF Award.

**FOR CERTIFIED CDFI DEPOSITORY INSTITUTION HOLDING COMPANIES ONLY:** If the Applicant is a Certified CDFI Depository Institution Holding Company that intends to carry out the activities of a CMF Award through its Certified CDFI Subsidiary Insured Depository Institution, it should include data on projected capital to be deployed by the Certified CDFI Subsidiary Insured Depository Institution that will administer the CMF Award.

### Table B

Data entered in Table B should be based on the date the transaction will close. For example, if a construction loan is projected to close on 2/13/2018, the total dollar amount of the construction financing provided by the Applicant would be included in the column for 2018. In Table B, only include data on capital that will be directly deployed by the Applicant as a result of the Applicant's requested CMF Award. This may include any Enterprise-level or Reinvestment leverage raised by the Applicant and directly deployed by the Applicant. However, it can NOT include any funds that will be directly provided to the Projects by third parties, Affiliates or Subsidiaries of the Applicant. Also, it may not include any data on activities unrelated to the Applicant's requested CMF Award.

Table B - Projected CMF Financing Types			Projected Amount (in \$) Directly Deployed by Year				
AMIS Field Name	Notes/Guidance	Field Type	2018	2019	2020	2021	2022
Predevelopment	Enter projected dollar amount of financing for predevelopment in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Acquisition	Enter projected dollar amount of financing for acquisition in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Site Development	Enter projected dollar amount of financing for site development in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Construction	Enter projected dollar amount of financing for construction in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Bridge Loans or Similar	Enter projected dollar amount of financing for bridge loans or similar in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Permanent Financing (1 <sup>st</sup> )	Enter projected dollar amount of financing for permanent financing (1 <sup>st</sup> lien) in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Permanent Financing (2 <sup>nd</sup> or Lower)	Enter projected dollar amount of financing for permanent financing (2 <sup>nd</sup> lien or lower) in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Refinancing	Enter projected dollar amount of financing for refinancing in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____

Table B – Projected CMF Financing Types			Projected Amount (in \$) Directly Deployed by Year				
AMIS Field Name	Notes/Guidance	Field Type	2018	2019	2020	2021	2022
<b>Loan Guarantees</b>	<i>Enter projected dollar amount of financing for loan guarantees in each year.</i>	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>Equity</b>	<i>Enter projected dollar amount of financing for equity investments in each year.</i>	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>Total Deployment</b>	<i>AMIS will sum the fields automatically for each year.</i>	Auto-Calculated	<i>Auto-Calc</i>	<i>Auto-Calc</i>	<i>Auto-Calc</i>	<i>Auto-Calc</i>	<i>Auto-Calc</i>

**Table C**

Data entered in Table C should be based on the date the project will be placed into service. For example, if a Development loan will be closed in 2018, and the building will be completed and placed into service in 2020, then the Applicant should enter the total dollars of financing provided and units produced under the record for 2020. In this table, only provide data for activities undertaken as a result of the Applicant's requested CMF Award. Do not include data on activities unrelated to the Applicant's requested CMF Award.

In the fields for cost (\$), the Applicant must enter the projected total Eligible Project Costs (inclusive of financing by the Applicant and any other entity) as of the date the Project is projected to be placed into service. In the fields for units, for Affordable Housing Activities, only list the number of units that qualify as Affordable Housing under the CMF Program. For Economic Development Activities, enter the projected number of facilities to be financed.

Table C – Projected Activity Type			Projected Amount (in \$) by Activity Type and Year				
AMIS Field Name	Notes/Guidance	Field Type	2018	2019	2020	2021	2022
<b>Projected Homeownership Activity Type (Complete if Applicable)</b>							
<b>New Development Cost (HO)</b>	Enter the projected development costs for homeownership for each year	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>New Development Units (HO)</b>	Enter the projected number of development units for homeownership for each year	Numeric	_____	_____	_____	_____	_____
<b>Rehabilitation Cost (HO)</b>	Enter the projected rehabilitation costs for homeownership for each year	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>Rehabilitation Units (HO)</b>	Enter the projected number of rehabilitation units for homeownership for each year	Numeric	_____	_____	_____	_____	_____
<b>Homebuyer Mortgage Finance Cost</b>	Enter the projected homebuyer mortgage finance costs for each year	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>Homebuyer Mortgage Finance Units</b>	Enter the projected number of homebuyer mortgage finance units for each year	Numeric	_____	_____	_____	_____	_____
<b>Purchase Assistance Costs</b>	Enter the projected down payment and/or closing cost assistance costs for each year	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>Purchase Assistance Units</b>	Enter the projected number of down payment and/or closing cost assistance units for each year	Numeric	_____	_____	_____	_____	_____
<b>Total Homeownership Costs</b>	Totals for homeownership costs will be auto-calculated in this row.	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
<b>Total Homeownership Units</b>	Totals for homeownership units will be auto-calculated in this row.	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc

Table C – Projected Activity Type			Projected Amount (in \$) by Activity Type and Year				
AMIS Field Name	Notes/Guidance	Field Type	2018	2019	2020	2021	2022
<b>Projected Rental Housing Activity Type (Complete if Applicable)</b>							
<b>New Development Cost (Rental)</b>	Enter the projected development rental housing costs for each year	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>New Development Units (Rental)</b>	Enter the projected number of development rental housing units for each year	Numeric	_____	_____	_____	_____	_____
<b>Rehabilitation Cost (Rental)</b>	Enter the projected rehabilitation rental housing costs for each year	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>Rehabilitation Units (Rental)</b>	Enter the projected number of rehabilitation rental housing units for each year	Numeric	_____	_____	_____	_____	_____
<b>Preservation Cost (Rental)</b>	Enter the projected preservation rental housing costs for each year	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>Preservation Units (Rental)</b>	Enter the projected number of preservation rental housing units for each year	Numeric	_____	_____	_____	_____	_____
<b>Total Rental Housing Costs</b>	Totals for rental housing costs will be auto-calculated in this row.	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
<b>Total Rental Housing Units</b>	Totals for rental housing units will be auto-calculated in this row.	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
<b>Projected Economic Development Activity Type (Complete if Applicable)</b>							
<b>Community Service Facilities Costs</b>	Enter the projected costs for community service facilities for each year	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>Community Service Facilities Units</b>	Enter the number of projected community service facility units for each year	Numeric	_____	_____	_____	_____	_____
<b>Other Econ. Dev. Activities Costs</b>	Enter the projected costs for any other Economic Development Activity costs for each year	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>Other Econ. Dev. Activities Units</b>	Enter the projected number of other Economic Development Activity units for each year	Numeric	_____	_____	_____	_____	_____
<b>Total Economic Development Costs</b>	Total Economic Development Activity costs will be auto-calculated in this row	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
<b>Total Economic Development Units</b>	Total Economic Development Activity units will be auto-calculated in this row	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
<b>Projected Activity Type Totals</b>							
<b>Total Cost</b>	Total projected costs will be auto-calculated in this row	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc



Table C – Projected Activity Type			Projected Amount (in \$) by Activity Type and Year				
AMIS Field Name	Notes/Guidance	Field Type	2018	2019	2020	2021	2022
Total Units	Total projected units will be auto-calculated in this row	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc

### Table D

Data entered in Table D should be based on the date the project will be placed into service. In the Costs(\$) fields, Applicants should enter the projected total Eligible Project Costs (inclusive of financing by the Applicant and any other entities). In this table, only provide data for activities undertaken as a result of the Applicant's requested CMF Award. Do not include data on activities unrelated to the Applicant's requested CMF Award.

**NOTE:** As defined in part 1807.104 of the Interim Regulations (12 C.F.R. 1807), Affordable Housing Activities means the Development, Preservation, Rehabilitation, and/or Purchase of Affordable Housing, meaning that they comply with the affordability qualifications set forth for Eligible-Income Families. Also, per 12 CFR 1807.400, each Recipient that uses its CMF Award for Affordable Housing Activities must ensure that 100 percent of Eligible Project Costs are attributable to Affordable Housing; meaning, that they comply with the affordability qualifications for Eligible-Income Families (120% of AMI or below).

Table D – Projected Housing Unit Production/Income Targeting			Responses				
AMIS Field Name	Notes/Guidance	Field Type	2018	2019	2020	2021	2022
0-30% AMI Cost	Enter the costs for 0-30% AMI units.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
0-30% AMI Units	Enter the number of 0-30% AMI units.	Numeric	_____	_____	_____	_____	_____
31-50% AMI Cost	Enter the costs for 31-50% AMI units.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
31-50% AMI Units	Enter the number of 31-50% AMI units.	Numeric	_____	_____	_____	_____	_____
51-80% AMI Cost	Enter the costs for 51-80% AMI units.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
51-80% AMI Units	Enter the number of 51-80% AMI units.	Numeric	_____	_____	_____	_____	_____
81-120% AMI Cost	Enter the costs for 81-120% AMI units.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
81-120% AMI Units	Enter the number of units for 81-120% AMI units.	Numeric	_____	_____	_____	_____	_____
Total Projected Housing Costs	Auto-Calculated.	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
Total Projected Housing Units	Auto-Calculated.	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
Housing Activity in Areas of Economic Distress Cost	Enter the costs for housing activity in Areas of Economic Distress. This figure should be a subset of the Total Projected Housing Costs.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____

Table D – Projected Housing Unit Production/Income Targeting			Responses				
AMIS Field Name	Notes/Guidance	Field Type	2018	2019	2020	2021	2022
Housing Activity in Areas of Economic Distress Units	Enter the number of housing units in Areas of Economic Distress. This figure should be a subset of the Total Projected Housing Costs.	Numeric	_____	_____	_____	_____	_____

### Appendix 3: Sample Pipeline Projects Related List

Sample Pipeline Projects			
<ul style="list-style-type: none"> <li>If you are only planning to use the CMF Award for one purpose (e.g., down payment assistance loans to homebuyers), please provide two example of potential transactions.</li> <li>If you are planning on using your CMF Award for more than one financial product or activity type, please provide one example for each of your proposed financial products or activity types. <b>You may provide up to 8 total examples.</b></li> </ul>			
AMIS Field Name	Response	Notes/Guidance	Field Type
<b>Project Description</b>	<i>Narrative – 500 characters</i>	Briefly describe each sample project. Be sure to include the city and state of the proposed project.	Narrative
<b>Need for CMF Financing</b>	<i>Narrative – 500 characters</i>	Clearly explain the role the CMF Award dollars will play in financing or supporting the project. Explain why other sources of capital are not readily available to support this role.	Narrative
<b>\$ of CMF Financing Needed</b>	\$ _____	This is the amount of the CMF Award that would be allocated to the project. If you are using your CMF Award for loan loss reserves or loan guarantees where the CMF dollars are not going directly to the project, present the pro-rated amount of the CMF Award that will be held as loan loss reserves or loan guarantees to support the project.	Currency
<b>Total Eligible Project Costs</b>	\$ _____	Enter the Eligible Project Cost for the project (Leveraged Costs plus CMF Award).	Currency
<b>Other Financing Sources</b>	<i>Narrative – 500 characters</i>	Briefly describe other sources of financing for the project.	Narrative

## Appendix 4: Track Record Related List

**Instructions for Tables E, F, and G:** Please provide the requested information on the Applicant's track record of deployment and production track record in Tables E, F, and G. Tables E, F, and G should be completed based solely on activities undertaken by the Applicant, not any Subsidiaries or Affiliates. If the Applicant is a Certified CDFI Depository Institution Holding Company that intends to carry out the activities of a CMF Award through its Certified CDFI Subsidiary Insured Depository Institution, it must provide track record information only for its Certified CDFI Subsidiary Insured Depository Institution that will administer the CMF Award. *In AMIS, data for these tables will be entered by year in the "Financing Track Record" records in the "Track Record and Projections" related list.*

### Table E

Data entered in Table E should be based on the date the transaction closed. For example, if a construction loan closed on 2/13/2014, the total dollar amount of the construction financing provided by the Applicant would be included in the column for 2014. In the case where an Applicant is directly paying for its own project expenses, enter the dollar amount spent in each year for each relevant purpose. In Table E, only include capital deployed directly by the Applicant (not any Affiliates). However, it can NOT include any funds that were directly provided to the projects by third parties, Affiliates of the Applicant.

Table E – Track Record of CMF Financing Activities			Track Record (in \$) Directly Deployed/Spent by Calendar Year				
AMIS Field Name	Notes/Guidance	Field Type	2012	2013	2014	2015	2016
Predevelopment	Enter dollar amount deployed or spent for predevelopment in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Acquisition	Enter dollar amount deployed or spent for acquisition in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Site Development	Enter dollar amount deployed or spent for site development in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Construction	Enter dollar amount deployed or spent for construction in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Bridge Loans or Similar	Enter dollar amount deployed or spent for bridge loans or similar in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Permanent Financing (1 <sup>st</sup> )	Enter dollar amount deployed or spent for permanent financing (1 <sup>st</sup> lien) in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Permanent Financing (2 <sup>nd</sup> or Lower)	Enter dollar amount deployed or spent for permanent financing (2 <sup>nd</sup> lien or lower) in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Refinancing	Enter dollar amount deployed or spent for refinancing in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____

Table E – Track Record of CMF Financing Activities			Track Record (in \$) Directly Deployed/Spent by Calendar Year				
AMIS Field Name	Notes/Guidance	Field Type	2012	2013	2014	2015	2016
Loan Guarantees	Enter dollar amount deployed or spent for loan guarantees in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Equity	Enter dollar amount deployed as equity investments in each year.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Total Deployment	Will sum automatically in AMIS.	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc

### Table F

Data entered in Table F should be based on the date the project was placed into service. For example, if a Development loan was closed in 2013, and the building was completed and placed into service in 2015, then the Applicant should put the total dollars of financing provided and units produced under 2015. Under the fields for dollars (\$), the Applicant should enter the total Project cost (inclusive of the Applicant's financing and financing from other entities) as of the date the Project was placed into service. Under the fields for units, for Homeownership and Rental housing, list the total number of units produced in each category. For Economic Development Activities, enter the total number of facilities produced in each category (i.e. one building is one unit for Economic Development Activities).

Table F –Activity Type Track Record			Track Record (in \$) by Activity Type and Calendar Year				
AMIS Field Name	Notes/Guidance	Field Type	2012	2013	2014	2015	2016
<b>Track Record of Homeownership Activity Type (Complete if Applicable)</b>							
New Development Cost (HO)	Enter the costs for new development homeownership placed into service for each year	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
New Development Units (HO)	Enter the units for new development homeownership placed into service for each year	Numeric	_____	_____	_____	_____	_____
Rehabilitation Cost (HO)	Enter the costs for rehabilitation homeownership placed into service for each year	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Rehabilitation Units (HO)	Enter the units for rehabilitation homeownership placed into service for each year	Numeric	_____	_____	_____	_____	_____
Homebuyer Mortgage Finance Cost	Enter the costs for homeowner mortgage finance for each year	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Homebuyer Mortgage	Enter the units for homeowner mortgage finance	Numeric	_____	_____	_____	_____	_____

Table F –Activity Type Track Record			Track Record (in \$) by Activity Type and Calendar Year				
AMIS Field Name	Notes/Guidance	Field Type	2012	2013	2014	2015	2016
<b>Finance Units</b>	<i>for each year</i>						
<b>Purchase Assistance Cost</b>	<i>Enter the costs for down payment and/or closing cost assistance for each year</i>	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>Purchase Assistance Units</b>	<i>Enter the units for down payment and/or closing cost assistance for each year</i>	Numeric	_____	_____	_____	_____	_____
<b>Total Homeownership Costs</b>	<i>Totals for homeownership costs will be auto-calculated in this row.</i>	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
<b>Total Homeownership Units</b>	<i>Totals for homeownership units will be auto-calculated in this row.</i>	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
<b>Track Record of Rental Housing Activity Type (Complete if Applicable)</b>							
<b>New Development Cost (Rental)</b>	<i>Enter the costs for rental housing new development placed into service for each year</i>	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>New Development Units (Rental)</b>	<i>Enter the units for rental housing new development placed into service for each year</i>	Numeric	_____	_____	_____	_____	_____
<b>Rehabilitation Cost (Rental)</b>	<i>Enter the costs for rental housing rehabilitation placed into service for each year</i>	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>Rehabilitation Units (Rental)</b>	<i>Enter the units for rental housing rehabilitation placed into service for each year</i>	Numeric	_____	_____	_____	_____	_____
<b>Preservation Cost (Rental)</b>	<i>Enter the costs for rental housing preservation placed into service for each year</i>	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>Preservation Units (Rental)</b>	<i>Enter the units for rental housing preservation placed into service for each year</i>	Numeric	_____	_____	_____	_____	_____
<b>Total Rental Housing Costs</b>	<i>Totals for rental housing costs will be auto-calculated in this row.</i>	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
<b>Total Rental Housing Units</b>	<i>Totals for rental housing units will be auto-calculated in this row.</i>	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
<b>Track Record of Economic Development Activity Type (Complete if Applicable)</b>							
<b>Community Service Facilities Costs</b>	<i>Enter the projected costs for community service facilities placed into service for each year</i>	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>Community Service Facilities Units</b>	<i>Enter the number of projected community service facility placed into service for each year</i>	Numeric	_____	_____	_____	_____	_____
<b>Other Econ. Dev. Activities Costs</b>	<i>Enter the projected costs for any other Economic Development Activity placed into service for each year</i>	Currency	\$_____	\$_____	\$_____	\$_____	\$_____

Table F –Activity Type Track Record			Track Record (in \$) by Activity Type and Calendar Year				
AMIS Field Name	Notes/Guidance	Field Type	2012	2013	2014	2015	2016
<b>Other Econ. Dev. Activities Units</b>	Enter the projected number of other Economic Development Activity placed into service for each year	Numeric	_____	_____	_____	_____	_____
<b>Total Economic Development Costs</b>	Total Economic Development Activity costs will be auto-calculated in this row	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
<b>Total Economic Development Units</b>	Total Economic Development Activity units will be auto-calculated in this row	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
<b>Track Record Activity Type Totals</b>							
<b>Total Cost</b>	Total projected costs will be auto-calculated in this row	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
<b>Total Units</b>	Total projected units will be auto-calculated in this row	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc

### Table G

Data entered in Table G should be based on the date the project was placed into service. In the Costs (\$) column, Applicants should enter the total Project cost (inclusive of the Applicant's financing and financing from other entities). AMI stands for Area Median Income. Areas of Economic Distress are census tracts: (a) where at least 20 percent of households that are Very Low-Income (50% of AMI or below) spend more than half of their income on housing; or (b) where the unemployment rate is at least 1.5 times the national average; or (c) that are Low-Income Housing Tax Credit Qualified Census Tracts; or (d) where greater than 20 percent of households have incomes below the poverty rate and the rental vacancy rate is at least 10 percent; or (e) where greater than 20 percent of the households have incomes below the poverty rate and the homeownership vacancy rate is at least 10 percent; or (f) Are Underserved Rural Areas as defined in the CMF Interim Rule (as amended February 8, 2016; 12 CFR Part 1807). A spreadsheet of Areas of Economic Distress is available at:

<https://www.cdfifund.gov/programs-training/Programs/cmf/Pages/apply-step.aspx#step2>.

Table G – Track Record Housing Unit Production			Responses (by Calendar Year)				
AMIS Field Name	Notes/Guidance	Field Type	2012	2013	2014	2015	2016
<b>0-30% AMI Cost</b>	Enter the costs for 0-30% AMI units.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>0-30% AMI Units</b>	Enter the number of units for 0-30% AMI.	Numeric	_____	_____	_____	_____	_____
<b>31-50% AMI Cost</b>	Enter the costs for 31-50% AMI units.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>31-50% AMI Units</b>	Enter the number of 31-50% AMI units.	Numeric	_____	_____	_____	_____	_____
<b>51-80% AMI Cost</b>	Enter the costs for 51-80% AMI units.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
<b>51-80% AMI Units</b>	Enter the number of 51-80% AMI units.	Numeric	_____	_____	_____	_____	_____
<b>81-120% AMI Cost</b>	Enter the costs for 81-120% AMI units.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____

Table G – Track Record Housing Unit Production			Responses (by Calendar Year)				
AMIS Field Name	Notes/Guidance	Field Type	2012	2013	2014	2015	2016
81-120% AMI Units	Enter the number of units for 81-120% AMI.	Numeric	_____	_____	_____	_____	_____
Above 120% AMI Cost	Enter the costs for units above 120% AMI.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Above 120% AMI Units	Enter the number of units above 120%.	Numeric	_____	_____	_____	_____	_____
Total Housing Costs	This field will be auto-calculated	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
Total Housing Units	This field will be auto-calculated	Auto-Calculated	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc	Auto-Calc
Housing Activity in Areas of Economic Distress Cost	Enter the costs for Housing Activity in Areas of Economic Distress. This figure should be a subset of Total Housing Costs.	Currency	\$_____	\$_____	\$_____	\$_____	\$_____
Housing Activity in Areas of Economic Distress Units	Enter the number of units in Areas of Economic Distress. This figure should be a subset of Total Housing Costs.	Numeric	_____	_____	_____	_____	_____



## Appendix 5: Enterprise-Level Sources of Leverage

Enterprise-level Sources of Leverage			
<ul style="list-style-type: none"> <li>For each Enterprise-level source of leverage, provide the following information. You may add as many as necessary.</li> </ul>			
AMIS Field Name	Response	Notes/Guidance	Field Type
Name of Investor	-----	Enter the name of the investor.	Text
Previous Investor	Yes/No	If so, when?	Picklist
Related to Applicant	Yes/No	Describe relationship.	Picklist
Type of Financing	Debt/Equity/Grant	Choose the financing type from the dropdown.	Picklist
Status of Request	Funds Received / Legal Commitment / Term Sheet / Letter of Interest / Application Pending / Estimate	The CDFI Fund reserves the right to request documentation substantiating this status during the Application review process.	Picklist
Est. Date of Receipt of Funds	Date	Please provide the estimated date of receipt of funds.	Picklist

## Appendix 6: Key Personnel Related List

Applicants may enter up to 10 persons related to the Applicant's affordable housing activities (from the management team, staff, consultants, or contractors) who are integral to implementation of the Applicant's proposal. The CDFI Fund will only evaluate the initial 10 individuals entered in the Key Personnel Related list.

**FOR CERTIFIED CDFI DEPOSITORY INSTITUTION HOLDING COMPANIES ONLY:** If the Applicant is a Certified CDFI Depository Institution Holding Company that intends to carry out the activities of a CMF Award through its Certified CDFI Subsidiary Insured Depository Institution, be sure to include information on key personnel of the Certified CDFI Subsidiary Insured Depository Institution that will administer the CMF Award.

Key Personnel			
<ul style="list-style-type: none"> <li>You may add up to 10 individuals in AMIS. For each individual, provide the following information.</li> </ul>			
AMIS Field Name	Response	Notes/Guidance	Field Type
Name	-----	Enter the name of the key personnel.	Text
Title	-----	Enter the title of the key personnel.	Text
Firm	-----	Enter the name of the firm with which the key personnel is affiliated.	Text
Years with Applicant	----- years	Enter the number of years key personnel has been affiliated with the Applicant.	Numeric
Position Held with Applicant (check all that apply)	<ul style="list-style-type: none"> <li>Governing Board Member (Loan/Investment Committee)</li> <li>Executive Director or Equivalent</li> <li>Chief Financial Officer or Equivalent</li> <li>Loan / Investment Officer or Equivalent</li> <li>Compliance Officer</li> <li>Contracted Consultant</li> <li>Other Key Management</li> <li>Other Position Held with the Applicant</li> <li>If Other, Please Specify -----</li> </ul>	You may check more than one option if the person had held or holds more than one position with the Applicant.	Check Boxes
Duties to be Provided for the Applicant (check all that apply)	<ul style="list-style-type: none"> <li>Capital-raising</li> <li>Asset Management</li> <li>Program Compliance</li> <li>Development Services</li> <li>Sourcing/Loan Underwriting</li> <li>Loan Servicing</li> <li>Community Outreach</li> <li>Legal Services</li> </ul>	<ul style="list-style-type: none"> <li>Select the duties the individual will perform relative to administering the requested CMF Award.</li> <li>You may check more than one option if the person will perform more than one duty.</li> </ul>	Check Boxes

Key Personnel			
<ul style="list-style-type: none"> <li>You may add up to 10 individuals in AMIS. For each individual, provide the following information.</li> </ul>			
AMIS Field Name	Response	Notes/Guidance	Field Type
	<ul style="list-style-type: none"> <li>Other Duty to be Provided If Other Duty to be Provided, Please Specify _____</li> </ul>		
Description of Key Staff Qualifications	Narrative – 2,000 characters	Discuss the individual's qualifications that support their ability to perform their duties in administering a CMF Award.	Narrative

## Appendix 7: Previous Federal Awards

Provide the following information for each of the Federal government awards that the Applicant and/or any Affiliates have received over the past three years (as of the Application deadline).

### Previous Federal Awards

- If your organization has received more than one award of the same type in the last 3 years, total the amount awarded and enter this information on one line with the “Award Date” being the date of the most recently received award.
- Only include Federal Awards.

AMIS Field Name	Response	Notes/Guidance	Field Type
Name of Award	_____	Enter the name of the award.	Text
Awarding Agency	_____	Enter the awarding agency.	Text
Award Amount	\$_____	Enter the award amount.	Currency
Award Date	mm/dd/yyyy	Should be on or after August 4, 2014.	Date
Control/Award Number	_____	Enter the Control/Award Number, if applicable.	Text

## Appendix 8: Application Financial Data

- An Applicant must provide data for the three most recently completed fiscal years for which the Applicant has audited financials. FOR CERTIFIED CDFI DEPOSITORY INSTITUTION HOLDING COMPANIES ONLY Call Reports may be submitted in lieu of financial statements.
- The fiscal years listed in the table below are for illustrative purposes and may not apply to all Applicants. For example, if the Applicant has a fiscal year end of 12/31, it will likely provide data from audited financials for 2014, 2015, and 2016.
- Financial data provided must be for the Applicant entity only. Applicants should present any activities carried out by Subsidiaries that do not appear on the Applicant's balance sheet (or other financial statements) in the categories marked "off-balance sheet."
- FOR CERTIFIED CDFI DEPOSITORY INSTITUTION HOLDING COMPANIES ONLY: If the Applicant is a Certified CDFI Depository Institution Holding Company that intends to carry out the activities of a CMF Award through its Certified CDFI Subsidiary Insured Depository Institution, it must enter the financial data for the Certified CDFI Subsidiary Insured Depository Institution that will administer the CMF Award in Tables E and F.
- Definitions for the relevant terms are listed in Tables H and I below.
- For any items where a timing dependent valuation is required, that valuation should be based on the appropriate fiscal year (or quarter) end date.

Table H – Applicant Financial Data			Responses (by Fiscal Year)		
AMIS Field Name	Notes/Guidance	Field Type	2014	2015	2016
<b>Assets</b>					
<b>a) Cash and cash equivalents</b>	The value of Assets that are cash or can be converted into cash within 3 months, such as bank accounts, marketable securities and Treasury bills.	Currency	\$_____	\$_____	\$_____
<b>b) Unrestricted Cash and Cash Equivalents</b>	The value of unencumbered Assets that are cash or can be converted into cash within 3 months, such as bank accounts or marketable securities.	Currency	\$_____	\$_____	\$_____
<b>c) Total Investments</b>	The gross value of all Investments included in the financing portfolio.	Currency	\$_____	\$_____	\$_____
<b>d) Current Gross Loans Receivable</b>	The portion of the Total On-Balance Sheet Outstanding Gross Loan Portfolio due within 12 months.	Currency	\$_____	\$_____	\$_____
<b>e) Total Commitments</b>	The total dollar amount of loan or Equity Investment commitments made by Applicant to borrowers or investees that have not yet been disbursed but for which the Applicant has reserved cash, cash equivalents, or other assets to fund at a later date (e.g., a loan that is closed but not yet disbursed, a loan that has been provisionally approved but will not be closed or disbursed until a borrower meets certain terms and conditions; a loan that has been approved by a loan committee but not yet closed).	Currency	\$_____	\$_____	\$_____
<b>f) Total Current Assets</b>	The value of all Assets that are reasonably expected to be converted into Cash within 12 months in the normal course of business and that face no restrictions which would prevent an organization from doing so. Current assets include cash, accounts receivable, marketable securities, prepaid expenses, and other liquid assets that can be readily converted to cash.	Currency	\$_____	\$_____	\$_____
<b>g) Noncurrent Gross Loans Receivables</b>	The portion of the Total Outstanding Gross Loan Portfolio due beyond 12 months. Does not deduct for Loan Loss Reserves.	Currency	\$_____	\$_____	\$_____
<b>h) Loan Loss Reserves</b>	The cumulative allowance set aside as a reserve to offset future losses on outstanding loans and any off-balance sheet credit instruments. Enter as a <u>positive number</u> .	Currency	\$_____	\$_____	\$_____
<b>i) Total Outstanding Equity Investment</b>	The market value of any equity investments considered part of the Applicant's financing portfolio as of the fiscal year (or quarter) end. This does not include any Unrealized Losses/Gains.	Currency	\$_____	\$_____	\$_____
<b>j) Net Unrealized Losses (Gains)</b>	The difference between the market value as of the fiscal year (or quarter) end and the original value of the equity investments. Enter losses without a negative sign. Enter gains with a negative sign.	Currency	\$_____	\$_____	\$_____
<b>k) Total Net Loans Receivable</b>	Current Gross Loans Receivables + Noncurrent Gross Loans Receivables - Loan Loss Reserves	Currency	\$_____	\$_____	\$_____
<b>l) Total Assets</b>	The total value of the sum of all Assets (current and non-current). Total Assets = Total Liabilities + Total Net Assets.	Currency	\$_____	\$_____	\$_____

Table H – Applicant Financial Data			Responses (by Fiscal Year)		
AMIS Field Name	Notes/Guidance	Field Type	2014	2015	2016
<b>m) Total Off-Balance Sheet Assets for Financing</b>	Loan or other financial resources under the management by Applicant not recognized as an asset on the Applicant's balance sheet. These assets are typically committed by third party funders to support financing activities (e.g., loan packaging; co-investing). Report all available assets, regardless of whether deployed or not.	Currency	\$_____	\$_____	\$_____
<b>Liabilities</b>					
<b>n) Total Current Liabilities</b>	The total value of debts, obligations and payables due within 12 months. Current liabilities include, but are not limited to, short-term debt, accounts payable, accrued liabilities and other debts.	Currency	\$_____	\$_____	\$_____
<b>o) Total Notes Payable</b>	Debt to support operations and financing activities.	Currency	\$_____	\$_____	\$_____
<b>p) Adjusted Notes Payable</b>	Notes Payable that may be used to support lending activities. Adjusted Notes Payable is calculated by deducting from Total Notes Payable, all notes payable that are specifically used for non-financing activities (such as operations).	Currency	\$_____	\$_____	\$_____
<b>q) Non-Current Liabilities Due</b>	Loans payable/debt due to investors beyond 12 months.	Currency	\$_____	\$_____	\$_____
<b>r) Senior Debt</b>	Debt that takes priority over other unsecured or otherwise more "junior" debt owed by the issuer. In the event of liquidation, senior debt would be repaid before other creditors receive payment. (It's a sub-set of Total Notes Payable.)	Currency	\$_____	\$_____	\$_____
<b>s) Subordinated Debt/EQ2</b>	Debt that is either unsecured or has a lower priority than that of another debt claim on the same asset or property (also called junior debt). The EQ2 product is a long-term deeply subordinated loan with features that make it function like equity.	Currency	\$_____	\$_____	\$_____
<b>t) Total Liabilities</b>	The total value of short-term and long-term outstanding Debts, obligations, and payables.	Currency	\$_____	\$_____	\$_____
<b>u) Total Off-Balance Sheet Liabilities</b>	Value of all contingent liabilities that do not appear on the balance sheet. The information would be reported only if the contingency is probable and the amount of the liability can be estimated. Contingent liabilities represent financial obligations that may be incurred dependent upon the outcome of one or more future events or the actions of another party. Examples include: agreements to lend money if a borrower cannot obtain alternative financing; sale and repurchase agreements; and financial futures and forward contracts.	Currency	\$_____	\$_____	\$_____
<b>Net Assets (Net Worth)</b>					
<b>v) Unrestricted Net Assets</b>	Excess or deficiency of Assets compared to Liabilities, which are not subject to externally imposed restrictions. Board designated unrestricted Net Assets	Currency	\$_____	\$_____	\$_____

Table H – Applicant Financial Data			Responses (by Fiscal Year)		
AMIS Field Name	Notes/Guidance	Field Type	2014	2015	2016
	should be considered Unrestricted Net Assets for the purposes of this application.				
<b>w) Total Net Assets</b>	Equal to Total Assets minus Total Liabilities as reported in an organization's balance sheet.  Credit Unions and Bank Applicants: Enter "0" and complete Part y or z as appropriate.	Currency	\$_____	\$_____	\$_____
<b>x) Total Net Assets Available for Financing</b>	Total Net Assets Available for Financing include all Unrestricted Net Assets and if available, the portion of Temporarily and Permanently Restricted Net Assets that are allowed for lending and equity investment opportunities.	Currency	\$_____	\$_____	\$_____
<b>y) Net Worth (Credit Union Applicants Only)</b>	As defined by the appropriate federal <b>or state</b> regulating agency.	Currency	\$_____	\$_____	\$_____
<b>z) Tier 1 Capital (Bank Applicants Only)</b>	In general, this term is used by financial institution regulators to assess Capital adequacy and may include common Equity, noncumulative perpetual preferred stock, minority interests in consolidated subsidiaries, less goodwill and other ineligible, intangible Assets.	Currency	\$_____	\$_____	\$_____
<b>Income and Expenses</b>					
<b>aa) Total Interest Income</b>	Gross Revenue generated by interest-earning Assets.	Currency	\$_____	\$_____	\$_____
<b>ab) Total Fee Income</b>	Income generated from fees collected for services that are associated with an organization's mission.	Currency	\$_____	\$_____	\$_____
<b>ac) Total Earned Income</b>	Income generated by Assets and activities, excluding Grants and Contributions.	Currency	\$_____	\$_____	\$_____
<b>ad) Total Grants and Contributions</b>	Total value of the following:  Contributions: A transfer of money or property to, or for the use of, a qualified charitable organization under the Internal Revenue Code (e.g., section 501(c)(3), 501(c)(4)), without expectation of repayment.  Grants: Financial assistance provided by a Federal awarding agency to carry out a public purpose authorized by law, not including subsidies, Loans, Loan Guarantees, or insurance.	Currency	\$_____	\$_____	\$_____
<b>ae) Total Income</b>	Gross revenue, including Total Earned Revenue, Total Grants and Contributions, and unrealized net gains.	Currency	\$_____	\$_____	\$_____
<b>af) Total Interest Expense</b>	The total value of interest paid on debt instruments (e.g., cost of debt).	Currency	\$_____	\$_____	\$_____
<b>ag) Total Operating Expense</b>	Expenses related to everyday business operations, such as interest expense, staff salaries, professional fees, depreciation, and provision for loan losses,	Currency	\$_____	\$_____	\$_____



Table H – Applicant Financial Data			Responses (by Fiscal Year)		
AMIS Field Name	Notes/Guidance	Field Type	2014	2015	2016
	among others.				
<b>ah) Provision for Loan Loss Reserve (Bad Debt) Expense</b>	An expense recorded in order to maintain the allowance for loan and lease losses account in the corresponding reporting period.	Currency	\$_____	\$_____	\$_____
<b>ai) Total Expenses</b>	The total value of expenses incurred in the corresponding reporting period.	Currency	\$_____	\$_____	\$_____

**Table I**

The data entered in items for the “On Balance Sheet” data fields in Table I must be for the loan/investment portfolio maintained on the balance sheet of the Applicant entity. If the Applicant is a Certified CDFI Depository Institution Holding Company that intends to carry out the activities of a CMF Award through its Certified CDFI Subsidiary Insured Depository Institution, it should provide data on the loan/investment portfolio maintained on the balance sheet of its Certified CDFI Subsidiary Insured Depository Institution that will administer the CMF Award. Data on loans held only on the balance sheet of any Subsidiaries of the Applicant should be included in last 4 rows only, along with data on any other loans that meet the definition for those items.

<b>Table I – Loan Portfolio</b>			<b>Responses</b>		
<b>AMIS Field Name</b>	<b>Notes/Guidance</b>	<b>Field Type</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Total On-Balance Sheet Portfolio Outstanding (\$)</b>	Total principal value of loans outstanding on the Applicant’s balance sheet or statement of financial position.	Currency	\$_____	\$_____	\$_____
<b>Total On-Balance Sheet Portfolio Outstanding (#)</b>	Total number of loans outstanding on the Applicant’s balance sheet or statement of financial position.	Numeric	_____	_____	_____
<b>Total Charge-offs (\$)</b>	The dollar amount of a receivable, primarily a loan, that has been determined to be a loss or non-recoverable during the repayment cycle and that has been taken off the balance sheet as a loss.	Currency	\$_____	\$_____	\$_____
<b>Total Charge-offs (#)</b>	The number of receivable(s), primarily loan(s), that has been determined to be a loss or non-recoverable during the repayment cycle and that has been taken off the balance sheet as a loss.	Numeric	_____	_____	_____
<b>Troubled Debt Restructuring (\$)</b>	The total dollar amount of loan(s) or other debt instrument(s), restructured for economic or legal reasons, in which a lender grants a concession to the borrower.	Currency	\$_____	\$_____	\$_____
<b>Troubled Debt Restructuring (#)</b>	The total number of Loan(s) or other Debt instrument(s), restructured for economic or legal reasons, in which a lender grants a concession to the borrower.	Numeric	_____	_____	_____
<b>Recoveries (\$)</b>	Dollar amounts received in the corresponding reporting period in satisfaction of loans and leases previously charged-off.	Currency	\$_____	\$_____	\$_____
<b>Recoveries (#)</b>	Number of amounts received in the corresponding reporting period in satisfaction of Loans and leases previously charged-off.	Numeric	_____	_____	_____
<b>Loans 90 Days (or more) Past Due (\$)</b>	Loans with any portion of principal or interest payments more than 90 days past due, including all loans with nonaccrual status. Please input the entire value of the loan.	Currency	\$_____	\$_____	\$_____
<b>Loans 90 Days (or more) Past Due (#)</b>	Number of loans with any portion of principal or interest payments more than 90 days past due, including all loans with nonaccrual status.	Numeric	_____	_____	_____

Table I – Loan Portfolio			Responses		
AMIS Field Name	Notes/Guidance	Field Type	2014	2015	2016
<b>Total Loans Delinquent 1 to 30 days (\$)</b>	Loans with any portion of principal or interest payments 1 to 30 days past due. Please input the entire value of the loan.	Currency	\$_____	\$_____	\$_____
<b>Total Loans Delinquent 1 to 30 days (#)</b>	Number of loans with any portion of principal or interest payments 1 to 30 days past due.	Numeric	_____	_____	_____
<b>Total Loans Delinquent 31 to 60 days (\$)</b>	Loans with any portion of principal or interest payments 31 to 60 days past due. Please input the entire value of the loan.	Currency	\$_____	\$_____	\$_____
<b>Total Loans Delinquent 31 to 60 days (#)</b>	Number of loans with any portion of principal or interest payments 31 to 60 days past due.	Numeric	_____	_____	_____
<b>Total Loans Delinquent 61 to 90 days (\$)</b>	Loans with any portion of principal or interest payments 61 to 90 days past due. Please input the entire value of the loan.	Currency	\$_____	\$_____	\$_____
<b>Total Loans Delinquent 61 to 90 days (#)</b>	Number of loans with any portion of principal or interest payments 61 to 90 days past due.	Numeric	_____	_____	_____
<b>Total Off-Balance Sheet Loans Managed (\$)</b>	Total principal of loans outstanding that are managed by Applicant but not included on the Applicant's balance sheet.	Currency	\$_____	\$_____	\$_____
<b>Total Off-Balance Sheet Loans Managed (#)</b>	Total number of loans outstanding that are managed by Applicant but not included on the Applicant's balance sheet.	Numeric	_____	_____	_____
<b>Total Off-Balance Sheet (OB) Loans Delinquent (Over 90 Days) (\$)</b>	Loans managed by the Applicant but not included on the Applicant's balance sheet with any portion of principal or interest payments more than 90 days past due including all loans with a nonaccrual status. Please input the entire value of the loan.	Currency	\$_____	\$_____	\$_____
<b>Total Off-Balance Sheet (OB) Loans Delinquent (Over 90 Days) (#)</b>	Number of loans managed by the Applicant but not included on the Applicant's balance sheet with any portion of principal or interest payments more than 90 days past due including all loans with a nonaccrual status. Please input the entire value of the loan.	Numeric	_____	_____	_____

## Appendix 9: AMIS Application Attachments

The following documents must be submitted as attachments as part of your organization's AMIS Application. You are able to add an attachment in AMIS by clicking "New Related Attachment" in the Related Attachment list at the bottom of the Application screen. Please be sure to select the correct type of document for your attachment. Also, please note that different Applicant types have different required attachments. Be sure to attach all required documents for your Applicant type or AMIS may prevent you from submitting the Application.

AMIS APPLICATION ATTACHMENTS	
<b>Audited Financial Statements (most recent 2 fiscal years)</b> <ul style="list-style-type: none"> <li>Data in the audited financial statements should correspond with the data entered in Tables E and F.</li> <li><u>FOR CERTIFIED CDFI DEPOSITORY INSTITUTION HOLDING COMPANIES ONLY:</u> If the Applicant is a Certified CDFI Depository Institution Holding Company that intends to carry out the activities of a CMF Award through its Certified CDFI Subsidiary Insured Depository Institution, it must submit call reports for the Certified CDFI Subsidiary Insured Depository Institution that will administer the CMF Award.</li> </ul>	Required for All Applicants
<b>Any management letter related to the audited financial statements for the two most recent fiscal years</b>	Required for all Applicants
<b>State charter, articles of incorporation, , or other establishing documents</b> designating that the Applicant is a nonprofit or not-for-profit entity under the laws of the organization's State of formation	Required only for Applicants that are <u>not</u> Certified CDFIs
<b>A certification or determination letter demonstrating tax-exempt status from the IRS</b>	Required only for Applicants that are <u>not</u> Certified CDFIs
<b>Articles of incorporation, by-laws or other establishing document demonstrating the Applicant has a principal purpose of managing or developing affordable housing<sup>3</sup></b>	Required only for Applicants that are <u>not</u> Certified CDFIs

<sup>3</sup> For Applicants that are governmental instrumentalities only, and as long as all other eligibility requirements are met, the CDFI Fund will accept a legal opinion from Applicant's counsel, in form and substance acceptable to the CDFI Fund, opining that the Applicant is exempt from federal taxation.

## Appendix 10: Forms and Certifications

All CMF Applicants must complete the Environmental Review Form and Assurances and Certifications as part of their AMIS online application submission. Any Applicant that is a 501(c)(4) must complete the 501(c)(4) form as part of their AMIS online Application submission.

### Environmental Review Form

**AMIS TIP:** This form must be completed in AMIS by all Applicants. It is available on the AMIS Application main page under the headings “Environmental Review Form Part 1” (for Question 1 below) and “Env. Review Form Part 2 – Any activities proposed in the Application involving:” (for Question 2 below).

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:

Environmental Review Form	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)?		
2. 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?		
2. Wilderness areas designated or proposed under the Wilderness Act?		
3. Wild or scenic rivers proposed or listed under the Wild and Scenic Rivers Act?		
4. Critical habitats of endangered or threatened species?		
5. Natural landmarks listed on the National Registry of Natural Landmarks?		
6. Coastal barrier resource systems?		
7. Coastal Zone Management Areas?		
8. Sole Source Aquifer Recharge Areas designated by EPA?		
9. Wetlands?		
10. Flood plains?		
11. Prime and unique farmland?		
12. 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.

**Notification**

In addition, as stated in 12 CFR 1815.106, if the CDFI Fund determines that an Application, or any part thereof, is not sufficiently definite to perform a meaningful environmental review prior to approval of the Application, final approval and funding of the Application shall require supplemental environmental review prior to the taking of any action directly using CDFI Fund Financial Assistance for any action that is not a categorical exclusion.

## Assurances and Certifications

**AMIS TIP:** In addition to signing the SF-424, an Applicant must indicate “Yes” that it is certifying the Assurances and Certifications in AMIS. It will do this under the area titled “Assurances and Certifications Form” on the Application main page in AMIS.

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.

### A. STANDARD FORM 424B: ASSURANCES – NON-CONSTRUCTION PROGRAMS

As the duly authorized representative of the Applicant, I certify that the Applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management, and completion of the project described in this Application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work (activities in Application) within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified 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.

## **B. 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 2 CFR 200 and any regulations and circulars which are later promulgated to supplement or replace them, including standards for fund control and accountability;



5. It has not knowingly and willfully made or used a document or writing containing any false, fictitious or fraudulent statement or entry as part of this Application or any related document, correspondence or communication. (The Applicant and its authorized representative should be aware that, under 18 U.S.C. 1001, whoever knowingly and willfully makes or uses such document or writing shall be fined or imprisoned for not more than five years, or both); and
6. The information in this Application, and in these assurances and certifications in support of the Application, is true and correct to the best of the Applicant's knowledge and belief and the filing of this Application has been duly authorized.

**C. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS: INSTRUCTIONS FOR CERTIFICATION**

1. By signing and submitting this Application, the prospective primary participant (the Applicant) is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in the denial of participation in this covered transaction. The prospective Applicant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the 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). 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.
8. 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.
9. 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.

**D. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS**

1. The prospective primary participant (the Applicant) certifies to the best of its knowledge and belief, that it and its principals:
  - a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - b) have not within a three-year period preceding this Application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - d) Have not within a three-year period preceding this Application had one or more public transactions (Federal, State or local) terminated for cause or default.
2. Where the Applicant is unable to certify to any of the statements in this certification, such Applicant shall attach an explanation to this proposal.

**E. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

1. The Applicant certifies that it will provide a drug-free workplace by:
  - a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employee for violations of such prohibition;
  - b) establishing a drug-free awareness program to inform employees about:
    - (i) the dangers of drug abuse in the workplace;
    - (ii) the Applicant's policy of maintaining a drug-free workplace;
    - (iii) any available drug counseling, rehabilitation, and employee assistance program;
    - (iv) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - c) 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);
  - d) notifying the employee in the statement required by subparagraph (a) that, as a condition of employment in such grant, the employee will:
    - (i) abide by the terms of the statement; and
    - (ii) notify the employer of any criminal drug use statute conviction for a violation occurring in the workplace no later than five calendar days after such conviction;
  - e) 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;
  - f) taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(ii), with respect to any employee who is so convicted:
    - (i) taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - (ii) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
  - g) making a good faith effort to continue to maintain a drug-free workplace through implementation of subparagraphs (a), (b), (c), (d), (e), and (f).

2. The Applicant may insert in the space provided below the site(s) for the performance of work (activities carried out by the Applicant) to be done in connection with the award (Place of Performance (Street Address, City, County, State and zip Code)): Not Applicable.

#### **F. CERTIFICATION REGARDING LOBBYING**

1. The Applicant certifies, to the best of its knowledge and belief, that:
  - (i) 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;
  - (ii) 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
  - (iii) 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.
2. This certification is a material representation of fact upon which reliance is placed when this transaction is made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

## 501(C)(4) Questionnaire

**AMIS TIP:** An Applicant must only complete this form in AMIS if it is recognized as a 501(c)(4) entity. No other Applicants should complete this form. The form is located on the AMIS Application main page, under “501(c)(4) Questionnaire (for 501(c)(4) Entities only).”

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 CDFI 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 contacted <sup>i</sup> a Covered Executive Branch Official <sup>iii</sup> with regard to the formulation, modification, or adoption of Federal legislation (including legislative proposals)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has any officer, employee, director, partner, proprietor, or board member contacted a Covered Executive Branch Official with regard to the formulation, modification, or adoption of a Federal rule, regulation, Executive Order, or any other program, policy, or position of the United States Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any officer, employee, director, partner, proprietor, or Board member contacted a Covered Executive Branch Official with regard to the administration or execution of a Federal program or policy (including the negotiation, award, or administration or a Federal contract, grant, loan, permit, or license)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has any officer, employee, director, partner, proprietor, or Board member contacted a Covered Executive Branch Official with regard to the nomination or confirmation of a person for a position subject to confirmation by the United States Senate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any officer, employee, director, partner, proprietor, or Board member engaged in efforts supporting and coordinating the contact by others of a Covered Executive Branch Official including preparation and planning activities, research and other background work that was intended, at the time performed, for a purpose described in Questions 1-4?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has any officer, employee, director, partner, proprietor, or Board member contacted a Covered Legislative Branch Official <sup>iii</sup> with regard to the formulation, modification, or adoption of Federal legislation (including legislative proposals)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has any officer, employee, director, partner, proprietor, or Board member contacted a Covered 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has any officer, employee, director, partner, proprietor, or Board member contacted a Covered Legislative	<input type="checkbox"/> Yes

Branch Official with regard to the nomination or confirmation of a person for a position subject to confirmation by the United States Senate?	<input type="checkbox"/> No
10. Has any officer, employee, director, partner, proprietor, or Board member engaged in efforts supporting and coordinating the contact by others of a Covered Legislative Branch Official including preparation and planning activities, research and other background work that was intended, at the time performed, for a purpose described in Questions 6-9?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SIGNATURE

Signing the certification on SF-424 certifies that the answers to the 501(c)(4) Questionnaire and the written explanations attached thereto are true, accurate, and complete to the best of its information, knowledge, and belief and that, since January 1, 1996, the Applicant has not engaged in Lobbying Activities as defined in Section 3 (7) of the Lobbying Disclosure Act of 1995, P.L. 104-65, as amended.

<sup>i</sup> “Contacted” (or “contacted”) means any oral or written communication, including an electronic communication.

<sup>ii</sup> “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.

<sup>iii</sup> “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.).