



APPLICATION INSTRUCTIONS

NON-PROFITS AND INTERMEDIARIES

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This form is used by both intermediary organizations and those nonprofits seeking direct investments for business or housing development. S wguvkqpu"vjcv"ctg"pqv"cr rnkcdng"vq" { qwt"qt i cpk | cvkqp"ujqwnf"dg"cpu ygtgf"PIC0"

A detailed business plan must accompany the general information form. See attached outline on page 4 for required contents of the business plan.

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

If information is available on the web, please note on the outline which information is on your website, including the website address page.

Applications may be submitted by e-mail (preferred) or mail.

Please submit applications to:

Sarah Geisler
RCIF Executive Director
1010 Marquez Place, Ste D3
Santa Fe, NM 87505
505-372-7561
sgeisler@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)

- The borrower has at least 50% women on the Board
- The majority of beneficiaries are low income women
- The borrower’s board, management and staff reflect the racial, ethnic and cultural composition of its beneficiaries/community. The organization supports full participation of people of color.
- The borrower solicits feedback and guidance from beneficiaries of the project or program
- The programs/projects benefit care of the earth in policies and practices. The borrower engages in healthy/green practices which respect the rights of the land, water, air, flora and fauna.
- The borrower 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 (up to 30% of median income)	
Very low income (31-50% of median income)	
Low income (51-80% 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/worker and beneficiary 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):

- a. Articles of Incorporation
- b. Bylaws
- c. IRS letter of 501 (c) (3) status
- d. Resumes and job descriptions of key staff
- e. Most recent two years financial audits including management letters
- f. Copy of most recent monthly financials (current within the past 90 days).
- g. Credit report
- h. Proof of insurance certificate
- i. Name and address of attorney, banker and accountant
- j. For direct project investments - letters of support

IV. For CDFIs/Loan Funds:

- a. Copy of CDFI certification status from US Treasury CDFI Fund
- b. Cumulative lending history report including:
 - total number of lenders/investors since inception,
 - total capital raised, noting equity and debt,
 - total loans disbursed, and,
 - total loans paid in full since inception.
- c. Current portfolio report showing outstanding loans, aging (delinquencies) and risk ratings.
- d. Copy of loan policies and procedures including requirements for loss reserves, liquidity reserves, equity capital and portfolio risk rating system.
- e. If your organization is Aeris rated, include a copy of your most recent rating certificate.

Complete the following charts as of the date of the current financial statements:

Lending Data

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	\$

NOTE: We will be comparing your ratios to your peers as found in OFN’s Side-by-Side review. Please use their formulas to calculate the ratios.

Key Loan Fund Ratios

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)