

Lender Name:

--

Type: *(Please check all that apply.)*

<input type="checkbox"/>	CDFI - CDFI Bank, Thrift, Credit Union, or Depository Institution Holding Company
<input type="checkbox"/>	Community Bank - Non-CDFI Bank
<input type="checkbox"/>	Credit Union - Non-CDFI CU
<input type="checkbox"/>	Non-depository Lender - Non-bank Lender or Non-bank Payment Services Provider *
<input type="checkbox"/>	Other Bank - Other Bank, Thrift, or Depository Institution Holding Company
<input type="checkbox"/>	Other Lending Institution type* <input type="text"/>

Provider Regulatory ID:

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

Primary Phone:	<input type="text"/>
-----------------------	----------------------

(This is the number SSBCI employees call if we need to talk to someone about the program.)

Fax:	<input type="text"/>
Email:	<input type="text"/>

(This is the email SSBCI employees use to message the program contact.)

Address:	<input type="text"/>
City/State/Zip:	<input type="text"/>



Borrower(s) to Contact's Name:	
Borrower(s) to Contact's Email:	
Borrower(s) to Contact's Phone:	

(When potential borrowers contact SSBCI/SBDC directly, this is the person in your organization to refer them to.)

This Lender would like to participate in the Loan Guarantee Program:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

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

*Provider as Source of Private Capital:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

(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.)