



CDFI Fund Application CDFI Program and NACA Program

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

APPLICATION

5. REQUESTED AWARD TYPE & AMOUNT

a. Requested Type of Assistance:

 FA TA FA-HFFI

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 Other
- c. Native? Yes No
- d. Sponsoring Entity? Yes No
- e. Faith Based? Yes No
- f. Date of Incorporation
- g. Activities Start Date
- h. Congressional District
- i. Fiscal Year End
- j. Total Assets as of Fiscal Year End Date (dollar amount)
- k. Total Full-Time Employees (FTEs)

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						
TOTALS						

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?
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
A	Total Outstanding Loan Portfolio					
B	Net Write-Offs or Net Charge-Offs					
C	Annual Net Loan Loss Ratio (B/A)					
D	Loan Loss Reserve (cash)					
E	Loan Loss Reserve (accrual)					
F	Loan Loss Reserve Ratio ((D + E) / A)					

Table Q: Equity Investment Portfolio Valuation

Investment Portfolio Measures		2010		2011		2012		2013	
		#	\$	#	\$	#	\$	#	\$
A	Total number of Equity Investments and combined value of investments								
B	Equity Investments exited during the year								
C	Equity Investments written-off during the year								
D	Unrealized Gains (losses)								
E	Realized Gains (losses)								
F	Target Rate of Return								
G	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 type="checkbox"/>	<input type="checkbox"/>
b. If YES, would any of these actions normally require an environmental impact statement (see 12 CFR 1815.109)?	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>
ii. Wilderness areas designated or proposed under the Wilderness Act?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Wild or scenic rivers proposed or listed under the Wild and Scenic Rivers Act?	<input type="checkbox"/>	<input type="checkbox"/>
iv. Critical habitats of endangered or threatened species?	<input type="checkbox"/>	<input type="checkbox"/>
v. Natural landmarks listed on the National Registry of Natural Landmarks?	<input type="checkbox"/>	<input type="checkbox"/>
vi. Coastal barrier resource systems?	<input type="checkbox"/>	<input type="checkbox"/>
vii. Coastal Zone Management Areas?	<input type="checkbox"/>	<input type="checkbox"/>
viii. Sole Source Aquifer Recharge Areas designated by EPA?	<input type="checkbox"/>	<input type="checkbox"/>
ix. Wetlands?	<input type="checkbox"/>	<input type="checkbox"/>
x. Flood plains?	<input type="checkbox"/>	<input type="checkbox"/>
xi. Prime and unique farmland?	<input type="checkbox"/>	<input type="checkbox"/>
xii. Properties listed or under consideration for listing on the Environmental Protection Agency's List of Violating Facilities?	<input type="checkbox"/>	<input 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: PRE-SUBMISSION CHECKLIST

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