Exhibit A

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:

For BG Program Officials Only

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.

Notes:

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