



Application for Regional Center Designation

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-956
OMB No. 1615-XXXX
Expires MM/DD/YYYY

For USCIS Use Only	Receipt	Remarks	Action Block
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To be completed by an Attorney or Accredited Representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **START HERE - Type or print in black ink.** Answer all questions fully and accurately.

Part 1. Application Type

- Select whether the application is an **Initial Application** for Designation as a Regional Center or an **Amendment** to an Approved Regional Center Application.
 - Initial Application for Designation as a Regional Center
 - Amendment to an Approved Regional Center
- If your application is an Amendment to an Approved Regional Center, provide the regional center identification number.
- Select the appropriate boxes below to indicate the type of amendment. Select **all that apply**:
 - Amendment to change the regional center's name.
 - Amendment to change the regional center's organizational structure.
 - Amendment to change the regional center's ownership.
 - Amendment to change the regional center's administration.
 - Amendment to change or modify the geographic area for the regional center.

Part 2. Information About the Regional Center

- Legal Name of Regional Center Entity
- Other Name(s) the Entity is Authorized to Use or Do Business As (d/b/a)

Part 2. Information About the Regional Center (continued)

3. Select the organizational structure. If the organizational structure is different from the examples listed below, select "Other" and describe the nature of the organizational structure.

Agency of a U.S. State, Territory, or Local Government

Corporation

Partnership (including limited partnerships)

Limited Liability Company (LLC)

Other (Describe below. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.**)

4. Date the Regional Center Entity Was Established (mm/dd/yyyy) 5. State or Territory Where the Regional Center Entity Was Established

6. List Any Other State or Territory Where the Regional Center Entity is Conducting and Lawfully Qualified to do Business

7. Regional Center Entity Federal Employer Identification Number

Regional Center Mailing Address (and Physical Address when Applicable)

Mailing Address Same as Physical Address

8. Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Regional Center Contact Information

9. Telephone Number

10. Fax Number

11. Email Address (if any)

12. Website Address (if any)

Part 2. Information About the Regional Center (continued)

Other Addresses Used by the Regional Center

13. Other Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 3. Geographic Area of the Regional Center

A regional center must operate within a defined, contiguous, and limited geographic area. Please describe this area, consistent with the purpose of concentrating pooled investment within such area.

If filing an amendment to expand the geographic area of a regional center, you must describe both the currently approved geographic area and the area of requested change.

1. Describe the geographic components that comprise the defined, contiguous, and limited geographic area of the regional center:

State(s) (if applicable)

County(ies) (if applicable)

Census Tract(s) (if applicable)

Part 4. Substantive Economic Impact on Geographic Area of the Regional Center

You must demonstrate that the pooled investment will have a substantive economic impact on the proposed geographic area. This must include reasonable predictions, supported by economically and statistically valid and transparent forecasting tools, concerning the amount of investment that will be pooled, the kinds of commercial enterprises that will receive such investments, details of the jobs that will be created directly or indirectly as a result of such investments, and other positive economic effects such investments will have.

1. Describe the economically and statistically valid and transparent forecasting tools used.

2. Enter the amount of investment that will be pooled.

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Part 4. Substantive Economic Impact on Geographic Area of the Regional Center (continued)

3. Describe the kinds of commercial enterprises that will receive such investments.

4. Provide details of the jobs that will be created directly or indirectly as a result of such investments.

5. Describe other positive economic effects such investments will have.

Part 5. Policies and Procedures to Monitor New Commercial Enterprises and Job-Creating Entities

Applicants must describe the policies and procedures in place reasonably designed to monitor new commercial enterprises and any associated job-creating entity to seek to ensure compliance with all applicable laws, regulations, and Executive Orders of the United States, including immigration, criminal, and securities laws, as well as all securities laws of the state where any securities offerings will be conducted, investment advice will be given, or the offerors or offerees reside.

1. Have you submitted any documentation describing the policies and procedures in place reasonably designed to monitor new commercial enterprises and any associated job-creating entities to seek to ensure compliance with all applicable laws? Yes No

If you answered "Yes," please describe the documentation provided (for example, exhibit number and/or name of document).

If you answered "No," please describe the policies and procedures in the space provided. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

Part 6. Policies and Procedures to Ensure Program Compliance

Applicants must describe the policies and procedures in place that are reasonably designed to ensure program compliance.

1. Have you submitted any documentation describing the policies and procedures in place at the regional center entity to ensure program compliance? Yes No

If you answered "Yes," please describe the documentation provided (for example, exhibit number or name of document).

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If you answered "No," please describe the policies and procedures in the space provided. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

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Part 7. Information About All Persons Involved with the Regional Center

You must identify all natural persons involved with the regional center.

A person involved with the regional center entity includes any person in a position of substantive authority to make operational or managerial decisions over pooling, securitization, investment, release, acceptance, or control or use of any EB-5 capital from immigrant investors. An individual may be in a position of substantive authority if the person serves as a principal, a representative, an administrator, an owner, an officer, a board member, a manager, an executive, a general partner, a fiduciary, an agent, or in a similar position at the regional center.

1. Provide the names of all persons involved with the regional center. For any natural person involved with the regional center indirectly through their position or other interest in a legal entity, please describe the organizational structure of their involvement.

2. Provide the name(s) of all owners of the regional center and the percentage of ownership for each.

Part 7. Information About All Persons Involved with the Regional Center (continued)

3. Provide the name(s) of all members of the board of directors, managers, or other persons in a similar position of authority with the regional center.

4. Provide the name(s) of all executives, officers, or other persons in a similar position of authority with the regional center.

5. Provide the name(s) of all representatives, fiduciaries, agents, or other persons in a similar position of authority with the regional center.

6. Provide the names of any other persons involved in the regional center and their position with the regional center.

If you need extra space to complete this section or have more than one additional individual to list, use the space provided in **Part 12. Additional Information.**

Each person involved with the regional center must fill out and submit Supplement Form I-956H, Bona Fides of Persons Eligibility Involved with Regional Center Program. Each Supplement Form I-956H must be attached to the Form I-956, Application for Regional Center Designation. Each person submitting a Supplement Form I-956H must answer all eligibility questions provided on the supplement.

7. Provide the total number of Supplement Forms I-956H to be submitted: ►

Part 8. Required Certifications

This section must be completed by a qualified certifier. A qualified certifier is a person in a position of substantive authority for the management or operations of the regional center, such as a principal executive officer or principal financial officer, with knowledge of the regional center entity's policies and procedures related to compliance with the requirements under the Immigration and Nationality Act (INA) section 203(b)(5).

Certifier's Contact Information

1. Certifier's Family Name (Last Name) Certifier's Given Name (First Name)
2. Certifier's Title
3. Certifier's Daytime Telephone Number 4. Certifier's Mobile Telephone Number (if any)
5. Certifier's Email Address (if any)

I certify, under penalty of perjury, that, to the best of my knowledge, after a due diligence investigation, that the regional center entity is in compliance with and has policies and procedures, including those related to internal and external due diligence, reasonably designed to confirm that all parties associated with the regional center are and will remain in compliance with the securities laws of the United States and any State in which the regional center entity conducts the offer, purchase, or sale of securities, in which the issuer of securities is located, or in which the regional center entity, or anyone associated with the regional center entity provided investment advice.

Certifier's Signature

6. Certifier's Signature Date of Signature (mm/dd/yyyy)

Part 9. Statement, Contact Information, Declaration, and Signature of the Authorized Individual

NOTE: Read the **Penalties** section of the Form I-956 Instructions before completing this section.

Authorized Individual's Statement

Select the appropriate box to indicate whether you read this application yourself or whether you had an interpreter assist you. If someone assisted you in completing the application, select the box indicating that you used a preparer.

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Authorized Individual's Statement Regarding the Interpreter
- A. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- B. The interpreter named in **Part 10.** has read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
2. Authorized Individual's Statement Regarding the Preparer
- At my request, the preparer named in **Part 11.**, , prepared this application for me based only upon information I provided or authorized.

Part 9. Statement, Contact Information, Declaration, and Signature of the Authorized Individual
(continued)

Authorized Individual's Contact Information

3. Authorized Individual's Family Name (Last Name)	Authorized Individual's Given Name (First Name)
<input type="text"/>	<input type="text"/>
4. Authorized Individual's Title	
<input type="text"/>	

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

5. Authorized Individual's Daytime Telephone Number	6. Authorized Individual's Mobile Telephone Number (if any)
<input type="text"/>	<input type="text"/>
7. Authorized Individual's Email Address (if any)	
<input type="text"/>	

Authorized Individual's Declaration

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (USCIS) may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize the release of any information contained in this application, in supporting documents, in my USCIS records, and in the organization's USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law. I recognize the authority of USCIS to conduct audits of this application using publicly available open source information. I also recognize that any supporting evidence submitted in support of this application may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site audits and on-site visits, as authorized by 8 U.S.C. sections 1103, 1155, and 1184; the EB-5, Reform and Integrity Act of 2022, Div. BB of the Consolidated Appropriations Act, 2022 (Pub. L. No. 117-103); and 8 CFR parts 103, 204, 205, and 214. I further acknowledge that I am aware all regional centers under the EB-5 Program will be subject to an audit by Department of Homeland Security (DHS) at least once within 5 years and the regional center is required to make and preserve all documents relevant to the audit as authorized under INA section 203(b)(5)(E)(vii).

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

If filing this application on behalf of an organization, I certify that I am authorized to do so by the organization.

I also understand that USCIS may require biometrics, perform criminal record checks, and other background and database checks with respect to this regional center, and any individuals involved with this entity.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Part 9. Statement, Contact Information, Declaration, and Signature of the Authorized Individual
(continued)

Authorized Individual's Signature

You must sign and date the application. Every application **MUST** contain the signature of the authorized individual. A stamped or typewritten name in place of a signature is not acceptable.

8. Authorized Individual's Signature Date of Signature (mm/dd/yyyy)

NOTE TO ALL AUTHORIZED INDIVIDUALS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 10. Interpreter's Contact Information, Certification, and Signature

If you used anyone as an interpreter to read the Instructions and questions on this application to you in a language in which you are fluent, the interpreter must fill out this section.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in

Part 9., Item B. in Item Number 1., and I have read to the authorized individual in the identified language every question and instruction on this application and his or her answer to every question. The authorized individual informed me that he or she understands every instruction, question, and answer on the application, including the **Authorized Individual's Declaration**, and has verified the accuracy of every answer.

Part 10. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

The interpreter must sign and date the application.

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Authorized Individual

Provide the following information about the preparer. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 10.** and **Part 11.**

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)

If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information.

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

Preparer's Statement

7. A. I am not an attorney or accredited representative but have prepared this application on behalf of the authorized individual of the regional center and with the authorized individual's consent.
B. I am an attorney or accredited representative and my representation of the authorized individual in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Authorized Individual (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the authorized individual of the regional center. The authorized individual has reviewed this completed application, including the **Authorized Individual's Declaration**, and informed me that all of the information in the application and in the supporting documents is complete, true, and correct.

Preparer's Signature

Anyone who helped you complete this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable.

8. Preparer's Signature Date of Signature (mm/dd/yyyy)

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Part 12. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print the regional center entity's name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Name of the Regional Center Entity

2. Regional Center Identification Number

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.