



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

PART I: ORGANIZATIONAL INFORMATION

1. ORGANIZATION:

a. Organization Name
(Legal Name):

b. Street1:

c. Street2:

d. City:

e. State:

f. Zip / Postal Code:

g. EIN/TIN:

h. DUNS:

2. AUTHORIZED REPRESENTATIVE:

a. Prefix:

b. First Name:

c. Last Name:

d. Title:

e. Email:

f. Phone:

g. Fax:

h. Street1:

i. Street2:

j. City:

k. State:

l. Zip / Postal Code:

3. APPLICATION POINT OF CONTACT:

(If different from Authorized Representative)

a. Prefix:

b. First Name:

c. Last Name:

d. Title:

e. Email:

f. Phone:

g. Fax:

h. Street1:

i. Street2:

j. City:

k. State:

l. Zip / Postal Code:

4. ORGANIZATIONAL PROFILE (1500 CHARACTERS)

FY (YYYY) APPLICATION ROUND

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

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 all that apply)

☐ 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. TARGET MARKET PROFILE (1,000 CHARACTER LIMIT)

a. Provide a concise narrative on Applicant's target market profile.

5. QUANTITATIVE BASELINE / ECONOMIC DISTRESS

a. Complete the following table (as applicable) for activity regions and associated scoring for quantitative measures of distress.

Table D: Score for Quantitative Baseline / Economic Distress

County Served	State Served	Quantitative Distress Score
Final Quantitative Distress Score		

6. 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

c. Products Offered (Select all that apply)

<input type="checkbox"/> Individual Development Accounts	<input type="checkbox"/> No-or-Low-Cost Accounts
<input type="checkbox"/> Loans to refinance existing high cost or unaffordable debt	<input type="checkbox"/> Loans to build or repair credit
<input type="checkbox"/> Short-term unsecured personal loans	<input type="checkbox"/> Accept Alternate ID for Opening an Account
<input type="checkbox"/> Check Cashing for Non-Accountholders	<input type="checkbox"/> Services to Disabled or Homeless persons
<input type="checkbox"/> Equity Investments	

7. CUSTOMER PROFILE

a. Complete the Customer Profile information in the following table. Provide optional product information (as applicable) to highlight specific activities or products.

Table E: Customer Profile[illegible]

8. 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"/>

2. FINANCIAL SERVICES

Table I: Financial Services Rate Sheet

[illegible]

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

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 in the Application Instructions if an award is made? (Note: Certain assurances and certifications may not be applicable to the Applicant).

☐ Yes ☐ No

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. 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.

7. 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

1. EXECUTIVE SUMMARY (5,000 CHARACTERS)

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4. TARGET MARKET NEEDS (15,000 CHARACTERS)

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5. RESPONSIVENESS TO TARGET MARKET NEEDS

a. Financial Products and Financial Services (25,000 characters)

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b. Services to the Target Market (20,000 characters)

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6. DELIVERY CAPACITY

a. Market Demand (15,000 characters)

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b. Organizational Capacity (45,000 characters)

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7. PRIOR AWARDS NARRATIVE (IF APPLICABLE)

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PART VI: 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. EIN Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. HFFI Application Narrative (If Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Financial Statements	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Resumes	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Organizational Chart	<input type="checkbox"/> Yes <input type="checkbox"/> No