**WCDA**

**NON-PROFIT PARTICIPATION CERTIFICATION**

**Please answer every question or indicate if not applicable. Use additional sheets or attach documents if necessary**. However, please respond in summary to every question. NOTE: Both the non-profit organization and the applicant (if different) must sign this questionnaire.

1. General Information
   1. Name of Project:
   2. Name of ownership entity:
   3. Name of participating non-profit:

Legal status:

* 1. If non-profit will participate through a related subsidiary entity, name of such entity:

Legal status:

1. Does the applicant intend to request an allocation of tax credits from the non-profit set-aside portion of the state credit ceiling under Section 42 (h)(5)? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is the non-profit (or a related subsidiary entity) assured of owning an interest in the project throughout the compliance period? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. List all the general partners of the ownership entity and the percentages of their interest:
   2. Describe in detail the non-profit (or related subsidiary) ownership interest:
3. Describe the non-profit material participation in the development of the project:
4. Describe the non-profit material participation in the operation of the project throughout the extended use period:
5. Will the non-profit be contributing funds to the project? Yes/No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please explain:

1. Will the non-profit receive any part of the development or management fees paid in connection with the project? Yes/No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please explain:

1. How many full-time staff members does the non-profit (or if applicable, any related non-profit) have? Describe the type and extent of their activities:
2. The non-profit may not be affiliated with or controlled by any for-profit organization.
   1. Has any for-profit entity (including the owner of the project or any entity directly or indirectly related to such owner) appointed any directors to the governing board of the non-profit? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please explain:

* 1. Does the non-profit have any financial arrangements with any individual(s) or for-profit entity, including anyone or any entity related, directly or indirectly, to the owner of the project? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please explain:

* 1. Disclose any business or personal (including family) relationships that any of the staff members, directors or other principals involved in the formation or operation of the non-profit have, either directly or indirectly with any persons or entities involved or to be involved in the project on a for-profit basis including, but not limited to, the owner of the project, any of its for-profit general partners, employees, limited partners or any other parties directly or indirectly related to such owner:

1. The non-profit may not have been formed by any individual(s) or for-profit entity for the principal purpose of being included in the non-profit set-aside.
   1. Date of legal formation of the non-profit:
   2. Purpose of formation on non-profit:
2. Provide the following required materials for the participating entity (as applicable):

* Articles of incorporation
* By-laws
* IRS determination letter
* Non-profit Certificate of Incorporation and Certificate of Good Standing (state)
* List of current Board of Directors or Commissioners (include dates of appointment and affiliation)
* Most recent audited financials (include list of major donors)
* Provide any additional information WCDA may find useful for the purposes outlined at the beginning of this questionnaire.

The undersigned applicant and non-profit hereby each certify that, to the best of its knowledge, all of the foregoing information is correct, complete and accurate.

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Date Applicant

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

Its:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

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Date Non-profit Participant