

For reference only. Applications must be completed online. Visit www.ofn.org/join-ofn/ for more details.

Opportunity Finance Network (OFN) Membership Application

Start of Sample Application

Who is completing this membership application?

- Name
- Title
- Email Address
- Phone Number (xxx-xxx-xxxx)

Is your organization a certified CDFI or a mission-driven community lender?

- Yes
- No
-

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I. Eligibility Requirements

Check the box for each true statement.

- If an organization does not meet all the requirements listed below, it is not eligible for OFN membership at this time.

My organization:

- Has a primary mission of community development and strives to have a positive impact on low income, low-wealth, and other underserved people and communities. If my organization is part of or controlled by another corporation(s), that corporation also has a primary mission of community development.
 - Is primarily a financing institution that provides affordable, responsible financial products and financial services.
 - Serves primarily low-income, low-wealth, or other disadvantaged people or communities.
 - Has an active lending and/or investing history of two or more years.
 - Has completed at least one annual financial audit. (For credit unions without audited financials, the NCUA 5300 report is acceptable.)
 - Pro-actively manages the risks in its portfolio and has appropriate loan and risk management policies and procedures in place to effectively manage the risks of its financing activities.
 - Has positive net assets (equity) and, for nonprofit loan funds, positive unrestricted net assets.
 - Is a non-governmental entity. (Exceptions are made for organizations under Tribal governance.)
 - Commits to participating in OFN's required member data collection initiatives and making a good faith effort to actively participate in OFN peer learning activities.
 - Affirms its support for OFN's mission to lead CDFIs and their partners to ensure that low-income, low-wealth, and other underserved people and communities have access to affordable, responsible financial products and services.
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II. Background Information

All fields are required. Enter N/A when not applicable.

- Organization Name
- EIN
- NCUA Charter or FDIC Certificate Number (if applicable)
- Website
- Headquarter Address
- Address Line 2
- Headquarter City
- Headquarter State
- Headquarter Zip
- Main Phone Number (xxx-xxx-xxxx)
- Year Org. was Incorporated
- Year Org. Began Financing
- States Served by Org.
- Total Assets
- Fiscal Year End

Type of organization

- Bank or Holding Company
 - Credit Union
 - Loan Fund
 - Venture Capital Fund
-

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Is the organization a non-profit?

- Yes
 No
-

What is the organization's 501(c) designation? (if applicable)

- 501(c)(3)
 501(c)(4)
 501(c)(6)
 501(c)(14)
 Other
-

For-profit Statement (if applicable)

Provide a statement explaining how the organization balances its commitment to the community with its commitment to shareholders.

Name of organization's CEO/President

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Racial and ethnic identity of organization's CEO/President

- White
 - Black or African American
 - Asian
 - Hispanic or Latino
 - Native American or Alaska Native
 - Native Hawaiian or Other Pacific Islander
 - Multiracial, Multi-Ethnic, or Other
-

Gender identity of organization's CEO/President

- Woman
- Man
- Gender Non-Binary
- Not Listed
- Prefer Not to Answer

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Primary type of financing provided by the organization (select one)

- Business (fixed asset and working capital)
 - Commercial Real Estate
 - Community Services/ Facilities
 - Consumer
 - Housing to Individuals (homeownership and home improvement)
 - Housing to Organizations (pre-development, acquisition, construction, renovation, working capital, mortgages)
 - Intermediary (provide financing to other CDFIs)
 - Microenterprise
 - Other (please specify)
-

What is the primary reason for becoming an OFN Member?

Please provide a brief (50 words) narrative summary of the organization.

Please enter the organization's mission statement below.

Enter a brief statement (one paragraph) explaining how the organization is accountable to the community(ies) or population(s) it serves. This may be through some degree of Board control by community or target population Members (either voting or representation), or through some other means.

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Organization's engagement with OFN (select all that apply)

- Staff have attended the OFN Annual Conference
 - Staff have attended OFN Connect+ Forums or Webinars
 - Staff have attended an OFN Regional Meeting
 - Staff have supported OFN Policy Efforts
 - Former OFN Member
 - Former OFN Ally
 - Other (please specify)
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Is the organization part of, or controlled by, a larger organization (parent organization)?

- Yes
 - No
-

If yes, information on parent organization

- Parent Organization Name
 - Parent Organization Mission Statement
-

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III. Document Submission

Please upload the following documents.

IRS exemption letter, if applicable.

Articles of Incorporation

Bylaws

Board List with Affiliations

Staff List (with titles, emails, and phone numbers) – optional

Sample Impact Tracking Report (or a list of impact indicators the organization uses)

Loan Policies (including risk management policies)

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Financial Statements

Loan Fund and Venture Capital Funds

Please upload audited financial statements for the most recent three (3) years, and the most recent interim financial statement.

If your organization has fewer than three years of financial statements, submit all available audits (minimum of one).

Year 1 Financial Statements

Year 2 Financial Statements

Year 3 Financial Statements

Most Recent Interim Financial Statement

Most Recent Audit Management Letter

Most Recent Quarterly Investor Report (Venture Capital Funds)

This box must be checked in order for OFN to review your application.

I hereby affirm the statements that I have made in this application and will notify OFN of any material changes that would affect these statements and this application for Membership within two business days of occurrence.

End of Sample Application
