

**Lender Name:**

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**Type:** *(Check all that apply)*

	CDFI - CDFI bank, thrift, credit union, or depository institution holding company
	Community bank- Non-CDFI Bank
	Credit Union - Non-CDFI CU
	Non-depository Lender - Nonbank Lender or Non-bank payment services provider *
	Other Bank - Other bank, thrift, or depository institution holding company
	Other Lending Institution type* <input style="width: 250px; height: 20px;" type="text"/>

**Provider Regulatory ID**

	For providers whose deposits are insured by the Federal Deposit Insurance Corporation (FDIC), provide the provider's RSSD ID. <input style="width: 250px; height: 20px;" type="text"/>
	For federally insured credit unions, provide the provider's charter number from the National Credit Union Administration (NCUA). <input style="width: 250px; height: 20px;" type="text"/>
	For Community Development Financial Institutions (CDFIs), provide the provider's CDFI certification number. <input style="width: 250px; height: 20px;" type="text"/>
	Other <i>(if no regulatory ID number applies, respond "None.")</i> <input style="width: 300px; height: 20px;" type="text"/>

<b>Primary Phone:</b>	<input style="width: 100%; height: 30px;" type="text"/>
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*(who we would call if we need to talk to someone about the program)*

<b>Fax</b>	<input style="width: 100%; height: 30px;" type="text"/>
<b>Email</b>	<input style="width: 100%; height: 30px;" type="text"/>

*(program contact)*

<b>Address</b>	<input style="width: 100%; height: 30px;" type="text"/>
<b>City/State/Zip</b>	<input style="width: 100%; height: 30px;" type="text"/>

<b>Borrowers to Contact:</b>	
<b>Borrowers to Contact Email:</b>	
<b>Borrowers to Contact Phone:</b>	

*(when potential borrowers contact SSBCI/SBDC directly, the person in your organization to refer too)*

<b>Signed Master Guarantee Agreement Received:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Signed Master Participation Agreement Received:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Signed Master Capital Support Agreement Received:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Minority Depository Institution:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>*Fund as a Source of Private Capital:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*(Explanation: Indicates whether the provider is a fund that is the primary source of private capital for the purpose of meeting the 1:1 financing requirement as described in Section VIII.c of the Capital Program Policy Guidelines)*

<b>*Provider as Source of Private Capital:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*(Explanation: If the provider is not a fund, indicate whether the provider is the primary source of private capital for the purpose of meeting the 1:1 financing requirement as described in Section VIII.c of the Capital Program Policy Guidelines)*