

# Application for 2010 Community Investment Tax Credit Program

**Eligible Applicants: Nonprofit Organizations with 501(c)(3) status**

## **Application Deadlines:**

**On-line: August 31, 2009 3:00 PM**

**Hard-Copies: September 1, 2009 3:00 PM**

Maryland Department of Housing and Community Development  
Division of Neighborhood Revitalization  
100 Community Place  
Crownsville, Maryland 21032-2023

**Martin O'Malley**  
*Governor*

**Ant**

**hony G. Brown**  
*Lt. Governor*

**Raymond A. Skinner**  
*Secretary*

**Clarence**

**J. Snuggs**  
*Deputy Secretary*

## GENERAL INFORMATION

### General Description of Community Investment Tax Credits

The purpose of the Community Investment Tax Credit Program (CITC) is to improve the well-being of people and the health of communities in priority funding areas by strengthening the ability of nonprofit organizations serving those areas to build connections to local private donors. Since 1997, CITC has done so by allowing corporations to gain a tax credit for their donations to nonprofit CITC awardees. **Beginning in calendar year 2010**, donations from individual donors are also eligible to receive tax credits. CITC allocates \$1 million in Maryland tax credits, annually, to leverage \$2,000,000 in private donations that support projects serving communities in Priority Funding Areas throughout the State.

CITC supports initiatives to revitalize older communities through such projects as:

- Arts, Culture and Historic Preservation
- Community crime prevention
- Community services, including child care, health and recreational services
- Education and literacy training
- \*Employment training and related job placement services for individuals of limited income
- Housing and Community Development
- Revitalization assistance, supporting physical improvements to upgrade areas
- Technical Assistance and Capacity Building

CITC complements other State programs which offer resources to assist communities and organizations in their revitalization efforts and operations.

\*Under CITC, projects providing employment training and related job placement services **must** serve only individuals of limited income. CITC defines individuals of limited income, as individuals whose income do not exceed *the greater of* either statewide median income for a household of four as reported by the US Department of Housing and Urban Development (HUD), or the applicable metropolitan statistical area income for a household of four as reported and issued by HUD. For further information, please go to the HUD's website at <http://www.huduser.org/datasets/il/il09/index.html>.

### How the Community Investment Tax Credit Program Works

- Tax credits are awarded annually by the Maryland Department of Housing and Community Development on a competitive basis to nonprofit organizations that sponsor community activities in Priority Funding Areas.
- Nonprofit organizations must have IRS 501(c) 3 status to be eligible.
- Nonprofit organizations market the tax credits to Maryland's businesses and, beginning in 2010, individuals in exchange for contributions of cash, real property or goods to support the nonprofits' approved projects. Eligible donations may receive a State tax credit equal to 50 percent of the contribution amount. This credit is in addition to deductions for charitable contributions, which may be claimed on federal and State tax returns.
- The applicant organizations compete for the allocation of credits, and those that are successful, demonstrate that their proposed projects are well conceived, consistent with public purpose, and needed in the target areas they serve. In addition, organizational capacity to carry out the projects and ability to successfully market the tax credits is considered.

## **Advantages of the Community Investment Tax Credit Program**

- CITC tax credits of \$1 million generate \$2 million in private contributions to support worthy projects in Priority Funding Areas (PFAs). (Verify a Priority Funding Area from the Maryland Department of Planning by visiting its website at [http://www.mdp.state.md.us/pfa\\_imf.htm](http://www.mdp.state.md.us/pfa_imf.htm))
- Any entity conducting business or operation a trade in Maryland is eligible. That includes S-corporations, partnerships, sole proprietorships and limited liability corporations, corporations, public utility companies, insurance companies and financial institutions.
- Beginning on January 1<sup>st</sup> 2010, donations of \$500 or more from individuals are also eligible for the tax credit. With this new incentive, CITC can be a tool for increasing the dollar level of donations from current individual donors, as well as expanding donations from individuals overall.
- Eligible donations to approved projects receive tax credits equal to 50 percent of the value of the donation. Eligible donors may contribute a maximum of \$500,000 in cash, goods, or real property. These tax credits may be claimed in addition to State and Federal deductions for charitable contributions, which may make the net cost of a contribution less than 27 cents for each dollar contributed (Depending on the company's tax bracket).
- CITC promotes and strengthens local support and partnerships essential to community revitalization. Experience in other states with similar tax credit programs has resulted in businesses and individuals establishing long-term relationships with nonprofits to revitalize neighborhoods.

## **Application Process**

There will be training sessions for those wishing to apply. Location, dates, times, and registration forms are posted on the Neighborhood Revitalization's website at [Click here to register or visit: www.neighborhoodrevitalization.org/Programs/Catalyst/Catalyst.aspx](http://www.neighborhoodrevitalization.org/Programs/Catalyst/Catalyst.aspx). Training is **mandatory** for those who **have either never applied to the CITC Program before or for those who have never applied for CITC electronically**. Anyone wishing to attend the training as a refresher course is welcome to attend, please use the links above to register. If your representative is unable to attend one of the training sessions, consult the CITC Program staff 410-514-7280 or email [citc@mdhousing.org](mailto:citc@mdhousing.org) by June 29, 2009.

## **Mandatory On-Line Submission of Your Application:**

**Submission of the application for the Community Investment Tax Credit Program must be conducted on-line.** Each applicant will receive a password and must submit an application on-line. You can receive a password by attending the training session or by contacting the program at [citc@mdhousing.org](mailto:citc@mdhousing.org). Each applicant must submit **one original hard copy** of its application and all required attachments in a three (3) ring notebook. The checklist at the back of this application will serve as your Table of Contents.

**Application Deadlines for submission:**  
**On-line: The application must be ELECTRONICALLY RECEIVED by August 31, 2009 3:00 PM**  
**Hard-Copy: The application must be RECEIVED by September 1, 2009 3:00 PM**

**Late applications will not be accepted.**

**Where to Send the Hard Copy of Your Application:**

Mail Original application to:

**Community Investment Tax Credit Program  
Division of Neighborhood Revitalization  
Department of Housing and Community Development  
100 Community Place  
Crownsville, MD 21032-2023**

Or hand deliver to:

**DHCD Facilities and Fleet Management Services  
Basement Level – Rear of Building  
Division of Neighborhood Revitalization  
Department of Housing and Community Development  
100 Community Place  
Crownsville, MD 21032-2023  
Attention: Community Investment Tax Credit Program**

**Follow-Up Discussions:**

Applicants may be contacted by DHCD for follow-up discussions prior to awards.

**Reporting**

Applicants that receive funding will be required to report their progress to the Community Investment Tax Credit Program semi-annually, and DHCD will summarize these reports on behalf of the Program for the General Assembly annually.

**Assistance with the Community Investment Tax Credit Program Application**

Questions regarding the application process should be addressed to the **CITC Hotline** phone 410-514-7280 or 1-800-756-0119 extension 7280 or email [citc@mdhousing.org](mailto:citc@mdhousing.org)

**Web Links Related to Application:**

DHCD: [www.mdhousing.org](http://www.mdhousing.org)

CITC: <http://www.neighborhoodrevitalization.org/Programs/CITC/CITC.aspx>

PFA MAP: [www.mdp.state.md.us/pfa\\_imf.htm](http://www.mdp.state.md.us/pfa_imf.htm)

MD Secretary of State: [www.sos.state.md.us](http://www.sos.state.md.us)

Certificate of Good Standing: [https://sdatcert1.resiusa.org/certificate\\_net/](https://sdatcert1.resiusa.org/certificate_net/)

Comptroller: <http://www.comp.state.md.us/>

IRS Regulations: <http://www.irs.gov/>

HUD: <http://www.huduser.org/datasets/il/il09/index.html>

Application: Project Information CITC 2010  
**COMMUNITY INVESTMENT TAX CREDITS (CITC)  
2010 APPLICATION**

**EXECUTIVE SUMMARY (Maximum Points: 10)**

**Summarize your project funding request. Include in your discussion how the project will improve the welfare, health and or economic conditions in the Priority Funding Area, as well as encourage business or individual donor investment and or strengthen public/private partnerships. Show how these elements of your project can or will be achieved within the context of community support and collaboration with residents, business and/ or other service provider agencies.**

SAMPLE

**APPLICANT INFORMATION**

**Legal Name of Applicant:**

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**Applicant's Street Address:**

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**City: County: State: Zip Code:**

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**Phone Number: Fax Number: Web Address:**

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**Applicant's Federal Identification Number:**

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**Primary Contact Person-Name: Title:**

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**Address: City: State: Zip Code:**

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**Phone Number: Fax Number: E-mail Address:**

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**Person to be contacted for Award notification: Title:**

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**Address: City: State: Zip Code:**

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**Phone Number: Fax Number: E-mail Address:**

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**Authorized Person to sign the Agreement: Title:**

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**Address: City: State: Zip Code:**

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**Phone Number: Fax Number: E-mail Address:**

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**Please check only one of the following to best describe the mission of your non-profit:**

- |   |   |
|---|---|
| <input type="checkbox"/> Education and Youth Services               | <input type="checkbox"/> Housing and Community Development              |
| <input type="checkbox"/> Job and Self-Sufficiency Training          | <input type="checkbox"/> Enhancing Neighborhoods and Business Districts |
| <input type="checkbox"/> Arts, Culture and Historic Preservation    | <input type="checkbox"/> Economic Development and Tourism Promotion     |
| <input type="checkbox"/> Technical Assistance and Capacity Building | <input type="checkbox"/> Services for At-Risk Populations               |
- 

**Primary type of tax credits proposed for project:**  Cash and/or Goods  \*Real Property  
\*Projects that do not initially identify real estate as a primary type will not be eligible at a later time to accept real estate contributions.

**Tax Credits will aid the Organization in providing:**

- Services (Operating)  Physical Improvements (Capital)  Both

**Total Amount of Tax Credits Requested for period beginning January 1, 2010: \$ \_\_\_\_\_ (Note: this field is automatically calculated based on the project budget.)**

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**Check which instance applies to this CITC application. (Nonprofit organization may submit only one project proposal in any fiscal year.)**

- Application for new project  Application for an existing/previously approved project.

Has applicant organization previously received funding through CITC, Maryland Affordable Housing Trust and/or DHCD during the last two years?  YES  NO. If YES, complete the schedule below.

Assess the progress of projects which have previously received funding from CITC, Maryland Affordable Housing Trust and/or DHCD during the last two years.

Whether the project already is completed or underway, please complete a numeric self assessment of progress, relative to the original expectations. A score of “1” should represent the highest assessment, while a “5” should indicate the lowest. Insert additional lines if needed. (Maximum Points: 5)

<u>Organization Name</u>	<u>Project Name</u>	<u>Funding Program Name</u>	<u>Fiscal Year</u>	<u>Amount of Funds/Tax Credits Awarded</u>	<u>Remaining Funds/Tax Credits</u>	<u>Percent Complete /Used</u>	<u>Self Assessment</u>

**CERTIFICATION**

I certify that all the information included in this application and the attached documents are the most current and apply to my organization and indicate the intent to become a CITC participant:

I understand that CITC participation obligates my organization to:

- Work with donors to assure a timely and accurate completion and submission of the Certificate of Contribution form, including supporting documentation for all donations.
- Submit semi-annual reports to the CITC Program Manager for the length of the Agreement.
- Maintain in my facility and make records pertaining to CITC transactions available to DHCD for a period of seven (7) years.
- Abide by CITC laws, regulations and policies including the Public Disclosure Act.

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Authorized Signature Title Date

**(The person who signs the application must be authorized to sign on the Incumbency Certificate).**

**PROJECT DESCRIPTION (Maximum Points: 5)**

Complete information for project proposed for funding and include under Tab #3 (Project proposing real property donations must include real property as an integral component of the project description):

- a. Project Name: \_\_\_\_\_
- b. **Brief description of the project (25 words or less):** \_\_\_\_\_
- c. Physical address of the Project (This address **must** be located in a Priority Funding Area (PFA). If this is a shelter for domestic violence victims, please confidential provide the address.) Please provide PFA link here.

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Community or Neighborhood Name: \_\_\_\_\_ Primary State Legislative District: \_\_\_\_\_

**Eligible area(s) the project serves:**

**(Check all that apply, attach a map of the PFA and include the projected service area)**

- PFA (Required) [www.mdp.state.md.us/pfa\\_imf.htm](http://www.mdp.state.md.us/pfa_imf.htm) Print **COLOR** map
- Designated Revitalization Area  Enterprise Zone
- Arts & Entertainment  Other \_\_\_\_\_

What **type** of project are you seeking funding for? **Please check only one of the following:**

- Affordable Housing  Child Care  Crime Prevention  Economic Development Services
- Education  Job Training and Related Placement  Operation Support
- Recreational Services  Redevelopment Assistance  Social Services

NAICS Code \_\_\_\_\_ [Click Here Link To: North American Industry Classification System Search](#)  
(NAICS, pronounced Nakes)

**LOCAL IMPACT (MAXIMUM POINTS: 30)**

- d. Describe need for the current project. Include demographics, statistical data, income levels, source and date of data. **(Maximum Points: 15)**
- e. Describe the public purpose of this project and how this project will improve the well-being of people and the health of communities in the priority funding area being served. **(Maximum Points: 15)**

**OUTCOMES (MAXIMUM POINTS: 15)**

- f. Describe the project goals and the measurable objectives. **(Maximum Points: 5)**
  - What positive impact and outcome(s) are expected? **(Maximum Points: 5)**
  - Explain in detail how this impact will be measured. **(Maximum Points: 5)**
  - For capital projects, indicate the status of site control and zoning.

**ORGANIZATION CAPACITY. (Maximum Points: 10)**

- g. Describe the capacity of the organization to administer the proposed project.
- Identify staff that will oversee this project and describe their experience and capabilities.
  - What is the organization's past experience in administering a similar project in a successful manner?

**Project Time Line:** (Please provide a brief overview of the project time line.) **(Maximum Points: 5)**

<b>START DATE</b>	<b>END DATE</b>	<b>DESCRIPTION OF ACTIVITY</b>

**PROJECT BUDGET (Maximum Points: 10)**

**Budget:** Using the form below, please complete the Uses and Sources Budget Sheet for project. **Insert this Budget at Tab 3.** Under “Uses of Funds” please indicate expenditures for each line item which applies to the project. Column labeled “CITC under “Source of Funds” should be the amount of tax credits you are **requesting** for that line item and the CITC Contribution column will be completed automatically based on your requested amount, **do not** include these contributions in any other column. **Please note CITC awards are limited to \$50,000.** Add activity items as needed to better reflect the project’s cost items.

USES OF FUNDS BY ACTIVITY	SOURCES OF FUNDS						*Status
	CITC Capital	CITC Operating	CITC Contribution	Applicant’s Contribution	Other Amount	TOTALS BY ACTIVITY	
Building/Site Acquisition	\$ \$		\$	\$	\$	\$	
Predevelopment	\$ \$		\$	\$	\$	\$	
Studies							
Market/Feasibility/Planning	\$	\$	\$	\$	\$	\$	
New Construction	\$ \$		\$	\$	\$	\$	
Rehabilitation/Renovation	\$ \$		\$	\$	\$	\$	
Equipment	\$ \$		\$	\$	\$	\$	
Furniture/Fixtures	\$ \$		\$	\$	\$	\$	
Staff Costs	\$ \$		\$	\$	\$	\$	
Other (please describe)	\$ \$		\$	\$	\$	\$	
Other (please describe)	\$ \$		\$	\$	\$	\$	
Other (please describe)	\$ \$		\$	\$	\$	\$	
TOTALS BY SOURCES OF FUNDS	\$ \$		\$	\$	\$	\$	

**\*Status Codes: S = Secured: Include documentation at TAB # 3.**

**R = Requested: Include documentation at TAB # 3.**

**Provide a descriptive explanation of each line item in the project budget.**

**Insert this Description at Tab 3**

What other sources of financing were pursued for this project? Moreover, what other sources of financing were secured for this project? Also, explain expenditures included under each line item, what activities will be covered by each funding source, the status and source of the matching funds, and the basis (cost estimates, etc.) for the estimated expenses.

**With the hardcopy, please submit the Commitment Letter from other sources.**

**FINANCIAL MANAGEMENT**

Do you have a recent audit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of last audit \_\_\_\_\_

What concerns, if any, are cited in the most recent audit report and what measures have been taken relative to them?

Discuss any outstanding issues with Form 990.

**Resource Development: (Maximum Points: 10)**

Demonstrate the organization's fundraising achievements, including a list of key past and current funders and amounts. Please address the organizations strengths and weaknesses in raising funds from various donor audiences, including corporations, individuals, foundations and public sources.

Please discuss on-going fundraising activities or past fundraising successes. Be sure to cite any past experience under the CITC program or other credit programs.

Identify businesses with whom the organization has specifically discussed the CITC program and which businesses indicated they would be able to and are interested in utilizing tax credits subject to their future financial condition.

Considering that donations from individuals will be eligible for CITCs starting in 2010, please describe the organization's current base of individual members and donors. Specifically list how many donations the group received from individuals at the \$250 or above level in the most recently completed fiscal year.

**Program Readiness and Tax Credit Marketing Strategy: (Maximum Points: 5)**

Provide a brief narrative regarding your organization's capacity and readiness to implement the CITC program. Include a clear plan to staff the project, identify contributors and market the tax credits to both corporations and individuals. What strategies might you employ to encourage your recurring donors to increase their donations to the minimum eligible CITC level of \$500.00? (For example, for donors that typically give at the \$250 level, a \$500 donation will result in a \$250 tax credit)

**LOCAL GOVERNMENT  
SAMPLE FORM OF RESOLUTION  
(Resolution must be on jurisdictions letter head)**

**RESOLUTION NO. \_\_\_\_\_**

A RESOLUTION TO APPROVE A PROJECT TO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[DESCRIBE PROJECT]

BE IT RESOLVED, by \_\_\_\_\_ [name of governing body or its authorized designee], as follows:

WHEREAS, \_\_\_\_\_, a nonprofit organization, proposes to undertake the project described above (the "Project"); and

WHEREAS, \_\_\_\_\_ [the non-profit organization] has applied to the Department of Housing and Community Development of the State of Maryland for approval of the project and an allocation of tax credits for business entities that contribute to the Project, under the Department's Community Investment Tax Credit Program; and

WHEREAS, \_\_\_\_\_ [the governing body or its authorized designee] approves the Project,

NOW, THEREFORE, BE IT RESOLVED that \_\_\_\_\_ [governing body or its authorized designee] hereby expresses approval of the Project, as described above.

ADOPTED AND APPROVED by \_\_\_\_\_ [governing body or its authorized designee] on \_\_\_\_\_.  
(DATE: Month, Day, Year)

[governing body or its authorized designee]

\_\_\_\_\_

By: \_\_\_\_\_

Attest: \_\_\_\_\_



**INCUMBENCY CERTIFICATE**

I, \_\_\_\_\_ the Secretary of \_\_\_\_\_ -  
\_\_\_\_\_ (the "Corporation"), certify that:

1. I am the duly elected and acting Secretary of the above named corporation, which is organized and existing in good standing under the laws of the Maryland (the "Corporation").

2. Attached as Exhibit A is a true and correct copy of resolutions which were duly adopted:

**[MARK APPROPRIATE PHRASE AND GIVE DATE]**

(A) \_\_\_ by resolution of the Board of Directors of the Corporation at a meeting held on \_\_\_\_\_, 20\_\_.

(B)\_\_\_ by unanimous consent of the Board of Directors of the Corporation on \_\_\_\_\_, 20\_\_.

3. The attached resolutions have not been amended, rescinded, or modified, are in full force and effect on this date in the form originally adopted, and conform with the Charter/Articles of Incorporation and By-Laws of the Corporation; and

4. The Charter/Articles of Incorporation dated \_\_\_\_\_ and the By-Laws dated \_\_\_\_\_, all of which were previously submitted to the Department of Housing and Community Development, have not been amended, rescinded, or modified since the date of their submission, and are in full force and effect on this date.

5. The following persons are duly elected, qualified, and acting officers of the Corporation in the capacity indicated, and the signatures set forth after their names and titles are their true and genuine signatures: **[INCLUDE ALL OFFICERS AUTHORIZED TO EXECUTE DOCUMENTS; DELETE INAPPLICABLE LINES AND/OR ADD ADDITIONAL OFFICERS AS NECESSARY]**

<u>NAME</u>	<u>OFFICE</u>	<u>SIGNATURE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WITNESS my signature and the seal of the Corporation this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Secretary of the Corporation (SEAL)

\_\_\_\_\_  
(Name of Corporation)

**CORPORATE RESOLUTION/ CONSENT OF DIRECTORS**

**[I. SELECT APPROPRIATE PARAGRAPH AND CHECK; FILL IN INFORMATION]**

- (A) \_\_\_ I, \_\_\_\_\_, the undersigned, \_\_\_\_\_ of the Corporation, do hereby certify that the following resolutions were adopted by the Board of Directors at a meeting of the Board of Directors;
- (B) \_\_\_ Pursuant to the provisions of Section 2-408 of the Maryland General Corporation Law, we, the undersigned, constituting all of the Directors of \_\_\_\_\_ (the "Corporation"), consent to the following action required or permitted to be taken at a meeting of the Directors of the Corporation, as having been unanimously adopted by a vote of all of the Directors, without the necessity of any formal meeting being held:

**[II. FILL IN INFORMATION FOR RESOLUTION; CROSS OUT INAPPLICABLE LANGUAGE]**

RESOLVED: That the Corporation is authorized by this Resolution to apply to the Department of Housing and Community Development of Maryland ("DHCD") for and accept project approval and an allocation of tax credits under the Department's Community Investment Tax Credit Program, in connection with a project to **(describe project)**:  
\_\_\_\_\_

\_\_\_\_\_ which will benefit a priority funding area located in \_\_\_\_\_, Maryland, upon those terms and conditions as the President, Vice President, Executive Director, Chairman of the Board of Directors of the Corporation, or any officer permitted to do so by the By-Laws and authorized to do so by action of this Corporation's Board of Directors **(indicate titles of authorized officers if other than the foregoing)** \_\_\_\_\_ of this Corporation shall deem appropriate; and it is

FURTHER RESOLVED: That the approval of the Corporation's Board of Directors is deemed conclusively evidenced by the execution of any and all documents required in connection with the project and an allocation of tax credits, by the President, Vice President, Executive Director, Chairman of the Board of Directors of the Corporation, or any officer permitted to do so by the By-Laws and authorized to do so by action of this Corporation's Board of Directors **(indicate titles of authorized officers if other than the foregoing)** \_\_\_\_\_ and the Secretary of the Corporation is authorized to certify these resolutions to DHCD; and it is

FURTHER RESOLVED: That if there shall be any conflict between the language of the tax credits agreement or these resolutions and the By-Laws and Articles of Incorporation of the Corporation, the language of the tax credit agreement or these resolutions, as they may be, shall control.

**III. [SELECT APPROPRIATE SIGNATURE LINES; MUST BE CONSISTENT WITH SECTION 1 ABOVE]**

\* \* \* \* \*

**A. [FOR RESOLUTION AT A MEETING OF THE BOARD]**

WITNESS my signature and the seal of the Corporation this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Secretary of the Corporation (SEAL)

\* \* \* \* \*

**B. [FOR RESOLUTION BY UNANIMOUS CONSENT, ALL DIRECTORS MUST SIGN]**

IN WITNESS OF THE ABOVE, we, the undersigned Directors, have each signed this Consent of Directors, which may be signed in one or more counterparts, each of which, when taken together, shall constitute one and the same instrument, as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**[ADD OR DELETE LINES AS NECESSARY]**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY INVESTMENT TAX CREDIT PROGRAM APPLICATION (CITC)**  
**CHECKLIST AND TABLE OF CONTENTS**

NAME OF ORGRANIZATION: \_\_\_\_\_

NAME OF PROJECT: \_\_\_\_\_

Please review the checklist of attachments and furnish all requested information. Contents of the original notebook should be tabbed and organized as follows:

- \_\_\_ TAB #1 Executive Summary
- \_\_\_ TAB #2 Core Application, including map of PFA highlighting projected service area, self assessment for previously funded projects, and certification with authorized signature, title and date.
- \_\_\_ TAB #3 Project description, local impact, outcomes, organization capacity, and project time line.
- \_\_\_ TAB #4 Project Budget and project budget description with supportive documentation for secured revenue, and include a list of potential tax credit contributors (no commitments necessary)
- \_\_\_ TAB #5 Financial Management: Include documents relating to the fiscal status and procedures, e.g., IRS Form 990 -- two most recent years filed; most recent audit, if available and annual report for the previous year. Identify businesses with whom the organization has discussed CITC and which businesses indicated they would be able to and are interested in utilizing tax credits subject to their financial condition.
- \_\_\_ TAB #6 Copy of the Internal Revenue Service documentation verifying nonprofit status as approved 501(c) 3.
- \_\_\_ TAB #7 Articles of Incorporation and any amendments.
- \_\_\_ TAB #8 By-laws
- \_\_\_ TAB #9 List of Board of Directors/Trustees include: name, occupation, number of years with your non-profit and if applicable, the constituency each represents.
- \_\_\_ TAB #10 Local Government Resolution of Support, on jurisdictions letterhead.
- \_\_\_ TAB #11 A Resolution of the Board of Directors/Trustees and an Incumbency Certificate.
- \_\_\_ TAB #12 Registered Charity Organization (online documentation) Certificate of Good Standing (online documentation - **do not obtain official Certificate at the time of application DHCD will request at time contract agreement executed**)

**All documents on this checklist are mandatory.  
Failure to provide the requested document will automatically deny your application.**