



# CDFI Program Combined Application Financial Assistance (FA) and Technical Assistance (TA)

## PART I: ORGANIZATIONAL INFORMATION

### 1. ORGANIZATION:

a. Organization Name (Legal Name): [Redacted]

b. Street1: [Redacted]

c. Street2: [Redacted]

d. City: [Redacted]

e. State: [Redacted]

f. Zip / Postal Code: [Redacted]

g. EIN/TIN: [Redacted] h. DUNS: [Redacted]

### 2. AUTHORIZED REPRESENTATIVE:

a. Prefix: [Redacted]

b. First Name: [Redacted]

c. Last Name: [Redacted]

d. Title: [Redacted]

e. Email: [Redacted]

f. Phone: [Redacted]

g. Fax: [Redacted]

h. Street1: [Redacted]

i. Street2: [Redacted]

j. City: [Redacted]

k. State: [Redacted]

l. Zip / Postal Code: [Redacted]

### 3. APPLICATION POINT OF CONTACT:

(If different from Authorized Representative)

a. Prefix: [Redacted]

b. First Name: [Redacted]

c. Last Name: [Redacted]

d. Title: [Redacted]

e. Email: [Redacted]

f. Phone: [Redacted]

g. Fax: [Redacted]

h. Street1: [Redacted]

i. Street2: [Redacted]

j. City: [Redacted]

k. State: [Redacted]

l. Zip / Postal Code: [Redacted]

**4. ORGANIZATIONAL PROFILE (750 CHARACTERS)**

FY (YYYY) APPLICATION ROUND

2013

**5. REQUESTED AWARD TYPE & AMOUNT**

a. Requested Type of Assistance:

 FA     TA     FA-HFFI

b1. Requested Amount of FA Assistance (\$2,000,000 Max)

	Loan	Grant	Equity	Shares/ Deposits	Secondary Capital	Total FA Request
FA Request						

**6. OTHER CDFI FUND APPLICATIONS**

a. Is the Applicant or any of its affiliates applying for other funds from the CDFI Fund for this FY?

 Yes     No
**7. PRIOR CDFI FUND AWARDS (INCLUSIVE OF ALL AFFILIATES)**

a. Complete the following Table for Applicant's (and its affiliate's) 10 most recent CDFI Fund awards in chronological order (newest award on top).

**Table C: Prior Awards**

Add/Delete Row	Awardee / Affiliate Organization Name	Awardee / Affiliate EIN	Award Control Number	Total Award/ Allocation Amount	Award Type

## PART II: ELIGIBILITY

### 1. ORGANIZATIONAL TYPE

- a. Financial Institution Type  Loan Fund  Credit Union  Bank Holding Company  Bank or Thrift  Venture Capital
- c. Faith Based?  Yes  No
- d. Date of Incorporation
- e. Activities Start Date
- f. Congressional District
- g. Fiscal Year End
- h. Total Assets as of Fiscal Year End Date (dollar amount)

### 2. CDFI CERTIFICATION

- a. CDFI Certification Status  CDFI Certified  Not Certified

### 3. GEOGRAPHIC MARKETS AND TARGET AREAS

- a. Primary Geographic Market (Select one)  Major Urban  Minor Urban  Rural
- b. Special Targeted Areas (Select all that apply)  Appalachia  Colonias  Native Communities  
 Gulf Opportunity (GO) Zone  Mississippi Delta
- c. Geographic Market Served (Select all states that apply)
- |   |  |   |  |  |
|---|--|---|--|--|
| <input type="checkbox"/> Alabama                        | <input type="checkbox"/> Florida       | <input type="checkbox"/> Michigan       | <input type="checkbox"/> Ohio                | <input type="checkbox"/> Virginia      |
| <input type="checkbox"/> Alaska                         | <input type="checkbox"/> Georgia       | <input type="checkbox"/> Midway Islands | <input type="checkbox"/> Oklahoma            | <input type="checkbox"/> Washington    |
| <input type="checkbox"/> American Samoa                 | <input type="checkbox"/> Guam          | <input type="checkbox"/> Minnesota      | <input type="checkbox"/> Oregon              | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Arizona                        | <input type="checkbox"/> Hawaii        | <input type="checkbox"/> Mississippi    | <input type="checkbox"/> Pennsylvania        | <input type="checkbox"/> Wisconsin     |
| <input type="checkbox"/> Arkansas                       | <input type="checkbox"/> Idaho         | <input type="checkbox"/> Missouri       | <input type="checkbox"/> Puerto Rico         | <input type="checkbox"/> Wyoming       |
| <input type="checkbox"/> California                     | <input type="checkbox"/> Illinois      | <input type="checkbox"/> Montana        | <input type="checkbox"/> Rhode Island        |  |
| <input type="checkbox"/> Colorado                       | <input type="checkbox"/> Indiana       | <input type="checkbox"/> Nebraska       | <input type="checkbox"/> South Carolina      |  |
| <input type="checkbox"/> Connecticut                    | <input type="checkbox"/> Iowa          | <input type="checkbox"/> Nevada         | <input type="checkbox"/> South Dakota        |  |
| <input type="checkbox"/> Delaware                       | <input type="checkbox"/> Kansas        | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> Tennessee           |  |
| <input type="checkbox"/> District of Columbia           | <input type="checkbox"/> Kentucky      | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Texas               |  |
| <input type="checkbox"/> Federated States of Micronesia | <input type="checkbox"/> Louisiana     | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> U.S. Virgin Islands |  |
|   | <input type="checkbox"/> Maine         | <input type="checkbox"/> New York       | <input type="checkbox"/> Utah                |  |
|   | <input type="checkbox"/> Maryland      | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Vermont             |  |
|   | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota   |  |  |

### 4. LINES OF BUSINESS & FINANCIAL PRODUCTS

- a. Primary Line of Business  Affordable Housing  Consumer Finance  Microenterprise  Small Business  Commercial  Retail
- b. Secondary Lines of Business (Select all that apply)  Affordable Housing  Consumer Finance  Microenterprise  Small Business  Commercial  Retail



## 6. MATCHING FUNDS

a. Complete the following table to reflect the amounts and types of matching fund data submitted with this Application package.

**Table F: Matching Funds Summary**

Type	Amount In-Hand	Amount Committed	Amount to be Raised	Date by Which	Comments & Contact Data	Total
Equity Investment						
Grant						
Loan						
Secondary Capital						
Shares/ Deposits						
Retained Earnings						
<b>TOTALS</b>						

**PART III: ACTIVITIES & FINANCIAL INFORMATION**

**1. FINANCIAL PRODUCTS**

Table H: Financial Products Rate Sheet

Item Number	Dollar Range			Rates/Fees				Terms		Other Features			
	Min (\$)	Max (\$)	Average (\$)	Interest Rate (% Minimum)	Interest Rate (% Maximum)	Interest Rate (% Average)	Fees (\$)	Maturity (# months)	Amortized?	Interest Only?	Security	Development Services Provided?	Special Characteristics (Describe)
1	Category:								Sub-category:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Category:								Sub-category:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Category:								Sub-category:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Category:								Sub-category:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Category:								Sub-category:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Category:								Sub-category:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Category:								Sub-category:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





**4. STAFF & BOARD OF DIRECTORS INFO**

a. Provide Information on Key Board Members.

**Table K: Board Summary Information**

Name	Title	Years On Board	Role in Implementing CBP

b. Provide Information on Key Staff Members.

**Table L: Staff Summary Information**

Name	Title	Years Experience	Role in Implementing CBP

**7. ACTION PLAN FOR FINANCIAL HEALTH AND VIABILITY**

- a. Does the Applicant fail two or more Minimum Prudent Standards from the above Financial Data?  Yes  No
- b. Has the Applicant been subject to a Prompt Corrective Action plan or similar plan by its regulator at any period during the past 24 months?  Yes  No
- c. Has the Applicant received anything other than an unqualified opinion in any of the three most recent audits, or findings such as material weaknesses or reportable conditions? Provide a detailed explanation of steps taken to address them.  Yes  No



**Table P: Loan Loss Reserves & Write-offs**

	2010	2011	2012	2013	Historic
<b>A</b> Total Outstanding Loan Portfolio					
<b>B</b> Net Write-Offs or Net Charge-Offs					
<b>C</b> Annual Net Loan Loss Ratio (B/A)					
<b>D</b> Loan Loss Reserve (cash)					
<b>E</b> Loan Loss Reserve (accrual)					
<b>F</b> Loan Loss Reserve Ratio ((D + E) / A))					

**Table Q: Equity Investment Portfolio Valuation**

Investment Portfolio Measures	2010		2011		2012		2013	
	#	\$	#	\$	#	\$	#	\$
<b>A</b> Total number of Equity Investments and combined value of investments								
<b>B</b> Equity Investments exited during the year								
<b>C</b> Equity Investments written-off during the year								
<b>D</b> Unrealized Gains (losses)								
<b>E</b> Realized Gains (losses)								
<b>F</b> Target Rate of Return								
<b>G</b> Actual Rate of Return (During period shown on chart)								

## 9. ACTION PLAN FOR PORTFOLIO MANAGEMENT

a. Does the Applicant fail the Minimum Prudent Standards for Delinquency or Net Write-Offs from the above Portfolio Quality Data?

 Yes  No

b. Has the Applicant received any findings related to portfolio quality or management in any of the three most recent audits?

 Yes  No

## PART IV: FORMS & CERTIFICATIONS

### 1. ESTIMATED HOURS TO COMPLETE THE APPLICATION:

### 2. ASSURANCES AND CERTIFICATIONS FORM:

a. Can the Applicant certify that it will comply with all of the Assurances and Certifications listed below? (Note: Certain assurances and certifications may not be applicable to the Applicant).

 Yes  No

#### ASSURANCES

- a. Standard Form 424B: Assurances -- Non-Construction Programs
- b. Additional Certifications
- c. Certification Regarding Debarment, Suspension, and Other Responsibility Matters -- Primary Covered Transactions
- d. Certification Regarding Debarment, Suspension, and Other Responsibility Matters -- Primary Covered Transactions
- e. Certification Regarding Drug-Free Workplace Requirements
- f. Certification Regarding Lobbying

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.

### 5. ENVIRONMENTAL REVIEW FORM

The CDFI Fund's environmental review requirements are set forth in 12 CFR Part 1815. The Applicant should review such regulations carefully before completing this section. In order to assure compliance with those regulations and other requirements related to the environment, the Applicant shall provide the following information:

	YES	NO
a. Are there any actions proposed in the Application that do not constitute a "categorical exclusion" as defined in 12 CFR 1815.110?	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>
b. If YES, would any of these actions normally require an environmental impact statement (see 12 CFR 1815.109)?	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>
c. Are there any activities proposed in the Application that involve:		
i. Historical or archeological sites listed on the National Register of Historic Places or that may be eligible for such listing?	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>
ii. Wilderness areas designated or proposed under the Wilderness Act?	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>
iii. Wild or scenic rivers proposed or listed under the Wild and Scenic Rivers Act?	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>
iv. Critical habitats of endangered or threatened species?	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>
v. Natural landmarks listed on the National Registry of Natural Landmarks?	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>
vi. Coastal barrier resource systems?	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>
vii. Coastal Zone Management Areas?	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>
viii. Sole Source Aquifer Recharge Areas designated by EPA?	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>
ix. Wetlands?	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>
x. Flood plains?	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>
xi. Prime and unique farmland?	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>
xii. Properties listed or under consideration for listing on the Environmental Protection Agency's List of Violating Facilities?	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>	<input style="background-color: yellow; border: 2px solid red;" type="checkbox"/>

**6. SIGNATURE:**

Signing the certification on SF 424 certifies that the answers in Part IV: Forms and Certifications 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.

## PART V: NARRATIVES

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All applicants must submit their narrative responses by using the FY 2013 CDFI Program application narrative template document. This Word document should be submitted as an attachment.

**Narrative Attachment:**

Add Attachment

Delete Attachment

View Attachment

## PART VI: PRE-SUBMISSION CHECKLIST

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### 1. APPLICATION CHECKLIST:

The following checklist provides an outline of the required documents that make up a complete application package. Incomplete applications may be rejected and deemed ineligible for award consideration. Use the following checklist to indicate that you have completed the required documentation and have included them in your final submission package.

- a. SF-424  Yes  No
- b. EIN Documentation  Yes  No
- c. HFFI Application Narrative (If Applicable)  Yes  No  N/A
- d. Financial Statements  Yes  No
- f. Resumes  Yes  No
- g. Organizational Chart  Yes  No
- h. CDFI Program Application Narrative Template  Yes  No