Qualified Issuer: [INSERT QI NAME]

ECDFI Name: [INSERT FULL NAME]

Commitment Test Year

Loan Number	Secondary Loan Borrower Name	Project Name	Project /Property Address (Street, City, State, Zip)	Asset Class	Existing or Forward Loan	Original Loan Amount	Current Unpaid Loan Balance	Use of Proceeds	Collateral Type	Security Position	Appraised Value	LTV	Credit Enhancement (Yes/No)	Credit Enhancement Description, if Applicable	Estimated Secondary Loan Maturity Date
Year One Commitment Test Loans															
100001	ABC Charter School, LLC	ABC Charter School	123 ABC St., New York, NY 10002	Charter School	Forward	\$ 3,500,000	\$ 3,500,000	Select Financing or Refinance	RE / EQUIP	FIRST	\$ 5,000,000	70%	No	NA	11/1/2030
Year Two Commitment Test Loans															

QI Signature: By signing this rep Commitment Form and Certificat best of my knowledge and belief designated officer of the [name]	tion have been prepar , the SLCF entries are	red in confo	rmano	e with the	ins	tructions i	ne] QI, attest that this Secondary Loan issued by the CDFI Fund, and, to the been signed by an approved,	
Designated Officer Name:		Officer Title:						
Signature of the Designated Officer			Dat	te:				
For BG Program Officials Only		Totals:	\$	3,500,000	\$	3,500,000	Commitments	
							Bond Proceeds Disbursed	
	Year 1 Commitment				\$	3,500,000	Total Allocated to Year 1 Commitment Test	
	Test Only						Commitment Test Requirement (50% of bond loan proceeds)	
					\$	3,500,000	Amount of Surplus/Shortfall	
		Totals:	\$	3,500,000	\$	3,500,000	Total Commitments from Year 1 and Year 2*	
							Bond Proceeds Disbursed	
	Year 2 Commitment Test Only				\$	3,500,000	Total Allocated to Year 2 Commitment Test Commitment Test Requirement (100% of bond loan proceeds)	
					<u> </u>	3.500.000	= Amount of Surplus/Shortfall	

Reviewing Official Name:	Date:	
Approving Official Name:	Date:	

*Include all loans for Year 1 and Year 2 Commitment Tests that are not pledged to the BG Program. Please remove all loans that have been pledged to the BG Program subsequent to Year 1 Commitment Test.

"If a loan is categorized by a SHARED FIRST in the Lien position column and use an asterisk (*) in the LTV column to denote which loans are parity loans and provide notes at the bottom of this form in order to show which loans are shared by ECDFIs.

Notes:

Paperwork Reduction Act Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) Approval Number. This form's Approval Number is 1559-0044. Public reporting burden for this collection of information is estimated to average 5.0 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Community Development Financial Institutions Fund, 1500 Pennsylvania Avenue, NW, Washington, D.C., 20220.