



# Illinois Department of Natural Resources

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JB Pritzker, Governor  
Colleen Callahan, Director

## Instructions for Determining Priority 4: Development Partnership

To achieve Priority 4 (35 ILCS 31/20(a)(4)), the qualified rehabilitation plan must include in the development partnership a Community Development Entity, a low-profit organization, or a not-for-profit organization, as defined by Section 501(c)(3) of the Internal Revenue Code. To qualify for Priority 4 for application Round 2, 2020, applicant must provide the following:

1. Signed and notarized "Affidavit Regarding Priority 4 for The Illinois Historic Preservation Tax Credit Program (35 ILCS 31/20(a)(4))," found on pages 2 and 3 of these instructions. The affidavit must provide the NPS project number, name of the entity eligible to achieve this priority (Development Partner), and its organization type. The affidavit must be signed by both the Development Partner and the applicant, and both signature sections must be completed (even if the Development Partner and the applicant are the same) and notarized.
2. Current proof (dated within 24 months of applicant's Part S-3 submittal) that the identified eligible entity is one of the following:
  - a. **Community Development Entity (CDE):** include a copy of the CDE certification from the U.S. Department of the Treasury Community Development Financial Institutions Fund (CDFI Fund) **or** a digital printout from the CDFI Fund website (<https://www.cdfifund.gov/awards/nmtc/Pages/default.aspx>) identifying the New Markets Tax Credit Program allocatee as a CDE.
  - b. **Low-profit organization:** include a copy of a legal document proving the organization is a "benefit corporation," as defined by the authorizing law in the state in which the organization was incorporated (in Illinois, see [Public Act 097-0885](#)), **or** a "low-profit limited liability company (L3C)," as defined by the authorizing law in the state in which the organization was incorporated (in Illinois, see [Public Act 096-0126](#)). The appropriate legal document may vary depending on the state in which the organization was incorporated.
  - c. **Not-for-profit organization** (as defined by IRC Section 501(c)(3)): include a copy of a determination letter from the IRS **or** a digital printout from the IRS Select Check website (<https://apps.irs.gov/app/eos/>) identifying the organization as tax exempt. Please ensure that the Employer Identification Number (EIN) is included.

**Affidavit Regarding Priority 4 for  
The Illinois Historic Preservation Tax Credit Program (35 ILCS 31/20(a)(4))**

The undersigned, Applicant for the Illinois Historic Preservation Tax Credit Program, attest that the qualified rehabilitation plan with NPS Project No. \_\_\_\_\_ includes in the development partnership  
(insert Development Partner name) \_\_\_\_\_,

which is a (check one of the following):

- Community Development Entity (CDE)
- Low-profit organization
- Not-for-profit organization (as defined by IRC Section 501(c)(3))

Upon request, the undersigned will provide documentation or access to documentation to verify the information provided herein. The undersigned grants the State of Illinois permission to access material, documentation and other data required to verify this information. Under penalties of perjury, the undersigned swear the information provided herein, and in any verifying information, is true and correct and that any misrepresentation or failure to provide requisite information may subject the undersigned to civil and criminal penalties as provided by State and/or Federal law.

Both signature Sections 1 and 2 below must be completed and notarized for Priority 4 consideration.

**Section 1. Signature of Development Partner:**

The undersigned representative of the Development Partner represents and certifies that he/she is authorized to execute this Affidavit.

Name	Signature	Date
Title	Organization	

*Notarization Section*

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned notary public, \_\_\_\_\_ (name of document signer) personally appeared, proved to me through satisfactory evidence of identification to be the person whose name is signed above, and swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

*Place notary seal above*

**Section 2. Signature of Applicant:** (Must be completed by the applicant identified on the *Historic Preservation Certification Application Part 2—Description of Rehabilitation* that was certified by the National Park Service.)

The undersigned representative of the Applicant represents and certifies that he/she is authorized to execute this Affidavit.

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Name	Signature	Date
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Title	Organization
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*Notarization Section*

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned notary public, \_\_\_\_\_ (*name of document signer*) personally appeared, proved to me through satisfactory evidence of identification to be the person whose name is signed above, and swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

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Signature of Notary Public

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My Commission Expires

*Place notary seal above*