



Ponce De Leon FoundationSM

Request for Proposals

Working to Strengthen our communities

Introduction

Ponce Bank, a wholly owned subsidiary of Ponce Financial Group (PFG), is a Minority Depository Institution (MDI), a certified CDFI and a certified SBA lender. On October 10, 2025, the Bank converted from a federally chartered stock savings association to a national bank and commenced operations under the current name, Ponce Bank, National Association.

Ponce Bank was founded in 1960 by Latino community members of the South Bronx to address the under-serving and under-banking that existed in communities of color and counter the targeted disinvestment in those neighborhoods.

Our Bank has earned a reputation for serving the needs of our communities by emphasizing the importance of personal banking and by promoting local economic development. We employ a highly qualified and professional staff and offer a wide variety of products and services designed to meet the needs of our customers and our communities. We are honored to serve our communities and will be honored to serve you through the Ponce De Leon Foundation.

Ponce De Leon Foundation's mission is to help address the economic and social challenges faced by the communities we serve by supporting programs targeted towards our core priority areas: affordable housing, healthcare, economic development, education, social services, cultural events and targeted programming for Youth and Senior services.

The Ponce De Leon Foundation is accepting proposals for community projects that seek to positively impact individuals, groups and services in the above noted core areas. Eligible organizations must be IRS-registered, tax exempt, 501 (c) (3) organizations or other non-profits which demonstrate an ability to cost effectively deliver services and benefits to successfully meet the needs of the communities we serve. Please complete the attached Grant Eligibility Quiz (*Attachment #2*) to determine eligibility before beginning the application process.

We invite eligible organizations to submit proposals by **August 14, 2026**. Selected proposals will receive grant funding to implement a "Ponce De Leon Foundation Strengthening Our Communities" project. General operating support requests will not be considered at this time. Grant funding will be for one year, beginning January 1, 2027.



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Grant Restrictions

- Ponce De Leon Foundation only funds registered 501(c)(3) or non-profit organizations.
- We do not fund religious, political, fraternal, Quasi-Governmental entities, or individual activities.
- The **minimum** request is **\$5,000.00** with the **maximum** being **\$30,000.00**.
- All entities applying need to submit the required documentation. **No exceptions.**
- A limit of \$30 million in consolidated assets (Includes Subsidiaries and Parent Companies) will apply to all grant requests.
- Only entities in the counties where Ponce Bank has branches can apply.

Important Dates

Best Practices Webinar
Release Date
Proposals Due Date by 5:00 pm
Notice of Awards
Grant Funds Released Before
Grant Start Date

July 10, 2026
July 14, 2026
August 14, 2026
December 04, 2026
December 31, 2026
January 1, 2027

Requirements of Grant Awardees

- After notification of award, if Grant is reduced, Grantee will be asked to submit a budget modification and include any revisions to the work plan as approved by Ponce De Leon Foundation.
- Grantee must attend Quarterly scheduled meetings.
- Submission of Reports:
 - 6-month progress and expense report (June)
 - 12-month final report and expenses (December)

Submitting a Proposal

- RFP Webinar Training is highly recommended.
- Only Electronic submissions (PDF) will be accepted.
- RFP file is fillable, kindly complete all required sections.
- All RFP responses must be submitted in our Ponce De Leon Foundation Portal via <https://foundation.poncebank.com/> website.
- All required documents should be submitted as a **separate attachment** (PDF) and labeled appropriately, matching title of the section. **DO NOT COMBINE ATTACHMENTS.**
- All required documentation must be submitted with the original grant request.
- No additional documentation will be permitted after submission due date.
- If any required documentation is missing your proposal will be disqualified. **No Exceptions.**
- Late proposals will not be accepted.



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Grant Application Guidelines

Please follow all instructions. All attachments detailed below are required to be submitted for your proposal to be considered complete.

Your grant request should be clear and concise and have realistic goals. The narrative portion of the proposal should be no more than four (4) pages long, single spaced, in 12-point font (Arial or Times New Roman), with one-inch margins. Required attachments (listed below) are not included in the page count.

Your proposal package should include:

Use ONLY the templates provided, for any other documents, ONLY upload PDF files, named accordingly.

Attachment #1 A Grant Application Cover Form (attached)

Attachment #2 A completed Grant Eligibility Quiz (attached) used to determine your eligibility.

Attachment #3 A Program Narrative addressing the following key items (limit 4 pages)

1. Brief description of your organization, its mission, history, programs/services, accomplishments, and past program results.
2. Statement of Need – what issue does the proposed project intend to address?
 - Description of target population and community to be served.
 - Gaps in existing services or programs which would be met by grant funds.
 - Rationale for proposed project – how will the funds benefit the community?
3. Proposed Project Description
 - Program approach and outreach methodology – How do you intend to address the issue and how do you ensure it will reach those it is intended to assist?
 - Staffing and oversight – Who will provide the service and who will supervise the process?
 - Goals & Objectives – State 3 Program Goals and Objectives
 - Project Evaluation – What will result if you meet your goals and objectives?



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- What changes do you expect to see in the community as a result of your project?
- How will success be measured?
- Sustainability – How will the gains be maintained after grant has ended?

Attachment #4 Provide a timeline outlining major program activities, key milestones, benchmarks, and anticipated outcomes. (You can use your own format)

Attachment #5 Budget and Budget Justification (attached)

***For Items 6, 7, and 8, fiscal year-end dates MUST match and correspond to 2025. ***

Attachment #6 Financial Statements of the organization as of **2025**

- Submit audited financial statements for **2025**.
- If 2025 audited financial statements are not available, **submit BOTH:**
 - Audited financial statements for **2024, and**
 - Internally generated financial statements for **2025**.
- If your organization is not required to obtain an audit and has **less** than \$50,000 in gross receipts, submit internally generated 2025 financial statements only.
- All internally generated financial statements must include:
 - **Balance Sheet (Statement of Financial Position)**
 - **Income Statement (Statement of Activities/Revenue and Expenses)**
- Organizations submitting FY 2024 Audited Financial Statements.
- Must also submit corresponding:
 - **FY 2024 IRS Form 990**
 - **FY 2024 CHAR500 filing**

Attachment #7 IRS 990 & IRS 990-N as of **2025**

- Organizations with annual gross receipts of \$50,000 or more must submit FY 2025 IRS Form 990.
- Organizations with annual gross receipts under \$50,000 must submit FY 2025 IRS Form 990-N (e-Postcard).
- **Please note that all organizations must submit either Form 990 or Form 990-N.**
- The fiscal year reported on the IRS filing must be consistent with the fiscal year reflected in the Financial Statements and CHAR500/CRI-300R filing.

Attachment #8 CHAR 500 (Samples attached) as of 2025

- **Organizations must file a CHAR500 annual report with the New York Department of State if they:**
 - Are registered with the Charities Bureau under Article 7-A of the New York Executive Law to solicit charitable contributions in New York State;
 - File Form CHAR500 annually with the Charities Bureau;
 - Have total annual revenue and support exceeding \$250,000.
- **NYS:** Submit your **CHAR500** with all attachments
- **NJS:** Submit your **CRI-300R** with all attachments
- **Important:** The fiscal year reported on the **CHAR500** or **CRI-300R** must be consistent with the fiscal year reflected in the Financial Statements and IRS Form 990/990-N.
- **Documents from different fiscal years will be considered incomplete.**

Attachment #9 IRS 501(c)(3) determination letter

Attachment #10 Detailed list of all funding sources of your entity including amounts.

- **Important:** The amount received from each funding source must be listed.
- **Lists that do not include funding amounts for each source will be considered incomplete.**

Attachment #11 Detailed list of Board of Directors with the following:

- Full names
- Affiliations/Employer
- Title

Attachment #12 Copy of W9 **signed and dated as of August 2026**

Attachment #13 New York or New Jersey – Good Standing Certificate as of – (*see sample provided*) *Links to obtain certificates for both NY & NJ provided below:* as of 2026

- <https://dos.ny.gov/certificate-status>
- <https://www.njportal.com/dor/businessrecords/EntityDocs/StandingCerts.aspx>
- **Dated 2026**
- **If you do not have 2026, we will only accept one dated 2025. NO EXCEPTIONS.**

Attachment #14 Ponce Bank Relationship letter on your entity letterhead, describing all Ponce Bank activities. This may include:

- Sponsorships received from Ponce Bank.
- Financial Mastery activities held
- Accounts
- If there is no relationship, please state so in 1-2 sentences.

A letter must be provided, with any of the descriptions listed above, otherwise this section will be considered incomplete and disqualify your application.



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Attachment #1 Application Cover Page

Ponce De Leon Foundation – Working to Strengthen our communities.

Organization Applying

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Project Title : _____

Amount Requested: \$ _____

Contact Person for Proposal and/or Program:

Name: _____

Address: _____

Position: _____

Phone: _____

Email: _____

Contact Person for Entity – President or Executive Director Information

Name: _____

Address: _____

Position: _____

Phone: _____

Email: _____

Program Category: (*Select One*)

☐ Youth

☐ Education

☐ Senior

☐ Healthcare

☐ Affordable

☐ Economic

☐ Social

☐ The Arts



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Attachment #2 Grant Eligibility Quiz

The mission of the Foundation is to help address the economic and social challenges faced by the communities located in any county in which Ponce Bank has a branch office now and, in the future, in turn allowing them to share in our long-term growth. Accordingly, the Foundation will provide grants to support local nonprofit organizations and not-for-profit community groups and other similar types of organizations which demonstrate an ability to cost effectively deliver services and benefits which meet the needs of these communities. The core areas of the Foundation will include programs targeted towards: Affordable Housing, Healthcare, Economic Development, Education, Social Service needs, The Arts and targeted programming for Youth and Senior Services

Ponce De Leon Foundation – Working to Strengthen our communities.

Please answer the following questions and submit to the Ponce De Leon Foundation along with your application. The Foundation will utilize the required supporting documentation provided by you to confirm your eligibility for a grant. **If you answered YES to number 7, DO NOT SUBMIT AN APPLICATION.**

YES NO

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | 1. Is your organization an IRS-registered, tax-exempt, 501(c)(3) or non-profit organizations? |
| ☐ | ☐ | 2. Is your organization located in and does it serve the residents of the Counties of the Bronx, Manhattan, Brooklyn, Queens, Hudson County NJ, or Bergen County, NJ? |
| ☐ | ☐ | 3. Does your project or program fall under one or more of the program areas supported by the Ponce De Leon Foundation: affordable housing, healthcare, economic development, education, social service needs, The Arts, and targeted programming for Youth and Senior services? |
| ☐ | ☐ | 4. Does the project or program display a history of sustainability and success? |
| ☐ | ☐ | 5. Do you have a detailed budget for the project or program? |
| ☐ | ☐ | 6. Do you have the most recent financial statements including tax returns for the organization that? (As of the required year) |
| ☐ | ☐ | 7. Do the Financial Statements reflect consolidated assets (Includes Subsidiaries of Parent Companies) of more than \$30 million? |



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Attachment #5 Budget & Justification

Organization: _____

Project Name: _____

	Description/ Justification	Amount Requested
PERSONNEL		
	<i>Subtotal</i>	\$
FRINGE		
	<i>Subtotal</i>	\$
TRAVEL (only local)		
	<i>Subtotal</i>	\$
PRINTING & SUPPLIES		
	<i>Subtotal</i>	\$
COMMUNICATIONS		
	<i>Subtotal</i>	\$
OTHER (please specify)		
	<i>Subtotal</i>	\$
INDIRECT (not to exceed 10%)		
	<i>Subtotal</i>	\$

Total Requested \$ _____



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Attachment #8 CHAR 500

SAMPLE-NYS

Form CHAR500 This form used for Article 7-A, EPTL and dual filers. (replaces forms CHAR 497, CHAR 498 and CHAR 499)	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2011 Open to Public Inspection	
1. General Information			
a. For the fiscal year beginning (mm/dd/yyyy) _____ / 2011 and ending (mm/dd/yyyy) _____			
b. Check if applicable for NYS: ☐ Address change ☐ Name change ☐ Initial filing ☐ Final filing ☐ Amended filing ☐ NY registration pending	c. Name of organization	d. Fed. employer ID no. (EIN) (##-####)	
	Number and street (or P.O. box if mail not delivered to street address)	Room/suite	e. NY State registration no. (##-##-##)
	f. Telephone number		
	g. Email		
City or town, state or country and zip + 4			
2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer			
Signature _____ Printed Name _____ Title _____ Date _____			
b. Chief Financial Officer or Treas.			
Signature _____ Printed Name _____ Title _____ Date _____			
3. Annual Report Exemption Information			
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)			
Check ☐ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.			
NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.			
b. EPTL annual report exemption (EPTL registrants and dual registrants)			
Check ☐ if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.			
For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.			
<i>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</i>			
4. Article 7-A Schedules			
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:			
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... ☐ Yes* ☐ No			
* If "Yes", complete Schedule 4a .			
b. Did the organization receive government contributions (grants)? ... ☐ Yes* ☐ No			
* If "Yes", complete Schedule 4b .			
5. Fee Submitted: See last page for summary of fee requirements.			
Indicate the filing fee(s) you are submitting along with this form:			
a. Article 7-A filing fee	_____ \$	Submit only one check or money order for the total fee, payable to "NYS Department of Law"	
b. EPTL filing fee	_____ \$		
c. Total fee	_____ \$		
6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments →→→			



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Attachment #8 CRI-300R

SAMPLE-NJS



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101 (973) 504-6215

Form CRI-300R

Long-Form Renewal Registration/Verification Statement

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement is an Initial or Renewal Registration: **Renewal**
- 1b. This statement contains the facts and financial information for the fiscal year ending: [REDACTED]
2. Federal ID Number: [REDACTED] 2a. N.J. Charities Registration Number: [REDACTED]
3. Full legal name of the registering organization: [REDACTED]
In care of: [REDACTED]
4. Mailing Address: [REDACTED]
5. Physical Address: [REDACTED]
- Same as Mailing Address: ☒
6. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.
Address: [REDACTED]
7. Organization's contact information:
Telephone: [REDACTED] Fax: [REDACTED]
Email: [REDACTED]
Website: [REDACTED]



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IRS SIC: [REDACTED] Tax Status: [REDACTED]
IRS Ruling Year: [REDACTED] Date of Entity Formation: [REDACTED]
NTEE Code: [REDACTED] Charity type: [REDACTED]
State Entity: [REDACTED] Type of Entity: [REDACTED]
D.B.A.: [REDACTED]

Charity Formerly Known As:

Old Corporate Name:

8. a) Were all of the organization's functions, including fund-raising, conducted by volunteers, members, officers or persons who are not compensated for soliciting contributions? [REDACTED]
- b) Is the organization a fraternal, patriotic, social or alumni organization, historical society or similar organization organized under the provisions of Title 15 of the New Jersey Revised Statutes or Title 15A of the New Jersey Statutes, and solicitation of contributions is confined to the organization's membership and performed by members of the organization? [REDACTED]
- c) Does the organization solicit on behalf of a specified individual, and are all contributions, without any deductions what so ever, turned over to this beneficiary? [REDACTED]
- d) Is the organization a local post, camp, chapter or similarly designated element or county unit, of a bona fide veterans' organization which issues charters to the local elements throughout New Jersey or to any veterans' organization chartered under federal law or a service foundation of such an organization recognized in the organization's by-laws? [REDACTED]
- e) Is the organization a private foundation that raised less than \$25,000 in public contributions? [REDACTED]
9. Is the organization a chapter or local unit of a parent organization? [REDACTED]
- Parent Charity Name: [REDACTED]
NJ Charity # of the Parent Organization: [REDACTED]
10. If not tax exempt, has the organization made application to the IRS? [REDACTED]
11. Has the organization's IRS tax-exempt status been revoked, changed or refused by the IRS during the fiscal year end being reported? [REDACTED]
12. Was the organization's legal name changed, or were any alternate names added or deleted during the fiscal year end being reported? [REDACTED]

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13. Have there been changes in the organization's name, address, Internal Revenue Service (I.R.S.) status, etc. since the date of your last reporting? [REDACTED]

14. What is the charitable purpose or purposes for which the organization was formed? [REDACTED]

- 14a. Does the organization solicit or intend to solicit contributions from the general public in the State of New Jersey (including through the sale of merchandise)? [REDACTED]

If "Yes," explain the purpose for which solicited funds are being raised: [REDACTED]

- 14b. Does the organization solicit funds under any other name(s)? [REDACTED]

If "Yes," please attach to this registration a list of all other names used. [REDACTED]

15. Does the organization have any offices in New Jersey in addition to the ones listed above? [REDACTED]

16. Has the organization used a commercial co-venturer? [REDACTED]

- 16a. Please describe the purpose for which the funds are being raised. [REDACTED]

- 16b. Please enter the names of all PFR's and Commercial co-venturers. [REDACTED]

PFR OR Co-venturer	Business Name
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

17. Does the organization register or solicit in other states? [REDACTED]

State: [REDACTED]
State Name: [REDACTED]
[REDACTED]

18. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? [REDACTED]

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Charity Affiliates

19. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? [REDACTED]
- 19a. Please Describe the Situation [REDACTED]
20. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? [REDACTED]
21. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? [REDACTED]
22. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. [REDACTED]
23. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? [REDACTED]
24. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. [REDACTED]

Enter the name, title, street address, telephone number and salary of each officer, director and trustee.

Name	Business Address	Telephone Number	Title	Salary
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

25. Do you have any compensated employees? [REDACTED]

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Five most-highly compensated employees in the organization

Name	Title	Street Address	Telephone	Salary
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

26. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:
- a) Each other? [REDACTED]
- b) Any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? [REDACTED]
- c) Any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? [REDACTED]
27. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? [REDACTED]

CRI-300R Long-Form Registration Renewal Financial Statement

A. Revenue

Line A1. Contributions & Donations: Includes but is not limited to individual and corporate contributions, donations, legacies, bequests and gross receipts from fundraising.

A1a. Gross Direct Public Support [REDACTED]
A1b. Gross Indirect Public Support (including donations from other charities) [REDACTED]
A1c. Gross Fund Raising and Gaming Income [REDACTED]
A1d. Gross Contributions (add lines 1a, 1b and 1c) [REDACTED]

Line A2 Government Grants [REDACTED]
A3a. Program service revenue [REDACTED]

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A3b. Other Support ☒

Line A4. Total Gross Revenue (add lines A1c, A2 and A3) ☒

B. Expenses

Line B1. Program Expenses ☒

Line B2. Management Expenses ☒

Line B3. Fund-raising Expenses ☒

Line B4. Affiliate Expenses ☒

Line B5. Total Expenses (add lines B1, B2, B3 and B4) ☒

C. Net Assets

Line C1. Net Assets ☒

Did you use a Professional Fund Raiser? ☒

Have Bylaws changed since last registration? ☒

Has IRS filing status changed since last reg? ☒

Has Charity Have Articles of inc. changed since last reg? ☒

Has Charity changed their name since last reg? ☒

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Certification
Form CRI-150I, CRI-300R, CRI-200

This Registration Form must be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

First Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature ☒ Name ☒ Title ☒ Date ☒

Second Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature ☒ Name ☒ Title ☒ Date ☒

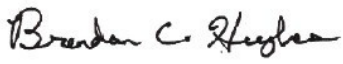
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Attachment #13 Certificate of Good Standing Sample

New York State

STATE OF NEW YORK	
DEPARTMENT OF STATE	
Certificate of Status	
I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:	
Entity Name:	██████████
DOS ID Number:	██████████
Entity Type:	██
Entity Status:	██████████
Date of Initial Filing with DOS:	██████████
No information is available from this office regarding the financial condition, business activity or practices of this entity.	
	WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 11, 2021 at 04:21 P.M.
	ROSSANA ROSADO, Secretary of State
	
	By Brendan C. Hughes Executive Deputy Secretary of State
Authentication Number: 100000223577 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov	



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Attachment #13 Certificate of Good Standing Sample

New Jersey State

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING



I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on November 06, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

KRISTINE ALLEN
400 38TH STREET
SUITE 405
UNION CITY, NJ 07087



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of August, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 2050815230

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp