

PROGRAM OVERVIEW INTRO PAGE

On March 11, 2021, President Biden signed into law the American Rescue Plan Act of 2021, which provided \$10 billion to fund the State Small Business Credit Initiative (SSBCI). Through SSBCI, Treasury will provide funds to states, the District of Columbia, territories, and Tribal governments for small business credit support and investment programs.

This program builds on the initial version of the SSBCI, which was developed in 2011 and under which nearly \$1.5 billion in capital supported over \$8 billion in new lending and investment activity across 142 different programs in its first five years.

For more info on SSBCI, visit

<https://home.treasury.gov/policy-issues/small-business-programs/state-small-business-credit-initiative-ssbci>.

PRELIMINARY ELIGIBILITY

Please populate the information below to determine if you are eligible to submit a capital program application for the SSBCI program administered by the U.S. Department of the Treasury (Treasury).

If you are a Tribal government submitting a joint application, only one application is required. You must identify one eligible Tribal government in your application in the section below in order to proceed. You may list the additional Tribal governments associated with your Application in **Section 4: Application Overview**.

- **Applicant Type:** [dropdown of State; Tribal Government; Territory; the District of Columbia]
- **Applicant Name:** [dropdown of all eligible states, Tribal governments, the District of Columbia, and territories depending on applicant type]
 - **Has an electronic Notice of Intent (NOI) been submitted via Treasury's website on or before the applicable deadline on behalf of the Applicant?** [Y/N] If No, show "If an NOI has not been submitted and you are a Tribal government,, please complete a Tribal government NOI by December 11 at 11:59 ET, 2021 <link> or contact the SSBCI program at ssbci_information@treasury.gov to inquire. Please use the subject line *NOI INQUIRY – [INSERT APPLICANT NAME]*."
- **What is the Unique Identifier (ID) associated with the submitted NOI?** [Lookup field for Applicant to enter ID]
- **According to our records, the NOI ID you have entered is associated with the following jurisdiction.** [Will show name associated with NOI ID]
- **Please confirm this is the state, territory, the District of Columbia, or Tribal government you intend to apply on behalf of.** [Y/N]

- o If No, show “If an NOI has not been submitted or you are unsure, please contact the SSBCI program at ssbci_information@treasury.gov to inquire. Please use the subject line *NOI INQUIRY – [INSERT APPLICANT NAME]*.”

SECTION 1: USER INSTRUCTIONS

Welcome to the U.S. Department of the Treasury’s Application Submission Portal for the State Small Business Credit Initiative (SSBCI). Based on the limited information you have entered on the previous tab, you have been determined to be potentially eligible for this program. For your application to be evaluated by Treasury, please follow the instructions below.

OMB Control Number 1505-0227

PAPERWORK REDUCTION ACT NOTICE

The information collected in this application will be used by the U.S. Government to process requests for approval. 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. The estimated burden associated with this collection of information is 5 hours per 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, U.S. Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send this application form to this address.

The SSBCI application consists of the following 10 sections:

1. User Instructions
2. Application Documents
3. Definitions of Terms
4. Application Overview
5. Entity Information
6. Awardable Amount
7. Program Overview
8. Program Details
9. Compliance & Oversight
10. Application Certification

Sections 1 through 3 provide instructions and background information.

Sections 4 through 9 include questions to answer or fields to populate. Please answer each question or enter information in each field in accordance with the instructions in the section. As you progress through the application, you will also be required to upload certain documents – for a complete list, see section 2 titled “Application Documents.”

As indicated in the [Notice Regarding Applications for State Small Business Credit Initiative](#) on September 27, 2021 on Treasury’s website, applications for SSBCI capital programs must be initiated by December 11, 2021. This “Initiated Application” is defined as the sections listed below and requires applicants to complete and submit the sections by December 11, 2021 at 11:59 p.m. ET.

1. Section 4.1: Applicant Overview

2. Section 4.1A: Joint Application (if applicable)
3. Section 4.2: Application Contacts
4. Section 5.1: Implementing Entity
5. Section 5.2: Authorized Official
6. Section 6.1: Applicant Awardable Amount: Statement on Legal Actions
7. Section 7.1: Program Overview

The Initiated Application is not considered complete until you have clicked the “Submit Initiated Application” button in **Section 10: Application Certification**.

All remaining sections, also referred to as the “Full Application,” of the capital program application are due by February 11 at 11:59 p.m. ET, 2022. Applicants may also amend their submitted “Initiated Application” from December 12, 2021, to February 11 at 11:59 p.m. ET, 2022.

There is a separate application for technical assistance funding. Please see Treasury’s website for more information.

After completing a section, you must click the NEXT button at the bottom right corner of the screen to save your responses and advance to the next section.

At any time, you may also click the SAVE button on the bottom right corner of the screen to save an application in progress. Once an Initiated or Full application in progress is saved, you may return to it later to amend or complete your Application.

The last section “Certification and Signature” will require an Authorized Official of your implementing entity to certify and electronically sign the application using a **DocuSign electronic signature**. After you finish filling out the application, an email with a DocuSign link will be sent to the email address of the Authorized Official you identify in **Section 5.2** allowing them to electronically sign and submit the application. Your application is not complete until the Authorized Official has certified and submitted the application. Please be sure to monitor the email address identified in **Section 5.2** during the submission process.

After the application is completed, electronically signed, and submitted successfully, the primary and secondary contacts identified in **Section 4.2** will receive an automated confirmation email from Treasury.

If you have any additional questions, please contact ssbci_information@treasury.gov.

For additional information on SSBCI, please see the [SSBCI homepage](#).

SECTION 2: APPLICATION DOCUMENTS

To complete the application, you will need to upload the following documents. If you do not upload the following documents, your application will not be considered complete and cannot be

processed. Documents with an asterisk (*) indicate those that may be optional based on applicant circumstances. Descriptions and examples can be found within the application and templates. It is the responsibility of the applicant to upload documents where required throughout the application. Please refer to the instructions within the application for guidance on what these documents should entail. Links to templates are provided below for download as well as throughout the application in the sections that the documents are required.

- 1 – Implementing Entity Letter of Designation
- 2 – Joint Application Delegation Documentation*
- 3 – Delegation of Authority*
- 4 – Statement on Legal Actions
- 5 – Underserved Narrative
- 6 – Swap Facility Commitment Letter or Narrative*
- 7 – Enrolled Loan Data Table* Click [here](#) to download template
- 8 – OCSF Program Information* Click [here](#) to download template
- 9 – OCSF Additional Considerations * Click [here](#) to download template
- 10 – OCSF Independent Financial Audit or Program Financial Statements*
- 11 – Leverage Ratio Data Table(s) Click [here](#) to download template
- 12 – Compliance and Oversight Narrative Click [here](#) to download template
- 13 – Assurances of Compliance with Civil Rights Requirements* Click [here](#) to download template

SECTION 3: DEFINITIONS OF TERMS

The terms defined below are used in various parts of the application. These definitions supplement and interpret certain terms in the [American Rescue Plan Act of 2021](#) (Public Law No. 117-2). Please take time to review these definitions and refer to this section as necessary to complete your application fully and accurately.

- APPLICANT
 - The term “applicant” means:
 - a State of the United States;
 - the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of Northern Mariana Islands, Guam, American Samoa, and the United States Virgin Islands;
 - when designated by a State of the United States, a political subdivision of that State that the Secretary determines has the capacity to participate in the Program;
 - under the circumstances described in section 3004(d) of the Small Business Jobs Act of 2010, as amended by the American Rescue Plan Act of 2021 (SBJA) (12 U.S.C. § 5703(d)), a municipality of a State of the United States to which the Secretary has given a special permission under section 3004(d) (12 U.S.C. § 5703(d)); and

- a Tribal government, or a group of Tribal governments that jointly apply for an allocation.
- ENROLLED LOAN
 - The term “enrolled loan” means a loan made by a financial institution lender that is enrolled by a participating jurisdiction in an approved capital access program in accordance with this title.
- FEDERAL CONTRIBUTION
 - The term “Federal contribution” means the portion of the contribution made by a participating jurisdiction to, or for the account of, an approved program that is made with Federal funds allocated to the jurisdiction by the Secretary under section 3003 of the SBJA (12 U.S.C. § 5702).
- FINANCIAL INSTITUTION
 - The term “financial institution” means any insured depository institution, insured credit union, or community development financial institution, as those terms are each defined in section 103 of the Riegle Community Development and Regulatory Improvement Act of 1994 (12 U.S.C. 4702).
- PARTICIPATING JURISDICTION
 - The term “participating jurisdiction” means any jurisdiction that has been approved for participation in the Program under section 3004 of the SBJA (12 U.S.C. § 5703).
- PROGRAM
 - The term “Program” means the State Small Business Credit Initiative established under this title.
- QUALIFYING LOAN OR SWAP FUNDING FACILITY
 - The term “qualifying loan or swap funding facility” means a contractual arrangement between a participating jurisdiction and a private financial entity under which --
 - the participating jurisdiction delivers funds to the entity as collateral;
 - the entity provides funding from the arrangement back to the participating jurisdiction; and
 - the full amount of resulting funding from the arrangement, less any fees and other costs of the arrangement, is contributed to, or for the account of, an approved program.
- RESERVE FUND
 - The term “reserve fund” means a fund, established by a participating jurisdiction, dedicated to a particular financial institution lender, for the purposes of --
 - depositing all required premium charges paid by the financial institution lender and by each borrower receiving a loan under an approved program from that financial institution lender;
 - depositing contributions made by the participating jurisdiction including contributions made with Federal contributions; and

- covering losses on enrolled loans by disbursing accumulated funds
- Jurisdiction
 - The term “Jurisdiction” means --
 - a State of the United States;
 - the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of Northern Mariana Islands, Guam, American Samoa, and the United States Virgin Islands;
 - when designated by a State of the United States, a political subdivision of that State that the Secretary determines has the capacity to participate in the Program;
 - under the circumstances described in section 3004(d) of the SBJA (12 U.S.C. § 5703(d)), a municipality of a State of the United States to which the Secretary has given a special permission under section 3004(d) (12 U.S.C. § 5703(d)); and
 - a Tribal government, or a group of Tribal governments that jointly apply for an allocation.
- CAPITAL ACCESS PROGRAM (CAP)
 - The term “capital access program” means a program of that --
 - uses public resources to promote private access to credit; and
 - meets the eligibility criteria in section 3005(c) of the SBJA (12 U.S.C. § 5704(c)).
- OTHER CREDIT SUPPORT PROGRAM (OCSP)
 - The term “other credit support program”
 - means a program that --
 - uses public resources to promote private access to credit;
 - is not a capital access program; and
 - meets the eligibility criteria in section 3006(c) of the SBJA (12 U.S.C. § 5705(c));
 - includes, collateral support programs, loan participation programs, venture capital fund programs, and credit guarantee programs.
- SECRETARY- The term “Secretary” means the Secretary of the Treasury.
- MEET THE NEEDS OF BUSINESS ENTERPRISES OWNED AND CONTROLLED BY SOCIALLY AND ECONOMICALLY DISADVANTAGED INDIVIDUALS (SEDI-OWNED BUSINESSES)
 - The term “meet the needs of SEDI-owned businesses” means that the SSBCI funds are expended for:
 - business enterprises which certify that they are owned and controlled by individuals that have had their access to credit on reasonable terms diminished as compared to others in comparable economic circumstances, due to their (1) membership of a group that has been subjected to racial or ethnic prejudice or cultural bias within American society, (2) gender, (3) veteran status, (4) limited

- English proficiency, (5) physical handicap, (6) long-term residence in an environment isolated from the mainstream of American society, (7) membership of a federally or state recognized Indian Tribe, (8) long-term residence in a rural community, (9) residence in a U.S. territory, (10) residence in a community undergoing economic transitions (including communities impacted by the shift towards a net-zero economy or deindustrialization), or (11) membership of another “underserved community” as defined in Executive Order 13985;
- business enterprises which certify that they are owned and controlled by individuals whose residences are in CDFI Investment Areas, as defined in 12 C.F.R. § 1805.201(b)(3)(ii);
- business enterprises which certify that they will operate a location in a CDFI Investment Area, as defined in 12 C.F.R. § 1805.201(b)(3)(ii); or
- business enterprises that are located in CDFI Investment Areas, as defined in 12 C.F.R. § 1805.201(b)(3)(ii).
- The CDFI Fund evaluates Puerto Rico, but not other territories, in identifying CDFI Investment Areas. For purposes of the SSBCI, Treasury has also evaluated American Samoa, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands and has determined that these territories in their entirety constitute CDFI Investment Areas, because each of these territories has a poverty rate of at least 20 percent. *See* 12 C.F.R. § 1805.201(b)(3)(ii)(D)(1). COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION (CDFI)
 - The term “community development financial institution” or “CDFI” has the meaning given that term under section 103 of the Riegle Community Development and Regulatory Improvement Act of 1994.
- TRIBAL GOVERNMENT
 - The term “Tribal government” means the recognized governing body of any Indian or Alaska Native tribe, band, nation, pueblo, village, community, component band, or component reservation, individually identified (including parenthetically) in the list published most recently as of March 11, 2021, pursuant to section 104 of the Federally Recognized Indian Tribe List Act of 1994 (25 U.S.C. 5131).

SECTION 4: APPLICATION OVERVIEW

SECTION 4.1: APPLICANT OVERVIEW

The following information has been pre-populated based on the information you entered in the Preliminary Eligibility page.

- **Applicant Type:** [pre-populated]
- **Applicant Name:** [pre-populated]

(IF Applicant Type <> Tribal government, go to section 4.2)

For SSBCI funds allocated to Tribal governments, in-state transactions include the following:

- Transactions with businesses on Tribal lands.
- Transactions with businesses in states where the Tribe is physically located or within which the Tribe exercises jurisdiction. For example, a Tribe located in Montana with Treaty rights in Wyoming can include Montana and Wyoming as “in-state” jurisdictions.
- Transactions with Tribal enterprise-operated businesses, businesses owned by Tribal members, and businesses in the states in which Tribal members reside. For example, an Arizona Tribe may have the bulk of its members in a town on the border of Nevada and Arizona. Because the Tribe is exercising jurisdiction over its members in both states, it may invest in both states.

Tribal SSBCI program transactions that do not fall into the above categories constitute out-of-state investments, loans, or other credit or equity support. **Please select which state(s) the Tribal government or multiple Tribal governments (if submitting a joint application) in which in-state transactions, as specified above, will take place.** [dropdown of all states]

Eligible Tribal governments may submit a joint application.

- **Is this a joint application on behalf of multiple Tribal governments?** [Y/N]

(IF YES ABOVE) go to **SECTION 4.1A: JOINT APPLICATION**

SECTION 4.1A: JOINT APPLICATION

You have indicated that you are submitting a joint application on behalf of multiple Tribal governments. If this is not correct, please revisit the prior question. If this is correct, please populate the following information for each Tribal government you are submitting on behalf of. In **Section 5.2**, you will be asked to populate the contact information for the Authorized Official responsible for making decisions on behalf of multiple Tribal governments regarding this joint application.

- **Applicant Name:** [dropdown of eligible Tribal governments]
- **Applicant DUNS Number:** [9-digit numeric field – reject if alpha or less than 9 digits]
- **Applicant TIN/EIN:** [9-digit numeric field – reject if alpha or less than 9 digits]

After you have populated the requested information, select **“Create Another Entity”** button to save information for the current entity and populate information for additional entities.

- **Co-Applicant:** [dropdown of eligible Tribal governments]
- **Did this Co-Applicant submit a separate NOI from the NOI entered in the Eligibility page?** [Y/N]

- o If Yes, **What is the Unique Identifier (ID) associated with the Co-Applicant's submitted NOI?** [Lookup field for Applicant to enter ID]
- **Co-Applicant DUNS Number:** [9-digit numeric field – reject if alpha or less than 9 digits]
- **Co-Applicant TIN/EIN:** [9-digit numeric field – reject if alpha or less than 9 digits]

SECTION 4.2: APPLICATION CONTACTS

Please enter information for the primary and secondary contacts who will be notified regarding this application. These contacts will be contacted with any status updates for this application. These contacts may or may not have authorizing authority and thus, may or may not be the same individuals identified in **Sections 5.2 and 5.2A**. You will be asked to provide program level contact information later in the application.

- **Primary First Name:** [alphanumeric]
- **Primary Last Name:** [alphanumeric]
- **Primary Title:** [alphanumeric]
- **Primary Email:** [email format check]
- **Primary Phone:** [3-3-4 numeric]
- **Secondary First Name:** [alphanumeric]
- **Secondary Last Name:** [alphanumeric]
- **Secondary Title:** [alphanumeric]
- **Secondary Email:** [email format check]
- **Secondary Phone:** [3-3-4 numeric]

SECTION 4.2A: PERMISSION TO SHARE CONTACT INFORMATION

- **Do you permit Treasury to share your application contacts' information in Section 4.2 with other states, the District of Columbia, Tribal governments, and territories for program collaboration purposes?** [Y/N]

SECTION 5: ENTITY INFORMATION

SECTION 5.1: IMPLEMENTING ENTITY

Please enter information below for each department, agency, or political subdivision that has been designated to implement program(s) described in this application. The term “agency” includes government corporations and other entities authorized or supervised by the jurisdiction; this would include, for example, Alaska Native Corporations. Once created and saved, the entity information will appear in the table below.

- **Implementing Entity Name:** [alphanumeric]
- **Implementing Entity DUNS Number:** [9-digit numeric field – reject if alpha or less than 9 digits]
- **Implementing Entity TIN/EIN:** [9-digit numeric field – reject if alpha or less than 9 digits]
- **Does the implementing entity have an active SAM.gov registration?** [Y/N]

- **Street Address 1:** [alphanumeric field – reject P.O. Boxes]
- **Street Address 2:** [alphanumeric field – reject P.O. Boxes]
- **City:** [alpha field]
- **State:** [dropdown of eligible states & territories]
- **Zip Code:** [5-digit numeric field – reject if alpha or less than 5 digits]
- **Zip Code +4:** [4-digit numeric field] optional

<Section below will only be visible if Joint Application is not selected in **Section 4.1**>

Implementing Entity Letter of Designation: You are required to submit a letter of designation from the governor of the state or a governing official of the territory, the District of Columbia, or Tribal government. This letter must expressly state that the governor or governing official has designated the Implementing Entity named above to accept the SSBCI allocation behalf of the state, territory, the District of Columbia, or Tribal government; the entity designated above will implement and oversee the state, territory, the District of Columbia, or Tribal government’s program(s), and has the legal authority to enter into an Allocation Agreement with Treasury. This letter must include name, title, signature, telephone number, and email address for the Authorized Official of the Implementing Entity in **Section 5.2** and each official who has been delegated authority to act on the Authorized Official’s behalf in **Section 5.2A**.

<Section below will only be visible if Joint Application is selected in **Section 4.1**>

Joint Application Designation Documentation: Each Co-Applicant is required to submit Designation Documentation expressly stating that the governing officials of the Co-Applicant Tribal governments have designated the Implementing Entity named above and expressly state that the Implementing Entity has the authority to do the following on behalf of all Co-Applicants:

- Submit complete and accurate information
- Certify the SSBCI Application
- Collect and distribute all documents and notifications associated with this joint Application
- Receive and disburse SSBCI funds on behalf of its Co-Applicants, if approved
- Certify and submit an Allocation Agreement which commits each Co-Applicant to all of the obligations and requirements associated with receiving SSBCI funds
- Comply with reporting requirements.
- List an Authorized Official (in **Section 5.2**) (and, if applicable, the official that has been delegated authority from the Authorized Official in **Section 5.2A**) for the Implementing Entity with name, title, signature, telephone number, and email address.

The Designation Documentation must include Tribal resolutions or other actions taken by each participating Tribal government to delegate such authority to the Implementing Entity. You may either submit one letter of designation listing all eligible Tribal governments in your joint application or submit letters of designation for each eligible Tribal government within your application.

Upload the Implementing Entity Letter of Designation or Designation Documentation below.



Upload File

Or drop file

SECTION 5.2: AUTHORIZED OFFICIAL

Please enter information for the official who is part of the Implementing Entity and authorized to sign and make decisions on behalf of the state, the District of Columbia, Tribal government, or territory regarding this application (Authorized Official). This individual will be asked to authorize the application using a DocuSign electronic signature at the completion of this application in **Section 10**. If you are submitting a joint application on behalf of multiple eligible Tribal governments, please populate the following information for the Authorized Official permitted to apply on behalf of all Co-Applicants.

- **First Name:** [alphanumeric]
 - **Last Name:** [alphanumeric]
 - **Title:** [alphanumeric]
 - **Email:** [email format check]
 - **Phone:** [3-3-4 numeric]
 - **Organization:** [alphanumeric]
 - **Street Address 1:** [alphanumeric field – reject P.O. Boxes]
 - **Street Address 2:** [alphanumeric field – reject P.O. Boxes]
 - **City:** [alpha field]
 - **State:** [dropdown of eligible states & territories]
 - **Zip Code:** [5-digit numeric field – reject if alpha or less than 5 digits]
 - **Zip Code +4:** [4-digit numeric field] optional
-
- **Has the Authorized Official in Section 5.2 delegated to an another official the authority to certify and electronically sign the application on their behalf?** [Y/N]

(IF YES ABOVE) go to **Section 5.2A: DELEGATION OF AUTHORITY**

SECTION 5.2A: DELEGATION OF AUTHORITY

If the Authorized Official named in **Section 5.2** has delegated the authority to another official to certify and electronically sign the application on their behalf, the Applicant must submit documentation to support the delegation of authority. You must include the name, title, signature, telephone number, and email address for each official who has been delegated authority to act on the Authorized Official's behalf in ~~the~~ the Letter of Designation or Designation Documentation for the Implementing Entity. The delegation of authority documentation must include:

- The scope of the delegation including any specific signatory authority
- The name, title, telephone number, and email address for each official who has been delegated authority
- The effective date of the delegation or the period that the delegation is valid for
- References to applicable laws and statutes of the state, the District of Columbia, Tribal government, or territory that permit the delegation of authority.

Additional information on this delegation of authority may be uploaded here.



SECTION 5.3: CONTRACTED ENTITY

Please enter information below for ***each*** organization or entity that is ***not*** a department, agency, or political subdivision of the Applicant that will be responsible for administering one or more programs. Please populate all fields in the Contracted Entity section before proceeding to click on 'Create Contracted Entity' button.

- **Contracted Entity Type:** [picklist of: existing, approved program of another jurisdiction, the District of Columbia, Tribal government, or territory; For-profit entity authorized or supervised by the state, the District of Columbia, Tribal government, or territory; Not-for-profit entity authorized or supervised by the state, the District of Columbia, Tribal government, or territory; Quasi-Public Agency authorized or supervised by the state, the District of Columbia, Tribal government, or territory; Other authorized agent of the state, the District of Columbia, Tribal government, or territory]
- **Contracted Entity Name:** [alphanumeric]
- **Contracted POC First Name:** [alphanumeric]
- **Contracted POC Last Name:** [alphanumeric]
- **Contracted POC Email:** [email format check]
- **Contracted POC Phone:** [3-3-4 numeric]
- **Street Address 1:** [alphanumeric field – reject P.O. Boxes]
- **Street Address 2:** [alphanumeric field – reject P.O. Boxes]
- **City:** [alpha field]
- **State:** [dropdown of eligible states & territories]
- **Zip Code:** [5-digit numeric field – reject if alpha or less than 5 digits]

SECTION 6: AWARDABLE AMOUNT

SECTION 6.1: APPLICANT AWARDABLE AMOUNT

Please populate the following information as it pertains to the awardable amount(s) for the Applicant.

- **Have all legal actions been taken pursuant to applicable laws of the state, the District of Columbia, Tribal government, or territory that are necessary to enable the designated Implementing Entity named in Section 5.1 to implement the Applicant program(s) described herein?** [Y/N]

Statement on Legal Actions: Please upload a narrative describing the necessary legal actions (such as legislative authorization) that have been taken or that need to be taken to enable the designated Implementing Entity to implement the applicant's programs, as required under 12

U.S.C. 5703(b)(2). This narrative should confirm that (1) the entity is legally capable to bind the state, the District of Columbia, Tribal government or group of Tribal governments, or territory to obligations with the Federal Government; and (2) the legal mechanisms are in place for the state, the District of Columbia, Tribal government or group of Tribal governments, or territory to accept the transfer of SSBCI funds and Treasury to deliver funds to the Implementing Entity designated in **Section 5.1**. If any actions are still necessary to enable the entity to implement the applicant's proposed program(s) (such as legislative approval, if applicable), indicate what the remaining actions are and when they will be complete. This application will not be approved until all legal actions necessary to enable the designated Implementing Entity to implement the proposed program(s) and participate in the SSBCI have been accomplished and the state, the District of Columbia, Tribal government, or territory has provided Treasury with description of such action.



Under the statute, SSBCI is authorized to award multiple categories of funds. Preliminary allocations are listed below. As a reminder, all information associated with the Technical Assistance program will be collected in a separate application.

- **Main capital amount:** [dollar numeric field]
- **Very Small Business (VSB) amount:** [dollar numeric field]
- **Socially & Economically Disadvantaged Individuals (SEDI) amount:** [dollar numeric field]
- **Initial eligible amount of Incentive funding:** [dollar numeric field]
- **Total Potential Funding Amount:** [auto sum field of sub-allocations above]

Underserved Narrative: Please detail how you plan to use the federal contributions for your approved programs to help provide access to capital for small businesses in low- and moderate-income, minority, and other underserved communities, including women- and minority-owned small businesses. Treasury encourages states, territories, the District of Columbia, and Tribal governments to consider the following when including plans regarding “other underserved communities”: rural communities, communities undergoing the economic transitions, including communities impacted by the shift towards a net-zero economy or deindustrialization, and communities surrounding Minority-Serving Institutions, which include, but are not limited to, Historically Black Colleges and Universities (as defined in 20 U.S.C. § 1061(2)), Hispanic-Serving Institutions (as defined in 20 U.S.C. § 1101a(a)(5)), Tribal Colleges and Universities (as defined in 20 U.S.C. § 1059c(b)(3)), and Asian American and Pacific Islander Serving Institutions (as defined in 20 U.S.C. § 1059g(b)(2)).

This narrative should describe efforts to reach underserved communities that are specific to each program; if similar measures are being deployed across two or more programs, please indicate that. This narrative should contain information sufficient for Treasury to evaluate whether your plan to help provide access to capital for underserved communities is substantive and relevant to local market conditions. This narrative should describe how you will monitor performance with your plan, including relevant metrics, as you will be required to provide a description of any

updates to your plan and your progress toward the metrics cited in your plan in your annual report.

This narrative can include details, if applicable, on how you intend to identify, develop, or expand existing programs to meet the needs of SEDI-owned businesses. States, territories, the District of Columbia, and Tribal governments are not required to establish a separate program for SEDI-owned businesses. However, any narrative that addresses meeting the needs of SEDI-owned businesses must detail how these programs will focus on (1) businesses whose owners are SEDIs or (2) businesses located in, operated in, or whose owners reside in CDFI investment areas, which are geographies with SEDIs and SEDI-owned businesses that experience a substantial lack of access to capital and investment.

This narrative that contains the jurisdiction's underserved plan, as well as subsequent annual reporting on the plan, may be made public by Treasury. If Treasury makes this information public, Treasury will withhold information that appears to be personally identifiable information (PII), sensitive information such as commercial or financial information about small businesses, or information that involves privacy, security, and proprietary business interests. Treasury will work with states to seek to protect the confidentiality of such information.



- **Will all or part of the requested amount be used as collateral for a qualifying loan or swap funding facility?** [dropdown of Yes, all; Yes, partial; No]

SECTION 6.1A: SWAP FACILITY

You have indicated that all or part of the requested amount will be used as collateral for qualifying loan or swap funding facility. If this is not correct, please revisit the prior question. If this is correct, please populate the following fields.

- **Amount of Funding:** [dollar numeric amount]
- **Name(s) of the qualifying loan or swap funding facility(ies):** [alphanumeric]

Swap Facility Commitment Letter or Narrative: Please upload a commitment letter from the source of financing. If a commitment letter is unavailable, please upload a narrative that describes the items and structure of the transaction. This description should not exceed one page.



SECTION 6.2: FINANCIAL INSTITUTION INFORMATION

Please provide the following information about the financial institution and bank account to which you want your SSBCI funds to be paid electronically, if approved.

- **Financial Institution Name:** [alphanumeric field]
- **Financial Institution Street Address 1:** [alphanumeric field – reject P.O. Boxes]
- **Financial Institution Street Address 2:** [alphanumeric field – reject P.O. Boxes]
- **Financial Institution City:** [alpha field]
- **Financial Institution State:** [dropdown of eligible states & territories]
- **Financial Institution Zip Code:** [5-digit numeric field – reject if alpha or less than 5 digits]
- **Financial Institution Zip Code +4:** [4-digit numeric field] optional
- **Financial Institution Phone:** [10 digit numeric 3-3-4]
- **Routing Transit Number:** [9 digit numeric – reject if alpha characters or less than 9 digits]
- **Confirm Routing Transit Number:** [9 digit numeric – reject if alpha, less than 9 digits, or mismatch]
- **Account Number:** [numeric only – reject if alpha]
- **Confirm Account Number:** [numeric only – reject if alpha, or mismatch]
- **Is this account Checking or Savings?** [picklist of Checking or Savings]

SECTION 7: PROGRAM OVERVIEW

SECTION 7.1: PROGRAM OVERVIEW

Please enter the following information for **each** program to be administered. After you have entered the required information for one program, please select the “Create Program” button. The information entered for that program will be populated in the table below, and you will be able to proceed populating information for additional programs. Note that the sum of all program allocations entered below must match the total funding amount listed in **Section 6.1** above.

- **Program Type:** [picklist of CAP; OCSF - Loan Participation Program; OCSF - Loan Guarantee Program; OCSF - Collateral Support Program; OCSF – Equity Capital Program (Funds); OCSF – Equity Capital Program (Direct); OCSF – Other]
- **Program Name:** [alphanumeric]
- **What is the amount of the applicant’s total funding that will be allocated to this program?** [dollar numeric amount]
- **Has this program operated in the past?** [picklist of Yes or No]

[Insert screenshot of program overview table]

SECTION 8: PROGRAM DETAILS

The table below shows the overview information you populated for each program in the previous page, **Section 7: Program Overview**. If you wish to modify this information or the number of programs for Treasury’s review, please return to the previous page, **Section 7: Program Overview**, and make these edits. Once you have saved the updated information in the previous tab, the table below will update accordingly. To populate the required details for each program you must first select the program in the table below.

[Insert screenshot of program overview table]

SECTION 8.1: ADMINISTERING ENTITIES

- **Please select the entity(ies) that are administering this program (select all applicable entities):** [multi-select picklist of implementing entity(ies) and contracted entity(ies) in **Section 5.2**]

SECTION 8.1A: CAPITAL ACCESS PROGRAM (CAP) CRITERIA

You have indicated that one of the programs to be administered is a CAP. If this is not correct, please revisit **Section 7.1**. If this is correct, please populate the following fields.

Confirm by checking the boxes below that the Applicant’s CAP satisfies each criteria.

- **Provides portfolio insurance for business loans based on a separate loan-loss reserve fund for each financial institution.** [Checkbox]

- Requires insurance premiums to be paid by the participating financial institution lenders and by the business borrowers to the CAP-created reserve fund to have their loans enrolled in such reserve fund. [Checkbox]
 - Provides for contributions to be made by the jurisdiction to the CAP-created reserve fund in amounts at least equal to the sum of the amount of the insurance premium borrower and the financial institution to the reserve fund for any newly enrolled loan. [Checkbox]
 - Provides portfolio insurance solely for loans that meet both the following requirements:
 - (a) the borrower has 500 employees* or less at the time the loan is enrolled in the CAP; and
 - (b) the loan amount does not exceed \$5,000,000.
- *The definition at [12 CFR §121.106](#) should be used to calculate the number of employees. [Checkbox]

Enrolled Loan Data Table(s): Applicants establishing CAP programs that have not operated before will be required to provide detailed assumptions for their estimates of total enrolled loans, total loan amounts, and the estimated total Federal contributions over the lifespan of the program. Applicants with programs that have operated before should provide up to five (5) years of historical data for total enrolled loans, total loan amounts, and total public subsidies for these loans, and use this historical data as a reference to estimate total enrolled loans, total loan amounts, and the estimated total Federal contributions over the lifespan of the program. Applicants should download and populate the enrolled loan data template tables for each CAP program. Please note that all fields shaded in blue require data to be inputted, while those fields shaded in white are auto calculated. Please ensure you submit historical performance data, where applicable, to help support your enrolled loan projections.

- **Download/Upload Function**



Use the space below to articulate any assumptions or provide a brief narrative to support the data uploaded in the previous field.

[Text box for Enrolled Loan Data Narrative/Assumptions]

SECTION 8.1B: OTHER CREDIT SUPPORT PROGRAMS (OCSP) CRITERIA

You have indicated that at least one of the programs to be administered is an OCSP, which includes the following types of programs: collateral support program, loan participation program, loan guarantee program, equity capital program (funds), equity capital program (direct), and other. If this is not correct, please revisit [Section 7.1](#). If this is correct, please complete the following for each OCSP.

OCSP Program Information: Please use the link here to download a template narrative describing the OCSP. Please complete the template and upload your narrative that addresses the information in the downloadable template, including:

1. A description of the background of the program, including historic performance of the program (for programs that have operated before) and expected performance.
2. A description summarizing the program guidelines. Include information on the credit/investment characteristics and the operating mechanics of the OCSP such as:
 - a. qualifications or eligibility requirements for small business borrowers/investees and lenders/investors
 - b. minimum and maximum loan/investment amounts
 - c. standard loan types (e.g., term loans, lines of credit, etc.) and investments (e.g., equity, preferred equity, subordinated debt, etc.) and processes for reviewing non-standard transactions
 - d. limitations on use of loan/investment proceeds
 - e. other standard terms required in loan, collateral support or guarantee provided, or investment agreement terms
 - f. sources for loan originations or investment opportunities in the program
 - g. processes for negotiating and approving loan/credit support or investment terms
 - h. processes for determining and documenting the “cause and result” of private capital leverage related to the loan or investment
 - i. kinds of and rates for fees (e.g., application and origination fees, guarantee fees, management fees, etc.) that may be charged
 - j. processes for monitoring compliance and performance of outstanding loans/investments
 - k. processes for addressing loan defaults or investment write-offs

Also, provide the following information relevant to the type of OCSP as follows:

Loan Participation Program (LPP) – Describe how the program is structured, that is, explain whether the program purchases participation (the state, territory, the District of Columbia, or Tribal government purchases a portion of a loan originated by a lender), or originates companion loans (or co-lending participation or parallel loans in which a lender originates a senior loan and the state, territory, the District of Columbia, or Tribal government originates a second loan to the same borrower). Also, include the maximum percentage of the loan that the state, territory, the District of Columbia, or Tribal government can participate.

Collateral Support Program (CSP) – Include information on the maximum percentage of the loan amount that may be covered by the collateral, the form of collateral to be provided, and where the collateral will be held.

Loan Guarantee Program (LGP) – Include information on the maximum percentage of the loan that the guarantee will cover and describe how the reserve fund would work.

Equity Capital Program (Funds) and Equity Capital Program (Direct) – Describe the structure of the Equity Capital Program and the capital deployment model.

3. A description of the anticipated benefits of the state, territory, the District of Columbia, or Tribal government’s in-state and out-of-state loans and investments to the state, territory, the District of Columbia, or Tribal government, its businesses, and its residents including the extent to which the resulting small business lending and investing will expand economic opportunities. For example, climate transition investments may result in efficient energy use, sustainable jobs, or economic growth in sustainable manufacturing and industrial decarbonization, sustainable agriculture, bio-materials, and

electric vehicles and changing infrastructure. Another example is that investments in areas such as small and mid-size enterprise (SME) manufacturing and supply chain resiliency may result in stronger economic growth, high-quality jobs, and innovation. Also, investments focused on innovation in supply chains of critical products such as semiconductors, critical minerals and materials, and advanced pharmaceuticals may provide long-term national and economic security benefits.

4. A description of how the OCSP will, at a minimum, “cause and result in” \$1 of new private credit for every \$1 of SSBCI funds used by the OCSP. For example, for OCSPs involving equity capital, applicants may specify such safeguards as limiting investments to anchor investments, prohibiting SSBCI participation after a fund’s initial close, or only permitting investments in funds for which private capital is likely to be catalyzed by SSBCI participation based on the funds’ age, size, or experience. In addition, please complete the leverage ratio table for this OCSP program in **Section 8.1C** below.
5. A description of how the OCSP will ensure a meaningful amount of lender/investor capital is at risk. If the OCSP provides credit/equity support through a financial institution or non-financial institution lender or investor, such lender or investor must have a meaningful amount of capital resources at risk. The term “meaningful amount” may vary for lenders and investors in different programs, as some will bear risk at the transaction level while others bear pooled risk. Capital at risk guidelines for OCSPs are contained in the SSBCI Capital Program Policy Guidelines.
6. A description of how the OCSP will provide credit support that meets all of the following requirements:
 - a. targets an average borrower or investee size of 500 employees* or less;
 - b. does not extend support to borrowers or investees that have more than 750 employees;
 - c. targets support towards loans or investments with an average principal amount of \$5,000,000 or less; and
 - d. does not extend credit support to loans or investments that exceed a principal amount of \$20,000,000.

*The definition at [12 CFR §121.106](#) should be used to calculate the number of employees.

Download/Upload Function



OCSP Additional Considerations: Please use the link here to download a template narrative describing the OCSP management team, operational capacity, and internal accounting and administrative controls systems. Please complete the template and upload your narrative that addresses the information in the downloadable template, including:

1. A description of the OCSP’s operational capacity, skills, and experience of the OCSP program management team. For example, address whether the OCSP has adequate organizational resources, infrastructure, systems, and standard operating policies and procedures to administer the OCSP.

2. A description of the ability of the OCSF to manage increases in the volume of its small business lending or investing. For example, describe the OCSF organizational infrastructure, resources, and the management team’s skills and experience to handle increases in small business lending or investing.
3. A description of the internal accounting and administrative controls systems of the OCSF and the extent to which such systems can provide reasonable assurance that the SSBCI funds will be safeguarded against waste, loss, unauthorized use, and misappropriation. For example, provide evidence of one or more of the following:
 - a. periodic internal audits
 - b. annual independent audits (including management letters)
 - c. program financial statements current within the past year
 - d. adequate accounting and financial management systems
4. A description of the soundness of the OCSF’s program design and implementation plan. For example, address whether research and market surveys have been conducted to determine program demand; whether successful programs that have operated before have been modified to meet SSBCI requirements; and whether the OCSF incorporates industry best practices.

- **Download/Upload Function**



OCSF Independent Financial Audit Upload: Please upload a copy of the most recent independent financial audit or financial statements for the OCSF if it has operated before. If no independent financial audit or program financial statements exist for the OCSF, then the applicant must attach a copy of the independent financial audit or program financial statements for the entity(ies) administering the program as identified in **Section 7.1**.



SECTION 8.1C: LEVERAGE DATA

Leverage Ratio Data Table(s): The SSBCI statute mandates that for OCSFs to be eligible for federal funding, jurisdictions must demonstrate, at the time of application, a “reasonable expectation” that, when considered with all other approved programs under SSBCI, such programs have the ability to use their federal contributions to generate small business lending or investing (“private leverage”) of at least 10 times the amount of the Federal contribution. To this end, you must use the application portal Leverage Tables for each applicable program to demonstrate the calculation and the assumptions underlying your leverage calculations, filling in the blue shaded fields as appropriate to enable auto calculation of leverage ratio projections. The chart below entitled “Leverage Table Input Guide” provides additional guidance on what inputs

are required in the Leverage Tables. Please note this model calculates the leverage ratio under an assumed timeline of 10 years after each transaction that first uses SSBCI funds. To further assist the SSBCI Program in evaluating your leverage projections, please also submit historical performance data, if applicable, to support your assumptions.

- **Download/Upload Function**



Use the space below to articulate any assumptions or a brief narrative to support the data uploaded in the previous field.

[Text box for Leverage Ratio Narrative/Assumptions]

SECTION 8.2: PROGRAM OFFICIALS

Please enter the following information for the individual from the Administering Entity (i.e., either the Implementing Entity or Contracted Entity) to be contacted concerning this Program.

- **Program POC First Name:** [alphanumeric]
- **Program POC Last Name:** [alphanumeric]
- **Program POC Title:** [alphanumeric]
- **Program POC Email:** [email format check]
- **Program POC Phone:** [3-3-4 numeric]

SECTION 9: COMPLIANCE & OVERSIGHT

Please populate the information below on the compliance and oversight activities.

- **Indicate how the Applicant plans to staff compliance and oversight activities (select all that apply)** [picklist of Current Staff; New Staff; Contract Staff]

Staff Compliance and Oversight: Please upload a narrative describing what reporting mechanisms, audits, or other internal controls and compliance activities (a) the applicant has in place or (b) need to be implemented to enable the applicant to conduct oversight and meet annual and quarterly reporting requirements for the proposed program(s). Please include information for all proposed programs. In addition, explain the steps you will take to promote a fair, competitive, and open selection and contracting process. These steps could include application and enforcement of the jurisdiction's existing procurement and ethics policies, as well as new measures that your jurisdiction chooses to implement specifically for the SSBCI program. Examples of such policies to include limitation or disclosure of political contributions to the jurisdiction's officials with authority to select SSBCI contractors; reporting requirements for lobbying activity, including lobbying related to the SSBCI contractor selection process or program implementation; or request-for-proposal policies to govern the process for evaluating bids for SSBCI-related contracts. Documentation should **not** exceed 5 pages.

 Upload File

Or drop file

Assurances of Compliance with Civil Rights Requirements: If approved, SSBCI funding recipients will have to comply with legal requirements related to nondiscrimination and nondiscriminatory use of federal funds, where such laws are applicable to a recipient and any contracted entity operating SSBCI programs on the recipient’s behalf. To confirm that you will comply with these legal requirements if approved for SSBCI funding, please download, review, and have an authorized official sign the assurances of compliance with civil rights requirements form and upload the signed form here.

At this time, Tribal governments do not need to submit these assurances. Treasury will notify Tribal governments if subsequent assurances are required. All other jurisdictions must submit these Assurances of Compliance with Civil Rights Requirements in order to complete the application.

- **Download/Upload Function**

 Upload File

Or drop file

SECTION 10: APPLICATION CERTIFICATION

SECTION 10.1: AUTHORIZED OFFICIAL CERTIFICATION

An Authorized Official in **Section 5.2** or official with delegated authority in **Section 5.2A** must sign your application using a DocuSign electronic signature.

By electronically signing and submitting this application, the Implementing Entity, any associated entities listed in this application, and the identified Authorized Official or official with delegated authority certify under penalty of perjury that:

1. all the information provided in this application is true and correct;
2. the Implementing Entity has and shall retain documentation and records to support the information provided in this application;
3. the Authorized Official or official with delegated authority will distribute and notify all applicants, entities, and organizations listed in this application of the status and documentation associated with this application, if applicable; and
4. the Implementing Entity shall make such supporting documents and records available upon request.

After you click the button SUBMIT APPLICATION FOR AUTHORIZED SIGNATURE below, an email will be sent to the Authorized Official in **Section 5.2** or official with delegated authority in **Section 5.2A** with your completed application and a DocuSign link to electronically sign the

application. **Please ensure the email addressed submitted in Section 5.2 and 5.2A is active and correct.**

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil penalties (18 U.S.C. §§ 287, 1001; 31 U.S.C. §§ 3729, 3802). Treasury may refer any allegations of fraud, waste, or abuse in connection with SSBCI to the Treasury Inspector General.

(Render the following on a new page after submitting for signature)

Thank you for submitting your application for signature. An email with a DocuSign link has been sent to your Authorized Official in **Section 5.2** or official with delegated authority in **Section 5.2A** to electronically sign the application.

Your application is not complete or official until Treasury receives the electronically signed application. Please make sure your Authorized Official in **Section 5.2** or official with delegated authority in **Section 5.2A** retrieves and responds to the email with the DocuSign electronic signature link.

[CERTIFY & SUBMIT APPLICATION]

APPENDIX A: APPLICATION NOTIFICATION EMAIL

To: NOI Authorized representative & POCs

Subject: State Small Business Credit Initiative (SSBCI) Program Capital Application Available

Body:

Dear Interested Party,

According to our records, you have submitted a Notice of Intent for the SSBCI program. The application for SSBCI capital programs is now live and available for submission.

Please use the following link to submit an application: [\[insert link\]](#)

Note, you must register through ID.ME in order to proceed with an application.

For clarification on application submission and ID.ME registration please refer to user guide here: <https://home.treasury.gov/system/files/256/SSBCI-Capital-Program-Policy-Guidelines-November-2021.pdf>.

Applications for SSBCI capital programs must be initiated by December 11, 2021 at 11:59 p.m. ET, and be completed by February 11, 2022 at 11:59 p.m. ET. More information on the requirements and deadlines can be found in the Notice Regarding Applications for SSBCI: <https://home.treasury.gov/system/files/136/Notice-Regarding-Applications-for-the-State-Small-Business-Credit-Initiative-SSBCI.pdf>

The application for the technical assistance program will be released at a later date.

For more information regarding the State Small Business Credit Initiative (SSBCI) program, please visit our web page: <http://www.treasury.gov/ssbci>.

Signoff:

Thank you,
U.S. Department of the Treasury
State Small Business Credit Initiative
Ssbci_information@treasury.gov

Confidentiality Notice: The information in this e-mail and any attachments is confidential and solely for the intended addressee(s). Do not share or use them without Treasury's approval. If received in error, contact the sender, and immediately delete this email along with any attachments.

APPENDIX B: INITIATED APPLICATION COMPLETION

To: Authorized representative & POCs

Subject: Initial SSBCI Application Complete

Body:

Dear Applicant,

Thank you for providing the initial information for your application for SSBCI capital programs. Your application will not be considered final and submitted until you have completed and certified the remaining portions of the application. The full application is due by **February 11, 2022 at 11:59 p.m. ET**.

For more information regarding the State Small Business Credit Initiative (SSBCI) program, please visit our web page: <http://www.treasury.gov/ssbci>.

Signoff:

Thank you,
U.S. Department of the Treasury
State Small Business Credit Initiative
Ssbci_information@treasury.gov

Confidentiality Notice: The information in this e-mail and any attachments is confidential and solely for the intended addressee(s). Do not share or use them without Treasury's approval. If received in error, contact the sender, and immediately delete this email along with any attachments.

APPENDIX C: REQUEST TO CERTIFY AND SUBMIT APPLICATION (DOCUSIGN EMAIL)

To: Authorized representative

Subject: ACTION REQUIRED - SSBCI Application Review and Submission

Body:

Dear Applicant,

You have indicated that your application for SSBCI capital programs is complete. To finalize and submit your application, you must complete the following task.

- Provide your signature via DocuSign.

You may provide your signature at this link: [\[hyperlink\]](#)

After providing your signature via DocuSign, an automatic email response will be sent to your inbox confirming your submission.

Please navigate to the DocuSign to provide your Signature, Name, Title, Organization, and Date.

Upon completing these tasks, please continue to check Salesforce regarding the status of your Application.

For more information regarding the State Small Business Credit Initiative (SSBCI) program, please visit our web page: <http://www.treasury.gov/ssbci>.

Signoff:

Thank you,
U.S. Department of the Treasury
State Small Business Credit Initiative
Ssbci_information@treasury.gov

Confidentiality Notice: The information in this e-mail and any attachments is confidential and solely for the intended addressee(s). Do not share or use them without Treasury's approval. If received in error, contact the sender, and immediately delete this email along with any attachments.

APPENDIX D: DOCUSIGN FOR AUTHORIZED OFFICIAL

SSBCI APPLICATION CERTIFICATION

On behalf of [INSERT ENTITY NAME] , with TIN [INSERT TIN] , the undersigned official certifies that the updated responses and information provided in its SSBCI application for capital programs are true and correct.

I make this certification after reasonable inquiry of people, systems, and other information available to my organization. I acknowledge that a materially false, fictitious, or fraudulent statement (or concealment or omission of material fact) in this certification and the application may be the subject of criminal prosecution and also may subject me and my organization to civil penalties and/or administrative remedies for false claims or otherwise, including confinement for up to 5 years, fines, and civil penalties (18 U.S.C. §§ 287, 1001; 31 U.S.C. §3729, 3802).

I am the Authorized Official of the eligible jurisdiction or have been delegated authority on behalf of the Authorized Official, [INSERT ENTITY NAME] , with authority to make this certification.

Name of Official	
Title of Official	
Signature of Official	
Date	

APPENDIX D: APPLICATION SIGNED AND SUBMITTED

To: Authorized representative and POCs

Subject: Your SSBCI Application Has Been Certified and Submitted

Body:

Thank you for submitting your completed application for SSBCI capital programs. Your application number is XXXXXXXX.

Please continue to check Salesforce regarding the status of your application.

For more information regarding the State Small Business Credit Initiative (SSBCI) program, please visit our web page: <http://www.treasury.gov/ssbci>.

Signoff:

Thank you,
U.S. Department of the Treasury
State Small Business Credit Initiative
Ssbci_information@treasury.gov

Confidentiality Notice: The information in this e-mail and any attachments is confidential and solely for the intended addressee(s). Do not share or use them without Treasury's approval. If received in error, contact the sender, and immediately delete this email along with any attachments.