



NACA Program Applicant Intake Form

1. ORGANIZATION:

a. Organization Name (Legal Name): [Redacted]

b. Street1: [Redacted]

c. Street2: [Empty]

d. City: [Redacted]

e. State: [Empty]

f. Zip / Postal Code: [Empty]

g. EIN/TIN: [Redacted] h. DUNS: [Redacted]

2. AUTHORIZED REPRESENTATIVE:

a. Prefix: [Empty]

b. First Name: [Redacted]

c. Last Name: [Redacted]

d. Title: [Redacted]

e. Email: [Redacted]

f. Phone: [Redacted]

g. Fax: [Empty]

h. Street1: [Redacted]

i. Street2: [Empty]

j. City: [Redacted]

k. State: [Redacted]

l. Zip / Postal Code: [Redacted]

3. APPLICATION POINT OF CONTACT:

(If different from Authorized Representative)

a. Prefix: [Empty]

b. First Name: [Empty]

c. Last Name: [Empty]

d. Title: [Empty]

e. Email: [Empty]

f. Phone: [Empty]

g. Fax: [Empty]

h. Street1: [Empty]

i. Street2: [Empty]

j. City: [Empty]

k. State: [Empty]

l. Zip / Postal Code: [Empty]

4. REQUESTED AWARD TYPE & AMOUNT

a. Requested Type of Assistance: FA TA FA-HFFI

5. OTHER CDFI FUND APPLICATIONS

a. Is the Applicant or any of its affiliates applying for other funds from the CDFI Fund for this FY? Yes No

6. PRIOR CDFI FUND AWARDS (INCLUSIVE OF ALL AFFILIATES)

a. Complete the following Table for Applicant's (and its affiliate's) 10 most recent CDFI Fund awards in chronological order (newest award on top).

Table C: Prior Awards

| Add/Delete Row | Awardee / Affiliate Organization Name | Awardee / Affiliate EIN | Award Control Number | Total Award/ Allocation Amount | Award Type |
|----------------|---------------------------------------|-------------------------|----------------------|--------------------------------|------------|
| | | | | | |

7. ORGANIZATIONAL TYPE

- a. Financial Institution Type Loan Fund Credit Union Bank Holding Company Bank or Thrift Venture Capital Other
- c. Native? Yes No
- d. Sponsoring Entity? Yes No
- e. Faith Based? Yes No
- f. Date of Incorporation
- g. Activities Start Date
- h. Congressional District
- i. Fiscal Year End
- j. Total Assets as of Fiscal Year End Date (dollar amount)
- n. Minority Depository Institution (MDI)? Yes No

8. CDFI CERTIFICATION

- a. CDFI Certification Status CDFI Certified Not Certified
- c. CDFI Certification Application Pending? Yes No
- e. Certification Checklist: My organization currently meets the following requirements:
- i. Primary Mission Requirement Yes No
- ii. Target Market Requirement Yes No
- iii. Development Services Requirement Yes No
- iv. Accountability Requirement Yes No
- v. Non-Government Entity Requirement Yes No
- vi. Legal Entity? Yes No
- vii. Financing Entity? Yes No

9. GEOGRAPHIC MARKETS AND TARGET AREAS

- a. Primary Geographic Market (Select one) Major Urban Minor Urban Rural
- b. Special Targeted Areas (Select all that apply) Appalachia Colonias Native Communities
 Gulf Opportunity (GO) Zone Mississippi Delta
- c. Geographic Market Served (Select all states that apply)
- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Florida | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Georgia | <input type="checkbox"/> Midway Islands | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Washington |
| <input type="checkbox"/> American Samoa | <input type="checkbox"/> Guam | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oregon | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Idaho | <input type="checkbox"/> Missouri | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> California | <input type="checkbox"/> Illinois | <input type="checkbox"/> Montana | <input type="checkbox"/> Rhode Island | |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> South Carolina | |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Iowa | <input type="checkbox"/> Nevada | <input type="checkbox"/> South Dakota | |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Tennessee | |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Texas | |
| <input type="checkbox"/> Federated States of Micronesia | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> U.S. Virgin Islands | |
| | <input type="checkbox"/> Maine | <input type="checkbox"/> New York | <input type="checkbox"/> Utah | |
| | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Vermont | |
| | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | | |

10. LINES OF BUSINESS & FINANCIAL PRODUCTS

a. Primary Line of Business

- | | | | | | |
|---|---|--|---|---|---|
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Consumer Finance | <input type="checkbox"/> Microenterprise | <input type="checkbox"/> Small Business | <input type="checkbox"/> Intermediary Lending | <input type="checkbox"/> Community Facilities |
|---|---|--|---|---|---|

b. Secondary Lines of Business (Select all that apply)

- Affordable Housing Consumer Finance Microenterprise Small Business Commercial Retail

c. Products Offered (Select all that apply)

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

11. ESTIMATED HOURS TO COMPLETE THE APPLICATION:

12. ASSURANCES AND CERTIFICATIONS FORM:

a. Can the Applicant certify that it will comply with all of the Assurances and Certifications listed below? (Note: Certain assurances and certifications may not be applicable to the Applicant).

Yes No

ASSURANCES

- a. Standard Form 424B: Assurances -- Non-Construction Programs
- b. Additional Certifications
- c. Certification Regarding Debarment, Suspension, and Other Responsibility Matters -- Primary Covered Transactions
- d. Certification Regarding Debarment, Suspension, and Other Responsibility Matters -- Primary Covered Transactions
- e. Certification Regarding Drug-Free Workplace Requirements
- f. Certification Regarding Lobbying

This certification is a material representation of fact upon which reliance is placed when this transaction is made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

13. 501(C)(4) QUESTIONNAIRE

| | |
|--|---|
| a. 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 Federal legislation (including legislative proposals) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. 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 |
| c. 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 |
| d. 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 |
| e. 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 a-d? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. 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 Federal legislation (including legislative proposals)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. 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 |
| h. 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 of a Federal contract, grant, loan, permit, or license)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. 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 |
| j. 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 f-i? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments (1,000 character limit).

14. DEFINITIONS

a. "Contacted" means any oral or written communication including an electronic communication.

b. "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 0-7 or above; or (f) any officer or employee serving in a position of a confidential, policy-determining, policy-making, or policy-advocating character.

c. "Covered legislative branch official" means: (a) a member of Congress; (b) an elected officer of either House of Congress; and (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.

15. ENVIRONMENTAL REVIEW FORM

The CDFI Fund's environmental review requirements are set forth in 12 CFR Part 1815. The Applicant should review such regulations carefully before completing this section. In order to assure compliance with those regulations and other requirements related to the environment, the Applicant shall provide the following information:

| | YES | NO |
|--|--------------------------|--------------------------|
| a. Are there any actions proposed in the Application that do not constitute a "categorical exclusion" as defined in 12 CFR 1815.110? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If YES, would any of these actions normally require an environmental impact statement (see 12 CFR 1815.109)? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are there any activities proposed in the Application that involve: | | |
| i. Historical or archeological sites listed on the National Register of Historic Places or that may be eligible for such listing? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Wilderness areas designated or proposed under the Wilderness Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Wild or scenic rivers proposed or listed under the Wild and Scenic Rivers Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Critical habitats of endangered or threatened species? | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Natural landmarks listed on the National Registry of Natural Landmarks? | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. Coastal barrier resource systems? | <input type="checkbox"/> | <input type="checkbox"/> |
| vii. Coastal Zone Management Areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| viii. Sole Source Aquifer Recharge Areas designated by EPA? | <input type="checkbox"/> | <input type="checkbox"/> |
| ix. Wetlands? | <input type="checkbox"/> | <input type="checkbox"/> |
| x. Flood plains? | <input type="checkbox"/> | <input type="checkbox"/> |
| xi. Prime and unique farmland? | <input type="checkbox"/> | <input type="checkbox"/> |
| xii. Properties listed or under consideration for listing on the Environmental Protection Agency's List of Violating Facilities? | <input type="checkbox"/> | <input type="checkbox"/> |

16. SIGNATURE:

Signing the certification on SF 424 certifies that the answers 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.