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## ECIP Additional Information Request AIR-498

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Status

Applicant's Name

Information Requested

test - GH 03/24

### INSTRUCTIONS:

Please reference the following instructions to complete the fields below. You are required to complete the fields marked with an asterisk (\*) unless otherwise indicated.

Question 1: Confirm the Applicant's intention to proceed with closing or to withdraw from the program by selecting the relevant value from the drop-down menu.

- If you select "Intends to Withdraw" from the drop-down menu, respond to Questions 1 and 6 only.
- If you select "Intends to Proceed" from the drop-down menu, respond to Questions 1 - 6.

Question 2: Enter the amount the Applicant intends to issue to Treasury, rounded down to the nearest thousand dollar increment (e.g., \$453,000 not \$453,211). This amount must be equal to or less than the amount the Applicant was approved for, which is shown in the "Maximum Approved Amount" field.

Question 3: Confirm whether the Applicant intends to issue preferred stock or subordinated debt to Treasury in connection with its participation in the program by selecting the relevant value from the drop-down menu. An institution must issue preferred stock if it is feasibly able to do so. Only institutions that cannot feasibly issue preferred stock, such as mutual institutions, Subchapter S corporations, and credit unions, may instead issue subordinated debt.

Question 4: Select three unique time periods during which you would prefer to close by selecting the relevant values from the drop-down menus. Your closing window preferences do not need to be chronological - that is, your 2nd choice does not need to be later than your 1st choice and your 3rd choice does not need to be later than your 2nd choice. Before selecting your preferences, please review the closing documents posted on Treasury's website and consider your ability to fulfill the closing conditions, including obtaining any necessary shareholder or board of director approvals, before your preferred closing window. Treasury will make an effort to accommodate your preferences but reserves the right to select a different closing date if necessary or appropriate in Treasury's discretion.

Question 5: Provide the name, title, and contact information for the person you wish to designate as your primary point of contact during the closing process, who may be an individual from the Applicant or your legal counsel.

Question 6: Certify that the information you provided in response to the questions above is true and correct to the best of your knowledge by having the Applicant's CEO, CFO, or another authorized representative type their name in the "Authorized Representative" field and their title into the "Title of Authorized Representative" field.

Click the "Submit" button in the top right corner of the screen to send your response to Treasury.

Note: If you missed any fields, please go back and make your corrections. Once you have done so, click "Try Again" and **REFRESH** your browser.

## ▼ Information

ECIP Additional Information Request Name  
AIR-498

Type  
Closing

Emergency Capital Investment Application  
[EC-1328 \(/cares/s/emergency-capital-investment-application/a1Ft000000Xyym2EAB/ec1328\)](https://cares/s/emergency-capital-investment-application/a1Ft000000Xyym2EAB/ec1328)

Applicant's Name  
test - GH 03/24

Status ⓘ

Date Information Requested ⓘ

Information Requested

2/21/2022 9:10 AM

▼ Applicant Response

1. Application Intention\*



3. Question\*

If Applicant intends to proceed, does Applicant intend to issue preferred stock or subordinated debt to Treasury in connection with its participation in the Program?

Applicant Issued Instrument (i.e., Preferred Stock or Subordinated Debt).

Applicant Issued Instrument



2. Intended Issuance Amount\*



Maximum Approved Amount

\$2,400,000

▼ 4. Preferred Closing Windows

Preferred Closing Window: 1st Choice\*



Preferred Closing Window: 3rd Choice\*



Preferred Closing Window: 2nd Choice\*



▼ 5. Closing Primary Contact

Closing Contact Name\*



Closing Contact State/Territory\*



Company ⓘ



Closing Contact Zip Code\*



Title/Role\*



Closing Contact Email\*



Closing Contact Street Address\*



Closing Phone Number\*



Closing Contact City\*



## ▼ 6. Certification

Certification\*

By typing my name below, I hereby certify that I have the authority to submit this response for the Applicant on whose behalf I am signing, and that all current representations made and information provided are true and correct to the best of my knowledge. I further acknowledge that any false statements made to the Department of the Treasury can result in criminal prosecution under 18 U.S.C. 1001, 15 U.S.C. 645, and other provisions and imposition of civil money penalties under 31 U.S.C. 3729.

Authorized Representative



Title of Authorized Representative\*



Date Information Received ⓘ

Paperwork Reduction Act Notice  
Paperwork Reduction Act Notice.  
OMB Approval No. 1505-0267  
Expiration Date: June 30, 2022

The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of

information is 15 minutes for this form response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

You responded on and the record is now locked. Please contact the ECIP Team if you need assistance: ECIP@treasury.gov.

Thank You!

E... (0) (</cares/s/ecip-additional-information-request/related/a4nt00000011JsRAAU/AttachedContentDocuments>)

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Title	Owner	Last Modified	Size
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