

CDFI Bond Guarantee Program Secondary Loan Commitment Form

Qualified Issuer: [INSERT QI NAME]
 ECDFI Name: [INSERT FULL NAME]
 Bond Identifier: [INSERT BOND ID]
 Commitment Test Year Year 1

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 report, I the undersigned approved, designated officer of the [name] QI, attest that this Secondary Loan Commitment Form and Certification have been prepared in conformance with the instructions issued by the CDFI Fund, and, to the best of my knowledge and belief, the SLCF entries are accurate, and the SLCF Certification has been signed by an approved, designated officer of the [name] ECDFI.

Designated Officer Name: _____ Officer Title: _____

Signature of the Designated Officer: _____ Date: _____

Year 1 Commitment Test Only	Totals:	\$ 3,500,000	\$ 3,500,000	Commitments
				Bond Proceeds Disbursed
		\$ 3,500,000		Total Allocated to Year 1 Commitment Test
				Commitment Test Requirement (50% of bond loan proceeds)
		\$ 3,500,000		Amount of Surplus/Shortfall
Year 2 Commitment Test Only	Totals:	\$ 3,500,000	\$ 3,500,000	Total Commitments from Year 1 and Year 2*
				Bond Proceeds Disbursed
		\$ 3,500,000		Total Allocated to Year 2 Commitment Test
				Commitment Test Requirement (100% of bond loan proceeds)
		\$ 3,500,000		Amount of Surplus/Shortfall

Reviewing Official Name: _____

Reviewing Official Signature: _____ Date: _____

Approving Official Name: _____

Approving Official Signature: _____ 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.

PAPERWORK REDUCTION ACT NOTICE
 OMB Control Number 1559-0044, Expiration Date: 11/30/2021
 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. Public reporting burden for this collection of information is estimated to average 4.0 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, 1801 L St NW, 6th Floor, Washington, D.C. 20036.