

Program Guidelines

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Program guidelines are for the Oregon Low Income Community Jobs Initiative program, also known as and referred to from here on as the Oregon New Market Tax Credit program.

Application Process:

1. Business Oregon (OBDD) will allocate the full amount of authorized tax credits for each fiscal year through an annual application process.
2. Business Oregon will accept applications on an annual basis for the state of Oregon fiscal years starting in 2012 (beginning July 2, 2012). Applications are accepted on a first come, first serve basis until the full amount of authorized tax credits for each fiscal year have been allocated.
3. The Applicant must submit one completed original to Business Oregon, Business Finance Section, Attn: Pam Brunell, 775 Summer Street NE, Suite 200, Salem, Oregon 97301.
4. To be considered, the Applicant will be required to pay a non-refundable application fee as established in the fee schedule in these guidelines to be included with the submission of application.
5. Once an application has been submitted, it may not be amended. An applicant may, however, withdraw its application and resubmit a new application with an additional non-refundable application fee.
6. Applications will be reviewed on a first come first serve basis. Business Oregon will determine if the application is deemed complete within 5 days of receipt. Business Oregon may request that applicants provide additional information. Applicants may only submit additional information in direct response to Business Oregon. If the applicant does not submit the requested information with 10 days of the request, the application will be evaluated as submitted.
7. An application evaluation period will begin once the application is deemed complete. The application evaluation will take no longer than 15 days.
8. While applications will be evaluated based on the criteria outlined in the application and ORS 315.526-315.536 it is not the sole determinant for the selection of allocatees. The Program Coordinator will balance the program objectives, program guidelines and products offered to ensure that all program goals will be met.
9. Business Oregon's Director will make a determination with respect to each application within 30 days of submittal. The Program Coordinator will notify all applicants in writing of the status of an application.
10. Applicants may submit new applications as opportunities arise.

Certification Agreement:

1. Approved applicants are required to sign a certification agreement with Business Oregon prior to initiating any business activities related to the Oregon New Market Tax Credit program. The agreement will describe in detail the investment parameters agreed to by the applicant during the application process. These include, but are not limited to:
 - a. Investments shall meet the program objectives and criteria as outlined in OAR 123.630.
 - b. All financial products must be offered as described in the application.

- c. Investments will meet the percentage of planned investments of their allocated federal New Markets Tax Credits in Oregon, if applicable.
 - d. Investments will meet the identified commitment levels to QALICB's as identified by the applicant in the application.
 - e. Approved applicants are required to make 85% of Qualified Equity Investments within the timeframe established in administrative rules applicable to the program per OAR123.630.
 - f. Approved applicants are required to maintain a minimum of 85% of Qualified Equity Investments through the seven-year investment period.
2. Certification agreements may be amended only in writing. Any applicant that desires to amend a certification agreement may submit a request in writing, signed by an authorized representative of the state allocatee. Requests to amend will be reviewed by Business Oregon within 15 days and a determination made. The Program Coordinator may request additional information. If the state allocatee does not respond to a request for additional information within the time permitted by the Program Coordinator, the Program Coordinator will decide on the requested amendment based on the information originally provided. No amendment will be effective until signed by Business Oregon's Director.

Notices and Reporting:

1. State allocatees are required to file an annual report with Business Oregon within 45 days of the beginning of the state's fiscal year during the compliance period on a form provided by the department. The state allocatee shall submit an annual report to the Program Coordinator with respect to each allocation agreement to which the state allocatee is a party. The annual report will include a complete copy of any report submitted by the state allocatee to the Community Development Financial Institutions Fund (or any successor fund or agency administering the federal new markets tax credit program) for the corresponding reporting period, together with an Oregon annual report supplement.
2. All state allocatees are required to comply with reporting requirements as further described in the administrative rules for the program, OAR 123.630. Unless otherwise expressly indicated in the annual report supplement form or accompanying instructions, all requested information is required.

Fee Schedule:

1. The application fee is \$20,000 per application. The fee is non-refundable and must be submitted with the application.
2. The servicing fee is \$7,000 per state allocatee (\$1000/year for seven years). The servicing fee must be paid within 45 days of the beginning of the state's fiscal year.



1. APPLICANT CDE NAME		2. SUBSIDIARY CDE NAME (IF APPLICABLE)		3. APPLICANT CDE EIN OR OREGON BIN (PROVIDED BY THE DEPT OF REVENUE)	
4. IS THE APPLICANT CDE CERTIFIED BY THE FEDERAL NMTC PROGRAM AND HAS ENTERED INTO AN ALLOCATION AGREEMENT WITH A CDFI? (MUST BE YES TO CONTINUE) YES NO					
5. DOES SERVICE AREA INCLUDE OREGON? YES NO					
6. MAILING ADDRESS		7. CITY		8. STATE	
9. ZIP		10. TELEPHONE		11. FAX	
12. EMAIL					
13. AUTHORIZED EXECUTIVE OFFICER- NAME AND TITLE					
<p>14. CERTIFICATION:</p> <p>I, _____, DO HEREBY CERTIFY AS THE AUTHORIZED EXECUTIVE OFFICER OF APPLICANT CDE THAT EACH ALLOCATION AGREEMENT ATTACHED HERETO REMAINS IN EFFECT AND HAS NOT BEEN REVOKED OR CANCELLED BY THE CDFI FUND.</p> <p>I FURTHER CERTIFY THAT WE ANTICIPATE RAISING THE REQUIRED FUNDS, THAT WE WILL MAINTAIN THE CAPACITY AND ABILITY TO GENERATE ELIGIBLE INVESTMENTS IN THE AMOUNT EXPRESSED IN THIS APPLICATION, AND THAT IT WILL BE PROVIDED TO BUSINESS OREGON WITHIN A 60-DAY PERIOD.</p> <p>SIGNATURE _____ DATE _____</p>					
15. PURCHASER OF QEI			16. AMOUNT OF QEI		
17. AMOUNT AND PERCENTAGE OF MATCHING FEDERAL NMTC (if applicable): \$ _____ _____ %					
18. COMPLETE THE ATTACHED PROJECT SUMMARY DESCRIBING THE PROPOSED STRUCTURE OF THE QEI OR LONG-TERM DEBT SECURITY (IF SUBMITTED APPLICATION IS FOR MULTIPLE PROJECTS, SUBMIT A PROJECT SUMMARY DESCRIPTION FOR EACH PROPOSED STRUCTURE):					
19. ANTICIPATED AMOUNT OF APPLICABLE TAX CREDITS REQUESTS:					
20. DOES THE APPLICANT PLAN TO WITHDRAW THEIR APPLICATION IN THE CASE OF A PARTIAL AWARD:					
21. GEOGRAPHIC AREA OF MARKETING INVESTMENTS:					
22. GEOGRAPHIC AREA OF ELIGIBLE BUSINESSES TO BE FOCUSED ON:					
23. OTHER REGIONAL REDEVELOPMENT ACTIVITIES GOING ON IN THE TARGETED GEOGRAPHIC AREA(S):					
24. ESTIMATED NUMBER OF NEW JOBS CREATED:			25. ESTIMATED AMOUNT OF NEW INVESTMENT IN THE AREA AS A DIRECT RESULT OF THIS PROJECT:		
26. IDENTIFY PROJECTS ALREADY IN PROCESS					
27. LIST PROJECTS WHERE FUNDING IS INVOLVED IN A COMPETITIVE PROJECT:		28. DESCRIBE HOW THESE FUNDS WILL FILL FINANCING GAP:		<p>29. REQUIRED ATTACHMENTS:</p> <ul style="list-style-type: none"> • EXECUTED FEDERAL ALLOCATION AGREEMENT • MAP OUTLINING TARGETED AREAS • AUTHORIZED REPRESENTATIVE CERTIFICATION FORM 	
30. INCLUDE NONREFUNDABLE APPLICATION FEE OF \$20,000					
TAXPAYER SIGNATURE:		PRINT NAME:		TITLE:	
				DATE:	

Qualified Equity Investment Certification

Part I. QEI to be Purchased			
Proposed Purchaser (name and tax identification number)		Proposed Structure of QEI	
		Proposed Purchase Price of QEI	
Estimated Date of Purchase			
Requested Tax Credit Amount			

Part II. QEI(s) Purchased (information required for each QEI purchased)			
Purchaser (name and tax identification number)		Structure of QEI	
		Purchase Price of QEI	
Date of Purchase			
Date of Receipt of Purchase Price			
Tax Credit Amount			

The undersigned, an authorized executive officer of Community Development Funding XVI, LLC, a qualified community development entity (“CDE”), hereby certifies to the State of Oregon, acting by and through its Business Development Department (“Business Oregon”), that:

Certification in Regard to Part I

- (1) Part I describes the QEI the CDE proposes to issue within sixty (60) days of the Effective Date of the Certification Agreement.

Certifications in Regard to Part II

- (2) Part II describes the QEI(s) that the CDE has issued on the date(s) indicated, and all such issuance is within sixty (60) days of the Effective Date of the Certification Agreement.
- (3) Part II accurately reports the Purchase Price of the QEI(s), and the CDE received 100% of the Purchase Price for the QEI(s) in cash. Documentation evidencing receipt of cash payment must be attached.

In addition to the above certifications, the CDE hereby reaffirms that the representations and warranties made in the CDE's Application to Business Oregon dated July 29, 2013, and the Certification Agreement between Business Oregon and the CDE dated August 14, 2013, as amended ("Certification Agreement"), are true, accurate and complete and that no Event of Default under the Certification Agreement has occurred and is continuing.

Capitalized terms used in this Qualified Low-Income Community Investment Certification and not otherwise defined have the meanings assigned to them by the Certification Agreement.

By: _____

Name and title (print):

Date:

Received by Business Oregon:

By: _____

Name & Title (print): Sean Robbins, Director

Date:

Qualified Low-Income Community Investment Certification

Organization-Specific Terms and Conditions				
Project 1		County		
	Census Code	FIPS #		GNIS #
		City		
	Census Code	FIPS #		GNIS #
Project 2		County		
	Census Code	FIPS #		GNIS #
		City		
	Census Code	FIPS #		GNIS #
Project 3		County		
	Census Code	FIPS #		GNIS #
		City		
	Census Code	FIPS #		GNIS #
For additional Projects continue in the same format				

The undersigned, an authorized executive officer of _____, a qualified community development entity (“CDE”), hereby certifies to the State of Oregon, acting by and through its Business Development Department (“Business Oregon”), that:

- (1) The projects listed above are Qualified Low-Income Community Investments (“QLICIs”) in Qualified Active Low-Income Community Businesses (“QALICB”) located in Oregon;
- (2) Each of the Project Summaries that are attached to this Certification and that describe the projects listed above, is, true, accurate and complete and does not contain any statement or omission of any material facts such that the Project Summary, when taken as a whole, is misleading;
- (3) Each QLICI will be made within 12 months of the issuance of the Qualified Equity Investment, the proceeds of which was used to make such QLICI;
- (4) Each QLICI will be made in a QALICB in which persons unrelated to the CDE hold the majority equity interest (as defined in IRC Section 45D (f)(2)(B)), unless the CDE becomes related to this QALICB due to financial difficulties of the business that were unforeseen at the time the CDE made such QLICI;
- (5) Through December 31, 2013, the maximum amount of QLICIs made in any QALICB listed above and all of its affiliates will not exceed \$4 million, whether made by one or several qualified community development entities; and
- (6) On or after January 1, 2014, the maximum amount of QLICIs made in any QALICB listed above and all of its affiliates is \$8 million, whether made by one or several qualified community development entities;

Along with the certifications made above, the CDE submits supporting documentation that each QALICB named in this Certification does not derive or project to derive 15 percent or more of its annual revenue from the rental or sale of real property, or is controlled by or under the common control with another business described in ORS 315.529(4)

In addition to the above certifications, the CDE hereby reaffirms that the representations and warranties made in the CDE’s Application to Business Oregon dated _____ and the Certification Agreement between Business Oregon and the CDE dated _____, as amended (“Certification Agreement”), are true, accurate and complete and that no Event of Default under the Certification Agreement has occurred and is continuing.

Capitalized terms used in this Qualified Low-Income Community Investment Certification and not otherwise defined have the meanings assigned to them by the Certification Agreement.

By: _____

Name and title (print):

Date:

Received by Business Oregon:

By: _____

Name & Title (print): Sean Robbins, Director

Date:

CDE Organization—	
Project 1	
Action by Business Oregon:	
Comments:	
Project Costs:	
Oregon NMTC Allocated to Project:	
Project 2	
Action by Business Oregon:	
Comments:	
Project Costs:	
Oregon NMTC Allocated to Project:	
Project 3	
Action by Business Oregon:	
Comments:	
Project Costs:	
Oregon NMTC allocated to Project:	
Total Oregon NMTCs Allocated to CDE:	
Total Oregon NMTCs Allocated to CDE Projects To-date:	
Remaining Oregon NMTCs Available for CDE:	

State of Oregon acting by and through its Business Development Department

By: _____

Name & Title (print): Sean Robbins, Director

Date:

Attachment 3

PROJECT SUMMARY

(Complete for each proposed QALICB and each project)

Qualified Active Low Income Community Business (QALICB) Information

Name of Business: (Legal name of Operating Entity, Holding Company and Assumed Business Name if applicable)

Address of Business: (Physical Address, City, State & Zip for the Operating Entity, Holding Company)

Description of Business: (Brief description of the business—who are its customers, what are its markets, where does it draw business from, what types of products and/or services are offered to whom)

Organization Structure: (C-Corp, S-Corp, Partnership, LLC)

Date Incorporated or Organized (If not organized in Oregon, date registered in Oregon)

State of Incorporation or Organized

IRS # (Federal Tax Identification Number)

NAICS Code

Business Identification Number: (Unique identification number issued by the Oregon Department of Revenue)

Company Contact (Name, Title, Email & Phone Number)

Is the business expected to be a qualified low income community business (QALICB) under the US Department of Treasury New Markets Tax Credit program? Yes No

Purchaser of the equity investment or long-term security:

Project Information

Attachment 3

Description of Project: (Brief Narrative describing the project)

A. Complete if project is new construction or acquisition of real estate or moving to a new location.

Project address

Land area (acres or sq. feet) Building area (sq. feet)

Zoning

Construction start date

Projected completion date

B. Use of Proceeds:

Projected costs	_____
Land acquisition	\$
Building acquisition	\$
New construction	\$
Renovation	\$
Equipment acquisition	\$
Working capital	\$
Other (specify)	\$
Owner Equity	_____
Total uses of proceeds	\$

Anticipated impacts to communities (list both positive and negative):

Economic impacts, (list both positive and negative):



Attachment 3

Projected number of jobs created:

A. Projected estimated salaries:

B. Jobs expected to include health benefits: Yes No

Projected number of jobs retained:

A. Projected estimated salaries:

B. Jobs expected to include health benefits: Yes No

Amount and Percent of Federal NMTC (if applicable):

Amount of anticipated Oregon Low Income Community Jobs Initiative Tax Credits requested:

Table with 3 columns: Qualified Equity Investor (QEI), Qualified Low Income Community Investment (QLICI), and Qualified Active Low Income Community Business (QALICB). Rows include Name, Contact, Title, and Phone/Email.

Community Development Entity (CDE)

Name and Title Signature Date