

APPLICATION

COMMUNITY DEVELOPMENT ENTITY

CDE CERTIFICATION APPLICATION

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Community Development Financial Institutions Fund

CDE Certification Application

PAPERWORK REDUCTION ACT NOTICE

OMB Control Number CDFI -1559-0014

This submission requirements package is provided to Applicants for Community Development Entity (CDE) Certification under the New Markets Tax Credit (NMTC) Program. Applicants are not required to respond to this collection of information unless it displays a currently valid OMB number. The estimated average burden associated with this collection of information is four hours per Applicant. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Certification Policy and Evaluation (OCPE) Program Manager, Department of the Treasury, Community Development Financial Institutions Fund, 1500 Pennsylvania Avenue, Washington, DC 20220.

Freedom of Information Act (FOIA) Statement:

The CDFI Fund does not publish proprietary or confidential information submitted by CDFI's as a general practice. However, any information submitted by CDFI's in the CDE Certification Application is subject to the Freedom of Information Act (FOIA) (5 U.S.C. 552) and other federal laws and regulations. Any information contained in this collection, including any attachments or supplements hereto, is subject to disclosure to law enforcement agencies for law enforcement purposes. In general, FOIA makes federal agency records available to the public, unless the information requested is exempt from disclosure. Trade secrets and commercial or financial information submitted by CDEs or CDFIs may be exempt from disclosure pursuant to the FOIA. CDEs and CDFIs should consult their legal counsel for further guidance on this matter.

The CDFI Fund reserves the right to publish responses to select questions provided during the Application process. This information may include, but may not be limited to organization name, organization type, organization's address and organization's website.

Community Development Financial Institutions Fund

CDE Certification Application

The Community Development Entity (CDE) Certification Assistance Application incorporates programmatic requirements necessary for the administration of federal financial assistance and reflects applicable statutory and regulatory obligations governing the use of federal funds including the Administration's efforts to reduce waste, fraud, and abuse within federal programs.

In accordance with Executive Order Establishing the Task Force to Eliminate Fraud (March 16, 2026), the CDFI Fund affirms that fraud, waste, and abuse is not tolerated across its programs. The CDFI Fund will work with the U.S. Department of the Treasury, the Presidential Task Force to Eliminate Fraud, the Department of Justice, and other applicable federal, state, and local stakeholders to identify and dismantle fraud, waste, and abuse. All applicants, allocation recipients, and contractors are on notice that any misuse or fraudulent obtainment of federal funds will result in the maximum enforcement response available under the law, including award termination, repayment demands, suspension and debarment, and referral for civil and criminal prosecution under the False Claims Act (31 U.S.C. § 3730). Suspected fraud, waste, or abuse should be reported to the Treasury Office of Inspector General at 1-800-359-3898 or www.oig.treas.gov.

Applicants who apply for and receive CDE Certification designation shall not, to the best of their knowledge and after reasonable due diligence, provide any financial product or financial service in a manner that violates applicable Federal anti-discrimination laws, including providing employment or financial preferences or set-asides based on any person's race, ethnicity, or sex, in a manner that is inconsistent with any applicable Federal anti-discrimination laws.

Certified CDEs shall comply with all applicable Federal, State, and local laws, regulations and ordinances, Office of Management and Budget (OMB) Circulars, Uniform Requirements (2 C.F.R. Part 200), and Executive Orders that are applicable. For purposes of administering the allocation, Certified CDEs shall specifically take note of the principles reflected in Executive Order 14332, Improving Oversight of Federal Grantmaking; Executive Order 14173, Ending Illegal Discrimination and Restoring Merit-Based Opportunity; Executive Order 14281, Restoring Equality of Opportunity and Meritocracy; Executive Order 14218, Ending Taxpayer Subsidization of Open Borders; and other applicable Executive Orders and Federal requirements, but only to the extent that they govern activities of the CDFI Fund or where specific terms are expressly incorporated into the allocation terms and conditions. Furthermore, Certified CDEs must comply with all relevant CDFI Fund regulations, as well as all other federal requirements applicable to federal awards.

Community Development Financial Institutions Fund

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CDFI FUND MISSION

The mission of the Community Development Financial Institutions Fund (the CDFI Fund) is to expand economic opportunity for underserved people and communities by supporting growth and capacity of a national network of community development lenders, investors, and financial service providers.

All capitalized terms in this Application are defined herein, in 26 C.F.R. Part 1.

WHAT IS A COMMUNITY DEVELOPMENT ENTITY (CDE)?

A Community Development Entity (CDE) is a domestic corporation or partnership that is an intermediary vehicle for the provision of loans, investments, or financial counseling in Low-Income Communities (LICs), under the New Markets Tax Credit Program (NMTC Program).

CDE CERTIFICATION DESIGNATION

An entity seeking CDE certification must submit a CDE Certification Application to the CDFI Fund as directed herein. To qualify as a CDE, an *Applicant CDE* must at the time of application submission:

- Be a legally established entity and a domestic corporation or partnership for Federal tax purposes;
- Have a primary mission of serving or providing investment capital to LICs or Low-Income Persons; and
- Establish accountability to LICs through representation on its Governing or Advisory Board.

Through the CDE Certification Application, an entity may apply for certification solely on its own behalf, or on behalf of itself and one or more Subsidiary Applicants, provided that each applicant entity is legally established at the time of application. Each entity and Subsidiary entity seeking CDE certification must have a valid, unique Employer Identification Number (EIN) at the time the CDE Certification Application is submitted.

Community Development Financial Institutions (CDFIs) and Specialized Small Business Investment Companies (SSBICs) are eligible to qualify as a CDE and do not need to complete a full Certification Application. Such entities must be established in the CDFI Fund's Awards Management Information System (AMIS) and provide basic organization information.

Subsidiaries and Affiliates of certified CDEs, CDFIs, and SSBICs do not automatically qualify as CDEs. The parent CDE must submit a CDE Certification Application and attest that its Subsidiary entities meet the eligibility requirements for CDE Certification.

Section 7701(a)(4) of the Internal Revenue Code defines "domestic" when applied to a corporation or partnership to mean created or organized in the United States or under the law of the United States or of any State unless, in the case of a partnership, the Secretary provides otherwise by regulations. Organizations incorporated in US territories are not considered "domestic" corporations or partnerships for the purpose of this definition.

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CDE Certification Application

CDE CERTIFICATION BENEFIT

Benefits of being certified as a CDE include being able to apply to the CDFI Fund to receive a New Markets Tax Credit (NMTC) Allocation to offer its investors in exchange for equity investments in the CDE and/or its subsidiaries; or to receive loans or investments from other CDEs that have received NMTC Allocations.

New Market Tax Credit Program

Under the NMTC Program, taxpayers may claim a credit against Federal income taxes for Qualified Equity Investments made to acquire stock or other capital interests in designated CDEs. Substantially all of the Qualified Equity Investments must be used by the CDE to, among other things, make loans to, or equity investments in, qualified businesses or CDEs operating in Low-Income Communities.

The investor (either the original purchaser or a subsequent holder) receives a tax credit for a seven- year period equal to five percent of the total amount paid for the stock or capital interest, at the time of purchase, for each of the first three years, and six percent annually for the remaining four years.

Applying for NMTC Allocations

The CDFI Fund allocates NMTC authority to for-profit and non-profit CDEs through a competitive application process pursuant to a Notice of Allocation Availability (NOAA) published in the Federal Register. NMTC Allocation Application materials and guidance are available from the [CDFI Fund's website](#). For-profit CDE NMTC Allocation Allocatees can provide their investors the tax credit in exchange for stock or capital interests. A Non-profit CDE NMTC Allocation Allocatee must demonstrate to the CDFI Fund, prior to receiving an Allocation Agreement, that:

- 1) it controls¹ one or more for-profit Subsidiary CDE(s); and,
- 2) it intends to transfer the entire NMTC Allocation to its for-profit Subsidiary CDE(s).

For-profit and non-profit entities that do not apply to the CDFI Fund for NMTC Allocations may obtain CDE certification in order to receive Qualified Low-Income Community Investments (QLICs) from for-profit CDE NMTC Allocation recipients.

MAINTAINING CDE CERTIFICATION

Each CDE NMTC Allocation Allocatee, as well as CDEs that are recipients of QLICs from other CDEs, may be required to annually certify to the CDFI Fund that it continues to meet the Primary Mission, Legal Entity, and Accountability requirements by providing the information below.

The Fund may revoke a CDE's certification if it fails to provide the requested information.

- Information indicating that the entity remains accountable to the LIC(s) it is serving; and,
- A certification statement certifying that no material changes have occurred to affect their current status as a CDE.

¹ Control. "Control" shall mean: (a) Ownership, control, or power to vote more than 50 percent of the outstanding shares of any class of Voting Securities of any entity, directly or indirectly or acting through one or more other persons; (b) Control in any manner over the election of a majority of the directors, trustees, general partners, managing members, managers (or individuals exercising similar functions) of any other entity; or (c) Power to exercise, directly or indirectly, a controlling influence over the management policies or investment decisions of another entity, as determined by the CDFI Fund. For purposes of this Allocation Agreement, the term "Control" does not include an investor's contractual right to remove a general partner, managing member, or manager of an Allocatee for cause.

Community Development Financial Institutions Fund

CDE Certification Application

Application Process Overview

APPLICATION PROCESS STEPS

- Carefully review the following documents from the [CDFI Fund's CDE Certification webpage](#):
 - The CDE Certification Guidance as published in the Federal Register; and
 - The CDE Certification Frequently Asked Questions document.
 - The CDE Certification Service Area Amendment Guidance
 - The CDE Certification Application Supplemental Guidance
- Review the CDE Certification Application and supplemental CDE Certification Application Webinar Presentation materials provided on the CDFI Fund's CDE Certification page located at www.cdfifund.gov.
- Refer to [guidance](#) on how to access and use AMIS, the CDFI Fund's online portal.
- Create or access an existing account for the Applicant entity in AMIS.
- Review and, if needed, update the Applicant's EIN at the Applicant's organization detail page in its account in AMIS. Each CDE Certification Applicant must have its own valid EIN and be a legal entity at the time it submits the CDFI Certification Application.
- Review and, if needed, update the Applicant's contact information at its organization detail page in AMIS. An Applicant **MUST** have at least one active Authorized Representative identified in its online CDFI Fund account in order to submit the completed CDE Certification Application. Any of the contacts listed in the Applicant's online account can fill out the CDFI Certification Application, but only a contact designated as an Authorized Representative will be able to submit it.
- Make sure the Applicant's email system and firewalls are set to accept messages generated by AMIS. For assistance with this, contact the AMIS Help Desk via an AMIS Service Request.
- Applicants must provide additional Basic Information and Legal Entity documentation for relevant Subsidiaries in the Applicant's account in AMIS and/or within the CDE Certification Application.
- Follow the instructions provided in each section of the CDE Certification Application to submit a complete Application package.

Additional Questions and Resources: If you have questions regarding the CDE Certification Application, you may contact the CDFI Fund's Office of Certification Policy and Evaluation by submitting a Service Request in AMIS. Information regarding the CDE Certification application and process can also be obtained by visiting the [CDFI Fund's CDE Certification webpage](#).

Faxed, e-mailed or mailed CDE Certification Applications WILL NOT be accepted without prior approval.

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CDE Certification Application

BASIC INFORMATION – APPLICANT CDE

Select the Application Type being submitted (check one):

- ☐ **Type A:** An *Applicant CDE* that is applying for *initial* CDE certification only on behalf of itself.
- ☐ **Type B:** An *Applicant CDE* that is applying for *initial* CDE certification on behalf of itself and one or more Subsidiary entities.
- ☐ **Type C:** An *Applicant CDE*, which is already certified, that is applying for CDE certification on behalf of one or more subsidiary entities.

Enter Name of *Applicant CDE*: _____

Is the *Applicant CDE* already certified as a CDE? ☐ YES ☐ NO

- If yes, provide the **CDE Certification Application Control Number** of the *Applicant CDE*: _____
(This will be auto-populated if the Applicant CDE is already certified as a CDE).

Enter the number of Subsidiary Applicant(s) submitted under this application, if applicable: _____

For Type B and Type C Applications, complete the table below for all subsidiaries submitted under this Application:

Name of Subsidiary (Application Type B & C Only)	Employer Identification Number (EIN)	<u>EXPRESS OPTIONS (See page 10)</u> [All boxes must be checked to utilize the Express Option]
		☐ This Subsidiary has the same Primary Mission as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Primary Mission. ☐ This Subsidiary has the same Service Area as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Service Area. ☐ This Subsidiary has the same Accountability as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Accountability.
		☐ This Subsidiary has the same Primary Mission as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Primary Mission. ☐ This Subsidiary has the same Service Area as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Service Area. ☐ This Subsidiary has the same Accountability as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Accountability.

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Additional Subsidiary Applicants

(The Applicant will complete the data entry for each Subsidiary in AMIS.)

Name of Subsidiary (Type B & C Only)	Employer Identification Number (EIN)	<u>EXPRESS OPTIONS (See page 10)</u> [All boxes must be checked to utilize the Express Option]
		☐ This Subsidiary has the same Primary Mission as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Primary Mission. ☐ This Subsidiary has the same Service Area as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Service Area. ☐ This Subsidiary has the same Accountability as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Accountability.
		☐ This Subsidiary has the same Primary Mission as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Primary Mission. ☐ This Subsidiary has the same Service Area as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Service Area. ☐ This Subsidiary has the same Accountability as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Accountability.
		☐ This Subsidiary has the same Primary Mission as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Primary Mission. ☐ This Subsidiary has the same Service Area as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Service Area. ☐ This Subsidiary has the same Accountability as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Accountability.

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		<ul style="list-style-type: none">☐ This Subsidiary has the same Primary Mission as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Primary Mission.☐ This Subsidiary has the same Service Area as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Service Area.☐ This Subsidiary has the same Accountability as the Applicant CDE and there have been no unapproved material changes to the Applicant CDE's Accountability.
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Enter structure of the *Applicant CDE* (check all that apply)

- | | |
|--|--|
| ☐ For-profit | ☐ Non-profit |
| ☐ Publicly traded company | ☐ Faith-Based Institution |
| ☐ Thrift, Bank or bank holding company | ☐ Credit Union |
| ☐ Small Business Investment Company (SBIC) | ☐ Government-controlled entity |
| ☐ Specialized Small Business Investment Company (SSBIC) | ☐ Tribal Entity |
| ☐ Certified Community Development Financial Institution | ☐ Real Estate Development Company |
| ☐ New Markets Venture Capital Company | |

Products and Services that are, or will be, offered by the *Applicant CDE* (check all that apply)

- ☐ Real Estate Financing (Check only one accompanying sub-category)
- ☐ Retail
 - ☐ Industrial/Manufacturing
 - ☐ Community Facilities
 - ☐ Hospital/Tourism
 - ☐ Office Space
 - ☐ For-Sale Housing
 - ☐ Business Financing
 - ☐ Mixed-use (housing commercial, retail)
- ☐ Microenterprise Financing
- ☐ Financing other CDEs
- ☐ Loan purchase from other CDEs
- ☐ Financial Counseling and Other Services.

Structure of the *Applicant CDE's* Controlling Entity (check all that apply)

- | | |
|--|--|
| ☐ For-profit | ☐ Non-profit |
| ☐ Publicly traded company | ☐ Faith-Based Institution |
| ☐ Thrift, Bank or bank holding company | ☐ Credit Union |
| ☐ Small Business Investment Company (SBIC) | ☐ Government-controlled entity |
| ☐ Specialized Small Business Investment Company (SSBIC) | ☐ Tribal Entity |
| ☐ Certified Community Development Financial Institution | ☐ Real Estate Development Company |
| ☐ New Markets Venture Capital Company | ☐ Not Applicable – Applicant CDE does not have a Controlling Entity |

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Market Served and Estimated % of Total Activities (should total 100 percent)

____ percent - Major urban areas (Counties in Metropolitan Area with a population equal to or greater than 1 million include both central city and surrounding suburbs)

____ percent - Minor urban areas (Counties in Metropolitan Area with a population of less than 1 million include both central city and surrounding suburbs)

____ percent - Rural areas

Affiliate Information

The Applicant must identify each person or entity with a direct or indirect ownership interest, each person or entity exercising control over the Applicant or Subsidiary Applicant, and any ownership, control, material funding, or management interest held by a foreign government, state-owned enterprise, sovereign wealth fund, sanctioned person, or other prohibited foreign interest.

Does any person or entity have a direct or indirect ownership interest in, or exercise control over the Applicant or any Subsidiary Applicant?

For the ownership/control relationship:

- ☐ Individual
- ☐ Parent Entity
- ☐ Controlling Entity
- ☐ Affiliate
- ☐ Other Entity — Specify: _____

Nature of relationship:

- ☐ Direct Ownership
- ☐ Indirect Ownership
- ☐ Management Control
- ☐ Governance/Board Control
- ☐ Contractual or Other Controlling Influence
- ☐ Other — Explain: _____

Do any of the identified persons or entities fall into any of the following categories? Select all that apply.

- ☐ Foreign Government
- ☐ State-Owned Enterprise
- ☐ Sovereign Wealth Fund
- ☐ Sanctioned Person or Entity
- ☐ Other Prohibited Foreign Interest
- ☐ None of the Above

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Government Investigations and Enforcement

Applicant must provide information regarding government investigations, enforcement actions and related matters involving the Applicant, any Subsidiary Applicant, Controlling entity, Material Affiliate, or Principal.

Within the past three years, has the Applicant, any Subsidiary Applicant, Controlling Entity, material Affiliate, or principal been subject to any government investigation, enforcement action, legal proceeding, settlement, corrective action, denial or recovery of public funds, suspension, debarment, exclusion, or removal from a government program?

☐ YES

☐ NO

If "Yes," Please provide a narrative to identify the entity or person involved, the government authority, date(s), general subject matter, amount at issue (if applicable), current status, outcome, and any corrective action taken.

Narrative:

Attach any relevant documents.

Applicant Organizational Address(es):

Mailing Address	Shipping Address (if different, for overnight deliveries)

Applicant Contact Information:

Authorized Representative:		Applicant Contact (if different than AR):	
Name		Name	
Phone		Phone	
Fax		Fax	
E-mail		E-mail	

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<p>The submission of such information has been duly authorized by the above-named Applicant CDE's governing body.</p>

<p>An Authorized Representative identified in the Organization Detail Page must select the checkbox to confirm, after reasonable inquiry, that the information provided is true, accurate, complete, and not misleading. The Applicant acknowledges that the U.S. Department of the Treasury may verify the information provided against the Federal, State, local, and Tribal records and may share relevant information with appropriate enforcement authorities. The Applicant further acknowledges that a materially false statement or omission may result in denial or revocation of the CDE Certification or NMTC allocation authority, suspension or disbarment, and/or civil or criminal referral, including under 18 U.S.C. § 1001.</p>

Authorized Representative Signature:

Date:

Community Development Financial Institutions Fund

CDE Certification Application

Certifications and Signature

REQUIRED:

- I. The Applicant has a continuing duty, from the date of application submission through the CDFI Fund's final determination, to notify the CDFI Fund of any material event or change that may affect its eligibility for CDE Certification or render information in the Application inaccurate, incomplete, or misleading. The Applicant must report such changes within 30 days using the Material Events Form, including any new investigation, settlement, enforcement action, material audit finding, major service dash provider misconduct, ownership or control change, suspension, debarment, or other material event.
- II. The Applicant certifies that it will comply with applicable Federal civil-rights and nondiscrimination laws and will not use race, color, ethnicity, national origin, religion, or sex as a quota, set-aside, preference, penalty, or scoring advantage except where expressly authorized by Federal law.
- III. The Applicant also certifies that Federal resources will not be used to provide benefits or assistance to persons or entities that are ineligible under applicable Federal law.
- IV. I certify, on behalf of the *Applicant CDE* and, if applicable, its Subsidiary Applicants, that it/they will, at all times during the course of its/their designation as a CDE, direct a minimum of sixty percent of its/their activities (including loans, investments and related technical assistance) to Low-Income Persons, to persons or organizations located in Low-Income Communities, or to other organizations that principally serve Low-Income Persons or residents of Low-Income Communities.
- V. I further certify that the *Applicant CDE* and, if applicable, its Subsidiary Applicant(s), will maintain accountability to the Low-Income Communities that it/they serve, through their representation on the governing board or on an advisory board(s) to the *Applicant CDE* (and, if applicable Subsidiary Applicants), at all times during the course of its/their designation as a CDE.
- VI. The *Applicant CDE* and, if applicable, its Subsidiary Applicant(s) acknowledges that it may be required to periodically certify to the Fund that it continues to comply with the above certification requirements, and to notify the Fund if the *Applicant CDE* and, if applicable, its Subsidiary Applicant(s) fails to comply with these requirements. The *Applicant CDE* and, if applicable, its Subsidiary Applicant(s) acknowledges further that a failure to comply with these requirements may result in the *Applicant CDE* and, if applicable, its Subsidiary Applicant(s) losing its designation as a CDE, as well as the revocation of NMTC Allocations provided to the *Applicant CDE* or Subsidiary Applicants and/or the recapture of NMTCs claimed by investors for making Qualified Equity Investments in the *Applicant CDE* or Subsidiary Applicants.
- VII. I hereby certify that all the information provided in connection with the above-named Applicant CDE's certification as a CDE is true, accurate and complete.

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OPTIONAL FOR *APPLICANT CDE*'S APPLYING FOR CERTIFICATION ON BEHALF OF ONE OR MORE SUBSIDIARY CDE APPLICANTS:

EXPRESS OPTION - *Applicant CDEs* (Type B or C) seeking to certify *Subsidiary Applicant CDE(s)* listed in this application, for which all three boxes were checked in the Basic Information Section, are legal entities (having filed the necessary paperwork with the appropriate state agencies), have valid EINs, and by checking the following box below:

- ☐ I certify, on behalf of ***Applicant CDE***, that the designated *Subsidiary Applicant CDE(s)* listed in this application, for which all three boxes were checked in the Basic Information Section, are legal entities (having filed the necessary paperwork with the appropriate state agencies), have valid EINs, and
- have the same Primary Mission as the *Applicant CDE* and there have been no unapproved material changes to the *Applicant CDE's* Primary Mission; and
 - have the same Service Area as the *Applicant CDE* and there have been no unapproved material changes to the *Applicant CDE's* Service Area; and
 - have the same Accountability as the *Applicant CDE* and there have been no unapproved material changes to the *Applicant CDE's* Accountability.

Selecting the option above requires that no further application materials be submitted for those Subsidiary CDEs listed on the Applicant's Basic Information page and for which all three boxes under the EXPRESS OPTION have been checked; EXCEPT LEGAL ENTITY DOCUMENTATION.

Authorized Representative Signature:	Date:

Community Development Financial Institutions Fund

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BASIC INFORMATION – SUBSIDIARY CDE

Name of Subsidiary CDE	
Subsidiary CDE Employer Identification Number	
Contact Name	
Contact Telephone	
Contact Email	
Mailing Address	

Market Served and Estimated % of Total Activities (should total 100 percent)

____ percent - Major urban areas in a Metropolitan Area with a population equal to or greater than 1 million (include both central city and surrounding suburbs).

____ percent - Minor urban areas in a Metropolitan Area with a population of less than 1 million (include both central city and surrounding suburbs).

____ percent - Rural areas

Type of Entity (check all that apply)

- | | | | |
|--------------------------|---|--------------------------|---------------------------------|
| ☐ | For-profit | ☐ | Non-profit |
| ☐ | Publicly traded company | ☐ | Faith-Based Institution |
| ☐ | Thrift, Bank or bank holding company | ☐ | Credit Union |
| ☐ | Small Business Investment Company (SBIC) | ☐ | Government-controlled entity |
| ☐ | Specialized Small Business Investment Company (SSBIC) | ☐ | Tribal Entity |
| ☐ | Certified Community Development Financial Institution | ☐ | Real Estate Development Company |
| ☐ | New Markets Venture Capital Company | | |

Products and Services that are, or will be, offered by the Subsidiary CDE (check all that apply)

- | | |
|--------------------------|--|
| ☐ | Real Estate Financing (Check only one accompanying sub-category) |
| ☐ | Retail |
| ☐ | Industrial/Manufacturing |
| ☐ | Community Facilities |
| ☐ | Hospital/Tourism |
| ☐ | Office Space |
| ☐ | For Sale Housing |
| ☐ | Business Financing |
| ☐ | Mixed-use (housing commercial, retail) |
| ☐ | Microenterprise Financing |
| ☐ | Financing other CDEs |
| ☐ | Loan purchase from other CDEs |
| ☐ | Financial Counseling and Other Services |

Community Development Financial Institutions Fund

CDE Certification Application

Type A & B Only

Criteria: LEGAL ENTITY

As of the date its CDE Certification Application is submitted (signed by Authorized Representative), the Applicant, and relevant subsidiaries, must be duly organized and validly exist under the laws of the state jurisdiction in which it is incorporated or established AND be a domestic corporation or partnership for federal tax purposes. Legal documents must be submitted for the Applicant and all subsidiaries, INCLUDING subsidiaries using the EXPRESS OPTION)

APPLICANT CDE: _____

EVIDENCE OF LEGAL ENTITY STATUS

Is the *Applicant CDE* a domestic corporation or partnership for federal tax purposes? ☐ YES ☐ NO
If no, the applicant is not eligible to apply for certification as a CDE and therefore should not submit a CDE Certification Application.

NOTE: Section 7701(a)(4) of the Internal Revenue Code defines "domestic" when applied to a corporation or partnership to mean created or organized in the United States or under the law of the United States or of any State unless, in the case of a partnership, the Secretary provides otherwise by regulations.

- Organizations incorporated in US territories are not considered "domestic" corporations or partnerships for the purpose of this definition.

If the *Applicant CDE* is an LLC:

- Does the LLC have more than one Member? ☐ YES ☐ NO
- If "NO" to the question above, has the LLC elected to be treated as a corporation for federal tax purposes? ☐ YES ☐ NO

* **Attach**, if the *Applicant* is a single member LLC, a copy of the Applicant's official IRS Documentation of tax classification election as a corporation (e.g. submitted IRS Form 8832 or IRS acceptance of Form 8832.)

Enter the *Applicant CDE's* date of incorporation/organization/establishment(month/day/year): _____

Enter the *Applicant CDE's* total assets as of the date of this application: \$ _____

* **Attach** a copy of one of the following (documents must be signed, stamped, and filed with the appropriate state agency):

- ☐ Articles of Incorporation
- ☐ Certificate of Formation
- ☐ Organization Certificate
- ☐ Other: _____

* **Attach** any amendments to attached organizing documents, (documents must be signed, stamped, and filed with the appropriate state agency).

Community Development Financial Institutions Fund

CDE Certification Application

Type A & B Cont'd

EMPLOYER IDENTIFICATION NUMBER (EIN)

Enter CDE's Employer Identification Number:_____

* **Attach** one of the following for the *Applicant CDE* (documentation must clearly identify both the entity's legal name and its EIN):

- Official letter from IRS providing EIN;
- Confirmation fax from local IRS office with the organization's name and EIN; or
- A printout of completed and submitted online SS-4 (with organization's EIN in upper right hand corner) from IRS' website, accompanied by a printout of the online confirmation of receipt of EIN from IRS' website.

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CDE Certification Application

Type B & C Only

Criteria: LEGAL ENTITY

As of the date its CDE Certification Application is submitted (signed and mailed by Authorized Representative), the Applicant, and relevant subsidiaries, must be duly organized and validly exist under the laws of the state jurisdiction in which it is incorporated or established AND be a domestic corporation or partnership for federal tax purposes. Legal documents must be submitted for the Applicant and all subsidiaries, INCLUDING subsidiaries using the EXPRESS OPTION.

SUBSIDIARY CDE Name: _____

EVIDENCE OF LEGAL ENTITY STATUS

Is the Subsidiary CDE a domestic corporation or partnership for federal tax purposes? ☐ YES ☐ NO
If no, the applicant is not eligible to apply for certification as a CDE and therefore should not submit a CDE Certification Application.

NOTE: Section 7701(a)(4) of the Internal Revenue Code defines "domestic" when applied to a corporation or partnership to mean created or organized in the United States or under the law of the United States or of any State unless, in the case of a partnership, the Secretary provides otherwise by regulations.

- Organizations incorporated in US territories are not considered "domestic" corporations or partnerships for the purpose of this definition.

If the *Subsidiary CDE* is an LLC:

- Does the LLC have more than one Member? ☐ YES ☐ NO
- If "NO" to the question above, has the LLC elected to be treated as a corporation for federal tax purposes? ☐ YES ☐ NO

* **Attach**, if the Subsidiary CDE is a single member LLC, a copy of the Subsidiary CDE's official IRS Documentation of tax classification election as a corporation (e.g. submitted IRS Form 8832 or IRS acceptance of Form 8832.)

Enter the Subsidiary CDE's date of incorporation/organization/establishment (month/day/year): _____

Enter the Subsidiary CDE's total assets as of the date of this application: \$ _____

* **Attach** a copy of one of the following (documents must be signed, stamped, and filed with the appropriate state agency). **Indicate** which document is submitted below:

- ☐ Articles of Incorporation
- ☐ Certificate of Formation
- ☐ Organization Certificate
- ☐ Other: _____

* **Attach** any amendments to attached organizing documents, (documents must be signed, stamped, and filed with the appropriate state agency).

Community Development Financial Institutions Fund

CDE Certification Application

Type B & C Only cont'd

EMPLOYER IDENTIFICATION NUMBER (EIN)

Enter CDE's Employer Identification Number: _____

* **Attach** one of the following for each Subsidiary Applicant (documentation must clearly identify both the entity's legal name and its EIN):

- Official letter from IRS providing EIN;
- Confirmation fax from local IRS office with the organization's name and EIN; or
- A printout of completed and submitted online SS-4 (with organization's EIN in upper right hand corner) from IRS' website, accompanied by a printout of the online confirmation of receipt of EIN from IRS' website.

Community Development Financial Institutions Fund

CDE Certification Application

Type A & B Only

Criteria: PRIMARY MISSION

A CDE must demonstrate that it has a primary mission of serving, or providing investment capital for LICs or Low-income Persons, and that at least 60 percent of its activities (e.g., loans and investments) are targeted to Low-income Persons or LICs.

APPLICANT CDE: _____

Indicate type of board-approved organizational document that provides evidence of Applicant's primary mission of promoting community development:

- ☐ Articles of Incorporation, Organization, or Formation (signed and filed with appropriate state agency)
- ☐ Bylaws (board-approved)
- ☐ Board approved resolution
- ☐ Annual report containing a signed letter from the Board Chairperson
- ☐ Board-approved, one-page narrative that specifically states how the organization's collective activities and products evidence the primary mission certification criteria
- ☐ Other similar board-approved documents

*** Attach:** Copy of the Applicant's organizational documents, as indicated above, that provide evidence of a primary mission of promoting community development.

Enter primary mission of Applicant (as stated in board approved document(s) indicated above):

Community Development Financial Institutions Fund

CDE Certification Application

Type B & C Only

Criteria: PRIMARY MISSION

A CDE must demonstrate that it has a primary mission of serving, or providing investment capital for LICs or Low-income Persons, and that at least 60 percent of its activities (e.g., loans and investments) are targeted to Low-income Persons or LICs.

SUBSIDIARY CDE Name: _____

*(Complete and submit requested information for each Subsidiary seeking certification, except those for which the **EXPRESS OPTION** is selected. Reproduce additional copies of the form as needed.)*

Indicate type of board-approved organizational document that provide evidence of Applicant's primary mission of promoting community development:

- ☐ Articles of Incorporation, Organization, or Formation (signed and filed with appropriate state agency)
- ☐ Bylaws (board-approved)
- ☐ Board approved resolution
- ☐ Annual report containing a signed letter from the Board Chairperson
- ☐ Board-approved, one-page narrative that specifically states how the organization's collective activities and products evidence the primary mission certification criteria
- ☐ Other similar board-approved documents

*** Attach:** Copy of the Applicant's organizational documents, as indicated above, that provide evidence of a primary mission of promoting community development.

Enter primary mission of Applicant (as stated in board approved document(s) indicated above):

Community Development Financial Institutions Fund

CDE Certification Application

Type A & B Only

Criteria: ACCOUNTABILITY & SERVICE AREA

A CDE Applicant must identify the Service Area that it serves or intends to serve; and demonstrate that it maintains accountability to the LICs in those areas.

APPLICANT CDE:

1. Select **one** and identify the Service Area geography the entity currently serves or intends to serve:

☐ Local Service Area [e.g., county(ies); PMSA(s)]: _____

☐ State-wide or territory-wide Service Area: _____

☐ Multi-state Service Area: _____

☐ National Service Area: _____

2. Select and identify the method of accountability maintained to the residents of LICs (check all that apply):

☐ Governing Board of the *Applicant CDE*

☐ Governing Board of the *Applicant CDE's* Controlling Entity

☐ Governing Board of the *Subsidiary Applicant*

☐ Advisory Board(s)

- Enter the number of Advisory Boards used to maintain accountability _____

- Enter the names of the Advisory Boards used to maintain accountability

- #1 _____

- #2 _____

- #3 _____

Community Development Financial Institutions Fund

CDE Certification Application

APPLICANT CDE:

3. Complete one Board Table for each governing and/or advisory board listed.

For governing and advisory boards, the options for how Board Members may be representative of a Service Area are as follows:

Categories for Board Members:	Board Members may:
A	Reside within a NMTC qualified census tract within the designated Service Area.
B	Own, control, or manage a business located in a NMTC qualified census tract within the designated Service Area(s) that principally employs or provides goods and services to area LIC residents.
C	Be an employee or board officer of a non-affiliated community-based or charitable organization providing more than 50% of its program activities and services to LICs within the designated area.
D	Be a religious leader whose congregation is located in a NMTC qualified census tract.
E	Be an employee of a governmental agency or department that primarily serves LICs, or whose job responsibilities primarily involve serving LICs.
F	Be, or work for, an elected official whose constituency is comprised principally of, or are residents of, qualified NMTC census tracts.

Community Development Financial Institutions Fund

CDE Certification Application

BOARD TABLE

BOARD TYPE: ☐ Governing: (Name) _____ ☐ 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.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
2.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
3.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
4.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
5.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
6.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
7.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
8.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
9.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
10.	No	NA	NA	☐ <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.

Community Development Financial Institutions Fund

CDE Certification Application

- b) 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 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.).

Community Development Financial Institutions Fund

CDE Certification Application

Type B & C Only

Criteria: ACCOUNTABILITY & SERVICE AREA

A CDE Applicant must identify the Service Area that it serves or intends to serve; and demonstrate that it maintains accountability to the LICs in those areas.

SUBSIDIARY CDE Name: _____

(Complete and submit requested information for each Subsidiary seeking certification, except those for which the **EXPRESS OPTION** is selected. Reproduce additional copies of the form as needed.)

1. Select one and identify the Service Area geography the entity currently serves or intends to serves:

☐ Local Service Area [e.g., county(ies); PMSA(s)]: _____

☐ State-wide or territory-wide Service Area: _____

☐ Multi-state Service Area: _____

☐ National Service Area: _____

2. Select and identify the method of accountability maintained to the residents of LICs (check all that apply):

☐ Governing Board of the *Applicant CDE*

☐ Governing Board of the *Applicant CDE's* Controlling Entity

☐ Governing Board of the *Subsidiary Applicant*

☐ Advisory Board(s)

▪ Enter the number of Advisory Boards used to maintain accountability _____

▪ Enter the names of the Advisory Boards used to maintain accountability

○ #1 _____

○ #2 _____

○ #3 _____

Community Development Financial Institutions Fund

CDE Certification Application

SUBSIDIARY CDE Name: _____

3. Complete one Board Table for each governing and/or advisory board listed.

For governing and advisory boards, the options for how Board Members may be representative of a Service Area are as follows:

Categories for Board Members:	Board Members may:
A	Reside within a NMTC qualified census tract within the designated Service Area.
B	Own, control, or manage a business located in a NMTC qualified census tract within the designated Service Area(s) that principally employs or provides goods and services to area LIC residents.
C	Be an employee or board officer of a non-affiliated community-based or charitable organization providing more than 50% of its program activities and services to LICs within the designated area.
D	Be a religious leader whose congregation is located in a NMTC qualified census tract.
E	Be an employee of a governmental agency or department that primarily serves LICs, or whose job responsibilities primarily involve serving LICs.
F	Be, or work for, an elected official whose constituency is comprised principally of, or are residents of, qualified NMTC census tracts.

Community Development Financial Institutions Fund

CDE Certification Application

BOARD TABLE

BOARD TYPE: ☐ Governing: (Name)_____ ☐ 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.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
2.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
3.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
4.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
5.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
6.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
7.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
8.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
9.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
10.	No	NA	NA	☐ <i>There is no conflict of interest.</i>
Total # of Board Members	0% %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.

Community Development Financial Institutions Fund

CDE Certification Application

-
- 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.).

Community Development Financial Institutions Fund

CDE Certification Application

LOW-INCOME REPRESENTATIVE FORM

(Complete and submit requested information for each proposed LIC representative. Reproduce additional copies of the form as needed.)

1. Board Member's Name: _____
2. Service Area **BOARD MEMBER** (not Applicant) represents (e.g. County(ies), (P)MSA, State(s), National): _____
3. How is the Board Member representative of *LICs*? (Check and complete information in **only one** category below)

- A. ☐ resident of a *LIC*. Provide the information below.

Board Member's Complete Home Address:	
Census Tract (11 digit FIPS code):	

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

☐

- B. Is a small business owner who controls, operates or manages a business located in a *LIC* that:
a) provides goods and services to *LIC* residents; or b) principally employs *LIC* residents.

Business Name:	
Business' Complete Street Address:	
Census Tract (11 digit FIPS code):	

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

Provide a clear and concise description of the goods and/or services the business provides to the *LIC*, and/or how it was determined that the business principally employs *LIC* residents.

Description of good and/or services:	
Explain how and what percentage of <i>LIC</i> residents the business employs:	

Community Development Financial Institutions Fund

CDE Certification Application

☐

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.

Community Development Financial Institutions Fund

CDE Certification Application

☐

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.