

Religious Communities Impact Fund, Inc.
(RCIF)

**INSTRUCTIONS
For
APPLICATION**

NON-PROFITS AND INTERMEDIARIES

Please Note: Your board membership must be 50% women or you do not qualify to apply for a loan.

This form is used by *both* intermediary organizations and those nonprofits seeking direct investments for business or housing development, therefore **questions not applicable to your organization should be answered N/A.**

Please note that a detailed business plan **must** accompany the general information form. See attached outline form for contents of the business plan.

We encourage you to become acquainted with the requirements of the business plan outline and ensure that all relevant information is included in your application.

Please include in your application packet, your organization's most recent **outside financial audit** and a copy of your most recent **monthly financials** (*current within the past 90 days*).

If information is available on the web, please note on the outline which information is on your web site. Be sure to include the web site address on your form.

You may either e-mail or mail the information.

Please return your application to:
Corinne Florek, OP
RCIF Executive Director
462 Elwood Avenue, Suite 2
Oakland, CA 94610
510-836-7556
cflorek@rcif.org

**Religious Communities Impact Fund, Inc.
(RCIF)**

APPLICATION

Date _____

Name of Organization _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____ E-mail: _____

Contact Person: _____ Position: _____

Chair of the Board: _____

Legal Structure: _____ *Non-Profit Corporation* _____ *Cooperative*
(check one) _____ *Other (please specify)*

Total funds required for project: _____

Requested from RCIF (give minimum & maximum amount):

Amount: _____ Interest Rate: _____% Term: _____ years

Collateral and position available: _____

Provide a brief description of your organization / project.

If approved for financing, indicate below the specific purpose of this loan: _____

Other Sources of Funds

Amount Requested

Status

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Social Impact Criteria: The following are the social impact criteria for the Religious Communities Impact Fund. Please provide statistics on how your project addresses one or more of these. If you have policies that address the issue, please include them. (No stories, please)

- Borrower has at least 50% women on the Board (**this is required**)
- The majority of beneficiaries are low income women
- Borrower solicits feedback and guidance from beneficiaries of the project or program
- Borrower’s board, management and staff reflect the racial, ethnic and cultural composition of its beneficiaries/community. Describe how the organization ensures full participation of people of color.
- Benefits care of the earth in policies and practices. Engages in healthy/green practices which respect the rights of the land, water, air, flora and fauna.
- Creates alternative approaches (such as cooperatives, land trusts or credit unions).

Please complete the following grid:

	Total Number	Number of Women and %	Number of People of Color and %
Board			
All Staff			
Management Staff			
Beneficiaries/clients/etc.			

If you develop affordable housing or lend for affordable housing, please answer the following:

What percent of the housing is affordable to people with incomes that are at:

Poverty level	
Extremely low income (30% of median income)	
Very low income (50% of median income)	

RELIGIOUS COMMUNITIES IMPACT FUND, INC.
(RCIF)
Business Plan Outline

Organization: _____

This outline must be completed to indicate where each topic area is addressed in your business plan. Note the appropriate page number(s) in your plan next to the outline heading below.

I. The Business

- _____ A. Description/History
- _____ B. Location

- _____ C. Market
- _____ D. Competition

- _____ E. Management and Board: include description of each person's expertise.
- _____ F. Personnel (organization chart)

- _____ G. Operations: Procedures / Planning

- _____ H. Describe any technical assistance you have received, when you received it, and your future needs.

- _____ I. Describe member and / or worker participation in decision-making.

II. Financial Data

- _____ A. Capital equipment list

- _____ B. Audited financial reports (past two years). Include management letters from auditor, if issued.

- _____ C. Schedule of Outstanding Debts (Note lender, outstanding principal, maturity, interest rates, collateral)

- _____ D. Projections for 3 years: Statement of Financial Position, Statement of Activity and Cash Flow Statement, with notes of explanation.

- _____ E. Sources of equity (Note percentage of total equity from workers / members and the cost of an ownership share, if applicable.)

- _____ F. The most recent monthly financial report (within past 90 days)

III. Supporting Documents (as applicable): IRS letter of 501 (c) (3) status, copy of certification from US Treasury CDFI fund, resumes and job descriptions of key staff, credit report, proof of insurance certificate, name and address of attorney, banker, accountant, and letters of support. Please also include a copy of your Articles of Incorporation and Bylaws.

IV. For CDFI/ Loan Funds: Report on your lending history and include: total number of lenders/investors since inception, total capital raised, noting equity and debt; total loans disbursed, total loans paid in full since inception. Include a portfolio report that show outstanding loans, aging (delinquencies) and risk ratings.

If you have an Aeris rating, what is it?

Include a copy of your loan policies and procedures. Note your requirements for loss reserves, liquidity reserves, equity capital and your risk rating system.

Complete the following chart:

Lending Data	Date (should be same as current financial statement provided)
1. Notes payable for lending	\$
2. Equity for lending	\$
3. Subordinated debt (EQ2)	\$
Total Capital (sum of 1+2+3)	\$
Loan reserves	\$
Total loans outstanding	\$
Commitments pending	\$

Key Ratios for Loan Funds	Date:
Deployment	
Self-Sufficiency	
Operating Expense as % of capital	
Average cost of funds	
Average rate charged	
Equity as % of lending capital	
Delinquency rate > 90 days	
Cumulative Loss rate since inception	

AUTHORIZATION AND CERTIFICATION

The Board of Directors approved and authorized the following person(s) to negotiate investments and loan guarantee terms and conditions for our organization, and to provide additional information in connection with this application.

Name _____

Name _____

Position _____

Position _____

Telephone _____

Telephone _____

Fax _____

Fax _____

The board certifies that this organization does not deny services, employment or membership to persons based on race, religion, age, sex, sexual orientation, handicap or marital status.

It further certifies that the information and representations contained in this application and attached hereto are true and accurate to the best of its knowledge. We understand that intentional misrepresentation of facts may be the basis for a denial of credit.

Signature of Board Chairperson

Date

Name (print)

Organization

Approved at the board meeting of _____ by a vote of _____ to _____.
(Date)