**CF-3: CERTIFICATION OF BOARD STATUS**

Applicants must complete the following Certification of Board Status and submit it along with their application for CHDO certification. Boards of Directors should consist of no fewer than 5 members who represent the Public, Private, and Low-Income sectors of the applicant’s service community(ies). Please list each board member by name, then place a check indicating the sector representation that member brings to the Board. Please list only current and formally approved board members.

|  |  |  |
| --- | --- | --- |
| **BOARD OF DIRECTORS** | **SECTOR REPRESENTATION** | **LOW-INCOME QUALIFYING CRITERIA**(complete only for designated low-income members) |
| **NAME OF CHDO:****Page** **of**  | At a minimum, one-third of the board must be comprised of low-income representatives and a maximum of one-third of the board may be public officials, appointees or employees of public agencies. | **Low-Income**(self-declaration on file with non-profit) | **Resident, Low-Income Neighborhood**(identify census tract) | **Elected Representative of Low-Income Organization**(identify organization) |
| Name:     Title:      Occupation:     Employer:     Term: from:       to:      Years as Board Member:       | Public: [ ] Private: [ ] Low-Income: [ ]   | Household Size:     % area Median Income:      | Census Tract:     Address:      | Organization:      |
| Name:     Title:      Occupation:     Employer:     Term: from:       to:      Years as Board Member:       | Public : [ ] Private: [ ] Low-Income: [ ]   | Household Size:     % area Median Income:      | Census Tract:     Address:      | Organization:      |
| Name:     Title:      Occupation:     Employer:     Term: from:       to:      Years as Board Member:       | Public: [ ] Private: [ ] Low-Income: [ ]   | Household Size:     % area Median Income:      | Census Tract:     Address:      | Organization:      |
| Name:     Title:      Occupation:     Employer:     Term: from:       to:      Years as Board Member:       | Public: [ ] Private: [ ] Low-Income: [ ]   | Household Size:     % area Median Income:      | Census Tract:     Address:      | Organization:      |

**DUPLICATE THIS PAGE AS NECESSARY TO INCLUDE ALL BOARD MEMBERS**

I certify that the above listing of current, participating board members is accurate.

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

 (Signature) Date

 Name of Signatory

Its:

 Role of Signatory