|  |  |
| --- | --- |
| Organization Name |        |
| DUNS Number |        |
| Tax ID Number |        |
|  Organization Address |  Mailing |  Physical |
|        |        |
|         |         |
|        |        |
| Contact Name / Title |        |
| Contact’s Email Address |         |
| Contact’s Phone Number |        |
| Board President Name |        |
| Board President’s Email |        |
| Board President’s Phone |        |
| Organization’s Fax Number |        |

Please describe the CHDO eligible activity(ies) for which the organization seeks CHDO status.

|  |
| --- |
|       |

Please list each project to be considered for CHDO Certification/Recertification:

|  |  |  |
| --- | --- | --- |
| Project Name | Project Location | CHDO Role in Project |
|       |       |       |
|       |       |       |
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I certify that the submission of this application has been approved by a 2/3 vote of the Board of Directors.

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

 (Signature) Date

 Name of Signatory

Its:

 Role of Signatory