# Certification Amendment Form

The following Certification Amendment Form to the Annual Certification and Data Collection Report Form must be submitted in order to update the information submitted in an organization’s certification application. If the response to any of the questions in Part II. Verification of CDFI Re-Certification Eligibility was “No,” or if the organization’s EIN changed, please submit updated information for the corresponding questions below**.**

*Note that changes to documentation or Legal Entity will not be accepted unless as indicated below. A summary of required verification documentation follows the Certification Amendment Form.*

**Part I. Organizational Information**

| Eligibility Questions | | | Entry Type |
| --- | --- | --- | --- |
| 1b. | | Has the organization EIN changed? | Drop Down (Yes/No) |
|  | If so, what is the new Employer Identification Number (EIN)? | | Text Box |
|  | Is the required EIN verification documentation attached? | | Drop Down (Yes/No) |
|  | Has any other organizational information changed (e.g., organization name, fiscal year end, or primary line of business)? Please explain. | | Text Box |

**Part II. Verification of CDFI Re-Certification Eligibility**

| CDFI Certification Criteria | | | Entry Type | | |
| --- | --- | --- | --- | --- | --- |
| **Legal Entity** | | | | | |
| 1a. | | The organization continues to be the same legal entity, duly formed and in good standing, since it was certified by the CDFI Fund. | Drop Down (Yes/No) | | |
|  | If response is “No” please explain. | | Text Box | | |
| 1b. | The organization has not amended its organizational documentation (e.g., articles of incorporation, bylaws, charter) since the organization’s CDFI certification was last approved by the CDFI Fund. | | | Drop Down (Yes/No) | |
|  | If response is “No” please explain. Please attach updated documentation and submit with this amendment for review. | | Text Box | | |
|  | Is necessary documentation attached for review? | | Drop Down (Yes/No) | | |
| **Primary Mission** | | | | | |
| 2. | The Primary Mission of the organization, as evidenced in board- approved organizational documents, has not changed since the organization’s CDFI certification was last approved by the CDFI Fund. | | Drop Down (Yes/No) | | |
|  | If the Primary Mission changed since its certification was last affirmed by the CDFI Fund, please provide the updated Primary Mission. | | Text Box | | |
| **Financing Entity** | | | | | |
| 3a. | | The organization continues to be an entity whose predominant business activity is the provision, in Arms-Length Transactions, of Financial Products, as reflected on its financial statements and executed notes. | | | Drop Down (Yes/No) |
|  | If response is “No” please explain. Please attach updated documentation and submit with this amendment for review. | | Text Box | | |
| 3b. | | The organization continues to maintain Sufficient Capital to continue Financing Activities that support the provision of Financial Products for at least three months from the end of the organization’s fiscal year. | | | Drop Down (Yes/No) |
|  | | If response is “No” please explain. Please attach updated documentation and submit with this amendment for review. | | | Text Box |
| 3c. | | The organization continues to dedicate a Predominance of its **Assets** to Financial Products. | | | Drop Down (Yes/No) |
|  | | If response is “No” please explain. Please attach updated documentation and submit with this amendment for review. | | | Text Box |
| 3d. | | The organization continues to dedicate a Predominance of **staff time** to the provision to Financial Products. | | | Drop Down (Yes/No) |
|  | | If response is “No” please explain. Please attach updated documentation and submit with this amendment for review. | | | Text Box |
| **Development Services** | | | | | |
| 4a. | | The organization, directly or through an Affiliate, or through a contract with another provider, continues to meet the Development Services criteria requirements. | Drop Down (Yes/No) | | |
|  | If response is “No” please explain. Please attach updated documentation and submit with this amendment for review. | | Text Box | | |
| **Target Market** | | | | | |
| 5a. | At least 60% of the organization’s Transactions are directed towards serving their approved Target Market(s). | | Drop Down (Yes/No) | | |
|  | If response is “No” please explain. Please attach updated documentation and submit with this amendment for review. | | Text Box | | |
| 5b. | The organization reviewed its approved Target Market maps in CIMS and verified that its Target Market(s) have not changed since its CDFI certification was last approved by the CDFI Fund. | | Drop Down (Yes/No) | | |
|  | If the Target Market(s) have changed, please describe the changes. | | Text Box | | |
|  | Are the updated Target Market maps attached to be submitted for review? | | Drop Down (Yes/No) | | |
| **Accountability Criteria** | | | | | |
| 6a. | The organization continues to maintain Accountability to clients in its approved Target Market through representation on its governing board, or otherwise, since the Respondent’s CDFI certification was last approved by the CDFI Fund. | | Drop Down (Yes/No) | | |
|  | If response is “No” please explain. Please attach updated documentation and submit with this amendment for review. | | Text Box | | |
| 6b. | The organization maintained the same method or set of methods for providing Accountability to the organization’s approved Target Market since the organization’s CDFI certification was last approved by the CDFI Fund. | | Drop Down (Yes/No) | | |
|  | If response is “No” please explain. Please attach updated documentation and submit with this amendment for review. | | Text Box | | |
| **Non-Governmental Entity** | | | | | |
| 7. | The organization continues to not be an agency or instrumentality of the United States, or any state or political subdivision thereof, and that such has not changed since the organization’s CDFI certification was last approved by the CDFI Fund. | | Drop Down (Yes/No) | | |
|  | If the organization experienced a change in circumstances relative to the Non-Government Entity criteria since the Respondent’s CDFI certification was last affirmed, please explain. | | Text Box | | |
| **Other Eligibility Information Changes** | | | | | |
|  | Has any other eligibility information changed since the original certification application was approved? | | Drop Down (Yes/No) | | |
|  | If “Yes” please explain and attach any relevant documentation for review. | | Text Box | | |

**Summary of Documentation Required to Update Certification Eligibility Criteria**

|  |  |  |
| --- | --- | --- |
| Requirement to be updated | Documentation accepted for verification of changes submitted | Notes |
| EIN | * Official letter form the IRS providing EIN * Confirmation fax from local IRS office with the organization’s EIN (must also include the online confirmation receipt) | IRS documentation required |
| Legal Entity | * Articles of Incorporation * Certificate of Incorporation * Organization Certificate * Regulatory Charter * Certificate of Incorporation |  |
| Primary Mission | * Articles of Incorporation * Bylaws * Board Resolution | Include the board-approved organizational document containing the revised primary mission. |
| Target Market | * CIMS 3 Target Market Map | Updated map(s) corresponding to the list of newly proposed Target Market(s) is required |