

NCCED Member Profile

Please, it is very important that you complete the following questionnaire:

A. Date founded: _____

B. Number of Staff:

- 01 1 to 5
- 02 6 to 12
- 03 13 to 20
- 04 21 to 30
- 05 31 to 50
- 06 51 to 70
- 07 71 to 100
- 08 101+

C. Operating Budget:

- 9 \$0-\$150,000
- 10 \$150,001-\$300,000
- 11 \$300,001-\$500,000
- 12 \$500,001-\$750,000
- 13 \$750,001-\$999,999
- 14 \$1,000,000+

D. Organization Type:

- 15 Community-based Development Corporation
- 16 CAA/CAP Agency
- 17 NHS/Neighborworks Organization
- 18 CDFI
- 19 CHDO
- 20 State CDC Assoc.
- 21 City/County CDC Assoc.
- 22 Foundation
- 23 Corporation (for profit)
- 24 Social/Health Service Agency
- 25 T/A Provider/Consultant
- 26 Academic Institution
- 27 Government Agency
- 28 Financial Intermediary
- 29 Bank
- 30 Bank CDC
- 31 National Assoc./Organization
- 32 Other _____

E. Primary Ethnic Focus:

- 33 African-American
- 34 Anglo/European-American
- 35 Asian
- 36 Latino/Hispanic
- 37 Native American
- 38 Other _____

F. Urban/Rural Focus

- 39 Urban
- 40 Rural
- 41 Mixed

G. Geographic Focus:

- 42 Neighborhood
- 43 Multi-Neighborhood/City
- 44 Indian Nation
- 45 County
- 46 Multi-County
- 47 State

- 48 National
- 49 Regional
- 50 International

H. 51 Business Development:

- 51a Entrepreneurial Training
- 51b Business Plan Assistance
- 51c Accounting Assistance
- 51d Own/Operate Business
- 51e Equity Investment
- 51f Administer Micro/Small Business Loan Fund
- 51g Service/Package Loans for Others

I. 52 Housing Development & Services:

- 52a New Const/Rehab
- 52b Sales Housing Production
- 52c Rental Housing Production
- 52d Construction Management
- 52e Home Repair, Weatherization
- 52f Co-Op Housing Counseling
- 52g Home Owner Counseling
- 52h Housing Management

J. 53 Commercial/Industrial Development :

- 53a New Office/Retail Construction
- 53b Rehab of Office/Retail Buildings
- 53c New Industrial Construction
- 53d Rehab of Industrial Buildings
- 53e Office/Retail Management
- 53f Industrial Property Management
- 53g Community Facilities Development

K. Other Services Offered:

- 54 Advocacy, Community Organizing
- 55 CRA Advocacy
- 56 Individual/Family Counseling
- 57 Transportation
- 58 Environmental/Sustainable Development
- 59 Childcare
- 60 Healthcare
- 61 Job Training/Placement/Retention
- 62 Youth Programs
- 63 Public Safety Programs
- 64 Arts/Cultural Programs
- 65 Senior Citizen Programs
- 66 Telecom
- 67 Computer Training
- 68 Recycling _____
- 69 Newsletter

L. Federal Funding Sources

- 70 HUD CDBG
- 71 HUD HOME
- 72 HUD HOPE _____
- 73 HUD Sec.108/EDI Grant
- 74 HUD Sec.202/811 Elderly/Disabled
- 75 HUD Supportive Housing
- 76 HHS CSBG
- 77 OCS Grant
- 78 USDA Housing

- 79 USDA/Intermediary Relending Program
- 80 USDA/Rural Business Enterprise Program
- 81 EDA/Title IX Grants
- 82 SBA/Microloan Demonstration Program

M. Non-Federal Sources of Funding:

- | | Grant | Loan |
|---|----------------------------|----------------------------|
| <input type="checkbox"/> 83 Intermediaries | <input type="checkbox"/> a | <input type="checkbox"/> b |
| <input type="checkbox"/> 84 Banks | <input type="checkbox"/> a | <input type="checkbox"/> b |
| <input type="checkbox"/> 85 Foundations | <input type="checkbox"/> a | <input type="checkbox"/> b |
| <input type="checkbox"/> 86 Corporations | <input type="checkbox"/> a | <input type="checkbox"/> b |
| <input type="checkbox"/> 87 State Govt | <input type="checkbox"/> a | <input type="checkbox"/> b |
| <input type="checkbox"/> 88 Local Govt | <input type="checkbox"/> a | <input type="checkbox"/> b |
| <input type="checkbox"/> 89 Religious Inst. | <input type="checkbox"/> a | <input type="checkbox"/> b |
| <input type="checkbox"/> 90 Venture Capital | <input type="checkbox"/> a | <input type="checkbox"/> b |
| <input type="checkbox"/> 91 United Way | <input type="checkbox"/> a | <input type="checkbox"/> b |
| <input type="checkbox"/> 92 Other | <input type="checkbox"/> a | <input type="checkbox"/> b |

N. Key Partnerships:

- 93 State/County Employment Offices
- 94 State/County Social Service Agencies
- 95 Other State/County Government Agencies
- 96 City Government Agencies
- 97 Federal Agencies
- 98 Local Housing Agencies
- 99 Public Sector Employers
- 100 Private Sector Employers
- 101 Health Care Providers
- 102 Child Care Providers
- 103 Elementary/Secondary Schools
- 104 Community Colleges
- 105 Colleges and Universities
- 106 Vocational Schools
- 107 Private Industry Councils
- 108 Banks
- 109 Foundations
- 110 Trade Associations
- 111 For-Profit
- 112 Neighborhood Associations
- 113 Religious Organizations
- 114 Labor Unions

**Please
mark all
that apply.**

NCCED Member Application

Regular Membership	1 YEAR Membership	2 YEAR Membership
CDC, Community Action Agency, Social Services Agency, Neighborhood Housing Services Organization CDFI, CHDO, CDC Regional/State/City Associations		
<input type="checkbox"/> \$0–150,000.....	\$150	\$275
<input type="checkbox"/> \$150,001–300,000.....	\$250	\$450
<input type="checkbox"/> \$300,001–500,000.....	\$400	\$750
<input type="checkbox"/> \$500,001–750,000.....	\$600	\$1100
<input type="checkbox"/> \$750,001–999,999.....	\$850	\$1500
<input type="checkbox"/> \$1,000,000+	\$1000	\$1750

Membership dues are based on your operating budget. Please identify the range and pay accordingly.
 NCCED asks that you use the honor code and we reserve the right to request a copy of your IRS 990 form at any time.

Associate Membership	1 YEAR Membership	2 YEAR Membership
<input type="checkbox"/> Student.....	\$35	\$60
<input type="checkbox"/> Individual.....	\$100	\$180
<input type="checkbox"/> Small Business.....	\$100	\$180
<input type="checkbox"/> Government Agency.....	\$250	\$440
<input type="checkbox"/> TA Provider.....	\$300	\$540
<input type="checkbox"/> University.....	\$300	\$540
<input type="checkbox"/> Bank, Financial Intermediary, Bank CDC.....	\$1000	\$1800
<input type="checkbox"/> Foundation, National Organization, Corporation.....	\$1000	\$1800

Please print the following information

Organization Name: _____

Executive Director/CEO: _____

Member Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Web address: _____

Payment Information:

- Check
 MasterCard
 Visa
 American Express

if check: make payable to NCCED at 1030 15th Street, NW, Suite 325, Washington, DC, 20005. Thank you!

Name as it appears on Card: _____

Card #: _____ Exp. Date: _____ / _____

Signature: _____