

**A. Application Information**

CDE Applicant Legal Name		CDE Applicant FEIN	
Mailing Address			Suite Number
City		State	Zip Code
Enter the State the Entity is Domiciled in	CDE Classification for Tax Purposes: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity If Disregarded Entity, enter name and FEIN of the owner: _____		
<input type="checkbox"/> Check if an Applicant CDE is Included in a Consolidated Tax Return	CDE Applicant Consolidated Parent Name	CDE Applicant Consolidated Parent FEIN	

**B. Contact Person**

Last Name	First Name	M.I.	Title
Phone Number and Extension		Email Address	

**C. Federal Certification and Allocation Information**

1. Attach evidence of the applicant's certification as a qualified CDE by the federal CDFI Fund with a service area that includes the State of Wisconsin.	Number of pages in the attachment								
2. Attach a copy of the applicable allocation agreement(s) executed by applicant CDE or its controlling entity, and the CDFI fund.	Number of pages in the attachment								
3. For applicants not domiciled in Wisconsin, attach a screenshot from the CDFI fund's allocation tracking system that shows the applicant's remaining federal qualified equity investment authority as of the date of this application.	Number of pages in the attachment								
4. Does the federal CDE certificate attached to C1 identify Wisconsin service areas? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the Wisconsin service area descriptions below and the federal authorization dollars allocated to the Wisconsin service areas. <table style="width:100%; border:none;"> <tr> <td style="width:50%;">Wisconsin service area covered under federal certificate</td> <td style="width:50%;">Federal CDE credit authorization dollars allocated to the Wisconsin service area</td> </tr> <tr> <td>a. _____</td> <td>a. \$ _____</td> </tr> <tr> <td>b. _____</td> <td>b. \$ _____</td> </tr> <tr> <td>c. _____</td> <td>c. \$ _____</td> </tr> </table>		Wisconsin service area covered under federal certificate	Federal CDE credit authorization dollars allocated to the Wisconsin service area	a. _____	a. \$ _____	b. _____	b. \$ _____	c. _____	c. \$ _____
Wisconsin service area covered under federal certificate	Federal CDE credit authorization dollars allocated to the Wisconsin service area								
a. _____	a. \$ _____								
b. _____	b. \$ _____								
c. _____	c. \$ _____								

**D. Wisconsin Certification and Allocation Information**

1. Is the applicant domiciled in Wisconsin? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. Amount of qualified equity investment authority requested for metro counties (Columbia, Dane, Green, Iowa, Milwaukee, Ozaukee, Washington, and Waukesha counties)	\$ _____
2b. For applicants not domiciled in Wisconsin, enter the amount of federal community development financial institution fund award for metro counties	\$ _____
3a. Amount of qualified equity investment authority requested for rural counties	\$ _____
3b. For applicants not domiciled in Wisconsin, enter the amount of federal community development financial institution fund award for rural counties	\$ _____
4. Anticipated qualified low-income community investment type. <i>Check all that apply:</i> <input type="checkbox"/> Capital <input type="checkbox"/> Equity Investment <input type="checkbox"/> Loan	
5. Attach a description of proposed amount, structure, and purchaser of the QEI.	Number of pages in the attachment

## E. Executive Officer Certification

*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.*

*I further certify that we anticipate raising the required funds and that we will maintain the capacity and ability to generate eligible investments in the amount expressed in this application and that verification will be provided to the department within a 30-day period.*

*I further certify under oath that the applicant CDE has read, understands, and agrees to the terms of this application and the materials provided in the application are true and correct to the best of my knowledge, information and belief.*

*Applicant CDE further acknowledges that the individual executing this agreement is authorized to act on the applicant CDE's behalf.*

Signature

Title

Date

## Instructions

All applications must be submitted electronically through the department's [My Tax Account](#) online filing system. The application is located under "Additional Services."