

CDFI Fund Certification and Data Collection Report Form

OMB Approval No. 1559-0046

Paperwork Reduction Act Notice.

This submission requirements package is provided to Certified CDFIs to ensure they continue to remain in compliance with CDFI certification requirements. Certified CDFIs 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 8 hours per *CDFI*. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Program Manager, Certification, Compliance, Monitoring and Evaluation, Department of the Treasury, Community Development Financial Institutions Fund, 1500 Pennsylvania Avenue, Washington, D.C. 20220.

CDFI Fund Annual Certification and Data Collection Report Form

Purpose:

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

Instructions:

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

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

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

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

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

Amendment to CDFI Certification Application Information:

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

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

¹ Emerging CDFIs are not required to complete the Form.

Changes that require submission of a Certification Amendment

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

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

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

Part I. Organization and Management Change Information

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

Current Organization Information		Entry Type
Development Services (Unregulated Only)		
5c.	Total number of FTE staff dedicated to providing support toward CDFI-related activities	Amount
5d.	Total Full Time Equivalent Staff Turnover	Amount
5e	Has the organization seen the departure, replacement or change within its senior leadership ² team during the last fiscal year?	Choose a response
6. Strategic Plan		
6a.	Did the organization adopt a new business/strategic plan during the last fiscal year?	Choose a response
7. Governance		
7a.	Has the organization's governance structure ³ been changed during the last fiscal year?	Choose a response
8. Management Information Systems		
8a.	Has the organization implemented a new management information system over the last fiscal year?	Choose a response
8b.	Does the CDFI's information technology infrastructure support an accounting system?	Choose a response
9. Legal		
9a.	Has the organization been party to any adverse legal actions during the last fiscal year?	Choose a response
10. Organizational Structure		
10a.	Did the organization have any audit findings in the audit for its last complete fiscal year?	Choose a response
11. Credit and Portfolio Management		
11a.	Does the organization have a delinquent loan management policy?	Choose a response
11b.	In the last year, has the organization had one or more missed or overdue payments to its creditors?	Choose a response

Part II. Verification of CDFI Re-Certification Eligibility

CDFI Certification Criteria		Entry Type
1. Legal Entity		
1a.	The organization continues to be the same legal entity, duly formed and in good standing, since it was certified by the CDFI Fund.	Choose a response
1b.	The organization has not amended its organizational documentation (e.g., articles of incorporation, bylaws, charter) since the organization's CDFI certification was last approved by the CDFI Fund.	Choose a response
2. Primary Mission		

² Senior leadership refers to the paid staff of the organization, excluding the board of directors. Senior leadership may include but is not limited to the president, executive vice presidents, and senior vice presidents of the entity.

³ Changes in the governance structure of the CDFI refers to changes in the by-laws, charter of the organization, or the roles and responsibilities of the board of directors or the senior leadership who are chartered with the responsibility of governing the organization.

CDFI Certification Criteria		Entry Type	
The Primary Mission of the organization, as evidenced in board-approved organizational documents, has not changed since the organization's CDFI certification was last approved by the CDFI Fund.		Choose a response	
3. Financing Entity			
3a.	The organization continues to be an entity whose predominant business activity is the provision, in Arms-Length Transactions, of Financial Products, as reflected on its financial statements and executed notes.	Choose a response	
3b.	The organization continues to maintain Sufficient Capital to continue Financing Activities that support the provision of Financial Products for at least three months from the end of the organization's fiscal year.	Choose a response	
3c.	The organization continues to dedicate a Predominance of its Assets to Financial Products.	Choose a response	
3d.	The organization continues to dedicate a Predominance of staff time to the provision to Financial Products.	Choose a response	
4. Development Services			
4a.	The organization, directly or through an Affiliate, or through a contract with another provider, continues to meet the Development Services criteria requirements.	Choose a response	
4b.	Please identify the Development Services provided by the organization during the last fiscal year and the associated Financial Products offered in conjunction with those services.		
	Development Services	Financial Product	Total Clients Served
	Choose services.	Choose an associated product.	Amount
	Choose services.	Choose an associated product.	Amount
	Choose services.	Choose an associated product.	Amount
	Choose services.	Choose an associated product.	Amount
	Choose services.	Choose an associated product.	Amount
	If "Other" is selected, enter a description of the Development Services.		Text Box
5. Target Market			
5a.	At least 60% of the organization's Transactions are directed towards serving its approved Target Market(s).	Choose a response	
5b.	The organization reviewed its approved Target Market maps in CIMS and verified that its Target Market(s) have not changed since its CDFI certification was last approved by the CDFI Fund.	Choose a response	
6. Accountability			
6a.	The organization continues to maintain Accountability to clients in its approved Target Market through representation on its governing board, or otherwise, since the Respondent's CDFI certification was last approved by the CDFI Fund.	Choose a response	
6b.	The organization maintained the same method or set of methods for providing Accountability to the organization's approved Target Market since the organization's CDFI certification was last approved by the CDFI Fund.	Choose a response	

CDFI Certification Criteria	Entry Type
7. Non-Governmental Entity	
The organization continues to not be an agency or instrumentality of the United States, or any state or political subdivision thereof, and that such has not changed since the organization's CDFI certification was last approved by the CDFI Fund.	Choose a response

Part III. Selected Financial Information

Selected Balance Sheet Information

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

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

Selected Income Statement Information

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

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

Financing Capital Detail

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

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

Part IV. Loan and Investment Portfolio Values

1. Loan and Investment Portfolio

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

	Value	Entry Type
1a. Total Outstanding Loan Portfolio		Amount
1b. Total Outstanding Investment Portfolio		Amount
1c. Total Charge-Offs		Amount
1d. Total Recoveries		Amount
1e. Total Value of Non-performing Assets		Amount
1f. Loans 90-Days or More Past Due		Amount
1g. Other Real Estate Owned		Amount

2. Financial Products Portfolio Breakdown

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

- Loans (including loan acquisitions)
- Equity Investments (including Equity Equivalent Investments)
- Loan Guarantees

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

3. Loan Portfolio Breakdown

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

Loans (If Selected)		Total Loan Portfolio (Count)	Total Loan Portfolio (Amount)	Target Market (Count)	Target Market (Amount)
<input type="checkbox"/>	Business Loans	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Commercial Real Estate Loans	Amount	Amount	Amount	Amount
<input type="checkbox"/>	<input type="checkbox"/> Charter School	Amount	Amount	Amount	Amount
	<input type="checkbox"/> Commercial	Amount	Amount	Amount	Amount
	<input type="checkbox"/> Community Facility	Amount	Amount	Amount	Amount
	<input type="checkbox"/> Health Care Facility	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Consumer Loans	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Intermediary Loans	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Microfinance Loans	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Residential Real Estate Loans	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Other (Please Describe)	Amount	Amount	Amount	Amount
	Description:	Text Box			

4. Equity Portfolio Breakdown

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

Equity Investments (If Selected)		Total Portfolio (Count)	Total Portfolio (Amount)	Target Market (Count)	Target Market (Amount)
<input type="checkbox"/>	Business Financing	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Commercial Real Estate Financing	Amount	Amount	Amount	Amount
<input type="checkbox"/>	<input type="checkbox"/> Charter School	Amount	Amount	Amount	Amount
	<input type="checkbox"/> Commercial	Amount	Amount	Amount	Amount
	<input type="checkbox"/> Community Facility	Amount	Amount	Amount	Amount
	<input type="checkbox"/> Health Care Facility	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Consumer Financing	Amount	Amount	Amount	Amount

<input type="checkbox"/>	Intermediary Financing	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Microfinance	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Residential Real Estate Financing	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Other (Please Describe)	Amount	Amount	Amount	Amount
	Description:	Text Box			

5. Loan Guarantee Portfolio Breakdown

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

Loan Guarantees <i>(If Selected)</i>		Total Portfolio (Count)	Total Portfolio (Amount)	Target Market (Count)	Target Market (Amount)
<input type="checkbox"/>	Business Financing	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Commercial Real Estate Financing	Amount	Amount	Amount	Amount
<input type="checkbox"/>	<input type="checkbox"/> Charter School	Amount	Amount	Amount	Amount
	<input type="checkbox"/> Commercial	Amount	Amount	Amount	Amount
	<input type="checkbox"/> Community Facility	Amount	Amount	Amount	Amount
	<input type="checkbox"/> Health Care Facility	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Consumer Financing	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Intermediary Financing	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Microfinance	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Residential Real Estate Financing	Amount	Amount	Amount	Amount
<input type="checkbox"/>	Other (Please Describe)	Amount	Amount	Amount	Amount
	Description:	Text Box			

Organization Attestation

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

Authorized Representative

Authorized Representative Signature

Date

PAPERWORK REDUCTION ACT NOTICE

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The CDFI Fund is an equal opportunity provider.
