CRITERIA

Please complete and submit this form for eligibility review.

GENERAL INFORMATION	
Project Sponsor Name *	
Project Sponsor Address *	
Project Sponsor Overview	
Contact Name *	
First Name	Last Name
Telephone *	
Email *	

PROJECT INFORMATION

Nature of the Project for Which Financing is Required *

- Real Estate
- Business
- Other*

Owner Occup	ied
-------------	-----

Leased to Third Party

*If "Other", Please Describe Below

Project Description

Amount of New Market Tax Credit Allocation Being Requested *

Project Timeline

Describe Process/Approvals Needed for Closing

Total Deve	lopment Co	sts
\$1		
_everage [)ebt Amoun	t
ŝ.		
Source		
		Letter Dete *
xpected I	ransaction C	losing Date *
1M	DD	YYYY
Expected (Construction	Completion *
1M	DD	YYYY

Please Provide a Description of the Project and Anticipated Community Benefits *

PROJECT LOCATION (SFCIF Only Considers Projects Located Within the Limits of the City of San Francisco)

Street Address *

City and State *

San Francisco, CA

Zip Code *

No

Is the Project Located in a Qualified Census Tract? * Yes No Is the Borrower an SBA Certified Business? * Yes

Will the Project Be Located in an SBA Designated HUB Zone?* Yes No Will the Project Be Located in a Federally Designated Brownfield Redevelopment Area? * Yes 💮 No Is the Project Associated With an Enterprise Zone Program or Similar Program Targeted Areas?* Yes No

RELATIONSHIP INFORMATION (Active Relationships With New Market Tax Credit Parties)

Is the Borrower Currently Engaged in Conversation With Other Allocatees or Investors? Yes*

No

*If "Yes", Please Describe Below

Has the Borrower Engaged the Services of an SFCIF Consultant, Accountant or Attorney? Yes* O No

*If "Yes", Please Describe Below

ACKNOWLEDGMENT: This form is for discussion purposes only and does not constitute a commitment by SFCIF. By submitting this to SFCIF, you attest that the information that you provided herein is, to the best of your knowledge, true, accurate and complete. Further, you agree to permit SFCIF (at its sole option): (1) to include the project in any application(s) to the CDFI Fund, a branch of the U.S. Treasury, for New Market Tax Credit authority or other communications to the CDFI Fund with respect to such application(s) and (2) to share this information with SFCIF's directors, staff, officers, auditors, consultants, counsel, and with other SFCIF third parties to assist in identification of additional allocation for the project.

Please email completed forms to: SFCIF@sfgov.org