

## Form for Submission of Views by State Banking Regulators

Name of Institution Being Reviewed: \_\_\_\_\_

*Please list the name of the insured depository for which your agency is submitting views.*

Institution's FDIC Certificate Number, OTS Docket Number, or Federal Reserve RSSD Number: \_\_\_\_\_

Name of Insured Depository's Holding Company (if applicable): \_\_\_\_\_

*If the insured depository has a holding company, please list the holding company (the holding company must be the applicant to SBLF).*

Holding Company's Federal Reserve RSSD Number or OTS Docket Number (if applicable): \_\_\_\_\_

State Regulator: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_

**Please provide any information that your agency would like to submit within 30-calendar days after receiving an application from Treasury. Submission of any or all of the information requested in this form is optional. If the space provided below is insufficient, please attach additional pages as needed.**

### **1. Assessment of Applicant's Financial Condition**

Please provide your agency's assessment of the financial condition of the institution. In addition, Treasury would appreciate any views regarding the likelihood that the applicant will be able to: (1) repay Treasury's investment at the end of the 4.5-year incentive period, (2) consistently pay Treasury dividends or interest, as applicable, while the investment remains outstanding, and (3) increase its small business lending in a safe and sound manner.

**2. Discussion of Supervisory Considerations**

Please discuss any material supervisory issues, enforcement actions, or other relevant issues applicable to the institution, including any documented matters requiring attention. Please note any history of such supervisory issues, enforcement actions, matters requiring attention, or other relevant issues, and describe their continuation or resolution over time.

**3. Recommendation for Approval by Treasury**

Treasury would appreciate your agency’s perspective as to whether it would recommend that Treasury approve the institution for participation in the Small Business Lending Fund.

Matching Capital Option: If your agency would not recommend this institution for participation in the Fund in its current financial condition, please note whether your agency would recommend it, provided that it raises “matching private capital” concurrently with Treasury’s investment. If so, please note what amount of capital (in addition to Treasury’s investment) would be required. Matching private capital must (i) come from private, non-governmental sources, (ii) be equal or greater in amount to Treasury’s investment, and (iii) be subordinate to Treasury’s investment. Applications funded on this basis may receive from Treasury a maximum of 3% of the institution’s risk-weighted assets.

**Recommendation for Approval:**     **Yes**             **No**             **With Matching Capital**

*If with matching capital, how much private investment should the institution raise: \$\_\_\_\_\_*

**4. Additional Comments**

Please note any additional considerations your agency believes would be relevant to Treasury’s review. Please also note if “FOIA confidential treatment is requested.”