

Community Development Financial Institutions Fund

CDE Certification Application

BOARD TABLE

BOARD TYPE: <input type="checkbox"/> Governing:(Name) _____ <input type="checkbox"/> Advisory: (Name) _____				
BOARD COMPOSITION DATE (as of): _____				
Name (List all board member's names)	LIC Representative (yes or no)?	Category (Choose from category listed above)	Geographic Area(s) Serve	Conflict of Interest Certification: Check here to certify that neither board member, nor any of his/her family members, is (are) principal(s) or staff member(s) of the <i>Applicant CDE</i> (or <i>Subsidiary Applicant</i>), its affiliated entities, or its investors.
1.				<input type="checkbox"/> <i>There is no conflict of interest.</i>
2.				<input type="checkbox"/> <i>There is no conflict of interest.</i>
3.				<input type="checkbox"/> <i>There is no conflict of interest.</i>
4.				<input type="checkbox"/> <i>There is no conflict of interest.</i>
5.				<input type="checkbox"/> <i>There is no conflict of interest.</i>
6.				<input type="checkbox"/> <i>There is no conflict of interest.</i>
7.				<input type="checkbox"/> <i>There is no conflict of interest.</i>
8.				<input type="checkbox"/> <i>There is no conflict of interest.</i>
9.				<input type="checkbox"/> <i>There is no conflict of interest.</i>
10.				<input type="checkbox"/> <i>There is no conflict of interest.</i>
Total # of board members	%of LIC Reps			

- a) For each board member designated as a LIC Representative, complete an LIC Representative Form, have the LIC Representative sign the form and submit with the application.

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c) If the applicant entity intends to maintain accountability to the residents of its LIC through their representation on Advisory Board(s), provide a narrative statement, detailing of the following for each Advisory Board named above:

- ◆ The process by which members are selected for the Advisory Board;

- ◆ How often the Advisory Board meets (to be accountable, a board must meet at least annually);

- ◆ How the Advisory Board solicits, or intends to solicit, feedback from LIC residents, and how often this information is, or will be, collected (e.g., feedback collected semi-annually at community meetings, feedback collected annually through surveys, etc.); and

- ◆ How the information is used, or will be used, to influence the Governing Board's actions in developing the organization's policies (e.g., an Advisory Board representative sits on the Governing Board; a member of the Advisory Board presents reports to the Governing Board, etc.).

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- C. Is an employee or board member of a non-affiliated community-based or charitable organization that provides more than 50 percent of its activities or services to Low-Income Persons and/or LICs. Provide **ALL** of the information below.

Board Member Title:	
Charitable organization name:	
Organization Website Address:	
Geographic area <u>organization</u> serves (County(ies), State, or Metropolitan Statistical Areas):	
Describe the organization's primary activities and services that directly benefit Low-Income Persons and/or Communities:	
Primary Low-Income Mission Certification:	The organization named above has a primary mission to serve low-income persons and/or communities, and more than 50% of the organization's program activities and services are directed to benefiting low-income persons and/or communities.

- D. Is a religious leader whose congregation is based in an LIC.

Board Member Title:	
Religious Entity Name:	
Religious Entity's Complete Street Address:	
Census Tract (11 digit FIPS code):	

Attach the "Address Geocoder Report" from The Fund's CIMS mapping program.

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E. Is a governmental agency/department employee that primarily serves *LICs*, or is a governmental agency/department employee whose job responsibilities primarily involve serving *LICs*.

Board Member Title:	
Agency/Department Name:	
Agency/Department Website:	
Geographic area agency/department Serves (County(ies), state, or Metropolitan Statistical Areas):	
Describe the Agency/Department's primary activities and services, or the Board Member's primary job responsibilities, that benefit Low-Income Persons and/or Communities:	
Primary Low-Income Mission Certification:	The agency/department has a primary mission, or the Board Member has primary responsibilities, to serve low-income persons and/or communities, and more than 50% of the agency/department's program activities and services, or more than 50% of the Board Member's responsibilities, are directed to benefiting low-income persons and/or communities.

F. Is, or works for, an elected official whose constituency is comprised primarily of *LICs* or residents of *LICs*. Provide information below.

Board Member organization title:	
Elected Official Name:	
Elected Official's Geographic Jurisdiction:	
Explain how it was determined that the elected official's constituency is comprised primarily of <i>LICs</i> or <i>LIC</i> residents:	

Attach the "Address Geocoder Report" from The Fund's CIMS mapping program.

The LIC representative identified above certifies that all of the information provided by the Applicant CDE is true and accurate.

LIC Representative Signature:	Date: