**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