**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. Please list each board member by name, then place a check indicating the representation that member brings to the Board. Please list only current or approved board members. Do not list prospective board members who have not been approved to join the board.

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| --- | --- | --- | --- | --- |
| **BOARD OF DIRECTORS** | **SECTOR REPRESENTATION** | **LOW-INCOME QUALIFYING CRITERIA** | | |
| **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