

APPLICATION INSTRUCTIONS

CAPITAL MAGNET FUND

CAPITAL MAGNET FUND

FY 2023 APPLICATION
INSTRUCTIONS



OMB Approval No. 1559-0036

Paperwork Reduction Act Notice.

This submission requirements package is provided to Applicants for awards under the Capital Magnet Fund (CMF). Applicants are not required to respond to this collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The estimated average burden associated with this collection of information is 100 hours per Applicant. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Program Manager, Capital Magnet Fund, Department of the Treasury, Community Development Financial Institutions Fund, 1500 Pennsylvania Avenue, NW, Washington, D.C. 20220.

All materials are available on the CDFI Fund Website: www.cdfifund.gov.

Catalog of Federal Domestic Assistance Number: 21.011

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General Application Instructions

The Capital Magnet Fund (CMF) is administered by the Community Development Financial Institutions Fund (CDFI Fund). Through the CMF, the CDFI Fund provides financial assistance grants to Certified Community Development Financial Institutions (CDFIs) and to qualified Nonprofit Organizations that have the development or management of affordable housing as one of their principal purposes.

In order to understand the requirements of CMF, including eligible uses of financial assistance grants, potential Applicants should review the Interim Regulations ([12 CFR Part 1807](#)). In addition, prospective Applicants should review and become familiar with the fiscal year (FY) 2023 CMF Notice of Funds Availability (NOFA) prior to beginning this Application. Capitalized terms not defined in this Application (other than titles) shall have the meanings set forth in the CMF Interim Regulations or the FY 2023 CMF NOFA. Both the CMF Interim Regulations and the FY 2023 CMF NOFA are available on the CDFI Fund's website: www.cdfifund.gov/cmf.

This document provides a detailed explanation of how to apply for a CMF Award under the FY 2023 round. It covers Applicant eligibility requirements, as well as the content and form for submitting an Application. Please be aware that the CDFI Fund reserves the right to request supplemental documentation verifying any of the information submitted in the FY 2023 CMF Application. The Applicant should also be aware that any of the information submitted in its Application may be incorporated into its Assistance Agreement, if selected for a CMF Award.

Applicant Eligibility

At the time that an entity submits its Application, it must be a duly organized and validly existing legal entity under the laws of the jurisdiction (including a Tribal jurisdiction) in which it is incorporated or otherwise established. All Applicants (regardless of Entity Approach) must demonstrate that they have been in existence as a legally formed entity for a period of at least three years prior to the online CMF Application due date.

Further, in order to be deemed eligible to apply for a CMF award, an organization must be either:

- (1) Certified as a CDFI by the CDFI Fund (as of the publication date of the FY 2023 NOFA), or
- (2) A Nonprofit Organization having as one of its principal purposes the development or management of affordable housing.

In order to be deemed an eligible Nonprofit Organization under item (2) above, the organization must be able to demonstrate both of the following:

- (a) Its articles of incorporation, by-laws, or other board-approved documents evidence that the development or management of affordable housing are among the organization's principal purposes;
- (b) At least 33 and one-third percent of the organization's total assets are dedicated to the development or management of affordable housing.

As part of the Application, all Nonprofit Organizations (that are not Certified CDFIs) must submit supporting documentation to demonstrate that they meet these requirements. The CDFI Fund reserves the right to collect additional information from all Applicants (regardless of Entity Approach) in order to verify that the Applicants have met these requirements.

NOTE: The Applicant entity must meet the eligibility requirements on its own behalf and may not rely on any Affiliates or Subsidiaries to meet this requirement.

Other Eligibility Criteria: Please note, as outlined in the FY 2023 Capital Magnet Fund NOFA (Section III), an Applicant will not be eligible to receive a CMF Award if the Applicant fails to demonstrate in its Application that its CMF Award will result in Eligible Project Costs that equal at least 10 times the amount of the CMF Award. For additional information on Applicant eligibility factors, please refer to the FY 2023 Capital Magnet Fund NOFA, particularly Section III.

Consortium Approach Eligibility

Under the FY 2023 NOFA, Applicants are able to apply for a CMF Award using a Consortium Approach. Please reference the supplemental CMF Application Instructions for Applicants Using a Consortium Approach related guidance. For links to these materials, see the “Step 2: Apply” section of the CMF webpage at <https://www.cdfifund.gov/programs-training/programs/cmf/apply-step#2>.

Application Submission Requirements and Deadlines

CMF Application documents must be submitted electronically through Grants.gov and the CDFI Fund’s web-based Award Management Information System (AMIS), as described in Table 1 below. This Application Instruction document serves only as a guide for completing the CMF Application documents, and this document is not meant to be submitted via Grants.gov or AMIS. **DO NOT SUBMIT THIS DOCUMENT.** See Table 1 for more information on submitting the application components.

APPLICATION COMPONENTS

A complete CMF Application must include submission of each part listed in the table below:

Table 1 – Application Components & Attachments

Application Component	Submission Method	Required?
SF-424 Mandatory Form (Application for Federal Assistance): <ul style="list-style-type: none">All Applicants are required to have an active System for Award Management (SAM) account in order to submit the SF-424 through Grants.gov.By completing the SF-424, Applicants are certifying the CMF Assurances and Certifications provided in Appendix 9 of this document. The Assurances and Certifications document is provided for review and reference purposes and does not need to be submitted separately through Grants.gov.	Submit electronically via Grants.gov	Required for All Applicants

CMF Online Application Form <ul style="list-style-type: none"> Includes Attachments (listed below), Assurances and Certifications, Environmental Review Form, and 501(c)4 Questionnaire (if applicable) 	Submit electronically via AMIS	Required for All Applicants
APPLICATION ATTACHMENTS	Submission Method	Required?
Audited Financial Statements for the two (2) recent historic fiscal years¹ prior to the publication date of the NOFA (for additional guidance, see Application Frequently Asked Questions (FAQs))	Submit electronically via AMIS	Required for All Applicants
Management Letters² related to the audited financial statements for the two (2) most recent historic fiscal years prior to the publication date of the NOFA	Submit electronically via AMIS	Required for All Applicants
State charter, articles of incorporation, or other establishing documents designating that the Applicant is a nonprofit or not-for-profit entity under the laws of the organization's State of formation	Submit electronically via AMIS	Required only for Applicants that are <u>not</u> Certified CDFIs
A certification or determination letter demonstrating tax-exempt status from the IRS³	Submit electronically via AMIS	Required only for Applicants that are <u>not</u> Certified CDFIs

¹ As described in the FY 2023 CMF NOFA, an Applicant's most recent historic fiscal year is determined as follows:

(A) Applicants with a 6/30 fiscal year end date, or 9/30 fiscal year end date, and a completed FY 2022 audit will treat FY 2022 as their most recent historic fiscal year.

(B) Applicants with a 6/30 fiscal year end date, or a 9/30 fiscal year end date, but without a completed FY 2022 audit will treat FY 2021 as their most recent historic fiscal year.

(C) Applicants with a 3/31 fiscal year end date will treat FY 2022 as their most recent historic fiscal year.

(D) Applicants with a 12/31 fiscal year end date will treat FY 2021 as their most recent historic fiscal year.

² The Management Letter is prepared by the Applicant's auditor and is a communication on internal control over financial reporting, compliance, and other matters. Please review the sample Management Letter in Appendix 8. The Management Letter contains the auditor's findings regarding the Applicant's accounting policies and procedures, internal controls, and operating policies, including any material weaknesses, significant deficiencies, and other matters identified during an audit. The Management Letter may include suggestions for improving identified weaknesses and deficiencies and/or best practice suggestions for items that may not be considered to be weaknesses or deficiencies. The Management Letter may also include items that are not required to be disclosed in the annual audited financial statements. The Management Letter is different than the auditor's Opinion Letter, which is required by Generally Accepted Accounting Principles (GAAP).

Management Letters are not required by GAAP, and are sometimes provided by the auditor as a separate letter from the Audited Financial Statement itself. The Management Letter asked for here is NOT a letter from the Applicant to its auditor, nor is it an introductory letter from an auditor. If you are an Applicant that did not receive a separate Management Letter from your auditor regarding internal controls, policies, and procedures, as defined in the NOFA and clarified further here, for the two most recent historic fiscal years, the Applicant must attach a document explicitly stating such.

³ For Applicants that are governmental instrumentalities only, and as long as all other eligibility requirements are met, the Applicant must submit a legal opinion from counsel, in form and substance acceptable to the CDFI Fund, opining that the Applicant is exempt from Federal income tax, if the Applicant does not otherwise have such determination in a document from the IRS.

Articles of incorporation, by-laws, or other establishing documents demonstrating the Applicant has a principal purpose of managing or developing affordable housing	Submit electronically via AMIS	Required only for Applicants that are <u>not</u> Certified CDFIs
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APPLICATION SUBMISSION DEADLINES

The submission deadlines for the FY 2023 Application are listed in Table 2 below. Please note the different submission deadlines for materials that must be submitted through Grants.gov and those that must be submitted through AMIS.

Table 2 - FY 2023 CMF Program Funding Round Deadlines

Description	Deadline	Time (Eastern Time –ET)	Submission Method
SF-424 Mandatory Form	February 23, 2023	11:59 p.m. ET	Electronically via Grants.gov
Create an AMIS Account (if the Applicant does not already have one)	February 23, 2023	11:59 p.m. ET	Electronically via AMIS
Enter or Update EIN and UEI⁴ numbers in AMIS Account	February 23, 2023	11:59 p.m. ET	Electronically via AMIS
For Consortium Approach Applicants only: Applicants are asked to submit a Service Request in AMIS notifying the CMF Program of the organization's intent to apply using the Consortium Approach.	February 23, 2023	11:59 p.m. ET	Electronically via AMIS Service Request
CMF Online Application and Required Attachments	March 21, 2023	11:59 p.m. ET	Electronically via AMIS

SUBMISSION REQUIREMENTS

GRANTS.GOV AND SAM.GOV: The SF-424 for the Application must be submitted through Grants.gov before the rest of the Application may be submitted through AMIS. Applicants must first have an active System for Awards Management (SAM) account in order to submit the SF-424 via Grants.gov. Each Applicant is advised to first make sure its SAM account is active and valid before beginning its preparation of the other Application materials. The SAM website is [SAM.gov](https://sam.gov).

1. If you are registered in SAM.gov, your UEI has already been assigned and is viewable in your account. Your UEI is located below the DUNS number on your entity registration record. New registrants will be assigned a UEI as part of their SAM registration. More information about the UEI transition is available through the U.S. Government Services Administration's [website](https://www.gsa.gov/transaction/uei).
2. Additionally, when accessing SAM.gov, the user will be asked to create a login.gov user account (if it does not already have one). Going forward, the user will use its login.gov username and password every

⁴As of April 4, 2022, the federal government stopped using the Dun & Bradstreet issued Data Universal Numbering System (DUNS) number to uniquely identify entities. At that point, entities doing business with the federal government will use a Unique Entity Identifier (UEI) created in [SAM.gov](https://sam.gov) and will no longer have to go to a third-party website to obtain their identifier. This transition allows the government to streamline the entity identification and validation process, making it easier and less burdensome for entities to do business with the federal government. Entities will also be able to manage organizational information, such as legal business name and physical address associated with a UEI directly from [SAM.gov](https://sam.gov).

time when logging into SAM.gov.

3. If the Applicant does not currently have an active SAM registration, an original signed notarized letter identifying the authorized Entity Administrator for the entity associated with the UEI number is required by SAM and must be mailed to the Federal Service Desk. This requirement is applicable to new entities registering in SAM, as well as existing entities with registrations being updated or renewed in SAM. It may take three weeks or more to register with SAM or reactivate a SAM registration. Applicants should allow ample time to complete the entire registration and submission process well in advance of the SF-424 submission deadline.
4. Applicants unable to submit their SF-424 via Grants.gov by the deadline due to failure to obtain a UEI number and/or SAM registration confirmation will not be allowed to submit the SF-424 after the deadline has passed.

If the SF-424 is not successfully submitted to, and validated by, Grants.gov by the deadline in Table 2 above, the Applicant will not be able to submit materials in AMIS, and the Application will be deemed ineligible. Thus, Applicants are strongly encouraged to submit the SF-424 as early as possible in the Grants.gov portal since submission issues may impact the ability to submit the overall Application.

If an Applicant has any questions related to the registration or submission process in Grants.gov or SAM.gov, the Applicant should contact these systems directly. Contact information can be found on their websites. The CDFI Fund does not manage Grants.gov or SAM.gov and is unable to respond to any questions related to these systems.

Note: The SF-424 must be successfully submitted by the deadline in order to submit an AMIS Application. However, the SF-424 is only one part of the Application package. If an Applicant does not submit the required materials in AMIS by the AMIS Application deadline, their SF-424 Application will be deemed incomplete, and the Applicant will not be considered for a CMF Award.

AWARDS MANAGEMENT INFORMATION SYSTEM (AMIS): Each Applicant must register as an organization in AMIS by the deadline in Table 2 above. Applicants who fail to register as an organization in AMIS by the appropriate deadline will be deemed ineligible. Additional guidance on creating an AMIS account can be found on the AMIS Homepage: <https://amis.cdfifund.gov/s/AMISHome>.

Each Applicant must also submit the required Application materials through the AMIS portal by the deadline in Table 2. In order to submit the required Application materials, the Authorized Representative and Application point(s) of contact **must be included as “Contacts”** in the Applicant’s AMIS account. The Authorized Representative **must also be a “user” for the Applicant in AMIS** and must electronically sign the Application prior to submission through AMIS. An Applicant that fails to properly register and update its AMIS account may miss important communications from the CDFI Fund or fail to submit an Application successfully.

ENSURING THAT THE APPLICATION PACKAGE IS COMPLETE

A complete Application Package is one that includes all required materials listed in the above Table 1, including the specified attachments. Please note that a complete Application package must contain two years of audited financial statements for all Applicants. Please be aware that an Application that does not include audited financial statements from the Applicant’s two most recent historic fiscal years will not be deemed a complete Application and will be considered ineligible. If the Applicant fails to submit the SF-424 Mandatory Form through Grants.gov, register their organization in AMIS, or submit the CMF Online Application through AMIS by

the required deadlines, the CDFI Fund will not accept the Application.

Contacting the CDFI Fund, SAM, and Grants.gov

The CDFI Fund will respond to Application related questions between the hours of 9:00 a.m. and 5:00 p.m. ET, through March 17, 2023 (two business days before the AMIS Application deadline). The CDFI Fund will not respond to phone calls, program-related Service Requests, or email inquiries that are received after 5:00 p.m. ET on March 17, 2023, until after the AMIS Application deadline. The CDFI Fund will respond to technical issues related to AMIS through 5:00 p.m. ET, on March 21, 2023. Please note that the contact numbers provided below are not toll free numbers.

Table 3 – CDFI Fund Contact Information

Area	Topic	Contact Information
CMF Program	How to complete Application materials.	Submit Service Request via AMIS using “Capital Magnet Fund” for the program; call CDFI Fund Helpdesk: 202-653-0421; or email cmf@cdfi.treas.gov
CDFI Certification or Compliance Monitoring and Evaluation	Status of CDFI Certification, or Status of compliance with other awards, including outstanding reports.	Submit Service Request via AMIS using “Compliance and Reporting” or “Certification” for the program; call CCME Helpdesk: 202-653-0423; or email ccme@cdfi.treas.gov
IT Support	Technical issues related to the CDFI Fund’s Award Management Information System (AMIS).	Submit Service Request via AMIS using “Technical Issues” for the program; call AMIS Helpdesk: 202-630-0422; or email amis@cdfi.treas.gov

If an Applicant has any questions related to the registration or submission process in Grants.gov or SAM.gov, it should contact these systems directly. Contact information can be found on their websites. The CDFI Fund does not manage Grants.gov or SAM.gov and is unable to respond to any questions related to these systems.

Table 4 – Contacting SAM and Grants.gov

System	Website	Phone	Email
System for Awards Management (SAM)	https://www.sam.gov	See website	See website
Grants.gov	https://www.grants.gov	See website	See website

SERVICE REQUESTS

A Service Request is the preferred way to contact the CDFI Fund about your Application. To submit a Service Request, you need an AMIS user account. Log into AMIS and click on the “Service Requests” tab on the top; then, click on the “Create New Service Request” button. For a CMF Application question, select “Capital Magnet Fund” for the program and clearly state the topic in the subject line. For a CDFI Certification question, select “Certification.” For a Compliance question, select “Compliance & Reporting.” For Information Technology, select “Technical Issues.” Failure to select the appropriate program for the Service Request could result in a delayed response to your question.

If an Applicant has any questions related to the registration or submission process in Grants.gov or SAM.gov, the Applicant should contact these systems directly. Contact information can be found on their websites. The CDFI

Fund does not manage Grants.gov or SAM.gov and is unable to respond to any questions related to these systems.

Grants.gov (SF-424 Mandatory Form) Instructions

In accordance with federal regulations, the CDFI Fund requires Applicants to submit the initial component of their FY 2023 CMF Program Application using the [Grants.gov](https://www.grants.gov) portal, the official website for federal grant information and applications. The Grants.gov registration process alone can take several days to complete. Contact the Grants.gov support staff if you have any questions about the process. The Grants.gov help desk can be reached at 1-800-518-4726 or via email at support@grants.gov. If you experience any technical difficulties submitting the Application via Grants.gov, do not contact the CDFI Fund. Contact the Grants.gov help desk instead.

The only component of the CMF Application submitted via Grants.gov is the Standard Form (SF)-424 Mandatory Form. The SF-424 Mandatory Form (SF-424) is required for all Applicants. Electronically signing and submitting the SF-424 Mandatory Form certifies that the Applicant attests that the information in its CMF Application is true, complete, and accurate and also certifies that the Applicant will comply with the Assurances and Certifications, if selected for an Award. The Assurances and Certifications are provided in Appendix 9 of this document. Details for completing the SF-424 Mandatory Form are provided below.

STANDARD FORM (SF)-424 MANDATORY (APPLICATION FOR FEDERAL ASSISTANCE) INSTRUCTIONS

The SF-424 Mandatory Form is located in the 'Mandatory Documents' box of the downloaded Grant Application Package on Grants.gov. To access the form, select SF-424 Mandatory, then click on the 'Move Form' to 'Complete' button. The SF-424 Mandatory will move to the 'Mandatory Documents for Submission' box. Click on the 'Open Form' button to open the form.

Match your UEI and EIN Numbers: Applicant's AMIS record and Grants.gov record are linked by the Organizational UEI (Field 7.c) and Employer/Taxpayer Identification Number (Field 7.b). Please ensure these numbers match in both systems to ensure that AMIS will be able to retrieve the SF-424 from Grants.gov.

Please note: Only the fields highlighted in yellow on the form in Grants.gov are required for submission. These fields are also marked as "Yes" in the "Required" column in Table 5 below. The Instructions column in Table 5 provides guidance on how CMF Applicants should complete their SF-424 Mandatory Form for submission through Grants.gov.

Table 5 – SF-424 Mandatory Form (Version 3.0) Instructions & Field Descriptions

Source: [Grants.gov](https://www.grants.gov), [SF-424 Mandatory Family](#), Application for Federal Assistance (SF-424), Form Instructions

Field	Required	Instructions
1.a. Type of Submission:	Yes	'Application' is automatically selected.
1.b. Frequency:	Yes	'Annual' is automatically selected.
1.c. Consolidated Application/Plan/Funding Request:	Yes	'No' is automatically selected.
1.d. Version	Yes	'Initial' is automatically selected.
2. Date Received:	Yes	Automatically filled by the system upon submission– no entry necessary.
3. Applicant Identifier:	No	Not Applicable–leave blank.
4.a. Federal Entity Identifier:	No	Not Applicable–leave blank.
4.b. Federal Award Identifier:	No	Not Applicable–leave blank.
5. Date Received by State	No	State use only: Not Applicable–leave blank.
6. State Application Identifier	No	State use only: Not Applicable–leave blank.

Field	Required	Instructions
7.a. Applicant Information: Legal Name	Yes	Enter the legal name of the Applicant.
7.b. Employer/Taxpayer Identification Number (EIN/TIN):	Yes	Enter the Applicant's EIN/TIN. Must match what is in the Applicant's AMIS organization profile. Do not use the EIN of an Affiliate or Subsidiary.
7.c. Organizational UEI:	Yes	Enter the Applicant's UEI. Must match what is in the Applicant's AMIS organization profile. Do not use UEI of an Affiliate or Subsidiary.
7.d. Address:	Yes	Complete all fields with Applicant's mailing address. Include 9-digit zip.
7.e. Organizational Unit:	No	Not Applicable—leave blank.
7.f. Name and contact information of person to be contacted on matters involving this Application:	Yes	Enter a Contact Person who can answer questions about the submission. The Contact Person (name and contact information) identified here must match a Contact Person information in the Applicant's AMIS account. Organizational Affiliation: leave blank.
8.a. Type of Applicant:	Yes	Select the most appropriate description from list of dropdown options.
8.b. Additional Description:	No	Not Applicable—leave blank.
9. Name of Federal Agency:	Yes	Pre-filled—no entry necessary.
10. Catalog of Federal Domestic Assistance Number / CFDA Title:	No	Pre-filled—no entries necessary. If not, enter 21.011.
11. Descriptive Title of Applicant's Project:	Yes	Indicate whether the Applicant plans to use a CMF Award to finance (i) Affordable Housing Activities, (ii) Economic Development Activities, or (iii) Both Affordable Housing Activities and Economic Development Activities.
12. Areas Affected by Funding:	No	Not Applicable—leave blank.
13. Congressional Districts Of: (a) Applicant; and (b) Program/Project	Yes	See www.house.gov to find the congressional district where the Applicant is headquartered. Use same district for both boxes.
14. Funding Period: (a) Start Date; and (b) End Date	Yes	Start Date: 1/1/2023; End Date: 12/31/2028. (Note that these dates are estimates only. If awarded, Recipients will have specific dates set in their Assistance Agreements.)
15. Estimated Funding:	Yes	Enter total Award request in the Federal (\$) field; enter zeroes in the Match (\$) field. Note: Applicants may revise their award request in the AMIS Application after submitting the SF-424. The amount entered in the AMIS Application is considered the official award request.
16. Is Submission Subject to Review by State:	Yes	Select option C.
17. Is the Applicant Delinquent on Any Federal Debt:	Yes	Answer, and provide Explanation if 'Yes' selected.
18. Applicant Certification/ Authorized Representative:	Yes	Click the 'I Agree' button. Complete all fields for Authorized Representative information.

Field	Required	Instructions
Worksheet: Consolidated Application/Plan/Funding Request Explanation	No	Not Applicable—leave blank.
Worksheet: Applicant Federal Debt Delinquent Explanation	No	Complete if applicable.

GRANTS.GOV SUBMISSION INFORMATION

Each Applicant will receive an e-mail from Grants.gov immediately after submitting the SF-424 confirming that the submission has entered the Grants.gov system. This e-mail will contain a tracking number for the submitted SF-424. **After the submission is processed, the Applicant will receive a second e-mail which will indicate if the submitted SF-424 was either successfully validated or rejected with errors.** However, Applicants should not rely on the e-mail notification from Grants.gov to confirm that their SF-424 was validated. Applicants are strongly encouraged to use the tracking number provided in the first e-mail to closely monitor the status of their SF-424 by checking Grants.gov directly. The SF-424 will not be officially accepted by the CDFI Fund **until Grants.gov has validated the SF-424.** In the Grants.gov Workspace function, please note that the Application package has not been submitted if you have not received a tracking number.

Please Note: Per the NOFA, the CDFI Fund will not extend the SF-424 application deadline for any Applicant that started the Grants.gov registration process but did not complete it by the deadline in Table 1 except in the case of a Federal Government administrative or technological error that directly resulted in a late submission or validation of the SF-424.

The SF-424 must be successfully submitted and validated in Grants.gov by the deadline in Table 1. Applicants are strongly encouraged to submit their SF-424 as early as possible in the Grants.gov portal. Call the Grants.gov support staff if you have any questions about the process. If you experience any technical difficulties submitting the SF-424 via Grants.gov, do not contact the CDFI Fund as we are unable to provide any help or guidance related to Grants.gov. **If the SF-424 is not accepted and validated by Grants.gov by the deadline, the CDFI Fund will not review any material submitted in AMIS, and the Application will be deemed ineligible.**

AMIS Application Instructions

Registering an Organization in AMIS

All CMF Applicants in the FY 2023 round must ensure that their organization is registered in AMIS by the deadline in Table 2. **The Applicant organization registered in AMIS must be the same one that submitted the SF- 424 through Grants.gov, and the EIN and UEI number on the SF-424 must match the EIN and UEI number in the organizational information in AMIS.** Organizations who have previously applied for CDFI Fund programs through AMIS likely already meet this requirement, but should verify that their information is accurate in AMIS prior to the deadline.

Applicants who do not already have their organization registered in AMIS must complete organization registration by the deadline in Table 2. Instructions for registering an organization in AMIS can be found in the “Getting Started – Navigating AMIS” Training Manual on the CDFI Fund’s AMIS Website: <https://amis.cdfifund.gov/s/Training>.

Please Note: Per the NOFA, the CDFI Fund will not extend the deadline to register in AMIS for any Applicant that did not register by the deadline in Table 1 except in the case of a Federal Government administrative or technological error that precluded an Applicant from registering in AMIS by the applicable deadline.

Verify Organization’s Registration in AMIS

The Applicant organization registered in AMIS must be the same one that submitted the SF-424 through Grants.gov, and the EIN and UEI number on the SF-424 must match the EIN and UEI number in the organizational information in AMIS. Organizations who have previously applied for CDFI Fund programs through AMIS likely already meet this requirement, but should verify that their information is accurate in AMIS prior to the deadline.

AMIS Application Overview

The remainder of this document provides the full question text and related guidance for the information that should be entered into the CMF Application in AMIS. For technical details on how to use and navigate AMIS, see the “FY 2023 CMF Application AMIS Use and Navigation Guide” at <https://www.cdfifund.gov/programs-training/programs/cmf/apply-step#2>.

In order to facilitate the crosswalk between the online AMIS Application and this Question Text/Guidance document, here are a few tips:

- Prepare narrative responses to questions outside of AMIS. Once your narratives are finalized, you can copy and paste the final versions into the appropriate fields in AMIS.
- Prior to submitting the Application and required attachments through AMIS, be sure that the information is correct. The CDFI Fund will not accept any revisions or amendments to the CMF Application once it has been submitted.

Please be sure that all data entered into AMIS is accurate and complete. As part of the CMF Application review process, information entered in AMIS will be used to score and rank the Applicants (as outlined in the NOFA). Applicants will not be able to revise information entered into AMIS after Application submission. Failure to provide complete and accurate information may negatively impact the evaluation of an Applicant’s CMF Application. The CDFI Fund reserves the right to reject an Application if information submitted through AMIS is

determined to be inaccurate.

In order to facilitate the crosswalk between this Application guidance document and AMIS, each Application question in this document will be presented in a Table that contains the following information:

- Full question text
- Response
- Notes/guidance relevant to that specific question or sub-question
- AMIS Field Type

AMIS FIELD TYPES

Below is an overview of the eight field types you will encounter in completing the Application in AMIS.

- **Auto-populated:** These fields will be automatically populated in AMIS based on other data inputs. No data entry is required for fields that are marked “auto-populated.”
- **Currency:** These fields allow the Applicant to enter currency data points and have a dollar sign in front. For example, *Award Request Amount: \$2,000,000.*
- **Look-up:** These fields allow the Applicant to search and select data fields for an existing list in the AMIS database. For example, when entering geographic areas, the Applicant can “look-up” counties or states.
- **Narrative:** These fields allow the Applicant to enter text (non-numeric data). These fields will also have a character limit, as indicated in each question.
- **Numeric:** These fields allow the Applicant to enter a number (that is not a dollar figure or a percentage). For example, *Number of hours to complete the Application: 100.*
- **Percentage:** These fields allow the Applicant to enter a percentage. For example, *Percentage of CMF Award that will be used as a Loan Loss Reserve: 23%.*
- **Picklist:** These fields allow the Applicant to select an option from a suite of choices (e.g., a dropdown of “Yes” or “No”).
- **Text:** These are short text fields that allow the Applicant to enter up to 255 characters. They are used for names and short descriptions.

Organizational Profile, Program Profile, and Creating an AMIS Application

Once your organization is registered in AMIS, the first step in completing the AMIS Application is to ensure that your Organizational Profile has certain required fields completed. You should complete the Date of Incorporation field, Fiscal Year End Day, Fiscal Year End Month, UEI, and Congressional District fields and make sure they are up-to-date.

Next, you can navigate to your CMF Program Profile from your Organizational Profile in AMIS. Click on the Program Profile Name (P-XXXXXX) to navigate to the CMF Record Type.

On the CMF Program Profile, you should complete the field “Entity Approach” as part of creating an Application. This field is not related to an Applicant’s eligibility, but relates to the capacity in which the Applicant will be using its CMF Award (i.e., Entity Approach), if selected for an Award. This selection will trigger certain validations on the AMIS Application. The options are listed below:

- financing Entity Approach
- affordable housing developer/manager approach

Where appropriate, the CDFI Fund will use different criteria in order to evaluate the financial health, capacity, portfolio performance, and strategies of these two distinct groups.

A **financing Entity Approach** should be selected for an entity that intends to use the CMF Award to provide arm's length transactions and services to independent, unrelated parties, each acting in its own best interest. Such transactions support and promote affordable housing and/or community development through the provision of financial products that serve low income communities, individuals or families with low incomes, or underserved markets or communities. Most CDFIs will select the financing Entity Approach. Non-Profit Housing Organizations (i.e., organizations that are not Certified CDFIs) may also select the financing Entity Approach if they are proposing to finance affordable housing and have a track record of financing affordable housing, such as state housing finance authorities.

An **affordable housing developer/manager approach** will likely be selected by Nonprofit Organizations whose primary mission is the construction, development, redevelopment, preservation, or management of affordable housing. The affordable housing developer may own the housing that is developed; may own it in part, such as a limited partnership; may sell the homeownership housing it develops once completed; or may sell but continue to manage the housing if rental housing. Most CDFIs should not select a developer/manager approach. However, a CDFI that intends to act as an affordable housing developer to execute the CMF Award and has a track record as an affordable housing developer can select the affordable housing developer/manager approach.

Once you select your Entity Approach, please be sure to click "Save."

Finally, a CMF Eligibility Object must be created. To create this record, from the CMF Program Profile, click the CMF Program Eligibility button. Once you click this button, you will see one of two screens, depending on the Fiscal Year end of your organization. After answering and clicking next, you will see a screen that shows your historic fiscal years, as well as your current fiscal year. Verify that the historic and current years are correct and hit next. If they are not correct, submit a Service Request.

After you have verified the information in your Program Profile, you can create a FY 2023 Application in AMIS. To do so, click the "Apply for CMF Funding" button. This will bring you to an initial screen where you enter the data from the Applicant Information section.

Once an Application has been launched, you can view the status of the application anytime on the CMF Program Profile, under the 'Related' tab. There are four statuses that a user will generally see: New, In Progress, Submitted, or Abandoned.

Linking SF-424 to AMIS Application

After your SF-424 Mandatory Form is accepted in Grants.gov, a copy of the form will automatically be transferred into your Organization Profile in AMIS. The Applicant must **then link** the SF-424 to its CMF Application. For detailed instructions on how to do this, please refer to the "FY 2023 CMF Application AMIS Use and Navigation Guide" at <https://www.cdfifund.gov/programs-training/programs/cmf/apply-step#2>.

Forms and Certifications

All CMF Applicants must complete the Environmental Review Form and Assurances and Certifications as part of their AMIS online Application submission. Any Applicant that is a 501(c)(4) must also complete the 501(c)(4)

form as part of their AMIS online Application submission. You will complete these forms by entering data in the Applicant Information screen in AMIS. For the full text and questions for the Environmental Review form, Assurances and Certifications, and 501(c)(4) Questionnaire, see **Appendix 9**. If an Applicant is unable to respond “Yes” to all Assurances and Certifications, it must attach a statement that contains an explanation.

Detailed instructions on how to launch and complete the AMIS Application is provided in the **FY 2023 CMF Application AMIS Use and Navigation Guide** on the CDFI Fund’s website. Read on for additional information and guidance on the CMF Application questions.

CMF Application Instructions

Each section contains fields where Applicants input requested information. Please note that some fields in the Application in AMIS will be automatically populated based on other data inputs. Please see this year's **CMF Application AMIS Use and Navigation Guide** for technical details on how to use and navigate AMIS.

Note about character limits in AMIS: Pay close attention to the character limits for each entry field in the Application in AMIS. The character limitations in AMIS include spaces, special characters, and punctuation, and are not always exactly the same as character counts in word processing applications. If you are using Word or similar software to initially organize your narrative responses, please ensure that your entire response is copied correctly into AMIS, as any characters beyond the AMIS limit count will be cut off from your response.

Organization and Application Information

The following section of the Application is the Organization and Application Information section. Certain information in these questions will be auto-populated in AMIS based on data from the Applicant's Organizational Profile page in AMIS. If you need to edit any of the auto-populated fields, you must edit the information directly in the Organizational Profile. You will not be able to edit it in the Application itself.

Question 1(a)-(g) – Organization Level Information			
Most fields in this question are auto-populated in AMIS based on the Applicant's AMIS Organizational Profile. If you need to edit any of the information in these fields, you must edit the information directly in the Organizational Profile. You will not be able to edit it in the Application itself.			
Question Text	Response	Question Tips	Field Type
a. Organization Name	Auto-populated	This must be the formal name of the Applicant organization as it appears on all relevant legal documents such as the Articles of Incorporation. Please make sure punctuation, capitalization, and spelling are correct. If the name that is currently listed in this field is not the Applicant's legal name, please contact the CDFI Fund through a Service Request.	Auto-populated
b1. Address	Auto-populated	If the address populating in this field is not correct, it will need to be changed on the Applicant's Organizational Profile in AMIS.	Auto-populated
b2. Congressional District	Auto-populated	If the Congressional District populating in this field is not correct, or it is blank, it will need to be changed on the Applicant's Organizational Profile in AMIS.	Auto-populated
c. Employer Identification Number (EIN)	Auto-populated	Must match what's on the Applicant's SF-424 in Grants.gov.	Auto-populated
d. Unique Entity Identifier (UEI)	Auto-populated	Must match what's on the Applicant's SF-424 in Grants.gov.	Auto-populated
e. Applicant's Date of Incorporation	Auto-populated	Only Applicants that have been in existence as a legal entity for at least three years prior to the Application deadline are eligible to apply for funding.	Auto-populated
f. Applicant's fiscal year end (month/day)	Auto-populated	The Applicant's fiscal year end.	Auto-populated
f1. Applicant's fiscal year end Month	Auto-populated	The Applicant's fiscal year end month.	Auto-populated

Question Text	Response	Question Tips	Field Type
f2. Applicant's fiscal year end Day	<i>Auto-populated</i>	The Applicant's fiscal year end day.	Auto-populated
g. Entity Approach	<i>Auto-populated (affordable housing developer/ manager or financing entity)</i>	Applicant's Entity Approach will be auto-populated based on the selection in the CMF Program Profile.	Auto-populated

Question 1(h)-(j) – Bank Holding Companies

This subsection only applies to Bank Holding Company Applicants that intend to carry out the activities of an award through their Subsidiary CDFI Insured Depository Institution.

Question Text	Response	Question Tips	Field Type
h. Depository Institution Holding Company (DIHC) Subsidiary Name	<i>Text</i>	If the Applicant is a Certified CDFI Depository Institution Holding Company that intends to carry out the activities of a CMF Award through its Certified CDFI Subsidiary Insured Depository Institution, it must identify the name and EIN of this Certified CDFI Subsidiary depository institution. This field is optional.	Text
i. DIHC Subsidiary EIN	<i>Numeric</i>	See previous note. This field is conditional. It must be completed if an entry has been made in (h) above.	Numeric
j. Subsidiary Authorized Representative Name:	<i>Text</i>	See previous note. This field is conditional. It must be completed if an entry has been made in (h) above.	Text
Subsidiary Signed Certification	<i>Upload</i>	1) The Applicant should review and confirm that the pre-populated data below is accurate. 2) Click the "Print Page" link located at the bottom right hand corner of the page to open a window that displays the Bank Holding Companies Subsidiary Certification page for printing. Print this page. 3) The Subsidiary Authorized Representative must manually write his/her title, signature, and date for the Bank Holding Companies Subsidiary Certification Page. 4) Scan and upload the signed Bank Holding Companies Subsidiary Certification Page to your computer. 5) Then, drag and drop it from the file on your computer to the "Drag and Drop" location on the CMF Application template under the Bank Holding Companies Subsidiary Certification Page subsection. 6) There should be a link present with the name of the document that you just uploaded to indicate that you successfully attached the signed Bank Holding Companies Subsidiary Certification Page. 7) Click the Save button.	Upload

Question 2 – Requested Award			
Question Text	Response	Question Tips	Field Type
a. What is the total dollar amount of Award requested in this Application?	\$_____	<ul style="list-style-type: none"> The Applicant should request an amount that it can use to finance eligible activities with total Eligible Project Costs at least 10 times the amount of the CMF Award. The Applicant should also request an award amount that it is confident can be Committed for use within two years of the payment, and achieve Project Completion within five years of the Effective Date of the Assistance Agreement. Applicants selected for a CMF Award will have the option to receive the Award as a Lump Sum Payment or in an Initial Payment and a Subsequent Payment. The Subsequent Payment would be issued no later than one (1) year after the Initial Payment. The Applicant may not request an amount below \$500,000. Per CMF Statute, any one (1) eligible Applicant, including its subsidiaries and affiliates, may not be awarded more than 15% of the aggregate funds available for grants under the corresponding Capital Magnet Fund NOFA. Note: Historic CMF Awards are significantly less than the maximum allowed under the CMF Statute. For example, in FY 2021 the maximum award amount obligated was \$12 MM. AMIS will require that the award amount requested be rounded to the nearest thousand (e.g., \$615,000 instead of \$615,123). 	Currency
b. Select the type of Award Payment requested for this funding round.	Picklist	<ul style="list-style-type: none"> Select either <i>Lump Sum Payment</i> or <i>Initial Payment & Subsequent Payment</i>. If an Applicant selects a <i>Lump Sum Payment</i>, if awarded, the total Award amount will be made in one payment. If an Applicant selects <i>Initial Payment & Subsequent Payment</i>, the total amount will be split into two payments. AMIS Note: Q.2(c) and Q.2(d) will not appear in AMIS if Q.2(b) is <i>Lump Sum Payment</i>. 	Picklist
c. What is the desired Initial Payment Amount of the Award?	\$_____	<ul style="list-style-type: none"> AMIS Note: Q.2(c) and Q.2(d) will not appear in AMIS if Q.2(b) is <i>Lump Sum Payment</i>. The Initial Payment amount must be greater than or equal to \$500,000. 	Currency
d. What is the desired Subsequent Payment Amount of the Award?	Auto-calculated	<ul style="list-style-type: none"> AMIS Note: Q.2(c) and Q.2(d) will not appear in AMIS if Q.2(b) is <i>Lump Sum Payment</i>. The Subsequent Payment amount will equal the balance of the Total Award minus the Initial Payment amount and will be automatically calculated. 	Currency

Question 3 – States Served			
Question Text	Response	Question Tips	Field Type
a. Identify the type of Service Area requested for this Award.	<p>___ <i>Statewide (or territory-wide)</i></p> <p>___ <i>Multi-State (more than one state or territory)</i></p>	<ul style="list-style-type: none"> Applicants proposing to serve a portion of a single state (city, county, or regional levels), should select a Statewide Service Area. An Applicant that proposes to serve a Service Area that includes a Metropolitan Area that extends across more than one state (e.g., the Philadelphia and Boston Metropolitan Areas) should select “Multi-State Service Area.” The largest service area an Applicant can request is a Multi-State Service Area with up to 15 states. 	Picklist

Question Text	Response	Question Tips	Field Type
		<ul style="list-style-type: none"> If selected for a CMF Award, Recipients will be allowed to use up to 15% of their Award outside of their Service Area. 	
b. Identify the particular states where the Applicant will deploy its CMF Award.	<i>Look-up</i>	<ul style="list-style-type: none"> In the search field, you can search by state name and then select the states. A Statewide Service Area will cover one state/territory. Applicants planning to serve localities within just one state should select this option. A Multi-State Service Area must cover at least two states/territories but no more than 15 states/territories. If the Applicant is a Certified CDFI, please note that the CMF Service Area <u>does not</u> need to be the same as the Applicant's CDFI Target Market. If the Applicant is selected for a CMF Award and has a Multi-State Service Area, it may be held to financing/developing <u>at least one Project</u> in any specific state(s) within its Multi-State Service Area. Thus, the Applicant should only select geographic areas where it is confident it can deploy some of its CMF Award. An Applicant will generally score more favorably if it proposes to serve American Samoa, Guam, the Northern Mariana Islands, or the U.S. Virgin Islands. 	Look-up
c. For the states selected in (b), indicate whether the Applicant has managed, developed, or financed affordable housing or economic development in the last five years.	<i>Picklist (Yes/No)</i>	<ul style="list-style-type: none"> In AMIS, the Applicant will indicate next to each state selected in (b) if it is a state where Applicant has managed, developed, or financed affordable housing or economic development in the last five years (e.g., since 2018). 	Picklist

Question 4 – Application Contacts

Question Text	Response	Question Tips	Field Type
a. Select a first Application Point of Contact from the Applicant's AMIS contacts.	_____	When you select an Application Point of Contact in AMIS, their email and phone number will populate. Please ensure this information is accurate or you may miss important information about the Application.	Look-up
b. Select a second Application Point of Contact from the Applicant's AMIS contacts.	_____	The Applicant must provide at least two different Application contacts and the second Application Point of Contact <u>must be different</u> than the first Application Point of Contact.	Look-up
c. Select a third Application Point of Contact from the Applicant's AMIS contacts.	_____	The Applicant does not have to select a third point of contact, but it is recommended. Adding more individuals makes it less likely the Applicant will miss a communication.	Look-up

Question 5 – Applicant Eligibility Criteria

Question Text	Response	Question Tips	Field Type
a. Is the Applicant a Certified CDFI as of the date of the NOFA publication?	<i>Auto-populated (Yes/No)</i>	The Applicant's CDFI certification status should auto-populate in AMIS from the Applicant's Organization Profile. If it does not, please contact the CDFI Fund as soon as possible to resolve the issue.	Auto-populated
b. If (a) is "Yes," what is the CDFI certification number?	<i>Auto-populated</i>	The Applicant's CDFI certification number should pre-populate in AMIS from the Applicant's Organization Profile. If it does not, please contact the CDFI Fund as soon as possible to resolve the issue.	Auto-populated

Question Text	Response	Question Tips	Field Type
c. Is the Applicant a Nonprofit Organization?	Auto-populated (Yes/No)	<ul style="list-style-type: none"> The Applicant's Nonprofit Organization status should pre-populate in AMIS from the Applicant's Organization Profile. If it does not, please contact the CDFI Fund as soon as possible to resolve the issue. If the Applicant is <u>relying on its Nonprofit Organization status for eligibility</u> (i.e., it is not a Certified CDFI), it must attach the following documentation to its AMIS Application: <ul style="list-style-type: none"> State charter, articles of incorporation, or other establishing document stating the Applicant is a nonprofit or a not-for-profit; A certificate or determination letter demonstrating tax exempt status from the IRS; and Articles of incorporation, by-laws, or other organizational establishing documents demonstrating the Applicant has a principal purpose of managing or developing affordable housing. AMIS Note: This question will only appear in the AMIS Application if the Applicant is not a Certified CDFI. 	Auto-populated
d. Are at least 33 and 1/3 % of the Applicant's total assets dedicated to the development or management of affordable housing?	Yes/No	<ul style="list-style-type: none"> Total assets are the sum of the value of all of the organization's assets. If the Applicant is relying on its Nonprofit Organization status for Eligibility, it must indicate it meets this test. AMIS Note: This question will only appear in the AMIS Application if the Applicant is not a Certified CDFI. 	Picklist

Question 6 – Consortium Approach Applicants			
Question Text	Response	Question Tips	Field Type
a. Is the Applicant using a Consortium Approach and applying as a member of a Consortium with other members also applying for a CMF Award in the same funding round?	Yes/No	<ul style="list-style-type: none"> Applicants using a Consortium Approach must apply individually, and if awarded funding, will receive separate Awards from their peer Consortium members. All Applicants must submit their own SF-424 and AMIS Application to be eligible for an Award. Regardless of whether any organization(s) will be involved in the Applicant's CMF strategy, the Applicant entity must meet all eligibility requirements on its own. The FY 2023 NOFA contains the specific details on how Applicants using a Consortium Approach will be evaluated and scored. As an overview: <ul style="list-style-type: none"> For Applicants who indicate they are using a Consortium Approach, members will be evaluated collectively on criteria such as strategy, track record, pipeline, impact and metrics, geographic targets, income targeting, and deployment capacity. For Applicants who indicate they are using a Consortium Approach, members will be evaluated on a prorated basis on Eligible Project Costs, unit production, and leverage. For Applicants who indicate they are using a Consortium Approach, each member will be 	Picklist

Question Text	Response	Question Tips	Field Type
		evaluated individually on criteria such as grant management experience, financial health, management practices, organizational strength, and commitment to serving Rural Areas.	
b. If Yes to (a), list all Consortium member Applicants who are applying as part of the same Consortium for a CMF Award in this funding round. All members of the Consortium must each apply individually in the same funding round.	Text	<ul style="list-style-type: none"> All Applicants are asked to type in the full legal name and provide the UEI of their peer Consortium members in this question. If the names provided do not match the Applicant's name and UEI in AMIS, and/or the CDFI Fund is unable to confirm information with members of a proposed Consortium, the CDFI Fund will review the Application(s) on a standalone basis. Up to five (5) Consortium Applicants can be identified in the Application. A Consortium may not include any affiliated organizations. See the corresponding CMF NOFA for additional detail on eligibility. 	Dynamic Table
c. Describe the business relationship between Consortium Applicant(s) and the role each organization(s) will play in the CMF Award, specifically addressing: 1) The purpose, structure, and governance of the Consortium, and 2) The role in executing the proposed business and leveraging strategy outlined in the Application.	Narrative – 1,000 characters	<ul style="list-style-type: none"> Describe the business relationship between Consortium members and the role each organization(s) will play in the administration of the CMF Award, specifically addressing: 1) the purpose, structure, and governance of the Consortium; and 2) the role in executing the proposed business and leveraging strategy outlined in the Application. Applicants using the Consortium Approach are asked to submit a Service Request in AMIS notifying the CMF Program of each organization's intent to apply as a member of a Consortium using the Consortium Approach by the date stipulated in Table 1 of the NOFA. A Consortium does not need to be legally formed in advance of submitting an Application for CMF. The CDFI Fund reserves the right to require Recipients using the Consortium Approach to enter into a CMF Recipient Consortium Member Agreement, which will specify the binding commitments of each member prior to Award execution. 	Narrative

Question 7 – Total Estimated Hours to Complete the Application			
Question Text	Response	Question Tips	Field Type
Estimate the number of hours required to complete the entire Application package:	_____ hours	For the purpose of estimating Application completion hours, Applicants should focus only on the amount of time it took to complete and populate the questions asked in the Application materials. Other activities that are carried out in the normal course of business and are only indirectly related to the completion of this Application (e.g., identifying a project/lending pipeline, developing a strategic plan or marketing plan, etc.) should not be included in this estimate. This question will not be scored.	Numeric

Question 8 – Executive Summary			
Question Text	Response	Question Tips	Field Type
<p>Summarize the key elements of the CMF Proposal, including:</p> <ul style="list-style-type: none"> • The Applicant’s vision for what this CMF Award will accomplish, including the challenge/need the CMF Award will help address, and the anticipated outcomes that will result from the proposed CMF Award strategy. • How receiving the requested CMF Award will allow the Applicant to do things it would otherwise not be able to do. • How the Applicant’s organizational capacity and track record supports the Applicant’s ability to execute the proposed CMF Award strategy. 	<p><i>Narrative – 3,000 characters</i></p>	<p>This is a high-level summary of the CMF Application strategy/vision. This will not be scored in the External Review phase.</p>	<p>Narrative</p>

Part 1: Business Strategy and Leveraging Strategy

Proposed Uses of a CMF Award

Question 9(a) – Eligible Activities			
Please select all of the Eligible Activities that the Applicant intends to undertake with the CMF Award. As a condition of the Assistance Agreement, Applicants will be restricted to using their CMF Award for the Eligible Activities selected in Q.9(a).			
Question Text	Response	Question Tips	Field Type
1. Capitalize Loan Loss Reserves	Yes/No	Loan Loss Reserves (LLR) means proceeds from the CMF Award the Applicant will set aside in the form of cash reserve, or through accounting-based accrual reserves, to cover losses on loans, accounts, and notes receivable for Affordable Housing Activities and/or Economic Development Activities.	Picklist
2. Capitalize a Revolving Loan Fund	Yes/No	Revolving Loan Fund means a pool of funds managed by the Applicant wherein repayment on loans for Affordable Housing Activities or Economic Development Activities are used to provide additional loans.	Picklist
3. Capitalize an Affordable Housing Fund	Yes/No	Affordable Housing Fund means a loan, grant, or equity investment fund that is managed by the Applicant and that uses its capital to finance Affordable Housing Activities.	Picklist
4. Capitalize a fund to support Economic Development Activities	Yes/No	A fund to support the development, preservation, acquisition, and/or rehabilitation of Community Service Facilities and/or other physical structures in which neighborhood-based businesses operate. Must be In Conjunction With Affordable Housing Activities and part of a Concerted Strategy.	Picklist
5. Make Risk-Sharing Loans	Yes/No	Risk-Sharing Loans mean loans for Affordable Housing Activities and/or Economic Development Activities in which the risk of borrower default is shared by the Applicant with other lenders.	Picklist
6. Provide Loan Guarantees	Yes/No	Loan Guarantee means the use of the CMF Award to support an agreement to indemnify the holder of a loan all or a portion of the unpaid principal balance in case of default by the borrower. The loan funds that are guaranteed with the CMF Award must be used for Affordable Housing Activities and/or Economic Development Activities. Examples include arrangements where the Applicant will assume or repay all or a portion of the debt if the borrower defaults.	Picklist
7. For Direct Administrative Expenses	Yes/No	The Applicant may use no more than 5% of its CMF Award for Direct Administrative Expenses. Any portion of the amount available for Direct Administrative Expenses may be used for direct costs related to the effective tracking and evaluation of program or evidence-based outcomes for CMF-assisted Projects.	Picklist

Question 9(b) – Financing Activities

Please indicate which of the following types of financing activities and products will be capitalized with CMF Award dollars (and any Program Income earned during the 5 year Investment Period). If awarded, Recipients will not be restricted to these financing activities and product selections as they are not part of Schedule 1 of the Assistance Agreement.

Question Text	Response	Question Tips	Field Type
1. Predevelopment Financing	Yes/No	Refers to costs related to determining the feasibility of a particular project, such as the costs of preliminary financial applications, legal fees, architectural fees, and engineering fees.	Picklist
2. Property/Site Acquisition Financing	Yes/No	This category refers to financing any costs associated with obtaining control of the site.	Picklist
3. Construction Financing	Yes/No	This category refers to financing costs associated with the construction of a Project.	Picklist
4. Bridge Loans or Other Similar Short-Term Financing	Yes/No	This category is for short term financing that doesn't fit into the categories in (1) – (3).	Picklist
5. Permanent Financing (1 st Lien)	Yes/No	This category refers to permanent financing (1 st Lien).	Picklist
6. Permanent Financing (2 nd Lien or lower)	Yes/No	This category refers to permanent financing (2 nd Lien or lower).	Picklist
7. Refinancing	Yes/No	This category refers to refinancing.	Picklist
8. Loan Loss Reserves or Loan Guarantees	Yes/No	See Q.9(a) for the definitions of these terms. Note that these should be restricted accounts.	Picklist
9. Equity	Yes/No	This category refers to equity investments.	Picklist
10. Down payment/Closing Cost Assistance	Yes/No	This category refers to purchase assistance including down payment and closing cost assistance for home purchasers.	Picklist

Question 9(c) – Proposed Uses

Please select all of the proposed uses that the Applicant intends to undertake with the CMF Award. If awarded, Applicants will be restricted in the Assistance Agreement to the following Eligible Uses: (a) Homeownership Affordable Housing, (b) Rental Housing, and/or (c) Economic Development Activities based on the selections in Q.9(c).

Question Text	Response	Question Tips	Field Type
1. Homeownership (Development)	Yes/No	Development includes any combination of land acquisition, demolition of existing facilities, and construction of new facilities for Homeownership units for Affordable Housing.	Picklist
2. Homeownership (Rehabilitation)	Yes/No	Rehabilitation includes any repairs and/or capital improvements related to Homeownership units for Affordable Housing.	Picklist
3. Homeownership (Mortgage Finance and/or Purchase Assistance)	Yes/No	If the Applicant plans to use the CMF Award to provide mortgages to eligible Families to purchase Homeownership units and/or other Purchase assistance (i.e., down payment or closing cost assistance).	Picklist
4. Rental Housing (Development)	Yes/No	Rental development includes any combination of land acquisition, demolition of existing facilities, and construction of new facilities for rental Affordable Housing units.	Picklist
5. Rental Housing (Preservation and/or Rehabilitation)	Yes/No	Rental Rehabilitation includes any repairs and/or capital improvements related to rental Affordable Housing. Preservation includes acquisition, with or without rehabilitation of at-risk affordable rental housing (already subsidized and restricted), as well as recapitalization of expiring LIHTC properties. Note, in this scenario, the existing affordability and use restrictions must be extended by a minimum of 10 years. Preservation also includes using CMF to convert non-restricted rental housing, such as “naturally occurring affordable housing” to Affordable Housing (with or without rehabilitation).	Picklist
6. Economic Development Activities (Commercial Facilities)	Yes/No	No more than 30% of the CMF Award may be used for Economic Development Activities. Commercial facilities are physical structures in which neighborhood-based businesses operate.	Picklist
7. Economic Development Activities (Community Service Facilities)	Yes/No	No more than 30% of the CMF Award may be used for Economic Development Activities. Community Service Facilities are physical structures in which service programs for residents or service programs for the broader community operate.	Picklist

Question 10 – Community Analysis and Financing Gaps			
Question Text	Response	Question Tips	Field Type
<p>a. Describe the challenges facing Low-Income Families and communities within the requested Service Area. The discussion should address:</p> <ul style="list-style-type: none"> The nature and extent of the affordable housing needs and, If applicable, the economic development/community service needs. 	<p><i>Narrative – 4,000 characters</i></p>	<ul style="list-style-type: none"> Support the narrative with relevant data where possible. For example, metrics of demand for affordable housing, whether this unmet demand is more acute among certain subsets of the population, income characteristics of Families in the requested Service Area, the extent of unemployment in the requested Service Area (if applicable), lack of access to goods/services, etc. Be sure to cite the sources of any metrics used in the narrative. If the Applicant is planning on targeting more specific areas within the states in the broader Service Area (e.g., the Applicant requests a statewide Service Area but plans to target CMF activities in five key cities, or Rural Areas within a statewide Service Area), focus the discussion on these areas, their needs and the strategy to address their needs in detail. If the Applicant is planning on a more broad-based approach to all the states in the requested Service Area, be sure to identify the challenges across the entire Service Area, using statewide or regional data where appropriate. If the Applicant intends to use the CMF Award to finance/support Economic Development Activities, it must address community needs relevant to these activities. An Applicant will generally score more favorably to the extent that it clearly aligns its proposed CMF Award activities with the identified affordable housing needs. 	<p>Narrative</p>
<p>b. What financing gaps in the requested Service Area are contributing to the challenges described in 10(a)? Describe the types of financing that are missing or unavailable at the appropriate rates and terms, and the reason for the unavailability of this financing in the marketplace.</p>	<p><i>Narrative – 4,000 characters</i></p>	<ul style="list-style-type: none"> Discuss the relevant financing gaps that are not adequately addressed by conventional financial institutions (i.e., banks, credit unions, mortgage lenders, etc.) as well as by CDFIs and community development organizations, if applicable. If the Applicant intends to use the CMF Award to finance/support Economic Development Activities, it must address financing gaps relevant to these activities. Support the description of financing gaps with relevant data and sources where possible. An Applicant will generally score more favorably to the extent that it clearly aligns its proposed CMF Award activities with the identified affordable housing financing gaps. 	<p>Narrative</p>

Question 11 – Proposed CMF Award Financing Activities			
Question Text	Response	Question Tips	Field Type
a. Provide the requested data on the Applicant’s proposed products in Appendix 1 .	Appendix 1	See Appendix 1 .	Appendix 1
<p>b. Describe how the Applicant will use the requested CMF Award as part of a financing strategy to address the challenges and financing gaps identified in Q.10(a) and Q.10(b), referencing the proposed financial products from Appendix 1 as necessary. Be sure to describe:</p> <ul style="list-style-type: none"> How the proposed products (including rates and terms) differ from what is currently available in the market (from banks, CDFIs, etc.). How the proposed products (including rates and terms) differ from what is currently being offered by the Applicant without CMF funding/financing. 	Narrative – 4,000 characters	<ul style="list-style-type: none"> If the Applicant is applying using an <u>affordable housing developer/manager approach</u> and will use the CMF Award to finance its own projects, it should clearly describe how the CMF Award dollars will be delivered to the project (e.g., grant, loan, etc.), and what phase of project financing it will support. If the Applicant is proposing to provide <u>homeownership second mortgages/down-payment assistance</u>, it must discuss the rates and terms of the first mortgage and how the Applicant will ensure these mortgages are affordable for Low-Income homebuyers. If the Applicant is proposing to <u>finance/support Economic Development Activities</u>, it must separately describe the financing activities for Economic Development and Affordable Housing in this narrative. Discuss comparative interest rates and terms that reflect what is available in the market (including both mainstream financial institutions and CDFIs) and/or from the Applicant for similar products. If the Applicant is proposing to use the CMF Award to support a <u>Loan Loss Reserve or provide a Loan Guarantee</u>, describe how the loans will address the challenges and financing gaps identified in this question, and separately describe the strategy and structure in 11(d). An Applicant will generally score more favorably to the extent it demonstrates that its CMF Award activities will result in more favorable financing rates and terms to projects. 	Narrative
c. <u>Secondary market activity</u> : If the Applicant intends to purchase or sell CMF-financed loans on the secondary market, describe the anticipated transaction(s), including: the intended purchaser(s)/seller(s); the terms and conditions of the sale; the nature of the loans (rental or homeownership); timing; and how all CMF requirements will remain in place for each loan for the duration of the Affordability Period.	Narrative – 2,000 characters	<ul style="list-style-type: none"> CMF-financed loans may be sold on the secondary market but must retain all affordability requirements under 12 CFR 1807.400. See Section II.E of the NOFA for further guidance on the purchase of mortgages. Note if the Applicant will retain any long term risk or repurchase obligations and, if so, how the risks and obligations will be managed. Describe any long term supportive role the Applicant will play related to these loans, such as servicing or counseling. If the Applicant does not intend to undertake secondary market activities, please state “N/A.” 	Narrative
d. <u>Loan Loss Reserves or Loan Guarantees</u> : If the Applicant intends to use its CMF Award for Loan Loss Reserves (LLR) or Guarantees, describe the strategy, the structure of the	Narrative – 2,500 characters	<ul style="list-style-type: none"> Quantify the anticipated loss rate that these reserves/guarantees will cover and how this rate was derived. Indicate if the LLR will be used for loans originated and held by the Applicant or if the LLR or Guarantee will be used for loans of a third 	Narrative

LLR/Loan Guarantees, and the purpose of the CMF Award.		<p>party lender. Be sure to also describe the rates/terms of the loans that will be guaranteed/reserved against and how these rates/terms compare to market.</p> <ul style="list-style-type: none"> Describe how the 10 year affordability term and other CMF restrictions will be imposed and maintained on the properties financed with the loans secured by the Loan Loss Reserve or Guarantee. <i>AMIS Note: This question will only appear in AMIS if the Applicant intends to use a portion of their CMF Award for Loan Loss Reserves or Loan Guarantees in Q.9(a).</i> 	
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Track Record and Projections

Questions 12 and 13 focus on the Applicant’s track record and projections. These questions elaborate on the data requested in the Track Record and Projections tables located in Appendix 2.

Question 12 – Track Record			
Question Text	Response	Question Tips	Field Type
a. Provide data on the Applicant’s track record in Appendix 2, Tables A1, B1, and C1 (as applicable) .	See Appendix 2, Tables A1, B1, and C1 .	See Appendix 2, Tables A1, B1, and C1 .	See Appendix 2, Tables A1, B1, and C1 .
<p>b. Describe the Applicant’s track record of Affordable Housing and Economic Development Activities (as applicable). Be sure to address:</p> <ul style="list-style-type: none"> How the Applicant’s track record supports its ability to carry out the proposed CMF Award activities, including any activities that are similar/relevant to the proposed CMF Award activities; Any trends in the level of activity (i.e., if the Applicant’s activity has had significant differences in volume from year-to-year, or whether it has been relatively steady); The Applicant’s experience serving its proposed Service Area. 	Narrative – 5,000 characters	<ul style="list-style-type: none"> Please be sure to limit the response to activities that have occurred since January 1, 2018. Be clear about which entity (the Applicant entity or its Subsidiaries) conducted the activities listed in Appendix 2. Applicants may discuss activities completed more recently than the time period covered in the tables (i.e., since January 1, 2023) in this narrative as relevant. Describe experience and track record in undertaking Economic Development Activities, if applicable. Do not include activities of Affiliates that are not Subsidiaries. 	Narrative

Question 13 – Projected Performance and Pipeline

Question Text	Response	Question Tips	Field Type
a. Provide data on the Applicant's projected CMF Award performance and financing activities for the next five years in Appendix 2, Tables A2, B2, and C2 (as applicable) .	See Appendix 2, Tables A2, B2, and C2 .	See Appendix 2, Tables A2, B2, and C2 .	See Appendix 2, Tables A2, B2, and C2 .
b. Indicate the dollar amount of the CMF Award that the Applicant plans to commit to Projects in each of the respective time periods:	b1. Year-1 (\$) b2. Year-2 (\$) b3. Year-3 (\$) b4. Year-1 + Year-2 + Year-3	<ul style="list-style-type: none"> The figures provided in this question are estimates and will not become a condition of the Award. However, the sum of the values entered for Year 1, Year 2, and Year 3 must equal to response in Q.2(a). CMF Recipients are required to provide legally binding, third party, written Commitments for the CMF Award amount to specific projects. For Lump Sum Payments and Initial Payments, these Commitments must be completed within two years from the Effective Date of the Assistance Agreement. For those Recipients opting to receive the Award in two payments, the Subsequent Payment of the Award must be Committed within three years of the Effective Date as specified in the Assistance Agreement. Recipients who fail to do will be subject to mandatory recapture of the uncommitted funds. For Year 3, if opting for a Lump Sum Payment, enter 0, as 100% of the CMF Funds will need to be committed by two years after the Effective Date of the Assistance Agreement. In certain circumstances where a Commitment with a third party is not possible, the Award Recipient may be eligible to meet its Commitment requirement under a general waiver of 12 CFR 1807.501(b) via the FY2018 NOFA (83 FR 34685). To find out more, see the additional guidance on this waiver available at the CDFI Fund's website. 	Currency
c. Describe how the Applicant's projections in Tables A2, B2, and C2 (as applicable) are realistic and achievable. Be sure to address the following factors: <ul style="list-style-type: none"> How the projections were developed. Any risks that may impact the Applicant's ability to achieve projections and steps to be taken to mitigate those risks, including the role of CMF, if any, in risk mitigation. To the extent the Applicant is projecting an increased level of activities compared to its track record, or expansion to new geographic areas, 	<i>Narrative – 3,000 characters</i>	<ul style="list-style-type: none"> To the extent the Applicant is proposing a significant increase in activities compared with its track record, be sure to describe why this increase is reasonable and achievable. If the Applicant's projections rely on investments in Low Income Housing Tax Credit (LIHTC) projects that have not yet received credit allocations, be sure to discuss the risk management strategy for this issue. If states in the requested Service Area are new markets for the Applicant (as indicated in Q.3), describe how it intends to build a pipeline of projects in these new markets. If the Applicant has established partnerships which will facilitate creating a solid pipeline of projects, please discuss. If applicable, indicate whether 	Narrative

Question Text	Response	Question Tips	Field Type
describe why these projections are reasonable and note any new or established partnerships that will help the Applicant achieve these projections.		<p>such partnerships will result in a greater number of units (how many) and the extent to which such partnerships will allow the Applicant to serve geographic areas it would not otherwise be able to reach.</p> <ul style="list-style-type: none"> • An Applicant will generally score more favorably to the extent it demonstrates that its projected activities are achievable based on the Applicant's strategy and track record. 	
d. Provide the requested data on the Applicant's proposed pipeline in Appendix 3 .	Appendix 3	<ul style="list-style-type: none"> • See Appendix 3 	See Appendix 3
<p>e. For Rental Housing, describe how the Applicant will build/manage a pipeline of potential CMF projects. Be sure to address:</p> <ul style="list-style-type: none"> • The factors you evaluated when selecting and prioritizing potential CMF projects/borrowers. • How any new or established partnerships with borrowers, developers, or others will be utilized to assist you in sourcing CMF borrowers. • How you will determine the need for CMF financing/support. 	<i>Narrative – 3,000 characters</i>	<ul style="list-style-type: none"> • This question will only populate in the AMIS Application if you proposed to undertake Rental Housing activities in Question 9(c). • An Applicant will generally score more favorably to the extent it has more than one project that it plans to use a CMF Award to finance/support and has some other financing sources Committed, awarded, or funded. • Describe how the Applicant will manage its pipeline to enable it to achieve the projections outlined in Appendix 2 and Appendix 3. • An Applicant will generally score more favorably to the extent it has a credible pipeline of projects or can demonstrate clear demand for its proposed financial products from borrowers/investees. 	Narrative
<p>f. For Homeownership, describe how the Applicant will build/manage a pipeline of potential CMF projects/borrowers, addressing the following items:</p> <ul style="list-style-type: none"> • Estimated demand for the proposed CMF product(s), supported by the appropriate data. For example, discuss the number of potential homebuyers who are pre-qualified; the number of loan applications submitted; the waiting list, etc. • Describe referral sources for potential borrowers/purchasers and the factors considered when selecting/prioritizing potential homebuyers. • For Purchase Assistance/Mortgage Lending: Describe how many loans the Applicant plans to make per year and the estimated demand for the proposed product(s). 	<i>Narrative – 3,000 characters</i>	<ul style="list-style-type: none"> • This question will only populate in the AMIS Application if you proposed to undertake Homeownership activities in Question 9(c). • If you serve a small market, describe the demand, the Applicant's competition and the Applicant's competitive advantage in that market. • If you are using CMF to launch a new product, be sure to indicate how borrowers for that product will be identified and any indicators of demand for the product. • Describe how a CMF Award will assist in attracting borrowers/purchasers. • Describe how the Applicant will manage its pipeline to enable it to achieve the projections outlined in Appendix 2 and Appendix 3. • An Applicant will generally score more favorably to the extent it has a credible pipeline of projects or can demonstrate clear demand for its proposed financial products from borrowers/investees. 	Narrative

Question Text	Response	Question Tips	Field Type
<ul style="list-style-type: none"> For <u>Homeownership Development/Rehabilitation</u>: Describe the number of units in the pipeline, how purchasers will be located, the number of purchasers pre-qualified or approved, and/or other indicators of estimated demand. 			
<p>g. For <u>Economic Development Activities</u>, describe how the Applicant will build/manage a pipeline of potential CMF projects. Be sure to address:</p> <ul style="list-style-type: none"> The factors the Applicant will evaluate when selecting and prioritizing potential CMF projects/borrowers. How any new or established partnerships with borrowers, developers, or others will be utilized to assist the Applicant in sourcing CMF borrowers. How the Applicant will determine the need for CMF financing/support. 	<p><i>Narrative – 3,000 characters</i></p>	<ul style="list-style-type: none"> This question will only populate in the AMIS Application if you proposed to undertake Economic Development Activities in Question 9(c). Describe how the Applicant will manage its pipeline to enable it to achieve the projections outlined in Appendix 2 and Appendix 3. 	<p>Narrative</p>

Leveraging the CMF Award

The CMF authorizing statute requires that Recipients use the CMF Award to finance/support Projects with Eligible Project Costs totaling at least ten times the CMF Award amount. The CDFI Fund refers to this as “leveraging” the CMF Award. Questions 14-17 ask the Applicant to detail its strategy for leveraging the CMF Award. While the Application asks the Applicant to describe its leveraging approach in three different categories (i.e., (1) Enterprise-Level, (2) Reinvestment, and (3) Project-Level), there is no preference for one category of leverage over another.

Question 14 – Overall Leverage Summary			
In this question, please provide information on the overall plans for leveraging the CMF Award.			
Question Text	Response	Question Tips	Field Type
a. The Applicant’s CMF Award Request:	<i>Auto-Calculated</i>	This will auto-populate based on the response to Q.2(a).	Auto-Calculated

Question Text	Response	Question Tips	Field Type
b. Enter the amount of the CMF Award that will be used for Direct Administrative Expenses:	\$ _____	This amount can be no more than 5% of the award request in (a). The figure entered here is an estimate. All CMF Award Recipients will be allowed to use up to 5% of their Award for Direct Administrative expenses.	Currency
Percentage of the Award for Direct Administrative Expenses (%)	<i>Auto-Calculated</i>	This amount can be no more than 5% of the award request in Q.14(a). The figure displayed here is a calculation based on your entries in Q.14(a) and Q.14(b).	Auto-Calculated
c. What are the estimated total Eligible Project Costs that will be financed/supported with the CMF Award?	\$ _____	Enter the estimated Eligible Project Costs (EPC) that will be financed/supported by the CMF Award. Further guidance on what counts as Eligible Project Costs is available in the Application FAQs. <u>Note that the Eligible Project Costs for a Project will not exceed the total development cost for that Project.</u>	Currency
d. The Applicant's projected Leverage Multiplier:	<i>Auto-Calculated</i>	Projected Leverage Multiplier = Projected Eligible Project Costs ÷ CMF Award Amount Requested	Auto-Calculated
e. How much does the Applicant anticipate generating in Leveraged Costs with the CMF Award?	<i>Auto-Calculated</i>	<ul style="list-style-type: none"> • <u>Leveraged Costs</u> means costs for Affordable Housing Activities and Economic Development Activities that exceed the dollar amount of the CMF Award, as further described in CFR 1807.500. • Leveraged Costs are calculated by subtracting the CMF Award (less any portion of the Award used for Direct Administrative Expenses) from total EPCs. 	Auto-Calculated
f. How much of Q.14(e) above will be financed/supported by private sources?	\$ _____	<ul style="list-style-type: none"> • Q.14(f) + Q.14(g) must equal Q.14(e). • Private sources of capital are investments or loans to the Applicant, or to Projects financed and/or supported by the Applicant, received from private entities that are not a unit of federal, state, or local government. Examples include private first mortgages for homeownership, private activity bonds, LIHTC equity, other equity investments, lines of credit, loans, or other investments from private sources, such as banks, private investors, or philanthropic entities that are made to the Applicants or Projects. 	Currency
g. How much of Q.14(e) above will be financed/supported by public sources?	\$ _____	<ul style="list-style-type: none"> • Q.14(f) + Q.14(g) must equal Q.14(e). • Do not include the CMF Award in this figure. 	Currency
h. The Applicant's overall Private Leverage Multiplier:	<i>Auto-Calculated</i>	<ul style="list-style-type: none"> • This multiplier is calculated by dividing Q.14(f) by the CMF Award request. <u>If selected for a CMF Award, the Recipient will be held to this multiplier in the Assistance Agreement. If the projected multiplier is greater than 10, the Recipient will be held to a multiplier of 10 in the Assistance Agreement.</u> 	Auto-Calculated

Question 15– Enterprise-Level Leverage (if applicable)

The questions below focus on the Applicant’s plans to use its CMF Award to leverage “Enterprise-Level Capital.” **“Enterprise-Level Capital” is capital earned, borrowed, or raised by the Applicant or its Affiliates, which is designated for use and ultimately used to pay for Leveraged Costs but is not initially restricted for use for specific properties at the time the capital is earned, borrowed or raised.** Enterprise-Level Capital can include, but is not limited to, Program-Related Investments (PRIs), loans from third parties, and the organization’s own contributed capital (equity or retained earnings).

Example: An Applicant requests a \$2 million CMF Award which it intends to leverage 10 times to create a \$20 million Affordable Housing Fund. The Affordable Housing Fund will be comprised of the requested \$2 million from the CMF Award and \$18 million in leveraged funds. Of the \$18 million, \$16 million is from private sources (\$15 million in a new bank line of credit and \$1 million from an existing foundation Program Related Investment (PRI). The Affordable Housing Fund also includes \$1 million in funds from the city (not restricted to a specific project), and the Applicant is contributing \$1 million of its own funds. The total Enterprise-Level Capital in this example is \$18 million. \$17 million is private Enterprise-Level Capital (the \$1 million in funds from the city is public money, this is backed out from the private Enterprise-Level Capital calculation, but still counts toward the total Enterprise-Level Capital calculation).

Note: If the Applicant does not plan to leverage its CMF Award at the Enterprise-Level, it should enter zero (\$0) in response to Q.15(a) and Q.15(b). The Applicant only needs to respond to Q.15(d), Q.15(e), and Q.15(f) if Q.15(c) is greater than zero (\$0). Questions 15(d) – 15(f) will not appear in AMIS if Q.15(a) – Q.15(c) are all zero (\$0).

Question Text	Response	Question Tips	Field Type
a. How much Enterprise-Level Capital will the Applicant raise from private sources with the CMF Award?	\$_____	<ul style="list-style-type: none">Only private sources of Enterprise-Level Capital should be entered here.Any capital designated by the capital provider for a specific, identified project cannot be included here.	Currency
b. How much Enterprise-Level Capital will the Applicant raise from public sources with the CMF Award?	\$_____	Any capital designated by the capital provider for a specific, identified project cannot be included here. Do not include the CMF Award request in this field.	Currency
c. Total amount of Enterprise-Level Capital the Applicant plans to leverage.	Auto-Calculated	<ul style="list-style-type: none">Calculated by adding Q.15(a) +15(b).Must be less than or equal to Q.14(e).	Auto-Calculated
d. Describe the Applicant’s strategy to leverage the CMF Award by using it to attract Enterprise-Level Capital for the organization, especially private capital.	Narrative – 3,500 characters	<ul style="list-style-type: none">AMIS Note: If Q.15(c) equals \$0, Q.15(d), Q.15(e), and Q.15(f) will not populate as these questions will not be applicable.Identify Enterprise-Level Capital sources and indicate whether they will be used to support early stage or permanent financing.Make sure to specifically and separately discuss the strategy for attracting Enterprise-Level Capital from private sources as well as public sources, as applicable.	Narrative

Question Text	Response	Question Tips	Field Type
		<ul style="list-style-type: none"> • Be sure to discuss any risks of not achieving the projected private Enterprise-Level Capital as outlined in Q.15(a) and identify approaches to mitigate these risks. • Existing capital sources may be tapped as leverage for the CMF Award. • In this narrative, reference the information in Appendices 3 and 4 as appropriate. • For sources of capital not yet secured, describe the Applicant's strategy to attract investors. • Be specific about how the CMF Award will enable the Applicant to attract Enterprise-Level Capital for Affordable Housing and related Economic Development Activities. 	
e. Discuss the Applicant's prior relevant experience raising and deploying private and public Enterprise funds from the sources being targeted for Enterprise-Level Capital (or similar sources).	Narrative – 3,500 characters	<ul style="list-style-type: none"> • <i>AMIS Note: If Q.15(c) equals \$0, Q.15(d), Q.15(e), and Q.15(f) will not populate as these questions will not be applicable.</i> • Make sure to specifically and separately discuss the Applicant's track record of raising and deploying Enterprise-Level Capital from private sources as well as public sources, as applicable. 	Narrative
f. If the Applicant has identified potential sources of Enterprise-Level Capital to leverage with the CMF Award, they should be included in Appendix 4 .	See Appendix 4	<ul style="list-style-type: none"> • See Appendix 4. 	See Appendix 4

Question 16 – Reinvestment (if applicable)

The questions below focus on the Applicant's plans to redeploy repaid capital during the five-year Investment Period (i.e., redeployment of CMF Award and Enterprise-Level Capital). If the Applicant does not anticipate redeploying CMF Award dollars or Enterprise-Level Capital, the amount entered in 16(a), 16(b), and 16(c) should be zero (\$0). Program Income in the form of principal and equity repayments of the CMF Award earned during the Investment Period must be reinvested by the Recipient. The required conditions for that reinvestment of Program Income will be specified in the Assistance Agreement and may vary depending on whether the Applicant intends to leverage the CMF Award through reinvestment, as indicated in their response to Q.16.

Note: The Applicant only needs to respond to Q.16(d), Q.16(e), and Q.16(f) if Q.16(a), Q.16(b), or Q.16(c) are greater than zero (\$0). Q.16(d) – Q.16(f) will not appear in AMIS if Q.16(a) – Q.16(c) are all zero (\$0).

Question Text	Response	Question Tips	Field Type
a. How much of the repaid CMF Award (i.e., Program Income) will be reinvested into additional Projects completed during the five-year Investment Period?	\$ _____	<ul style="list-style-type: none"> Only include reinvestment in Projects that will be completed within the five-year Investment Period. Enter “0” if the Applicant is not planning to reinvest the CMF Award during the five-year Investment Period. 	Currency
b. How much of the <u>repaid Enterprise-Level Capital from private sources</u> will be reinvested into additional Projects completed during the five-year Investment Period?	\$ _____	<ul style="list-style-type: none"> Only include reinvestment in Projects that will be completed within the five-year Investment Period. Enter “0” if the Applicant is not planning to reinvest any private Enterprise-Level Capital. 	Currency
c. How much of the <u>repaid Enterprise-Level Capital from public sources</u> will be reinvested into additional Projects completed during the five-year Investment Period?	\$ _____	<ul style="list-style-type: none"> Only include reinvestment in Projects that will be completed within the five-year Investment Period. Enter “0” if the Applicant is not planning to reinvest public Enterprise-Level Capital. Do not include repayment of CMF Award in this question as it should be included in 16(a). 	Currency
d. Based on the responses to Q.16(a), Q.16(b), and Q.16(c), please specify how much the Applicant plans to reinvest every year during the five-year Investment Period.	Yr. 1: \$ _____ Yr. 2: \$ _____ Yr. 3: \$ _____ Yr. 4: \$ _____ Yr. 5: \$ _____	<ul style="list-style-type: none"> <i>AMIS Note: Questions Q.16(d) – Q.16(f) will not appear in AMIS if Q.16(a) – Q.16(c) are all \$0.</i> The sum of reinvestment in Years 1-5 (Investment Period) must equal Q.16(a) + Q.16(b) + Q.16(c). Only include reinvestment in Projects which will be completed within the five-year Investment Period. 	Currency
e. If the response to Q.16(a), Q.16(b), or Q.16(c) was greater than \$0, describe the Applicant’s strategy for reinvesting the CMF Award and any Enterprise-Level Capital. In particular, discuss: <ul style="list-style-type: none"> How much capital the Applicant anticipates will be repaid during the five-year Investment Period, particularly private capital, and how it developed the schedule for reinvestment in Q.16(c); The plan for mitigating risks of repayment not occurring based on the anticipated schedule; The plan to identify eligible projects to reinvest the CMF Award and ensure the Projects will be completed within the five-year Investment Period. 	<i>Narrative – 3,500 characters</i>	<ul style="list-style-type: none"> <i>AMIS Note: Questions Q.16(d) – Q.16(f) will not appear in AMIS if Q.16(a) – Q.16(c) are all \$0.</i> Identify reinvestment sources and indicate whether they will be used to support early stage or permanent financing. If the Applicant needs to reinvest the CMF Award to reach the 10:1 leverage multiplier, be sure to indicate that in this narrative. Be sure to specifically discuss the strategy for reinvesting private capital into additional projects, alongside reinvestment of the CMF Award and other public capital. 	Narrative
f. If the response to Q.16(a), Q.16(b), or Q.16(c) was greater than \$0, discuss the Applicant’s track record of	<i>Narrative – 3,500 characters</i>	<ul style="list-style-type: none"> <i>AMIS Note: Questions Q.16(d) – Q.16(f) will not appear in AMIS if Q.16(a) – Q.16(c) are all \$0.</i> 	Narrative

Question Text	Response	Question Tips	Field Type
managing the repayment and reinvesting of capital, particularly private capital.			

Question 17 – Project-Level Leverage (if applicable)

Project-Level Leverage is the difference between the total Eligible Project Costs of the Project and the amount of financing or capital provided to the Project by the Applicant. It is capital used to pay Leveraged Costs that is restricted to a specific project when it is raised. Project-Level Leverage can, among other things, include mortgages secured by the property, funds from the sale of bonds, equity investment raised through LIHTC, deferred developer fees, and loans and grants from local and state government made directly to a specific Project. Project-Level Leverage does not include Enterprise-Level Capital or Reinvestments. Here are two examples:

- **Example 1:** The Applicant is using a CMF Award to support a multi-family rental Project with total Eligible Project Costs of \$2.5 million. In total, the Applicant will be providing \$500,000 in financing from their own funds (Enterprise-Level) and \$500,000 from its CMF Award to the Project. \$1 million will be funded by a private lender mortgage and the city has awarded \$500,000 for that specific Project. The amount of Project-Level Leverage in this example is \$1.5 million, with \$1 million from private sources and \$500,000 from public sources.
- **Example 2:** The Applicant is using a CMF Award to seed an Affordable Housing Fund that will provide soft second mortgages to Low-Income Families. This fund provides a second mortgage of \$10,000 (\$5,000 of its own funds and \$5,000 in CMF) to a homebuyer to help finance a home purchase of \$100,000. The balance of \$90,000 is funded by a private mortgage. The amount of Project-Level Leverage is \$90,000.

Note: The Applicant only needs to respond to Q.17(d) and Q.17(e) if Q.17(c) is greater than zero (\$0). Q.17(d) – Q.17(e) will not appear in AMIS if Q.17(c) is zero (\$0).

Question Text	Response	Question Tips	Field Type
a. How much capital does the Applicant anticipate leveraging at the Project-Level from private sources?	\$ _____	Examples may be a mortgage secured by the property or equity investment raised through LIHTC.	Currency
b. How much capital does the Applicant anticipate leveraging at the Project-Level from public sources?	\$ _____	Examples may be grants or loans from local, state, or federal government. Do not include the CMF Award amount for this question.	Currency
c. Total amount of Project-Level Leverage	Auto-Calculated	This field will be auto-calculated. It is the sum of Q.17(a) and Q.17(b).	Auto-Calculated
d. Describe the Applicant's approach to leveraging at the Project-Level, specifically discussing private and public sources of leverage, as applicable. If the Applicant plans to fund projects that have not secured all the necessary sources of financing, be sure to discuss the strategy for	Narrative – 3,500 characters	<ul style="list-style-type: none"> • AMIS Note: Q.17(d) and Q.17(e) will not appear in AMIS if Q.17(c) is \$0. • Identify Project-Level sources and indicate whether they will be used to support early stage or permanent financing. 	Narrative

Question Text	Response	Question Tips	Field Type
managing the risk in case these other sources will not be available.		<ul style="list-style-type: none"> As part of this narrative, be sure to separately identify likely sources of private and public Project-Level Leverage (e.g., bank loan, LIHTC equity, etc.) in Appendix 3. Discuss the strategy for attracting Project-Level Capital, especially from private sources. Be sure to discuss any risks of not achieving the expected private Project-Level Capital outlined in Q.17(a) and identify approaches to mitigate these risks. For sources of Project-Level capital not yet secured or not yet identified, describe the strategy to identify and generate such investment. If the Applicant is relying on competitive sources of financing (e.g., LIHTC) to provide a portion of the Project-Level leverage, be sure to discuss how the Applicant plans to mitigate any risk associated with the possibility of not receiving the anticipated funds. 	
e. Discuss the Applicant's track record in the last five years of securing Project-Level Leverage from private and public sources, as applicable.	<i>Narrative – 3,500 characters</i>	<ul style="list-style-type: none"> <u>AMIS Note:</u> Q.17(d) and Q.17(e) will not appear in AMIS if Q.17(c) is \$0. Be sure to separately quantify the amount of Project-Level leverage raised in past projects/activities from private sources and public sources. Discussion should be thorough, descriptive, and provide quantitative as well as qualitative information. 	Narrative

Adaptability

Question 18 – Adaptability			
Question Text	Response	Question Tips	Field Type
Discuss the adaptability of the Applicant's business and leveraging strategy to changing market conditions, including loss of anticipated pipeline projects, changes to interest rates, availability, and/or cost of capital.	<i>Narrative – 2,000 characters</i>	Discuss the Applicant's track record in adjusting its strategy and/or pipeline due to changing market conditions, availability, or cost of capital or other external pressures.	Narrative

Part 2: Community Impact

Potential Outcomes and Impacts

Question 19 – Housing and Economic Development Impacts			
Question Text	Response	Question Tips	Field Type
<p>a. Housing Impacts: The CMF Program has identified seven (7) housing impacts that are priorities for the CMF Program. Select at least one impact (and no more than three) that will result from the Affordable Housing strategy proposed in this Application. For each housing impact selected, also select the metrics that the Applicant plans to track/monitor as the impact is being achieved.</p> <p>1. Improved financial stability and wealth building for Low-Income Families.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individuals and Families that have become first-time homeowners. <input type="checkbox"/> Tenants that are experiencing increased stability as evidenced by lower or reduced turnover. <input type="checkbox"/> Families that are building wealth as a result of the savings generated in more affordable monthly housing costs and/or increased home equity. <input type="checkbox"/> Families that are participating in Family Self-Sufficiency (FSS), Individual Development Account (IDA), or other similar programs. <input type="checkbox"/> Families that are benefiting from low energy costs as a result of energy-efficient systems and improvements. <input type="checkbox"/> Other (please specify below) _____ <p>2. Improved health outcomes for Low-Income individuals and Families, particularly seniors, children, formerly homeless populations, persons with disabilities, or people with other health challenges.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Homes and buildings that have been rehabilitated to improve health conditions. Examples include improved ventilation; removal of lead paint or pipes; radon mitigation; improved accessibility; improved plumbing and heating; and removal of asbestos or mold, etc. <input type="checkbox"/> New homes and buildings that have been developed with healthy features. Examples include universal design features; use of low emission materials; 	<p><i>Picklist/ Checkmark</i></p>	<ul style="list-style-type: none"> • Applicants need to select at least one impact for this question and can select up to three total. • Applicants won't receive a scoring advantage for selecting more than one impact and should only discuss the one(s) that best fit their strategy. • For each impact selected, the Applicant should select one or more metric listed which the Applicant intends to track related to this impact. Applicants won't receive a scoring advantage for selecting more than one metric. • *Note: If "Other" is selected as a metric for any of the CMF Impacts, complete the text box at the bottom of the page, and reference the specific CMF Impact(s) (#1-7) and describe the specific Applicant-defined metric. If there are no "Other" metrics selected in any of the CMF Impacts (#1-7), please enter "NA" in the textbox at the bottom of the page. 	<p><i>Picklist/ Checkmark</i></p>

Question Text	Response	Question Tips	Field Type
<p>walkability; community gardens; and proximity to healthy food choices, parks, and recreation.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individuals and Families with increased proximity and access to health services. Examples include access to community health centers or dental clinics. <input type="checkbox"/> Individuals and Families that are benefiting from service-enriched housing. Examples include housing with onsite services or coordinated access to remote services. <input type="checkbox"/> Other (please specify below) _____ <p>3. Increased opportunities for Low-Income residents to avoid dislocation and remain in their affordable homes and/or neighborhoods.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Number of unrestricted units or units with expiring affordability restrictions that have been preserved for 10 years or more (deed-restricted). <input type="checkbox"/> Low-Income homeowners and renters that have been able to remain in their homes. <input type="checkbox"/> Other (please specify below) _____ <p>4. Improved access to educational opportunities or transportation for Low-Income Families.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Affordable housing that has been acquired or developed in transit-oriented developments or in walkable neighborhoods. <input type="checkbox"/> Affordable housing that has been acquired or developed in neighborhoods with quality local schools. <input type="checkbox"/> Other (please specify below) _____ <p>5. Assisted in the long term recovery and rebuilding of affordable housing in federally designated disaster areas through disaster-prevention or disaster-resistant design.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Affordable housing that has been built/rebuilt or rehabilitated in federally-designated disaster areas within the last five years. <input type="checkbox"/> Affordable housing that has been developed with disaster-prevention or disaster-resistant design. <input type="checkbox"/> Other (please specify below) _____ <p>6. Increase homeownership rate for populations with lower rates of homeownership (e.g., minorities, young adults, etc.)</p>			

Question Text	Response	Question Tips	Field Type
<input type="checkbox"/> Number of first time homeowners. <input type="checkbox"/> Other (please specify below) _____ 7. Assist in the transition to clean energy and other related activities. <input type="checkbox"/> Affordable housing that has been developed or rehabilitated to utilize renewable energy sources. Examples include solar or wind energy. <input type="checkbox"/> Other (please specify below) _____ *Note: If you selected “Other” as a metric to track/monitor in one or more of the above listed CMF housing impact areas, please describe the corresponding measure(s) below this text in AMIS. In your response, be sure to include: <input type="checkbox"/> Specific reference to which one of the seven (7) above CMF housing impacts is associated with the Applicant-defined metric; and <input type="checkbox"/> Specify the metric, ensuring it is measurable and quantifiable, which will be evaluated as part of your Application. <input type="checkbox"/> If there are more than one “Other” metric(s) selected above, ensure you provide a specific reference for each CMF housing impact, and specify the measurable and quantifiable metric you will use for tracking and monitoring the impact.			
b1. For each housing impact selected, select the metrics you will track associated with this impact.	<i>Picklist</i>	<ul style="list-style-type: none"> Applicants may select up to 3 impacts. Applicants must select at least one metric to track. 	Picklist
b2. Describe how the proposed CMF strategy in this Application will contribute to the selected impact and discuss the plan for tracking the impact metric(s) identified above.	<i>Narrative – 2,000 characters</i>	<ul style="list-style-type: none"> Applicants will be able to provide a separate 2,000 character narrative for each impact selected. 	Narrative
c. If the Applicant intends to finance/support Economic Development Activities (EDA), select the resulting impact(s) below. The Economic Development impact options are: 1. Increased access to goods or services for Low-Income Families especially community and educational services. <input type="checkbox"/> Low-Income individuals and Families that have benefited from commercial EDA projects financed/supported with a CMF Award. Examples include grocery stores, educational facilities or other EDA undertaken by the Applicant using a CMF Award. <input type="checkbox"/> The increase in the number of goods and services available to Low-Income residents.	<i>Picklist/ Checkmark</i>	<ul style="list-style-type: none"> AMIS Note: This question will only appear in the AMIS if the Applicant indicates in Q.9(c) that it plans to use a portion of its Award for Economic Development Activities. Applicants won’t receive a scoring advantage for selecting more than one impact and should only discuss the one(s) that best fit their strategy. 	Picklist/ Checkmark

Question Text	Response	Question Tips	Field Type
<input type="checkbox"/> Low-Income residents/students who are benefiting from CMF-supported community and educational facilities. <input type="checkbox"/> Other (please specify below) _____ 2. Increased economic opportunity for Low-Income Families, especially those in Areas of Economic Distress (AED) and considered the most vulnerable. <input type="checkbox"/> Jobs that have been created as a result of CMF-supported Economic Development Activities. <input type="checkbox"/> Other (please specify below) _____ <p>*Note: If you selected “Other” as a metric to track/monitor in one or more of the above listed Economic Development impact areas, please describe the corresponding measure(s) below this text in AMIS. In your response, be sure to include:</p> <input type="checkbox"/> Specific reference to which one of the two (2) above CMF Economic Development impacts is associated with the Applicant-defined metric; and <input type="checkbox"/> Specify the metric, ensuring it is measurable and quantifiable, which will be evaluated as part of your Application. <input type="checkbox"/> If there are more than one “Other” metric(s) selected above, ensure you provide a specific reference for each CMF housing impact, and specify the measurable and quantifiable metric you will use for tracking and monitoring the impact.		<ul style="list-style-type: none"> *Note: If “Other” is selected as a metric for any of the CMF Impacts, complete the text box at the bottom of the page, and reference the specific CMF Impact(s) (#1-2) and describe the specific Applicant-defined metric. If there are no “Other” metrics selected in any of the CMF Impacts (#1-2), please enter “NA” in the textbox at the bottom of the page. 	
d1. For each Economic Development impact selected, select the metrics you will track associated with this impact.	<i>Picklist</i>	<ul style="list-style-type: none"> Applicants must select at least one metric to track. 	Picklist
d2. Describe how the proposed CMF strategy in this Application will contribute to the selected impact and discuss the plan for tracking the impact metric(s) identified above.	<i>Narrative – 2,000 characters</i>	<ul style="list-style-type: none"> Applicants will be able to provide a separate 2,000 character narrative for each impact selected. 	Narrative
e. Will the Applicant commit that it will use its CMF Award to finance/support Economic Development Activities located only in Low-Income Areas or Underserved Rural Areas?	<i>Picklist</i>	<ul style="list-style-type: none"> <u>AMIS Note:</u> This question will only appear in the AMIS if the Applicant indicates in Q.9(c) that it plans to use a portion of its Award for Economic Development Activities. If the Applicant proposes to finance/support Economic Development Activities, it must select “Yes” and the EDA must be located in a Low-Income or 	Picklist

Question Text	Response	Question Tips	Field Type
		<p>Underserved Rural Area as a condition of its Assistance Agreement.</p> <ul style="list-style-type: none"> Low-Income Areas and Underserved Rural Areas are defined in 12 CFR 1807.104 and further described in the Application FAQ. 	

Geographic and Income Targeting

The CMF authorizing statute indicates that the CMF Program should target affordable housing that revitalizes Areas of Economic Distress or targets Low- and Very-Low Income Families outside of Areas of Economic Distress. In terms of income targeting, the CMF Program prioritizes Applicants targeting Low-Income Families (80% AMI or below) for Homeownership and Very Low Income Families (50% AMI or below) for Rental Housing. Given this different level of targeting and the differences between Homeownership and Rental, the Geographic and Income Targeting section has different questions for Rental and Homeownership.

Rental Housing - Geographic and Income Targeting

For rental Housing, Applicants will be asked to separately discuss their income targeting plans and the extent to which they intend to use the Award to target High Opportunity Areas and Areas of Economic Distress.

AMIS Note: These questions will only appear in the AMIS Application if the Applicant indicates in Q.9(c) that it plans to undertake Rental Housing.

Question 20 – Rental Housing: Areas of Economic Distress and High Opportunity Areas			
Question Text	Response	Question Tips	Field Type
a. What is the percentage of the Applicant's total CMF-financed/supported Rental units that will be located in Areas of Economic Distress (AED)?	_____ %	<ul style="list-style-type: none"> Areas of Economic Distress are census tracts: (a) where at least 20% of households that are Very Low-Income (50% of Area Median Income (AMI) or below) spend more than half of their income on housing; or (b) that are designated Qualified Opportunity Zones; or (c) that are Low-Income Housing Tax Credit Qualified Census Tracts; or (d) where greater than 20% of households have incomes below the poverty rate and the rental vacancy rate is at least 10%; or (e) where greater than 20% of the households have incomes below the poverty rate and the homeownership vacancy rate is at least 10%; or (f) are Underserved Rural Areas as defined in the CMF Interim Rule (as amended February 8, 2016; 12 CFR Part 1807). The Applicant will also project the percentage of units that will be located in Areas of Economic Distress in Appendix 2 - Table B2. The percentage entered in this question should align with the number entered in Table B2. 	Percentage

Question Text	Response	Question Tips	Field Type
		<ul style="list-style-type: none"> <u>If awarded, the total percentage for AED and/or HOA as calculated in Q.20(c) will be used to develop the PG&M in the Recipient's Assistance Agreement.</u> 	
b1. Excluding the units that will be located in an Area of Economic Distress (Q.20(a)), what is the percentage of the Applicant's total CMF-financed/supported Rental units that will be located in areas fitting the definition of Standard High Opportunity Areas (HOA), as designated by Federal Housing Finance Agency?	_____ %	<ul style="list-style-type: none"> The CMF Program definition of Standard High Opportunity Areas is defined pursuant to the criteria used by the Federal Housing Finance Agency (FHFA) to designate High Opportunity Areas: (a) An area designated by the Department of Housing and Urban Development (HUD) as a "Difficult Development Area" during any year covered by an Enterprise's Underserved Markets Plan (Plan) or in the year prior to a Plan's effective date, whose poverty rate falls below 10% (for Metropolitan areas) or below 15% (for Non-Metropolitan areas); or b) an area designated by a state or local Qualified Allocation Plan (QAP) as a high opportunity area whose poverty rate falls below 10% (for Metropolitan areas) or 15% (for Non-Metropolitan areas). The most current data set is from 2022 and is available here: Duty to Serve Eligibility Data Federal Housing Finance Agency (fhfa.gov). <u>If awarded, the total percentage as calculated in Q.20(c) will be used to develop the PG&M in the Recipient's Assistance Agreement.</u> 	Percentage
b2. Excluding the units included in Q.20(a) and Q.20(b1) above, what is the percentage of the Applicant's total CMF-financed/supported Rental units that will be located in areas fitting the definition of the Expanded CMF HOA Criteria?	_____ %	<ul style="list-style-type: none"> The CMF Program will accept an expanded definition of High Opportunity Area for areas that do not meet the Federal Housing Finance Agency definition, but instead meet a set of Expanded CMF HOA Criteria demonstrating the designated area(s) provide access to a combination of at least three of the following four criteria: <ul style="list-style-type: none"> (1) high-quality youth (K-12) education opportunities; (2) employment opportunities; (3) transportation opportunities; and/or (4) financial service opportunities. For a Project to qualify as being in a High Opportunity Area under the Expanded CMF HOA Criteria definition, the location of the Project must meet at least three of the four Expanded CMF HOA Criteria, and cannot be located in a Food Desert as identified by the U.S. Department of Agriculture (https://www.ers.usda.gov/data/fooddesert) as of the publication date of this NOFA in the Federal Register. CMF HOA Criteria Definitions: <ul style="list-style-type: none"> (1) Access to High-Quality Youth (K-12) Education: To meet the high-quality youth (K-12) education criterion, the CMF-financed/supported rental unit(s) must be: (i) located in an area served by a school that, in any of the three years prior to the date of this NOFA, has been either recognized by the U.S. Department of Education as a National Blue Ribbon 	Percentage

Question Text	Response	Question Tips	Field Type
		<p>School, or has received the highest rating available from its State’s education agency; and (ii) available to Families living in CMF-financed/supported rental units.</p> <p>(2) Access to Employment: To meet the access to employment criterion, the CMF-financed/supported rental unit(s) must be located within a one-mile radius of one of the 25 largest employers in the applicable county. The largest employers in the county are measured by the number of employees at the location(s) in the applicable county.</p> <p>(3) Access to Transportation: To meet the access to transportation criterion, the CMF-financed/supported rental unit(s) must be within ¼ mile of a multi-modal transit station (includes at least two forms of public transit such as metro, light rail, bus, ferry, or trolley) if located in a Metropolitan Area. The CMF-financed/supported rental unit(s) must be within two miles of “Fixed-route Public Transportation” if located in a rural (“Non-Metropolitan”) area. “Fixed-route Public Transportation” means year-round, regularly scheduled public transportation that operates at least 5 days per week and provides regular service throughout the day.</p> <p>(4) Access to Financial Services: To meet the access to financial services criterion, the CMF-financed/supported rental unit(s) must be in a census tract with a bank or credit union branch presence (i.e., not simply a standalone ATM).</p> <p>• <u>If awarded, the total percentage as calculated in Q.20(c) will be used to develop the PG&M in the Recipient’s Assistance Agreement.</u></p>	
c. In total, what percentage of Rental units will be located in either an Area of Economic Distress or High Opportunity Areas, calculated as: Q.20(a)+Q.20(b1)+ Q.20(b2)?	Auto-Calculated	<ul style="list-style-type: none"> • If applicable, an Applicant will generally be scored more favorably to the extent it commits to produce a greater portion of total Rental units that are located in Areas of Economic Distress and/or High Opportunity Areas. • <i>Q.20(a), Q.20(b1), and Q.20(b2) are mutually exclusive - do not double count units.</i> <ul style="list-style-type: none"> ○ First, count the units in an AED in Q.20(a). ○ For units not in an AED, count the units in Q.20(b1) first. If a unit is located in an area that meets both the Standard HOA definition and the Expanded HOA definition, it should only be counted once under the Standard definition. ○ If they do not count in Q.20(b1), they may still be able to count in Q.20(b2) provided they meet the “Expanded CMF HOA Criteria” as defined in the CMF Program NOFA. • The auto-calculated percentage in this question, Q.20(c), will be the sum of Q.20(a), Q.20(b1), and Q.20(b2). <u>If awarded, the total percentage for AED and/or HOA as calculated in Q.20(c) will be used to develop the PG&M in the Recipient’s Assistance Agreement.</u> 	Auto-Calculated

Question Text	Response	Question Tips	Field Type
<p>d. Describe how you will achieve the percentage listed in (c) if selected for a CMF Award. Specifically discuss:</p> <ul style="list-style-type: none"> • Your strategy and experience financing/producing Affordable Housing in AEDs, as applicable, and how your proposed activities will contribute to economic stabilization/revitalization in these areas. • Your strategy and experience financing/producing Affordable Housing in HOAs, as applicable, and how your proposed activities provide opportunities for Low and Very Low-Income Families in these areas. • Whether the CMF Award will enable the Applicant to reach geographies that would otherwise not be possible without a CMF Award. • If using the expanded CMF HOA Criteria set forth in Q.20(b2), describe how the proposed percentage of units meet the criteria. 	<p><i>Narrative – 3,000 characters</i></p>	<ul style="list-style-type: none"> • Areas of Economic Distress are defined in Q.20(a). • High Opportunity Areas are defined in Q.20(b1) and Q.20(b2). • Reference the data in Appendix 2, as appropriate. • If there is a particular category of distress the Applicant plans to target (e.g., Opportunity Zones), please state that in this narrative. • If using the Expanded CMF HOA Criteria, describe how the proposed percentage of units meets the criteria. • Recipients qualifying an area under the Expanded CMF HOA definition must document that such areas meet the Expanded CMF HOA criteria at the time funds are committed to the Project. <u>Documentation must be maintained in Recipient files to show how the Project location met the Expanded CMF HOA criteria at the time the funds were committed</u> (i.e., showing location met at least three of the four criteria, and was not located in a Food Desert at the time of Commitment). This documentation is subject to review and/or audit by the CDFI Fund. 	<p>Narrative</p>

Question 21 – Rental Housing Income Targeting			
Question Text	Response	Question Tips	Field Type
<p>a. If the Applicant is proposing to finance/produce rental housing with a CMF Award, indicate the minimum percentage of the total number of rental housing units that the Applicant will commit to financing/producing for Very Low-Income Families (i.e., 50% of the area median income or below).</p>	<p>_____ %</p>	<ul style="list-style-type: none"> • Please refer to the definitions for Affordable Housing Activities and Affordable Housing laid out in section 1807.104 of the CMF Interim Rule (12 CFR Part 1807). • For rental housing, the CMF Program is targeting the financing and production of housing at 50% AMI or below. 	<p>Percentage</p>

Question 21 – Rental Housing Income Targeting			
Question Text	Response	Question Tips	Field Type
		<ul style="list-style-type: none"> Note that greater than 50% of the total Eligible Project Costs (CMF Award plus Leveraged Costs) must be attributable to housing units that meet the CMF affordability qualifications for Low-Income, Very Low-Income, or Extremely Low-Income Families. In the evaluation of this element, the Applicant will receive the highest score if it commits that 45% or more of the total rental units will be set aside for Very Low-Income Families and demonstrates that these percentages are achievable based on the Applicant's strategy and track record. The score will be reduced proportionally based on lower percentages. <u>If awarded, the data provided in response to this question will be used to develop the PG&M in the Recipient's Assistance Agreement.</u> 	
<p>b. Describe how you will be able to achieve the percentage listed in (a) based on your Application strategy and track record of financing/producing housing for Very Low-Income Families. Be sure to also discuss and quantify:</p> <ul style="list-style-type: none"> Whether the CMF Award will enable the Applicant to finance/produce more units of Affordable Housing than otherwise would not be possible; or Whether the CMF Award will enable the Applicant to target lower income groups than otherwise would not be possible without a CMF Award. 	<p><i>Narrative – 3,000 characters</i></p>	<ul style="list-style-type: none"> Be sure to quantify how a CMF Award will allow the Applicant to increase its level of housing finance/production and/or pursue targeting units for Families with lower incomes than would otherwise be possible. Reference the data in Tables A2, B2, and C2, as appropriate. 	<p>Narrative</p>

Homeownership – Geographic and Income Targeting

AMIS Note: These questions will only appear in the AMIS Application if the Applicant indicates in Q.9(c) that it plans to undertake Homeownership with the Award.

Question 22 – Geographic and Income Targeting for Homeownership

Question Text	Response	Question Tips	Field Type
a. What percentage of Homeownership units will be targeted to Families with incomes above 80% and no greater than 120% of Area Median Income located in Areas of Economic Distress (AED)?	_____ %	<ul style="list-style-type: none"> • Areas of Economic Distress are census tracts: (a) where at least 20% of households that are Very Low-Income (50% of Area Median Income (AMI) or below) spend more than half of their income on housing; or (b) that are designated Qualified Opportunity Zones; or (c) that are Low-Income Housing Tax Credit Qualified Census Tracts; or (d) where greater than 20% of households have incomes below the poverty rate and the rental vacancy rate is at least 10%; or (e) where greater than 20% of the households have incomes below the poverty rate and the homeownership vacancy rate is at least 10%; or (f) are Underserved Rural Areas as defined in the CMF Interim Rule (as amended February 8, 2016; 12 CFR Part 1807). • The Applicant will also project the number of units that will be located in Areas of Economic Distress in Appendix 2 - Table B2. The numbers entered in Table B2 should align with the percentage entered. • This percentage should only include units targeted to Eligible-Income Families with incomes above 80% and no greater than 120% AMI located in Areas of Economic Distress. • <u>If awarded, the total percentage calculated in Q.22(c) will be used to develop the PG&M in the Recipient's Assistance Agreement.</u> 	Percentage
b. What percentage of Homeownership units will be targeted to Low-Income Families (80% AMI or below)?	_____ %	<ul style="list-style-type: none"> • Note that greater than 50% of the total Eligible Project Costs (CMF Award plus Leveraged Costs) must be attributable to housing units that meet the CMF affordability qualifications for Low-Income, Very Low-Income, or Extremely Low-Income Families. • Please refer to the definitions for Affordable Housing Activities and Affordable Housing identified in Section 1807.104 of the CMF Interim Rule (12 CFR Part 1807). • This percentage should include all units targeted to Low-Income Families with incomes below 80% AMI (both in and outside of an Area of Economic Distress). • <u>If awarded, the total percentage calculated in Q.22(c) will be used to develop the PG&M in the Recipient's Assistance Agreement.</u> 	Percentage
c. What is the total percentage of (a) and (b) above, not to exceed 100%?	Auto-Calculated	<ul style="list-style-type: none"> • If applicable, an Applicant will generally be scored more favorably to the extent it commits to produce a portion of total Homeownership units 	Auto-Calculated

Question Text	Response	Question Tips	Field Type
		<p>available that are either located in Areas of Economic Distress or targeted to Low-Income Families.</p> <ul style="list-style-type: none"> In the evaluation of the Application, an Applicant will receive the highest score on this element if it commits that 100% of Homeownership units will be: (a) targeted to Families with incomes above 80% and no greater than 120% of Area Median Income located in Areas of Economic Distress, (b) targeted to Low-Income Families (80% AMI or below), or (c) a combination of both. This percentage must be supported by the Applicant's strategy and track record. The Applicant's score will be reduced proportionally based on lower percentages. The percentage entered in this question is auto-calculated as the sum of Q.22(a) and Q.22(b) and cannot be greater than 100%. If awarded, the data provided in response to this question will be used to develop the PG&M in the Recipient's Assistance Agreement. 	
<p>d. Describe how you will achieve the percentage listed in (c) if selected for a CMF Award. Specifically discuss:</p> <ul style="list-style-type: none"> As applicable, your strategy and experience targeting homeowners in AEDs, and how your proposed activities will contribute to economic stabilization/revitalization in these areas. Within AEDs, describe your strategy to avoid gentrification/displacement of existing residents and provide Homeownership opportunities to existing residents. As applicable, your strategy and experience targeting Low-Income homeowners (80% AMI and below), including procedures for verifying income for all homeowners. 	<p><i>Narrative – 3,000 characters</i></p>	<ul style="list-style-type: none"> Areas of Economic Distress are in Q.22(a). Reference the data in Tables B1 and B2, as appropriate. If there is a particular category of distress the Applicant plans to target (e.g., Opportunity Zones), please state that in this narrative. 	<p>Narrative</p>
<p>e. Discuss how the CMF Award will enhance the Applicant's ability to finance/produce housing in AEDs and/or for Low-Income homebuyers. Be sure to discuss and quantify:</p> <ul style="list-style-type: none"> Whether the CMF Award will enable the Applicant to finance/produce more units of Affordable Housing that otherwise would not be possible, or 	<p><i>Narrative – 3,000 characters</i></p>	<ul style="list-style-type: none"> The Applicant only needs to address one of the "value-added" question elements to receive full points on this question. Be sure to quantify the differences in the level of activity (i.e., number of units, dollar amount, etc.) between what can be achieved with a CMF Award and what can be achieved without. Reference the data in Tables A2, B2, and C2, as appropriate. 	<p>Narrative</p>

Question Text	Response	Question Tips	Field Type
<ul style="list-style-type: none"> Whether the CMF Award will enable the Applicant to target lower income groups that otherwise would not be possible without a CMF Award, or Whether the CMF Award will enable the Applicant to reach distress geographies that otherwise would not be possible without a CMF Award. 			

Community Engagement and Strategy Alignment

Question 23 – Community Partnerships			
Question Text	Response	Question Tips	Field Type
Describe partnerships with other organizations (e.g., housing developers, lenders, community organizations) that will enhance the Applicant’s strategy and impact for Low-Income Families and help the Applicant to address priorities of the CDFI Fund.	<i>Narrative – 3,000 characters</i>	Potential areas of partnership include, but are not limited to: a) partnerships that facilitate supportive services for residents of CMF-financed Affordable Housing; b) partnerships that will allow the Applicant to reach new markets, significantly increase its Affordable Housing production, or undertake new activities; c) partnerships that facilitate the Applicant in addressing priorities of the CDFI Fund as identified in the Notice of Funding Availability (NOFA) for each funding round.	Narrative

Question 24 – Economic Development Activities (if proposed in Q.9(c))			
Question Text	Response	Question Tips	Field Type
a. If the Applicant intends to finance Economic Development Activities (EDA), describe how the Applicant will ensure that its activities are certified as being part of a <u>Concerted Strategy</u> to stabilize or revitalize a Low-Income Area or Underserved Rural Area “In Conjunction With Affordable Housing.”	<i>Narrative – 2,000 characters</i>	<ul style="list-style-type: none"> AMIS Note: This question will only appear in the AMIS Application if the Applicant indicates in Q.9(c) that it plans to use a portion of its Award for Economic Development Activities. Concerted Strategy means a formal planning document that evidences the connection between Affordable Housing Activities and Economic Development Activities. Such documents include comprehensive, consolidated, or redevelopment plan, or some other local, state, or regional planning document adopted or approved by the jurisdiction. This is a regulatory requirement if the Applicant intends to use its CMF Award to finance/support EDA per the CMF Interim Rule (12 CFR 1807.104). “In Conjunction With Affordable Housing” means: (1) Physically proximate to; and (2) Reasonably available to residents of Affordable Housing that is subject to 	Narrative

Question Text	Response	Question Tips	Field Type
		Affordable Housing Activities. For a Metropolitan Area, In Conjunction With means located within the same census tract or within 1 mile of such Affordable Housing. For a Non-Metropolitan Area, In Conjunction With means located within the same county, township, or village, or within 10 miles of such Affordable Housing.	
b. Describe how the planned EDA will serve nearby residents of affordable housing.	Narrative – 2,000 characters	<ul style="list-style-type: none"> AMIS Note: This question will only appear in the AMIS Application if the Applicant indicates in Q.9(c) that it plans to use a portion of its Award for Economic Development Activities. 	Narrative

Rural Areas

Question 25 – Rural Areas

The CDFI Fund is dedicated to achieving geographic diversity across Metropolitan and Rural Areas in the United States, and encourages Applicants to serve Rural Areas as a way to ensure that diversity. An Applicant is therefore required to provide the percentage of CMF dollars that it is willing to commit to investing in Rural Areas.

Rural Areas is defined per 12 CFR 1282.1 (Enterprise Duty To Serve Final Rule) as (i) A census tract outside of a Metropolitan Statistical Area as designated by the Office of Management and Budget; or (ii) A census tract in a Metropolitan Statistical Area as designated by the Office of Management and Budget that is outside of the Metropolitan Statistical Area's Urbanized Areas, as designated by the U.S. Department of Agriculture's (USDA) Rural-Urban Commuting Area (RUCA) Code #1, and outside of tracts with a housing density of over 64 housing units per square mile for USDA's RUCA Code #2. The CDFI Fund has published a dataset indicating which census tracts are designated as Rural Areas for each Round, specific to the applicable NOFA, on its [website](#).

If the Applicant's response to Q.25(a) is greater than zero, the Applicant will be held to using a required percentage of CMF Award dollars in Rural Areas as a condition of its Assistance Agreement. The required percentage will equal the response to Q.25(a).

Note: These questions will only appear in AMIS if the Applicant indicates that it is willing to commit to using a portion of its CMF Award in Rural Areas.

Question Text	Response	Question Tips	Field Type
a. Indicate the percentage of CMF Award dollars that the Applicant is willing to commit to deploy in Rural Areas:	_____ %	<ul style="list-style-type: none"> The percentage entered must be between 0 and 100. Applicants will generally score more favorably if they commit to investing at least 10% of the CMF Award in Rural Areas and demonstrate a track record that supports the proposed percentage. 	Percentage

Question Text	Response	Question Tips	Field Type
		<ul style="list-style-type: none"> If awarded, the data provided in response to this question will be used to develop the PG&M in the Recipient's Assistance Agreement. 	
<p>b. If the response to Q.25(a) is greater than 0%, briefly describe the Applicant's track record of serving Rural Areas. Be sure to indicate:</p> <ul style="list-style-type: none"> Both in dollar amount and as a percentage of the Applicant's overall activities, the amount of loans, investments or related activities the Applicant has undertaken in Rural Areas. Experience with the type of housing that will be financed—e.g., manufactured housing, single family, multifamily, etc. 	<p><i>Narrative – 3,000-characters</i></p>	<ul style="list-style-type: none"> This question will only appear in AMIS if Applicant commits to using a portion of its CMF Award in Rural Areas. 	<p>Narrative</p>
<p>c. Based on the Applicant's activity over the last five years, provide the following information on the total housing units produced located in <u>Rural Areas</u>:</p> <ul style="list-style-type: none"> Total project costs financed/supported; and Total units produced 	<p>\$_____</p> <p><i>Costs</i></p> <p>_____</p> <p><i>Units</i></p>	<ul style="list-style-type: none"> This question will only appear in AMIS if Applicant commits to using a portion of its CMF Award in Rural Areas. 	<ul style="list-style-type: none"> Currency Numeric

Part 3: Organization Capacity

Question 26 – Key Personnel			
Question Text	Response	Question Tips	Field Type
Complete Appendix 5 for key personnel that will be involved in managing the CMF Award. Applicants will be able to list up to 10 individuals. Select the individuals that will be most important in managing the CMF Award.	See Appendix 5	See Appendix 5 .	See Appendix 5

Question 27 – Previous Awards			
Question Text	Response	Question Tips	Field Type
a. Appendix 6 will list previous awards from the CDFI Fund received by the Applicant and any Affiliates.	See Appendix 6	<ul style="list-style-type: none"> • See Appendix 6. • This information should pre-populate in AMIS. If it does not, contact the AMIS Help Desk to ensure all the Applicant's Affiliates are linked. • If all Awards do not appear, the CDFI Fund recommends you review the list of Affiliates under your Organizational Profile in AMIS and make updates as appropriate. 	See Appendix 6
b. If the Applicant has received any Federal awards in the past three years, discuss the following: <ul style="list-style-type: none"> • Briefly describe the Applicant's experience managing Federal awards in the last three years, including the number, dollar amount and types of awards managed. Include all grants that have federal award requirements, including any federal awards managed by the Applicant that may be received as a sub-grant or managed as a pass-through grant. • Indicate if the Applicant or its Affiliates have been deemed noncompliant with a Federal award (other than a CDFI Fund Award), experienced any significant compliance issues or received a finding as the result of an Office of Inspector General (OIG) audit in the past three years. • If the Applicant did not receive any Federal awards in the past three years, discuss any other experience that the Applicant has in administering awards from other 	Narrative – 4,000 characters	<ul style="list-style-type: none"> • Applicants will generally score more favorably if they demonstrate a strong ability to successfully manage Federal awards based on experience managing prior Federal awards or administering state or local government awards, foundation grants, or other programs with complex compliance requirements. 	Narrative

Question Text	Response	Question Tips	Field Type
entities (e.g., state or local governments, foundations, etc.), particularly large monetary awards with substantial compliance requirements and describe how this experience will enable the Applicant to successfully administer a CMF Award.			
c. Is the Applicant or any Affiliates currently the subject of an unresolved audit or investigation by the OIG or equivalent related to previous federal awards?	Yes/No	If yes, be sure to explain in Q.27(b).	Picklist
d. If the Applicant or its Affiliates have received a CMF Award in one or more of the past five rounds, discuss your progress in deploying your past CMF Awards. Indicate how much of each CMF Award has been Committed and disbursed to Projects/borrowers as of the Application submission date. Also, indicate if any Projects under these Awards have achieved Project Completion.	Narrative- 3,000 characters	<ul style="list-style-type: none"> • Enter “N/A” if your organization and Affiliates did not receive a CMF Award in the past five years. • Performance related to past Awards will be reviewed and considered as part of the Application review. Applicants should ensure that information on the Commitment of past CMF Awards is up to date in AMIS throughout the Application review period. • Note any factors that may prevent meeting performance requirements for previous CMF Awards. • Identify any challenges in the deployment of the past award(s). • Reference the data in the below table when describing progress to date. • CMF Program encourages first-time Applicants. Prior CMF Recipients will not receive a scoring advantage solely for having received a prior CMF Award. 	Narrative
The table below Q.27(d) in the on-screen Application in AMIS lists the current summary of unit completion and outstanding units to be completed by the Applicant under existing CMF Assistance Agreements (i.e., past CMF Awards). The table included the following data points: Award Control Number, CMF Award Year, CMF Award Amount, Production Goal (# Units), Total Units Reported to Date, Percentage of Goal Completed, and Created Date.	Auto-generated	<ul style="list-style-type: none"> • Performance related to past CMF Awards will be reviewed and considered as part of the Application review. Applicants should ensure that information on the Commitment of past CMF Awards is up to date in AMIS. • If a previous CMF Recipient, this table will display your CMF Performance Report data from your past Award(s). To update 	Auto-generated

Question Text	Response	Question Tips	Field Type
		this information, you must update your CMF Performance Progress Report(s).	

Question 28 – Financial Health			
Question Text	Response	Question Tips	Field Type
a. Enter the Applicant’s relevant financial data in Appendix 7 . Note which fields are relevant for the Applicant entity strategy.	See Appendix 7	<ul style="list-style-type: none"> For reference, see Appendix 7. Applicants will generally score more favorably to the extent they demonstrate strong financial health, including but not limited to strong capitalization, sound operating performance, strong liquidity, as well as favorable audit results. 	See Appendix 7
b. Do any of the Applicant’s Audits for the three (3) most recent historic fiscal years prior to the publication date of the NOFA indicate a negative Net Income?	Yes/No	Net Income, also known as Earnings, is Revenue less Expenses.	Picklist
c. Do any of the Applicant’s Audits for the three (3) most recent historic fiscal years prior to the publication date of the NOFA include an opinion other than Unqualified/Unmodified?	Yes/No	An unqualified/unmodified opinion is an independent auditor's judgment that a company's financial records and statements are fairly and appropriately presented, and in accordance with Generally Accepted Accounting Principles (GAAP). An unqualified/unmodified opinion is the most common type of auditor's report.	Picklist
d. Do any of the Applicant’s Audits for the three (3) most recent historic fiscal years prior to the publication date of the NOFA include a “going-concern paragraph” or qualification?	Yes/No	The going concern principle is that it is assumed a business will continue in the future, unless there is evidence to the contrary. When an auditor conducts an examination of the accounting records of a company, he or she has an obligation to review its ability to continue as a going concern; if the assessment is that there is a substantial doubt regarding the company's ability to continue in the future (which is defined as the following year), a going concern qualification must be included in his or her opinion of the company's financial statements.	Picklist
e. Do any of the Applicant’s Audits for the three (3) most recent historic fiscal years prior to the publication date of the NOFA, including any Single Audits for any of these 3 years, contain repeated findings of reportable conditions?	Yes/No	Reportable condition is a matter coming to the auditor's attention relating to significant deficiencies in the design or operation of the internal control that could adversely affect an entity's ability to fulfill future obligations and/or the satisfaction of liabilities.	Picklist
f. Do any of the Applicant’s Audits for the three (3) most recent historic fiscal years prior to the publication date of the NOFA,	Yes/No	Material weakness in internal controls means that it could lead to a material misstatement in a company's financial statements.	Picklist

Question Text	Response	Question Tips	Field Type
including any Single Audits for any of these 3 years, indicate material weaknesses in internal controls?			
g. Is the Applicant currently delinquent with respect to any obligations owed by the Applicant to an investor or lender?	<i>Yes/No</i>	Please indicate if you are delinquent with respect to any obligations as of the date of the Application submission.	Picklist
h. Has the Applicant ever filed for bankruptcy or otherwise defaulted on financial obligations to a third party?	<i>Yes/No</i>	Please indicated whether the Applicant have filed for bankruptcy or defaulted on financial obligations.	Picklist
If responding “Yes” to any of the questions above, indicate the Applicant’s fiscal year(s) in which the above occurred, and describe the circumstances and corrective action(s) taken.	<i>Narrative – 2,000 characters</i>	Be as thorough as possible in describing the circumstances around the occurrence; any corrective steps taken to address the issue; and the current status of the issue.	Narrative
<p>i. Provide a narrative responding to the following questions on the Applicant’s financial health:</p> <ul style="list-style-type: none"> • Discuss your organization’s financial health over the past three (3) most recent historic fiscal years prior to the publication date of the NOFA, noting key trends and circumstances and how they shape organizational performance and business strategy. • Be sure to discuss any recent material changes to the Applicant’s financial health that are not reflected in the audited financial statement for the most recent historic fiscal year. • Acknowledge any other areas of material weakness and/or deficiencies in the Applicant’s financial health, viability, and capacity as well as financial statement and Single Audit findings, as applicable. Discuss how the Applicant is trying to improve in those areas. 	<i>Narrative – 4,000 characters</i>	The CDFI Fund reserves the right to contact other governmental organizations to review the Applicant’s award status and reserves the right to obtain additional audited or interim financial statements from an Applicant to review its financial condition, prior to making a final award determination. Failure on the part of the Applicant to acknowledge issues related to the financial health of the organization in this question or elsewhere in the Application could result in the Application being deemed ineligible, dismissed from a subsequent stage of review, or in termination of an Award.	Narrative

Question 29 – Portfolio Health			
Question Text	Response	Question Tips	Field Type
Discuss the Applicant’s portfolio performance. Describe key trends or changes in the portfolio for the three (3) most recent historic fiscal years prior to the publication date of the NOFA, and the current fiscal year-to-date.	<i>Narrative – 3,000 characters</i>	<ul style="list-style-type: none"> • Financing Entity Approach Applicants should complete this question as it relates to the Applicant’s loan/equity portfolio. Complete Table E. 	Narrative

Question Text	Response	Question Tips	Field Type
<p>For Applicants that are using a financing Entity Approach:</p> <p>Discuss the Applicant’s loan/equity portfolio. Refer to relevant loan/equity portfolio data entered in Table E. Explain any weaknesses, especially those related to delinquencies or net loan losses and discuss how the Applicant is trying to improve in those areas and the impact of current market conditions. Compare the Applicant’s performance with industry benchmarks where appropriate.</p> <p>For Applicants that are using an affordable housing developer/manager approach:</p> <p>Discuss the Applicant’s property portfolio, as applicable. Compare the Applicant’s performance with industry benchmarks where appropriate.</p> <ul style="list-style-type: none"> • For rental, explain any weaknesses, especially around low Net Operating Income (NOI), high vacancy rates, the impact of current market conditions, etc. Refer to the relevant portfolio data entered in Table F as applicable. • For Homeownership development/rehabilitation, for the three (3) most recent historic fiscal years prior to the publication date of the NOFA, provide performance data, and address all of the following: 1) portfolio-level statistics related to average days on the market; 2) comparative locality benchmark averages for average days on the market; and 3) annual sales volume in terms of units sold. Explain any weaknesses, especially around sales performance, inventory, the impact of current market conditions, etc. 		<ul style="list-style-type: none"> • Affordable housing developer/manager of Rental Housing approach Applicants should complete this question as it relates to the Applicant’s property portfolio. If proposing rental, complete Table F. If proposing homeownership only, do not complete Table F; only provide the narrative response requested. • If an affordable housing developer/manager approach Applicant does not maintain a property portfolio, such should be described in the narrative. • Do not include activities of Affiliates that are not Subsidiaries. • Applicants will generally score more favorably to the extent they demonstrate a solid portfolio performance (property portfolio or loan/investment portfolio, as applicable). 	

Appendix 1: Financing Products

Instructions for Completing Appendix 1

In this table, the Applicant will provide the following data for each product the Applicant plans to offer with its CMF Award. Comparative interest rates and terms should reflect what is available in the market for similar products. In the case of affordable housing developer/manager approach, it is sufficient to indicate the activity type of financing that will be provided to projects using the CMF Award. Tie the products to needs and financing gaps described in this Application. **Focus on the role of the CMF Award when describing the financing products.** For fields that are not applicable to the product proposed, enter a numeric zero (0).

Appendix 1: Financing Activities/Products		
AMIS Field Name	Question Tips	Field Type
Description	Describe the financing activity/financial product that will be supported by the CMF Award and discuss relevant terms not otherwise described in this table.	Narrative - 500 Characters
Activity Type(s)	Select all activities that will be financed by this product: <ul style="list-style-type: none"> • Predevelopment • Acquisition • Construction • Bridge/short term financing • Permanent (1st Lien) • Permanent (2nd Lien or lower) – includes soft debt • Refinancing • Loan Loss Reserve/Loan Guarantee • Secondary market activity • Equity • Down payment/Closing Cost Assistance 	Picklist
Tenure Type	Select the appropriate tenure type that will be supported by the financing product. <ul style="list-style-type: none"> • Rental • Homeownership • Economic development 	Picklist
Maximum Loan Amount	Enter the maximum loan amount that will be supported by the financing product.	Currency
Estimated Minimum Interest Rate	Enter the estimated minimum interest rate.	Percentage
Estimated Maximum Interest Rate	Enter the estimated maximum interest rate.	Percentage
Estimated Average Interest Rate	Enter the estimated average interest rate.	Percentage
Comparative Average Interest Rate	Identify the comparable average interest rate offered by others in the Service Area.	Percentage
Amortization Period	Enter the Amortization Period in months	Number
Term	Enter the term of the loan or investment in months.	Number
Fees	Describe any fees that will be charged with this product (e.g., origination fees, etc.)	Text
Security Position (1 st , 2 nd , etc.)	Select the security position (1 st , 2 nd , 3 rd or Lower)	Picklist

Appendix 2: Track Record and Projections

Instructions for Completing Track Record Tables (Tables A1, B1, and C1)

Instructions for Tables A1, B1, and C1: Please provide the requested information on the Applicant's track record of deployment and production in Tables A1, B1, and C1, as applicable. Tables A1, B1, and C1 (as applicable) should be completed based solely on activities undertaken by the Applicant, any Subsidiaries, and any Limited Partnerships or Limited Liability Corporations where the Applicant holds the controlling interest over the management, credit or investment decisions, or policies of the company. Do not include the activities of Affiliates that are not Subsidiaries of the Applicant in these tables (e.g., "parent" organizations or other organizations under a common "parent" that are not controlled by the Applicant). If the Applicant is a Certified CDFI Depository Institution Holding Company that intends to carry out the activities of a CMF Award through its Certified CDFI Subsidiary Insured Depository Institution, it must provide track record information only for its Certified CDFI Subsidiary Insured Depository Institution that will administer the CMF Award.

Instructions for Completing Projections Tables (Tables A2, B2, and C2)

Instructions for Tables A2, B2, and C2: Please provide the information requested about the Applicant's projected deployment and production related to its CMF Award request in Tables A2, B2, and C2, as applicable. Tables A2, B2, and C2 (as applicable) should only contain data for activities undertaken as a result of the Applicant's requested CMF Award. Do not include data on activities unrelated to the Applicant's requested CMF Award. The projections in Tables A2 and B2 will be used to determine a minimum number of units to be produced with the CMF Award. This unit target will become a condition of the Assistance Agreement. If the Applicant is a Certified CDFI Depository Institution Holding Company that intends to carry out the activities of a CMF Award through its Certified CDFI Subsidiary Insured Depository Institution, it should include data on projected capital to be deployed by the Certified CDFI Subsidiary Insured Depository Institution that will administer the CMF Award.

Table A1: Track Record by Housing/Economic Development Activity Type

Data entered in Table A1 should be based on the date the Project was completed (e.g., for Homeownership, title transferred to homeowner; for rental, certificate of occupancy). Under the fields for Cost (\$), the Applicant should enter the total project cost (inclusive of the Applicant's financing and financing from other entities) as of the date the Project was completed. Under the fields for units, for Homeownership and rental housing, list the total number of units produced in each category.

Only units up to 120% AMI should be entered into the Table A1 Track Record table. For Economic Development Activities, enter the total number of facilities produced in each category (i.e., one (1) building with eligible Economic Development Activities, is one (1) unit for Economic Development Activities; two (2) buildings with eligible Economic Development Activities, is two (2) units of Economic Development Activities; etc.).

Table A1 – Track Record by Activity Type			
AMIS Field Name	Question Tips	Field Type	5 Year Total (2018-2022)
New Development Cost (Rental)	Enter the costs for rental housing new Development for the last five years.	Currency	\$_____
New Development Units (Rental)	Enter the units for rental housing new Development for the last five years.	Numeric	_____
Rehabilitation and/or Preservation Cost (Rental)	Enter the costs for rental housing Rehabilitation and/or Preservation for the last five years.	Currency	\$_____
Rehabilitation and/or Preservation Units (Rental)	Enter the units for rental housing Rehabilitation and/or Preservation for the last five years.	Numeric	_____
Total Rental Housing Costs	Totals for rental housing costs will be auto-calculated in this row.	Auto-Calculated	\$_____
Total Rental Housing Units	Totals for rental housing units will be auto-calculated in this row.	Auto-Calculated	_____
New Development Cost (HO)	Enter the costs for new Development Homeownership for the past five years.	Currency	\$_____
New Development Units (HO)	Enter the units for new Development Homeownership for the past five years.	Numeric	_____
Rehabilitation Cost (HO)	Enter the costs for Rehabilitation Homeownership for the past five years.	Currency	\$_____
Rehabilitation Units (HO)	Enter the units for Rehabilitation Homeownership for the past five years.	Numeric	_____
Mortgage Finance, Refinance and/or Purchase Assistance Cost	Enter the costs for homeowner mortgage finance, refinance, and/or Purchase assistance for the past five years.	Currency	\$_____
Mortgage Finance, Refinance and/or Purchase Assistance Units	Enter the units for homeowner mortgage finance, refinance, and/or Purchase assistance for the past five years.	Numeric	_____
Total Homeownership Costs	Totals for Homeownership costs will be auto-calculated in this row.	Auto-Calculated	\$_____
Total Homeownership Units	Totals for Homeownership units will be auto-calculated in this row.	Auto-Calculated	_____
Community Service Facilities Costs	Enter the costs for Community Service Facilities for the past five years.	Currency	\$_____
Community Service Facilities Units	Enter the number of Community Service Facilities for the past five years.	Numeric	_____
Commercial Econ. Dev. Activities Costs	Enter the costs for commercial Economic Development Activities for the past five years.	Currency	\$_____
Commercial Econ. Dev. Activities Units	Enter the number of commercial Economic Development Activity facilities for the past five years.	Numeric	_____
Total Economic Development Costs	Total Economic Development Activity costs will be auto-calculated in this row.	Auto-Calculated	\$_____
Total Economic Development Units	Total Economic Development Activity units will be auto-calculated in this row.	Auto-Calculated	_____
Total Cost	Total costs will be auto-calculated in this row.	Auto-Calculated	\$_____
Total Units	Total units will be auto-calculated in this row.	Auto-Calculated	_____

Table A2: Projected Housing/Economic Development Activity Type

Data entered in Table A2 should be based on the date the Project will achieve Project Completion. In this table, only provide data for activities undertaken as a result of the Applicant's requested CMF Award. **Do not include data on activities unrelated to the Applicant's requested CMF Award.**

In the fields for cost (\$), the Applicant must enter the projected total Eligible Project Costs (inclusive of financing by the Applicant and any other entity) as of the date the Project is projected to achieve Project Completion. Projected Total Costs in this table must equal the Eligible Project Costs entered in Q.14c.

In the fields for units, for Affordable Housing Activities, list **only the number of units that qualify as Affordable Housing under the CMF Program** (i.e., units that comply with the affordability qualifications for Eligible-Income Families (120% of AMI or below). For Economic Development Activities, enter the projected number of community service facilities and other physical structures in which neighborhood-based businesses operate to be financed.

Table A2 – Projected Activity Type			
AMIS Field Name	Question Tips	Field Type	5 Year Total (2023-2027)
New Development Cost (Rental)	Enter the costs for rental housing new Development for the next five years.	Currency	\$ _____
New Development Units (Rental)	Enter the units for rental housing new Development for the next five years.	Numeric	_____
Rehabilitation and/or Preservation Cost (Rental)	Enter the costs for rental housing Rehabilitation and/or Preservation for the next five years.	Currency	\$ _____
Rehabilitation and/or Preservation Units (Rental)	Enter the units for rental housing Rehabilitation and/or Preservation for the next five years.	Numeric	_____
Total Rental Housing Costs	Totals for rental housing costs will be auto-calculated in this row.	Auto-Calculated	\$ _____
Total Rental Housing Units	Totals for rental housing units will be auto-calculated in this row.	Auto-Calculated	_____
New Development Cost (HO)	Enter the costs for new Development Homeownership for the next five years.	Currency	\$ _____
New Development Units (HO)	Enter the units for new Development Homeownership for the next five years.	Numeric	_____
Rehabilitation Cost (HO)	Enter the costs for Rehabilitation Homeownership for the next five years	Currency	\$ _____
Rehabilitation Units (HO)	Enter the units for Rehabilitation Homeownership for the next five years.	Numeric	_____
Mortgage Finance, Refinance and/or Purchase Assistance Cost	Enter the costs for homeowner mortgage finance, refinance, and/or Purchase Assistance for the next five years.	Currency	\$ _____
Mortgage Finance, Refinance and/or Purchase Assistance Units	Enter the units for homeowner mortgage finance, refinance and/or Purchase Assistance for the next five years.	Numeric	_____
Total Homeownership Costs	Totals for Homeownership costs will be auto-calculated in this row.	Auto-Calculated	\$ _____

Table A2 – Projected Activity Type			
AMIS Field Name	Question Tips	Field Type	5 Year Total (2023-2027)
Total Homeownership Units	Totals for Homeownership units will be auto-calculated in this row.	Auto-Calculated	_____
Community Service Facilities Costs	Enter the projected costs for Community Service Facilities for the next five years.	Currency	\$_____
Community Service Facilities Units	Enter the number of projected Community Service Facilities for the next five years.	Numeric	_____
Commercial Econ. Dev. Activities Costs	Enter the projected costs for commercial Economic Development Activity costs for the next five years.	Currency	\$_____
Commercial Econ. Dev. Activities Units	Enter the projected number of commercial Economic Development Activity facilities for the next five years.	Numeric	_____
Total Economic Development Costs	Total Economic Development Activity costs will be auto-calculated in this row.	Auto-Calculated	\$_____
Total Economic Development Units	Total Economic Development Activity units will be auto-calculated in this row.	Auto-Calculated	_____
Total Cost	Total projected costs will be auto-calculated in this row.	Auto-Calculated	\$_____
Total Units	Total projected units will be auto-calculated in this row.	Auto-Calculated	_____

Table B1: Track Record of Housing Units Production by Income Levels

Data entered in Table B1 should include projects completed in the last five years, based on the Project Completion date. Applicants should enter the number of units for each income category. AMI stands for Area Median Income. Do not include the activities of Affiliates that are not Subsidiaries of the Applicant.

Areas of Economic Distress are census tracts: (a) where at least 20% of households that are Very Low-Income (50% of AMI or below) spend more than half of their income on housing; or (b) that are designated Qualified Opportunity Zones; or (c) that are Low-Income Housing Tax Credit Qualified Census Tracts; or (d) where greater than 20% of households have incomes below the poverty rate and the rental vacancy rate is at least 10%; or (e) where greater than 20% of the households have incomes below the poverty rate and the homeownership vacancy rate is at least 10%; or (f) Are Underserved Rural Areas as defined in the CMF Interim Rule (as amended February 8, 2016; 12 CFR Part 1807). A spreadsheet of Areas of Economic Distress is available at: <https://www.cdfifund.gov/programs-training/Programs/cmf/Pages/apply-step.aspx#step2>.

The definition of High Opportunity Areas are provided in Question 20's Questions Tips.

Table B1 – <u>Track Record</u> Housing Unit Production by Income Levels			Response	Response	Calculation
AMIS Field Name	Question Tips	Field Type	5 Year Total (2018-2022) In an AED	5 Year Total (2018-2022) <u>Not</u> in an AED	5 Year Total (2018-2022) TOTAL
Rental Housing					
0-30% AMI Units	Enter the number of units for 0-30% AMI.	Numeric	_____	_____	Auto-Calculated
31-50% AMI Units	Enter the number of 31-50% AMI units.	Numeric	_____	_____	Auto-Calculated
51-80% AMI Units	Enter the number of 51-80% AMI units.	Numeric	_____	_____	Auto-Calculated
81-120% AMI Units	Enter the number of 81-120% AMI units.	Numeric	_____	_____	Auto-Calculated
Total Rental Housing Units	This field will be auto-calculated.	Auto-Calculated	Auto-Calculated	Auto-Calculated	Auto-Calculated
Percentage of Rental Units Restricted to Very Low Income and Below	This field will be auto-calculated.	Auto-Calculated	Auto-Calculated	Auto-Calculated	Auto-Calculated
Rental Units in High Opportunity Areas (up to 120% AMI)	Enter the number of rental units in High Opportunity Areas (HOA). This is a subset of Total Rental Housing Units. If an HOA unit is located in an AED, it should be entered in the first column ("In an AED"). If the HOA unit is not located in an AED, it should be entered in the second column ("Not in an AED"). If rental housing is not proposed, enter "0."	Numeric	_____	_____	Auto-Calculated
Homeownership Housing					
0-30% AMI Units	Enter the number of units for 0-30% AMI.	Numeric	_____	_____	Auto-Calculated
31-50% AMI Units	Enter the number of 31-50% AMI units.	Numeric	_____	_____	Auto-Calculated
51-80% AMI Units	Enter the number of 51-80% AMI units.	Numeric	_____	_____	Auto-Calculated
81-120% AMI Units	Enter the number of 81-120% AMI units.	Numeric	_____	_____	Auto-Calculated
Total Homeownership Units	This field will be auto-calculated.	Auto-Calculated	Auto-Calculated	Auto-Calculated	Auto-Calculated

Percentage of Homeownership Units Restricted to Low Income and Below	This field will be auto-calculated.	Auto-Calculated	Auto-Calculated	Auto-Calculated	Auto-Calculated
All Housing					
Total - All Housing Units	This field will be auto-calculated.	Auto-Calculated	Auto-Calculated	Auto-Calculated	Auto-Calculated
Homeownership Housing Calculations					
Number of the Homeownership units located in Areas of Economic Distress restricted to Families with incomes above 80% and no greater than 120% AMI					Auto-Calculated
Number of the Homeownership units restricted to Low Income Families (80% AMI and below)					Auto-Calculated
Total Homeownership LI/AED Qualifying Units					Auto-Calculated
Homeownership units restricted to LI (80% of AMI or below) AND Homeownership units located in AEDs restricted to Families with incomes above 80% and no greater than 120% AMI (% of Total Homeownership Units)					Auto-Calculated

Table B2: Projected Housing Units Production by Income Levels

Data entered in Table B2 should be based on the date the Project will achieve Project Completion. In this table, **only provide data for activities that will be financed and/or supported by the Applicant's requested CMF Award that will achieve Project Completion by the end of the five-year Investment Period.** Do not include data on activities unrelated to the Applicant's requested CMF Award.

Areas of Economic Distress are census tracts: (a) where at least 20% of households that are Very Low-Income (50% of AMI or below) spend more than half of their income on housing; or (b) that are designated Qualified Opportunity Zones; or (c) that are Low-Income Housing Tax Credit Qualified Census Tracts; or (d) where greater than 20% of households have incomes below the poverty rate and the rental vacancy rate is at least 10%; or (e) where greater than 20% of the households have incomes below the poverty rate and the homeownership vacancy rate is at least 10%; or (f) Are Underserved Rural Areas as defined in the CMF Interim Rule (as amended February 8, 2016; 12 CFR Part 1807). A spreadsheet of Areas of Economic Distress is available at: <https://www.cdfifund.gov/programs-training/Programs/cmf/Pages/apply-step.aspx#step2>. Please note that the number of units projected in Areas of Economic Distress in this table should align with the percentages entered in Q.20(a) and/or Q.22(b).

The definition of High Opportunity Areas are provided in Question 20's Questions Tips. Please note that the number of units projected in High Opportunity Areas in this table should align with the percentages entered in Q.20(b1) and Q.20(b2).

NOTE: As defined in 1807.104 of the CMF Interim Rule (12 CFR Part 1807), Affordable Housing Activities means the Development, Preservation, Rehabilitation, and/or Purchase of Affordable Housing, meaning that they comply with the affordability qualifications set forth for Eligible-Income Families. Also, per 12 CFR 1807.400, each Recipient that uses its CMF Award for Affordable Housing Activities must ensure that 100% of Eligible Project Costs are attributable to Affordable Housing; meaning, that they comply with the affordability qualifications for Eligible-Income Families (120% of AMI or below).

Table B2 – Projected Housing Units Production by Income Level			Response	Response	Calculation
AMIS Field Name	Question Tips	Field Type	5 Year Total (2023-2027) In an AED	5 Year Total (2023-2027) Not in an AED	5 Year Total (2023-2027) TOTAL
Rental Housing					
0-30% AMI Units	Enter the number of units for 0-30% AMI.	Numeric	_____	_____	Auto-Calculated
31-50% AMI Units	Enter the number of 31-50% AMI units.	Numeric	_____	_____	Auto-Calculated
51-80% AMI Units	Enter the number of 51-80% AMI units.	Numeric	_____	_____	Auto-Calculated
81-120% AMI Units	Enter the number of 81-120% AMI units.	Numeric	_____	_____	Auto-Calculated
Total Rental Housing Units	This field will be auto-calculated.	Auto-Calculated	Auto-Calculated	Auto-Calculated	Auto-Calculated
Percentage of Rental Units Restricted to Very Low Income and Below	This field will be auto-calculated.	Auto-Calculated	Auto-Calculated	Auto-Calculated	Auto-Calculated
Rental Units in High Opportunity Areas (up to 120% AMI)	Enter the number of rental units in High Opportunity Areas (HOA), inclusive of both the HFFA definition and CMF Expanded HOA Criteria. This is a subset of Total Rental Housing Units. If an HOA unit is located in an AED, it should be entered in the first column ("In an AED"). If the HOA unit is not located in an AED, it should be entered in the second column ("Not in an AED"). If rental housing is not proposed, enter "0."	Numeric	_____	_____	Auto-Calculated
Homeownership Housing					
0-30% AMI Units	Enter the number of units for 0-30% AMI.	Numeric	_____	_____	Auto-Calculated
31-50% AMI Units	Enter the number of 31-50% AMI units.	Numeric	_____	_____	Auto-Calculated
51-80% AMI Units	Enter the number of 51-80% AMI units.	Numeric	_____	_____	Auto-Calculated
81-120% AMI Units	Enter the number of 81-120% AMI units.	Numeric	_____	_____	Auto-Calculated

Total Homeownership Units	This field will be auto-calculated.	Auto-Calculated	Auto-Calculated	Auto-Calculated	Auto-Calculated
Percentage of Homeownership Units Restricted to Low Income and Below	This field will be auto-calculated.	Auto-Calculated	Auto-Calculated	Auto-Calculated	Auto-Calculated
All Housing					
Total - All Housing Units	This field will be auto-calculated.	Auto-Calculated	Auto-Calculated	Auto-Calculated	Auto-Calculated
Homeownership Housing Calculations					
Number of the proposed Homeownership units located in Areas of Economic Distress restricted to Families with incomes above 80% and no greater than 120% AMI					Auto-Calculated
Number of the proposed Homeownership units restricted to Low Income Families (80% AMI and below)					Auto-Calculated
Total Proposed Homeownership LI/AED Qualifying Units					Auto-Calculated
Proposed Homeownership units restricted to LI (80% of AMI or below) AND Homeownership units located in AEDs restricted to Families with incomes above 80% and no greater than 120% AMI (% of Total Homeownership Units) <u>(This must equal value entered in Question 22(c))</u>					Auto-Calculated
Percentage of Rental Units Restricted to Very Low Income and Below 5 Year Total (2023-2027) <u>(This must equal value entered in Question 21(a))</u>					Auto-Calculated

Table C1: Track Record of Financing Activities/Products (to be completed by financing Entity approach Applicants only)

Table C1 is only applicable for financing Entity Approach Applicants and will not appear in AMIS for affordable housing developer/manager approach Applicants. The table focuses only on the Applicant's track record of providing financing to projects and should reflect dollar amounts that the Applicant has loaned or invested directly to third party entities. The dollar amounts should reflect only the loans or equity investments made by the Applicant. **Financing from third parties to projects (e.g., LIHTC, project-specific grants or bank construction loans) should not be included in this table.**

Data entered in Table C1 should be based on the date the financing transaction closed.

Table C1 – Track Record by Financing Activities/Products			
AMIS Field Name	Question Tips	Field Type	5 Year Total (2018-2022)
Predevelopment	Enter dollar amount loaned or invested for predevelopment for the past five years.	Currency	\$_____
Acquisition	Enter dollar amount loaned or invested for acquisition for the past five years.	Currency	\$_____
Construction	Enter dollar amount loaned or invested for construction for the past five years.	Currency	\$_____
Bridge Loans or Similar Short Term	Enter dollar amount loaned or invested for bridge loans or similar for the past five years.	Currency	\$_____
Permanent Financing (1st)	Enter dollar amount loaned or invested for permanent financing (1 st lien) for the past five years.	Currency	\$_____
Permanent Financing (2nd or Lower)	Enter dollar amount loaned or invested for permanent financing (2 nd lien or lower) for the past five years.	Currency	\$_____
Refinancing	Enter dollar amount loaned or invested for refinancing for the past five years.	Currency	\$_____
Loan Loss Reserves or Loan Guarantees	Enter dollar amount allocated for loan guarantees and/or loan loss reserves for the past five years.	Currency	\$_____
Equity	Enter dollar amount invested or invested as equity for the past five years.	Currency	\$_____
Down payment/Closing Cost Assistance	Enter total dollar amount loaned, invested, or granted as down payment/closing costs assistance. Do not enter double enter data between this category and the Permanent Financing (2 nd or Lower) category.	Currency	\$_____
Total Financing Deployment	Will sum automatically in AMIS.	Auto-Calculated	\$_____

Table C2: Projected CMF Financing Activities/Products (to be completed by financing Entity approach Applicants only)

Table C2 is only applicable for financing Entity Approach Applicants and will not appear in AMIS for affordable housing developer/manager Applicants. Table C2 focuses only on the projected financing that the Applicant will provide to Projects as a result of the CMF Award. The dollar amounts should reflect only the loans or equity investments projected to be made by the Applicant. **Financing from third parties to Projects (e.g., LIHTC, project-specific grants or bank construction loans) should not be included in this table.**

Data entered in Table C2 should be based on the date the financing transaction will close.

Table C2 – Projected CMF Financing Activities/Products			
AMIS Field Name	Question Tips	Field Type	5 Year Total (2023-2027)
Predevelopment	Enter projected dollar amount of financing for predevelopment for the next five years.	Currency	\$_____
Acquisition	Enter projected dollar amount of financing for acquisition for the next years.	Currency	\$_____
Construction	Enter projected dollar amount of financing for construction for the next five years.	Currency	\$_____
Bridge Loans or Similar	Enter projected dollar amount of financing for bridge loans or similar for the next five years.	Currency	\$_____
Permanent Financing (1st)	Enter projected dollar amount of financing for permanent financing (1 st lien) for the next five years.	Currency	\$_____
Permanent Financing (2nd or Lower)	Enter projected dollar amount of financing for permanent financing (2 nd lien or lower) for the next five years.	Currency	\$_____
Refinancing	Enter projected dollar amount of refinancing activity for the next five years.	Currency	\$_____
Loan Loss Reserves or Loan Guarantees	Enter projected dollar amount to be allocated for Loan Guarantees and/or Loan Loss Reserves for the next five years.	Currency	\$_____
Equity	Enter projected dollar amount of financing for equity investments for the next five years.	Currency	\$_____
Down payment/Closing Cost Assistance	Enter total dollar amount loaned, invested, or granted as down payment/closing costs assistance. Do not enter double enter data between this category and the Permanent Financing (2 nd or Lower) category.	Currency	\$_____
Total Deployment	AMIS will sum the fields automatically.	Auto-Calculated	\$_____

Appendix 3: Project Pipeline and Sources

Appendix 3a

In Appendix 3a, provide the requested information for the proposed pipeline of Projects. Include at least two and up to eight projects. If you plan to use the Award to only capitalize a Homeownership Program for Purchase (e.g., mortgage finance/down payment and/or closing cost assistance), complete the Homeownership Program information in Project 1. Unless an Applicant intends to implement only a Homeownership Program, an Applicant should enter at least two pipeline Projects. However, Applicants with a single Project in the pipeline are not precluded from applying. For pipelines which exceed eight projects or where not all projects have yet been identified, provide estimated aggregate cost information on those projects in the “Total for Additional Projects” category. For each identified project, provide the requested information. For all Economic Development Projects, please enter a zero (0) for Total CMF Units (120% AMI or below) field, as this column refers only to Housing units.

While the Applicant will not be held to financing the specific projects listed in the pipeline if selected to receive a CMF Award, please only describe projects in the Applicant’s pipeline for which the Applicant realistically anticipates using the CMF Award.

- If your organization is planning to provide mortgage assistance/Purchase assistance to homebuyers, you may list the Homeownership program as one “project” in Appendix 3a.
- If your organization is planning to use the CMF Award to finance/support Economic Development Activities, please ensure to include at least one project of this type in the pipeline.

Total Eligible Project Costs for the pipeline in this Appendix (displayed in the last row) must equal the value entered for Question 14c.

Appendix 3a: Project Pipeline										
Pipeline/Uses	Project Name and Description	Location (City, State)	Deal Stage (Picklist: Inquiry, Initial Due-Diligence, Underwriting/Securing/Financing, or Final Approvals/Closing)	Project Type (Picklist: HO/Rental/EDA)	Start Year	Year Complete	Total Units	Total CMF Units (120% AMI or below)	Total Project Costs	Eligible Project Costs
Project 1									\$	\$
Project 2									\$	\$
Project 3									\$	\$
Project 4									\$	\$
Project 5									\$	\$
Project 6									\$	\$

Project 7									\$	\$
Project 8									\$	\$
Total for additional projects, including projects not yet identified									\$	\$
TOTALS							Auto-Calculated	Auto-Calculated	Auto-Calculated	Auto-Calculated

Appendix 3b

In Appendix 3b, all anticipated sources of capital needed to finance Eligible Project Costs should be listed appropriately based on the status (i.e., “Sources Secured/Received” or “Anticipated/Projected”). If the sources are unknown, indicate the estimated amount as “Other Private” or “Other Public.”

Financing sources should also be classified as either “Early Stage” and/or “Permanent.”

- “Early Stage” financing that is taken out by “Permanent” financing should be entered in **both columns**.
- If financing is “Early Stage” but converts to “Permanent” it should be listed only as “Permanent.”
- “Early Stage” financing **will be netted out** in the calculations of Net Secured Leverage, Net Anticipated Leverage, and Eligible Project Costs.
- **Only the “Permanent” financing will equal the Net Secured Leverage, Net Anticipated Leverage, and Eligible Project Costs.**

For example, a construction-to-permanent loan that provides \$1 million in “Early Stage” financing and converts into a permanent mortgage, requires the Applicant to enter this amount only under “Permanent” financing. However, if the \$1 million is a construction-only loan (“Early Stage”) and is taken out by permanent financing, then the \$1 million would be entered under both “Early Stage” and “Permanent.” “Permanent” financing can exceed “Early Stage” financing, but not vice versa.

Eligible Project Costs should not exceed Total Development Costs. The Total Net Sources/Eligible Project Costs listed at the bottom of Appendix 3b must equal Total Eligible Project Costs for the pipeline in Appendix 3a as well as the Eligible Project Costs entered for Question 14c.

Appendix 3b: Sources			
	Early Stage Financing or Loan Loss Reserve/Guarantee	Permanent Financing	Total
CMF Award	\$ _____	\$ _____	Auto-Calculated
Short Term CMF Financing Repaid/Taken Out by or before Permanent Financing			Auto-Calculated
Subtotal of Net CMF Financing			Auto-Calculated
Sources Secured or Received			
Private Financial Institution Debt/Equity (Legal Commitment or Received)	\$ _____	\$ _____	Auto-Calculated
Private Philanthropic/Foundation (Legal Commitment or Received)	\$ _____	\$ _____	Auto-Calculated
Debt or Equity from the Applicant/Affiliates (Legal Commitment or Approval)	\$ _____	\$ _____	Auto-Calculated
Low Income Housing Tax Credit (Awarded)	\$ _____	\$ _____	Auto-Calculated
Tax Exempt Bonds (Issued)	\$ _____	\$ _____	Auto-Calculated
Federal Home Loan Bank (Legal Commitment, Awarded or Received)	\$ _____	\$ _____	Auto-Calculated
State Tax Credits (Awarded)	\$ _____	\$ _____	Auto-Calculated
Other Private (Legal Commitment or Received)	\$ _____	\$ _____	Auto-Calculated
Public Funds (other than CMF Award)	\$ _____	\$ _____	Auto-Calculated
Subtotal of Secured Leverage	Auto-Calculated	Auto-Calculated	Auto-Calculated
Secured Short Term Financing Repaid/Taken Out by or before Permanent Financing			Auto-Calculated
Subtotal of Net Secured Leverage			Auto-Calculated
Sources Anticipated/Projected			
Private Financial Institution Debt/Equity	\$ _____	\$ _____	Auto-Calculated
Private Philanthropic/Foundation	\$ _____	\$ _____	Auto-Calculated
Debt or Equity from the Applicant/Affiliates	\$ _____	\$ _____	Auto-Calculated
Low Income Housing Tax Credit (LIHTC)	\$ _____	\$ _____	Auto-Calculated

Tax Exempt Bonds	\$ _____	\$ _____	Auto-Calculated
Federal Home Loan Bank (FHLB)	\$ _____	\$ _____	Auto-Calculated
State Tax Credits	\$ _____	\$ _____	Auto-Calculated
Other Private	\$ _____	\$ _____	Auto-Calculated
Public Funds (other than CMF Award)	\$ _____	\$ _____	Auto-Calculated
Reinvested CMF Award	\$ _____	\$ _____	Auto-Calculated
Reinvested Enterprise Capital	\$ _____	\$ _____	Auto-Calculated
Subtotal of Anticipated/Projected Leverage	Auto-Calculated	Auto-Calculated	Auto-Calculated
Short Term Projected Financing Repaid/Taken Out by or before Permanent Financing			Auto-Calculated
Subtotal of Net Anticipated/Projected Leverage			Auto-Calculated
TOTAL SOURCES			Auto-Calculated
TOTAL NET SOURCES/ELIGIBLE PROJECT COSTS			Auto-Calculated

Appendix 4: Enterprise-Level Sources of Leverage

The Applicant will only be able to enter data in Appendix 4 if Q.15 indicated that the CMF Award will be used to leverage Enterprise-Level Capital. If the Applicant plans to leverage Enterprise-Level Capital, it must provide at least one potential source of Enterprise-Level Capital in this Appendix. You may add as many sources as necessary.

Enterprise-Level Sources of Leverage			
AMIS Field Name	Response	Question Tips	Field Type
Name of Investor	_____	Enter the name of the investor.	Text
Dollar Amount Sought	\$ _____	Enter the dollar amount sought from the investor.	Currency
Previous Investor	Yes/No	Select whether it's a previous investor.	Picklist
Related to Applicant	Yes/No	Select whether the investor is related to the Applicant.	Picklist
Type of Financing	Debt/Equity/Grant	Choose the financing type from the dropdown.	Picklist
Status of Request	Funds Received / Legal Commitment / Term Sheet / Letter of Interest / Application Pending / Estimate	Select the appropriate status of the identified financing. The CDFI Fund reserves the right to request documentation substantiating this status during the Application review process.	Picklist
Est. Date of Receipt of Funds	Date	Please provide the estimated date of receipt of funds.	Date

Appendix 5: Key Personnel

Applicants may enter up to 10 individuals related to the Applicant's affordable housing activities (from the management team, staff, consultants, or contractors) who are integral to the implementation of the Applicant's CMF proposal. **Do not include members of the Board of Directors, unless they are involved in an integral way to the implementation of the proposed CMF Award.** The CDFI Fund will only evaluate the 10 individuals entered in the Key Personnel Appendix.

For Certified CDFI Depository Institution Holding Companies: If the Applicant is a Certified CDFI Depository Institution Holding Company that intends to carry out the activities of a CMF Award through its Certified CDFI Subsidiary Insured Depository Institution, be sure to **include information on key personnel of the Certified CDFI Subsidiary Insured Depository Institution that will administer the CMF Award.**

Key Personnel			
AMIS Field Name	Response	Question Tips	Field Type
Name	_____	Enter the name of the key personnel.	Text
Title	_____	Enter the title of the key personnel.	Text
Firm	_____	Enter the name of the firm with which the key personnel is affiliated.	Text
Years in the Field	_____ years	Enter the number of years key personnel has worked in the field.	Numeric
Years with Applicant	_____ years	Enter the number of years key personnel has worked for the Applicant.	Numeric
Position Held with Applicant (select all that apply)	<input type="checkbox"/> Executive Director or Equivalent <input type="checkbox"/> Chief Financial Officer or Equivalent <input type="checkbox"/> Loan / Investment Officer or Equivalent <input type="checkbox"/> Development Officer <input type="checkbox"/> Compliance Officer <input type="checkbox"/> Contracted Consultant <input type="checkbox"/> Other Key Management <input type="checkbox"/> Other Position Held with the Applicant If Other, Please Specify _____	Select more than one option if the person had held or holds more than one position with the Applicant.	Check Boxes
Duties to be Performed for the Applicant (select all that apply)	<input type="checkbox"/> Capital-raising <input type="checkbox"/> Asset Management (Loan Portfolio) <input type="checkbox"/> Asset Management (Property Portfolio) <input type="checkbox"/> Program Compliance	<ul style="list-style-type: none"> Select the duties the individual will perform relative to administering the requested CMF Award. 	Check Boxes

AMIS Field Name	Response	Question Tips	Field Type
	<input type="checkbox"/> Real Estate Development <input type="checkbox"/> Construction Management <input type="checkbox"/> Sourcing/Loan Underwriting <input type="checkbox"/> Real Estate Finance <input type="checkbox"/> Property Management <input type="checkbox"/> Loan Servicing <input type="checkbox"/> Community Outreach <input type="checkbox"/> Legal Services <input type="checkbox"/> Other Duty to be Provided <i>If Other Duty to be Provided, Please Specify _____</i>	<ul style="list-style-type: none"> Select more than one option if the person will perform more than one duty. 	
Description of Key Staff Qualifications	<i>Narrative – 1,000 characters</i>	Discuss the individual's qualifications that support his/her ability to perform his/her duties in administering a CMF Award, including their overall number of years of experience with similar activities.	Narrative
Description of Individuals' Role in Managing the CMF Award	<i>Narrative – 1,000 characters</i>	Discuss the individual's planned role and responsibilities in managing the CMF Award if received.	Narrative

Appendix 6: Previous CDFI Fund Awards/Allocations

The following information is for each of the prior CDFI Fund awards, allocations, and guarantees that the Applicant and/or any Affiliates have received (as of the Application deadline) will be auto-populated by AMIS.

Previous CDFI Fund Awards/Allocations			
AMIS Field Name	Response	Question Tips	Field Type
Organization Name	_____	Organization Name (Applicant and Affiliate(s), if applicable)	Auto-Calculated
Year	yyyy	Year of the Award/Allocation	Auto-Calculated
Program Name	_____	Name of CDFI Fund Program	Auto-Calculated
Award/Allocation Amount	\$ _____	Amount of the Award/Allocation	Auto-Calculated
Award Name	_____	Award Name	Auto-Calculated
Control Number	_____	Award/Allocation Control Number	Auto-Calculated

Previous CDFI Fund Bond Guarantee Program Loan Agreements			
AMIS Field Name	Response	Question Tips	Field Type
Organization Name	_____	Organization Name (Applicant and Affiliate(s), if applicable)	Auto-Calculated
Year	yyyy	Year of the Award/Allocation	Auto-Calculated
Program Name	_____	Name of CDFI Fund Program	Auto-Calculated
Bond Guarantee Amount	\$ _____	Amount of the Bond Guarantee	Auto-Calculated
Award Name	_____	Award Name	Auto-Calculated
Control Number	_____	Bond Guarantee Control Number	Auto-Calculated

Appendix 7: Application Financial Data

- An Applicant must provide data for the three (3) most recent historic fiscal years prior to the publication date of the Notice of Fund Availability (NOFA) for which the Applicant has audited financial statements. For Certified CDFI Depository Institutions Only: Call Reports may be submitted in lieu of financial statements.
- Data entered must be for the Applicant and Subsidiaries, if applicable. It should not include data for Affiliates that are not wholly controlled.
- When entering data, ensure that the 'Financial Data-3' column contains financial data for the most recent historic fiscal year as listed in the second row. Data for the next most recent historic fiscal year is entered in the 'Financial Data-2' column. Data for the third most recent historic fiscal year should be entered in the 'Financial Data-1' column.
- Financial data may be provided on a consolidated or unconsolidated basis. However, the table should not include data for Affiliates that are not wholly controlled. Data entered should match the audited financial statements.
- Definitions for the relevant terms are listed in Tables D, E, and F below.
- For any items where a timing dependent valuation is required, that valuation should be based on the appropriate fiscal year end date.
- For Certified CDFI Depository Institution Holding Companies Only: If the Applicant is a Certified CDFI Depository Institution Holding Company that intends to carry out the activities of a CMF Award through its Certified CDFI Subsidiary Insured Depository Institution, it must enter the financial data for the Certified CDFI Subsidiary Insured Depository Institution that will administer the CMF Award in Tables D and E.
- *Affordable housing developer/manager approach Applicants may enter zero (\$0) in the fields that are only required for financing Entity Approach Applicants in Table D, as AMIS requires that data be entered in these fields.*

Note: For any item that is listed where your organization has no data, you must enter the number zero (0). AMIS will return a red error message if the required response to a field is not provided.

Table D – Applicant Financial Data				Responses (by Fiscal Year)		
AMIS Field Name	Question Tips	Field Type	Required For	Financial Data-1	Financial Data-2	Financial Data-3
Fiscal Year	Auto-populated based on the information entered at the creation of the application.	Auto-generated	<i>All Applicants</i>	Auto-generated	Auto-generated	Auto-generated
Financial Data Type	Select whether the financial information provided is Audited or Unaudited.	Picklist	<i>All Applicants</i>	Audited or Unaudited	Audited or Unaudited	Audited or Unaudited
Financial Data Consolidation	Select whether the financial data is on Consolidated or Unconsolidated basis.	Picklist	<i>All Applicants</i>	Consolidated or Unconsolidated	Consolidated or Unconsolidated	Consolidated or Unconsolidated
Single Audit Required?	Indicate whether the Applicant or its Affiliates were required to have a Single Audit completed in each of the Fiscal Years per 2 CFR 200.501.	Picklist	<i>All Applicants</i>	Yes or No	Yes or No	Yes or No

Table D – Applicant Financial Data				Responses (by Fiscal Year)		
AMIS Field Name	Question Tips	Field Type	Required For	Financial Data-1	Financial Data-2	Financial Data-3
Assets						
Cash Restricted for Operations (\$)	The dollar amount of cash, if any, restricted by an organization to fund its operations. Restricted cash appears noted on an organization's balance sheet as either "restricted cash" or as "other assets" restricted for operations.	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____
Unrestricted Cash and Cash Equivalents (\$)	The value of unencumbered assets that are cash or can be converted into cash within three months, such as bank accounts or marketable securities.	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____
Other Real Estate Owned (OREO) (\$)	In general, real estate, including capitalized and operating leases, that is acquired through any means, in full or partial satisfaction of a debt previously contracted.	Currency	<i>Financing Entities Approach</i>	\$_____	\$_____	\$_____
Current Assets (\$)	Current Assets are cash and other assets/resources commonly identified as those which are reasonably expected to be realized in cash or sold or consumed during the normal operating cycle of the business (or one year, whichever is longer).	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____
Allowance for Loan and Lease Losses (\$)	Account value for unidentified Loan or Investment losses, inclusive of depository loss reserve as of the reporting period end. This appears as a contra asset on the balance sheet. Note, this field should be entered as a positive number.	Currency	<i>Financing Entities Approach</i>	\$_____	\$_____	\$_____
Total Assets (\$)	The total value of the sum of all assets (current and non-current).	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____
Liabilities						
Current Liabilities (\$)	The total value of debts, obligations and payables due within 12 months. Current liabilities include, but are not limited to, short-term debt, accounts payable, accrued liabilities and other debts.	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____
Total Liabilities (\$)	The total value of short-term and long-term outstanding debts, obligations, and payables.	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____

Table D – Applicant Financial Data				Responses (by Fiscal Year)		
AMIS Field Name	Question Tips	Field Type	Required For	Financial Data-1	Financial Data-2	Financial Data-3
Net Assets (Net Worth)						
Unrestricted Net Assets (\$)	The portion of Net Assets that is neither permanently restricted nor temporarily restricted by donor-imposed stipulations. Board designated unrestricted net assets should be considered Unrestricted Net Assets for the purposes of this Application.	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____
Total Net Assets (\$) or Equity	Equal to Total Assets minus Total Liabilities as reported in an organization's balance sheet. Credit Unions and Bank Applicants: Enter “0” and complete Net Worth (Credit Unions) or Tier 1 Capital (Banks) as appropriate.	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____
Net Worth (Credit Union Applicants Only) (\$)	As defined by the appropriate federal or state regulating agency.	Currency	<i>Credit Union Applicants</i>	\$_____	\$_____	\$_____
Tier 1 Capital (Bank Applicants Only) (\$)	In general, this term is used by financial institution regulators to assess capital adequacy and may include common Equity, noncumulative perpetual preferred stock, minority interests in consolidated Subsidiaries, less goodwill and other ineligible, intangible assets.	Currency	<i>Bank Applicants</i>	\$_____	\$_____	\$_____
Available Financing Capital (\$)	Assets that can be used for lending and Equity Investments that have not already been committed, disbursed, or restricted for other purposes.	Currency	<i>Financing Entities Approach</i>	\$_____	\$_____	\$_____
Total Financing Capital (\$)	All capital either currently available or currently in use for financing activities. <i>Note: This data point includes “Available Financing Capital” and therefore should be equal to or greater than the value entered for “Available Financing Capital (\$).”</i>	Currency	<i>Financing Entities Approach</i>	\$_____	\$_____	\$_____
Revenue and Expenses						
Interest Revenue (\$)	A financial measure calculated as the sum of money the institution earns in interest on its assets (commercial loans, personal mortgages, etc.). This figure is calculated by adding up the amount of interest earned on assets.	Currency	<i>Financing Entities Approach</i>	\$_____	\$_____	\$_____

Table D – Applicant Financial Data				Responses (by Fiscal Year)		
AMIS Field Name	Question Tips	Field Type	Required For	Financial Data-1	Financial Data-2	Financial Data-3
Fee/Rental Revenue (\$)	Revenue generated from fees collected for services that are associated with an organization's mission. If the organization earns revenue from the rental of real property, include that amount here as well.	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____
Earned Revenue (\$)	Revenue generated by assets and activities, excluding grants and contributions.	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____
Operating Revenue (\$)	Revenue generated by assets and activities, including grants and contributions.	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____
Government Grants (\$)	Financial assistance provided by Federal, State and local agencies to carry out a public purpose authorized by law, not including subsidies, Loans, Loan Guarantees, or insurance.	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____
Total Revenue (\$)	The total value of revenue from all sources within the current operating cycle.	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____
Interest Expense (\$)	The cost incurred by an entity for borrowed funds. It is essentially calculated as the interest rate times the outstanding principal amount of the debt.	Currency	<i>Financing Entities Approach</i>	\$_____	\$_____	\$_____
Operating Expense (\$)	Expenses related to everyday business operations, such as staff salaries, professional fees, and any other expenses directly related to the organization's business operations.	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____
Non-cash Expenses (\$)	Non-cash expenses are "paper" expenses and do not involve an outflow of cash. Such non-cash expenses include depreciation expense and allowance for loan and lease losses expense on the income statement.	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____
Total Expenses (\$)	The total value of all operational and non-operational expenses (including Interest, financing cost, depreciation, amortization, and loan loss provision) incurred during the current reporting period, not including provision for income tax.	Currency	<i>All Applicants</i>	\$_____	\$_____	\$_____

Table E – Loan/Equity Portfolio (Required for financing Entity Approach)

The data entered in items for the “On-Balance Sheet” data fields in Table E must be for the loan/investment portfolio maintained on the balance sheet of the Applicant. If the Applicant is a Certified CDFI Depository Institution Holding Company that intends to carry out the activities of a CMF Award through its Certified CDFI Subsidiary Insured Depository Institution, it should provide data on the loan/investment portfolio maintained on the balance sheet of its Certified CDFI Subsidiary Insured Depository Institution that will administer the CMF Award. When entering data, ensure that the ‘Financial Data-3’ column contains financial data for the most recent historic fiscal year as listed in the second row. Data for the next most recent historic fiscal year is entered in the ‘Financial Data-2’ column. Data for the third most recent historic fiscal year should be entered in the ‘Financial Data-1’ column.

AMIS Note: This table is not required for affordable housing developer/manager approach Applicants and will not appear in the AMIS Application for these Applicants.

Table E – Loan/Equity Portfolio				Responses (by Fiscal Year)		
AMIS Field Name	Question Tips	Field Type	Required For	Financial Data-1	Financial Data-2	Financial Data-3
Loan and Investment Portfolio						
Fiscal Year	Auto-populated based on the information entered at the creation of the application.	Auto-generated	<i>Applicants with a financing Entity Approach</i>	Auto-generated	Auto-generated	Auto-generated
Total On-Balance Sheet Loan Portfolio (\$)	The gross dollar amount (\$) of loans receivable as reported in an organization’s statement of financial condition or balance sheet. Gross loans receivable are the principal amount of loans receivable held by an organization that represents the amount still owed to the organization by its borrowers, without giving effect to any allowance for the collectability thereof (i.e., before loan loss reserves are calculated).	Currency	<i>Applicants with a financing Entity Approach</i>	\$_____	\$_____	\$_____
Total On-Balance Sheet Loan Portfolio (#)	The total number (#) of loans receivable as reported in an organization’s statement of financial condition or balance sheet.	Numeric	<i>Applicants with a financing Entity Approach</i>	_____	_____	_____
Commitments (\$)	The total dollar amount (\$) of loan or Equity Investment commitments made by an organization to borrowers or investees that have not yet been disbursed, but for which the organization has reserved cash, cash equivalents, or other assets to fund at a later date (e.g., a loan that is closed but not yet disbursed, a loan that has been provisionally approved but will not be closed or	Currency	<i>Applicants with a financing Entity Approach</i>	\$_____	\$_____	\$_____

Table E – Loan/Equity Portfolio				Responses (by Fiscal Year)		
AMIS Field Name	Question Tips	Field Type	Required For	Financial Data-1	Financial Data-2	Financial Data-3
	disbursed until a borrower meets certain terms and conditions; a loan that has been approved by a loan committee, but not yet closed).					
Commitments (#)	The number (#) of loan or Equity Investment commitments.	Numeric	<i>Applicants with a financing Entity Approach</i>	\$_____	\$_____	\$_____
Total Charge-offs (\$)	The dollar amount (\$) of a receivable, primarily a loan, that has been determined to be a loss or non-recoverable during the repayment cycle and that has been taken off the balance sheet as a loss during the reporting period and a direct reduction of the carrying amount of a financial asset measured at amortized cost resulting from the inability to collect the asset. A financial asset is considered uncollectible if the entity has no reasonable expectation of recovery.	Currency	<i>Applicants with a financing Entity Approach</i>	\$_____	\$_____	\$_____
Total Charge-offs (#)	The total number (#) of receivables, primarily loans, that have been determined to be a loss or non-recoverable during the repayment cycle and that have been taken off the balance sheet as a loss during the reporting period.	Numeric	<i>Applicants with a financing Entity Approach</i>	_____	_____	_____
Troubled Debt Restructuring (\$)	The total dollar amount (\$) of all debt restructured during the reporting period by a creditor for economic or legal reasons related to the debtor's financial difficulties and/or inability to pay and perform as agreed.	Currency	<i>Applicants with a financing Entity Approach</i>	\$_____	\$_____	\$_____
Troubled Debt Restructuring (#)	The total number (#) of debt instruments restructured during the reporting period by a creditor for economic or legal reasons related to the debtor's financial difficulties and/or inability to pay and perform as agreed.	Numeric	<i>Applicants with a financing Entity Approach</i>	_____	_____	_____
Recoveries (\$)	The total dollar amount (\$) of all gross recoveries on charged-off loans, less any related expenses, collected during the current reporting period.	Currency	<i>Applicants with a financing</i>	\$_____	\$_____	\$_____

Table E – Loan/Equity Portfolio				Responses (by Fiscal Year)		
AMIS Field Name	Question Tips	Field Type	Required For	Financial Data-1	Financial Data-2	Financial Data-3
			<i>Entity Approach</i>			
Recoveries (#)	The total number (#) of loans with gross recoveries collected during the current reporting period.	Numeric	<i>Applicants with a financing Entity Approach</i>	_____	_____	_____
Loans 90 Days (or more) Past Due (\$)	The total dollar amount (\$) amount of all loans 90 or more days past due. Loans should be considered past due if any part of the payment is past due.	Currency	<i>Applicants with a financing Entity Approach</i>	\$_____	\$_____	\$_____
Loans 90 Days (or more) Past Due (#)	The total number (#) of loans 90 or more days past due. Loans should be considered past due if any part of the payment is past due.	Numeric	<i>Applicants with a financing Entity Approach</i>	_____	_____	_____
Loans Delinquent 61 to 89 days (\$)	The total dollar amount (\$) amount of all loans 61 to 89 days past due. Loans should be considered past due if any part of the payment is past due.	Currency	<i>Applicants with a financing Entity Approach</i>	\$_____	\$_____	\$_____
Loans Delinquent 61 to 89 days (#)	The total number (#) of all loans 61 to 89 days past due. Loans should be considered past due if any part of the payment is past due.	Numeric	<i>Applicants with a financing Entity Approach</i>	_____	_____	_____
Total Equity Investments Portfolio (\$)	The total dollar amount (\$) of Equity Investments held by an organization in portfolio companies in which it owns stock or other forms of ownership interest. Total Equity Investment portfolio should reflect the valuation of the organization's interests after making adjustments for any investment gains or losses.	Currency	<i>Applicants with a financing Entity Approach</i>	\$_____	\$_____	\$_____

Table E – Loan/Equity Portfolio				Responses (by Fiscal Year)		
AMIS Field Name	Question Tips	Field Type	Required For	Financial Data-1	Financial Data-2	Financial Data-3
Total Equity Investments Portfolio (#)	The total number (#) of Equity Investments held by an organization in portfolio companies in which it owns stock or other forms of ownership interest.	Numeric	<i>Applicants with a financing Entity Approach</i>	\$ _____	\$ _____	\$ _____

Table F – Property Portfolio (Required for affordable housing developer/manager approach)

Applicants with an affordable housing developer/manager approach will enter their property portfolio data in Table F for the three most recent historic fiscal years prior to the publication date of the applicable NOFA. When entering data, ensure that the ‘Financial Data-3’ column contains financial data for the most recent historic fiscal year as listed in the second row. Data for the next most recent historic fiscal year is entered in the ‘Financial Data-2’ column. Data for the third most recent historic fiscal year should be entered in the ‘Financial Data-1’ column.

AMIS Note: This table is not required for financing Entity Approach Applicants and will not appear in the AMIS Application for these Applicants.

Question	Response	Question Tips
Does the Applicant with an affordable housing developer/manager approach have a rental property portfolio under management?	Yes/No	Only Applicants who respond “Yes” to this question will be able to complete Table F. If proposing Homeownership and not rental, please select “No.” Your property portfolio under management should be described in Question 29 and Table F should not be completed.

Table F – Property Portfolio (Developers of Rental Property Only)				Responses (by Fiscal Year)		
AMIS Field Name	Question Tips	Field Type	Required For	Financial Data-1	Financial Data-2	Financial Data-3
Fiscal Year	Auto-populated based on the information entered at the creation of the application.	Auto-generated	<i>Applicants with a Developer Approach and Rental Portfolio</i>	Auto-generated	Auto-generated	Auto-generated
Total Number of Properties	Enter the total number of properties in the Applicant's property portfolio.	Numeric	<i>Applicants with a Developer Approach and Rental Portfolio</i>	_____	_____	_____
Total Number of Units in the Portfolio	Enter the total number of units in the Applicant's property portfolio.	Numeric	<i>Applicants with a Developer Approach and Rental Portfolio</i>	_____	_____	_____
Average Vacancy Rate for Portfolio	Average annual vacancy rate for all units in Applicant's property portfolio. Calculation: number of vacant units divided by total number of units.	Percentage	<i>Applicants with a Developer Approach and Rental Portfolio</i>	_____%	_____%	_____%
Total Percentage of Rent Collected for Portfolio	Percentage of rent collected for the entire portfolio. Calculation: total rent collected divided by gross rental revenue due.	Percentage	<i>Applicants with a Developer Approach and Rental Portfolio</i>	_____%	_____%	_____%
Total NOI for Portfolio	Total annual Net Operating Income (NOI) for the portfolio. Calculation: Total Income minus total operating expenses.	Currency	<i>Applicants with a Developer Approach and Rental Portfolio</i>	\$_____	\$_____	\$_____
Total DCR for Portfolio	Annual debt coverage ratio (DCR) for portfolio. NOI divided by total debt service costs.	Numeric	<i>Applicants with a Developer Approach and Rental Portfolio</i>	_____	_____	_____
Total Properties with HUD REAC Score Below 60	Total number of properties in the portfolio subject to HUD Real Estate Assessment Center (REAC) inspection with scores below 60.	Numeric	<i>Applicants with a Developer Approach and Rental Portfolio</i>	_____	_____	_____

Appendix 8: AMIS Application Attachments

The following documents must be submitted as attachments as part of the Applicant's AMIS Application. Please note that different Applicant types have different required attachments. Be sure to attach all required documents for your Applicant type or AMIS may prevent you from submitting the Application.

AMIS APPLICATION ATTACHMENTS	
Audited Financial Statements (two (2) most recent historic fiscal years prior to the publication date of the NOFA). <ul style="list-style-type: none"> Data in the audited financial statements should correspond with the data entered in Appendix 7 Tables D and E. If the Applicant is a Certified CDFI Depository Institution, it may submit call reports. If the Applicant is a Certified CDFI Depository Institution Holding Company that intends to carry out the activities of a CMF Award through its Certified CDFI Subsidiary Insured Depository Institution, it must submit call reports for the Certified CDFI Subsidiary Insured Depository Institution that will administer the CMF Award. If the Applicant fails to submit audited financial statements encompassing its two most recent historic fiscal years prior to the publication date of the NOFA, its Application will be deemed incomplete and ineligible. 	Required for All Applicants
Any management letter related to the audited financial statements for the two most recent historic fiscal years as of the date of the NOFA	Required for all Applicants
State charter, articles of incorporation, or other establishing documents designating that the Applicant is a Nonprofit or not-for-profit entity under the laws of the organization's state of formation <ul style="list-style-type: none"> If your organization has changed its name from its original Nonprofit determination, documentation showing the legal name change should also be submitted. 	Required only for Applicants that are <u>not</u> Certified CDFIs
A certification or determination letter demonstrating tax-exempt status from the IRS⁵	Required only for Applicants that are <u>not</u> Certified CDFIs
Articles of incorporation, by-laws or other establishing document demonstrating the Applicant has a principal purpose of managing or developing affordable housing	Required only for Applicants that are <u>not</u> Certified CDFIs

⁵ For Applicants that are governmental instrumentalities only, and as long as all other eligibility requirements are met, the Applicant must submit a legal opinion from counsel, in form and substance acceptable to the CDFI Fund, opining that the Applicant is exempt from Federal income tax, if the Applicant does not otherwise have such determination in a document from the IRS.

AMIS APPLICATION ATTACHMENTS

- If your organization has changed its name from its original Articles of Incorporation, documentation showing the legal name change should also be submitted.

Sample Management Letter

DISCLAIMER: The sample Management Letter below is being provided by the Community Development Financial Institutions Fund (CDFI Fund) as a courtesy to Applicants to demonstrate the types of information and statements that may be found in Management Letters meeting the requirements of the CDFI/NACA Program Application. The Management Letter submitted by an Applicant may include different information than that presented in this sample letter and should reflect the actual findings of the Applicant organization's audit. Please note that the text below is for demonstration purposes only and should not be relied upon by Applicant organizations or auditors for purposes of meeting any applicable federal, state, or local legal requirements or accounting standards.

If you are an Applicant that did not receive a separate Management Letter from your auditor regarding internal controls, policies, and procedures, as defined in the NOFA and clarified further here, for the two most recent historic fiscal years, the Applicant must attach a document explicitly stating such.

[Auditor Letterhead]

[DATE]

To Management and the Audit Committee
[APPLICANT ENTITY AND SUBSIDIARIES]
[CITY, STATE]

We have audited the consolidated financial statements of APPLICANT ENTITY and Subsidiaries (the Organization) as of and for the year ended [DATE], and have issued our report thereon dated [DATE]. Professional standards require that we advise you of the following matters relating to our audit.

In planning and performing our audit of the consolidated financial statements of the Organization as of and for the year ended [DATE], in accordance with auditing standards generally accepted in the United States of America, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A deficiency in design exists when (a) a control necessary to meet the control objective is missing, or (b) an existing control is not properly designed so that, even if the control operates as designed, the control objective would not be met. A deficiency in operation exists when a properly designed control does not operate as designed or when the person performing the control does not possess the necessary authority or competence to perform the control effectively.

A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's consolidated financial statements will not be prevented, or detected and corrected, on a timely basis.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Certain deficiencies in internal control that have been previously communicated to you, in writing, by us or by others within your organization are not repeated herein.

Following are descriptions of other identified deficiencies in internal control that we determined did not constitute significant deficiencies or material weaknesses:

[Below are samples of findings, actual statements will vary with the facts of each audit]

Uncorrected and Corrected Misstatements

During the course of our audit, we proposed a financial statement presentation reclassification related to the restricted cash of [DOLLAR AMOUNT] that was contributed back to the ABC Subsidiary, as part of the overall unwind of the XYZ Subsidiary.

The related contribution expense related to this cash donation was reclassified to be included with overall net contribution of fixed assets and forgiveness of debt to present a net gain relating to the projects unwind. We believe the net presentation of all three elements (cash, fixed assets, and debt) to be a preferable way of presenting the essence of the transaction. Management reclassified this entry correctly during the course of our audit.

Impaired Loan Analysis

During our testing of a collateral-dependent impaired loan, we noted that management's analysis did not adequately support its conclusion on estimated fair value. Management should ensure the estimate of fair value of impaired loans and foreclosed assets is thoroughly documented and supported with the use of either external valuation (i.e., appraisal or broker opinion of value) or internal valuation of fair value.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Other Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This communication is intended solely for the information and use of management, the Audit

Committee, and others within the Organization, and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

[AUDITOR]

Appendix 9: Forms and Certifications

All CMF Applicants must complete the Environmental Review Form and Assurances and Certifications as part of their AMIS online application submission. Any Applicant that is a 501(c)(4) must complete the 501(c)(4) form as part of their AMIS online Application submission.

CMF Applicants will complete and attest to these Forms, Assurances and Certifications in **Grants.gov** and **AMIS**. Therefore, the Forms, Assurances, and Certifications provided in this document are for reference/“read-only” purposes.

Environmental Review Form

TIP: This form must be completed in AMIS by all Applicants. It is available on the AMIS Application under the Forms and Certifications Appendix. Note, by selecting “No” for the questions, the Applicant indicates that it does not have any projects that may require environmental review.

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:

Environmental Review Form	YES	NO
1. Are there any actions proposed in the Application that do not constitute a “categorical exclusion” as defined in 12 CFR 1815.110?		
If YES, would any of these actions normally require an environmental impact statement (see 12 CFR 1815.108)?		
If YES, enter a detailed description of the action, clearly identifying the category in which the action falls.		
2. Are there any activities proposed in the Application that involve:		
1. Historical or archaeological sites listed on the National Register of Historic Places, or that may be eligible for such listing?		
2. Wilderness areas designated or proposed under the Wilderness Act?		
3. Wild or scenic rivers proposed or listed under the Wild and Scenic Rivers Act?		
4. Critical habitats of endangered or threatened species?		
5. Natural landmarks listed on the National Registry of Natural Landmarks?		
6. Coastal barrier resource systems?		
7. Coastal Zone Management Areas?		
8. Sole Source Aquifer Recharge Areas designated by EPA?		
9. Wetlands?		
10. Flood plains?		
11. Prime and unique farmland?		
12. Properties listed or under consideration for listing on the Environmental Protection Agency’s List of Violating Facilities?		

If YES to any of the above questions, 1) enter a detailed description of the relevant activity for each action, and 2) attach a detailed description of each action, clearly identifying the category in which the action falls.

Notification

As stated in 12 CFR 1815.105, if the CDFI Fund determines that the Application proposes actions which require an environmental assessment or an environmental impact statement, any approval and funding of the Application will be contingent upon:

1. The Applicant supplying to the CDFI Fund all information necessary for the CDFI Fund to perform or have performed any required environmental review;
2. The Applicant not using any CDFI Fund Financial Assistance to perform any of the proposed actions in the Application requiring an environmental review until approval is received from the CDFI Fund; and
3. The outcome of the required environmental review.

In addition, as stated in 12 CFR 1815.106, if the CDFI Fund determines that an Application, or any part thereof, is not sufficiently definite to perform a meaningful environmental review prior to approval of the Application, final approval and funding of the Application shall require supplemental environmental review prior to the taking of any action directly using CDFI Fund Financial Assistance for any action that is not a categorical exclusion.

Assurances and Certifications

AMIS TIP: In addition to signing the SF-424, an Applicant must indicate “Yes” that it is certifying the Assurances and Certifications in AMIS. It will do this under the area titled “Assurances and Certifications Form” on the Application main page in AMIS.

By signing the certification on the SF-424, the Applicant is certifying the Assurances and Certifications listed below. Certain Assurances and Certifications may not be applicable to the Applicant. An Applicant may not modify any of the Assurances and Certifications.

A. Standard Form 424B: ASSURANCES – NON-CONSTRUCTION PROGRAMS

As the duly authorized representative of the Applicant, I certify that the Applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management, and completion of the project described in this Application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work (activities in Application) within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of Ohm’s Standards for a Merit System of Personnel Administration (5 CFR Part 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L.88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.1681-1683, 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C.794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C.6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to

nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L.91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C.3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which Application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statutes which may apply to the Application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C.1501-1508 & 7324-7328), which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. 276a to 276a-7), the Copeland Act (40 U.S.C. 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for federally assisted construction sub agreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L.91-190) and Executive Order 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451et seq.); (f) conformity of Federal actions to State Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L.93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L.93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2)

Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or sub-awards under the award.

B. ADDITIONAL CERTIFICATIONS

In addition to the assurances and certifications provided by the Applicant pursuant to OMB Standard Form 424, the Applicant hereby assures and certifies that:

1. It is duly organized and validly existing under the laws of the jurisdiction in which it was incorporated or otherwise established, and is (or within 30 days will be) authorized to do business in any jurisdiction in which it proposes to undertake activities specified in this Application;
2. Its Board of Directors (or similar governing body) has by proper resolution or similar action authorized the filing of this Application, including all understandings and assurances contained herein, and directed and authorized the person identified as the authorized representative of the Applicant to act in connection with this Application and to provide such additional information as may be required;
3. It will comply with all applicable requirements of the Community Development Banking and Financial Institutions Act of 1994 (the Act) [12 U.S.C. 4701 et seq.], regulations implementing the Act and all other applicable Department of the Treasury regulations and implementing procedures (and any regulations or procedures which are later promulgated to supplement or replace them);
4. It will comply, as applicable and appropriate, with the requirements of 2 CFR Part 200 and any regulations and circulars which are later promulgated to supplement or replace them, including standards for fund control and accountability;
5. It has not knowingly and willfully made or used a document or writing containing any false, fictitious or fraudulent statement or entry as part of this Application or any related document, correspondence or communication. (The Applicant and its authorized representative should be aware that, under 18 U.S.C. 1001, whoever knowingly and willfully makes or uses such document or writing shall be fined or imprisoned for not more than five years, or both); and
6. It has not had proceedings instituted against it in, by, or before any court, governmental agency, or administrative body, and a final determination made within the last 3 years as of the date of the NOFA indicating that the Applicant has violated any of the following laws: Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. 2000d); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); the Age Discrimination Act of 1975 (42 U.S.C. 6101-6107); Title VIII of the Civil Rights Act of 1968, as amended (42 U.S.C. 3601 et seq.); and Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency.
7. The information in this Application, and in these assurances and certifications in support of the Application, is true and correct to the best of the Applicant's knowledge and belief and the filing of this Application has been duly authorized.

C. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS – PRIMARY COVERED TRANSACTIONS: INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this Application, the prospective primary participant (the Applicant) is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in the denial of participation in this covered transaction. The prospective Applicant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the CDFI Fund's determination whether to enter into this transaction (approval and funding of the Application). However, failure of the Applicant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. This certification is a material representation of fact upon which reliance is placed when the CDFI Fund determines to enter into this transaction. If it is later determined that the Applicant knowingly rendered an

erroneous certification, in addition to other remedies available to the Federal Government, the CDFI Fund may terminate this transaction for cause or default.

4. The Applicant shall provide immediate written notice to the CDFI Fund if at any time the Applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms “covered transactions,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause (certification), have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the CDFI Fund for assistance in obtaining a copy of those regulations (31 CFR Part 19).
6. The Applicant agrees by submitting this Application that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the CDFI Fund.
7. The Applicant further agrees by submitting this Application that it will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,” to be provided by the CDFI Fund, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions (see 31 CFR Part 19, Appendix B).
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the CDFI Fund may terminate this transaction for cause or default.

D. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS – PRIMARY COVERED TRANSACTIONS

1. The prospective primary participant (the Applicant) certifies to the best of its knowledge and belief, that it and its principals:
 - a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b) have not within a three-year period preceding this Application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - d) Have not within a three-year period preceding this Application had one or more public transactions (Federal, State or local) terminated for cause or default.

2. Where the Applicant is unable to certify to any of the statements in this certification, such Applicant shall attach an explanation to this proposal.

E. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

1. The Applicant certifies that it will provide a drug-free workplace by:
 - a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employee for violations of such prohibition;
 - b) establishing a drug-free awareness program to inform employees about:
 - (i) the dangers of drug abuse in the workplace;
 - (ii) the Applicant's policy of maintaining a drug-free workplace;
 - (iii) any available drug counseling, rehabilitation, and employee assistance program;
 - (iv) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - c) making it a requirement that each employee to be engaged in the performance of the award be given a copy of the statement required by subparagraph (a);
 - d) notifying the employee in the statement required by subparagraph (a) that, as a condition of employment in such grant, the employee will:
 - (i) abide by the terms of the statement; and
 - (ii) notify the employer of any criminal drug use statute conviction for a violation occurring in the workplace no later than five calendar days after such conviction;
 - e) notifying the granting agency in writing, within ten calendar days after receiving notice of a conviction under subparagraph (d) (ii) from an employee or otherwise receiving actual notice of such conviction;
 - f) taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(ii), with respect to any employee who is so convicted:
 - (i) taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (ii) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
 - g) making a good faith effort to continue to maintain a drug-free workplace through implementation of subparagraphs (a), (b), (c), (d), (e), and (f).
2. The Applicant may insert in the space provided below the site(s) for the performance of work (activities carried out by the Applicant) to be done in connection with the award (Place of Performance (Street Address, City, County, State and zip Code)): Not Applicable.

F. CERTIFICATION REGARDING LOBBYING

1. The Applicant certifies, to the best of its knowledge and belief, that:
 - (i) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
 - (ii) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Application, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions; and

- (iii) The Applicant shall require that the language of this certification be included in the award documents for all sub-awards of all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.
- 2. 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.

501(C)(4) Questionnaire

AMIS TIP: An Applicant must only complete this form in AMIS if it is recognized as a 501(c)(4) entity. No other Applicants should complete this form.

This questionnaire is necessary for the CDFI Fund to determine whether an Applicant with a 501(c)(4) designation from the IRS is eligible to receive an award from the Fund (see 2 U.S.C. 1601, et al.). Please read all definitions before responding to the questions and continue to refer to such definitions in responding to this questionnaire. If the answer to any question is yes, please describe in detail on a separate sheet(s) of paper the facts and circumstances, including: subject matter; date(s); names and titles of all individuals and their employers and their organizations. The CDFI Fund reserves the right to seek follow-up responses from an Applicant. Failure to complete this questionnaire and, if applicable, respond timely to follow-up questions, will delay the CDFI Fund's processing of the Application, and may result in the disqualification of the Application from further consideration. After submitting responses to this questionnaire, the Applicant is under a continuing obligation to: (1) supplement its responses upon a change in circumstances; and (2) revise or modify its responses within 10 business days of having actual or constructive knowledge that the responses previously submitted and certified are no longer complete, accurate, or true. You may contact the CDFI Fund's Office of Legal Counsel at (202) 653-0300 if you have any questions about this form.

Scope: The scope of this questionnaire is limited to activities on or after January 1, 1996.

QUESTIONS

1. Has any officer, employee, director, partner, proprietor, or board member contacted ⁱ a Covered Executive Branch Official ⁱⁱ with regard to the formulation, modification, or adoption of Federal legislation (including legislative proposals)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has any officer, employee, director, partner, proprietor, or board member contacted a Covered Executive Branch Official with regard to the formulation, modification, or adoption of a Federal rule, regulation, Executive Order, or any other program, policy, or position of the United States Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any officer, employee, director, partner, proprietor, or Board member contacted a Covered Executive Branch Official with regard to the administration or execution of a Federal program or policy (including the negotiation, award, or administration or a Federal contract, grant, loan, permit, or license)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has any officer, employee, director, partner, proprietor, or Board member contacted a Covered Executive Branch Official with regard to the nomination or confirmation of a person for a position subject to confirmation by the United States Senate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any officer, employee, director, partner, proprietor, or Board member engaged in efforts supporting and coordinating the contact by others of a Covered Executive Branch Official including preparation and planning activities, research and other background work that was intended, at the time performed, for a purpose described in Questions 1-4?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has any officer, employee, director, partner, proprietor, or Board member contacted a Covered Legislative Branch Official ⁱⁱⁱ with regard to the formulation, modification, or adoption of Federal legislation (including legislative proposals)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has any officer, employee, director, partner, proprietor, or Board member contacted a Covered Legislative Branch Official with regard to the formulation, modification, or adoption of a Federal rule, regulation, Executive Order, or any other program, policy, or position of the United States Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has any officer employee, director, partner, proprietor, or Board member contacted a Covered Legislative Branch Official with regard to the administration or execution of a Federal program or policy (including the negotiation, award, or administration of a Federal contract, grant, loan, permit, or license)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Has any officer, employee, director, partner, proprietor, or Board member contacted a Covered Legislative Branch Official with regard to the nomination or confirmation of a person for a position subject to confirmation by the United States Senate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has any officer, employee, director, partner, proprietor, or Board member engaged in efforts supporting and coordinating the contact by others of a Covered Legislative Branch Official including preparation and planning activities, research and other background work that was intended, at the time performed, for a purpose described in Questions 6-9?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE

Signing the certification on SF-424 certifies that the answers to the 501(c)(4) Questionnaire 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.

ⁱ “Contacted” (or “contacted”) means any oral or written communication, including an electronic communication.

ⁱⁱ “Covered Executive Branch Official” means: (a) the President; (b) the Vice President; (c) any officer or employee, or any other individual functioning in the capacity of such an officer or employee, in the Executive Office of the President; (d) any officer or employee serving in an Executive Level I-V position, a “Schedule C” position, or any official in a Senior Executive Service position; (e) any member of the uniformed services serving at grade O-7 or above; or (f) any officer or employee serving in a position of a confidential, policy-determining, policy-making, or policy-advocating character described in section 7511(b)(2) of title 5, United States Code.

ⁱⁱⁱ “Covered Legislative Branch Official” means: (a) a member of Congress; (b) an elected officer of either House of Congress; (c) any employee of the House or Senate, including employees of Members, committees, leadership and working groups or caucuses organized to provide legislative services or other assistance to Members of Congress; and (d) any other legislative branch employee serving in a position described under section 109(13) of the Ethics in Government Act of 1978 (5 U.S.C. App.).