



Illinois State Treasurer

COMMUNITY DEVELOPMENT LINKED DEPOSIT PROGRAM

INVEST IN ILLINOIS - BUSINESS INVEST SCALE UP

**APPLICATION TO PARTICIPATE IN THE TREASURER’S INVEST IN ILLINOIS:
BUSINESS INVEST – SUB-CONTRACTOR ACCELERATOR LOAN ENGINE PROGRAM (SCALE UP PROGRAM)**

This form (“Application”) must be completed by an authorized representative (“Authorized Representative”) of the financial institution (“Financial Institution” or “FI”) seeking a deposit under Invest in Illinois: Business Invest – Sub-Contractor Accelerator Loan Engine Program (“Program”). The Program is facilitated by the Office of the Illinois State Treasurer (“Treasurer”). The Program is an impact investment program to provide state investment capital to small diverse contracting entities working on government, commercial, or residential construction projects (“Eligible Borrowers”). The information in this form will be relied on by the Treasurer to determine eligibility for participation in the Program.

SECTION 1: FINANCIAL INSTITUTION INFORMATION

This section is to be filled out by an authorized representative of the Financial Institution.

Name of Financial Institution: _____

Financial Institution Authorized Representative Name (Printed): _____

Financial Institution Authorized Representative Title: _____

Financial Institution Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

How did you hear about the Program? _____

SECTION 2: FINANCIAL INSTITUTION CERTIFICATIONS & DEPOSIT REQUEST

Dear Treasurer Frerichs:

_____ (Financial Institution Authorized Representative) of
_____ (Financial Institution) hereby applies for a Deposit under the Treasurer’s Program.

Financial Institution acknowledges that, in order to participate in the Program, Financial Institution has met the following requirements:

- 1. Have a Community Reinvestment Act (“CRA”) rating of Satisfactory or above (if Financial Institution is a credit union, a CRA rating is not required); and
- 2. Have an IDC Financial Publishing, Inc. (“IDC”) rating of at least 75.

Financial Institution hereby certifies that it meets all of the requirements listed above, or a written exception has been granted by the Treasurer for any requirement not met, and will immediately notify the Treasurer if, at some point, the Financial Institution no longer meets the requirements listed above. If an IDC rating exception was granted to Financial Institution, Financial Institution will collateralize all Deposits at 110% and in the form of: FHLB LOC, and NMB U.S. Treasury and U.S. Agency securities.

I hereby attest and certify that the following statements are true and accurate:

1. I am _____(title) of Financial Institution and I am authorized to execute this Application on behalf of Financial Institution;
2. I am authorized to act on behalf of Financial Institution and have authority to bind Financial Institution;
3. I have such familiarity with the business and affairs of Financial Institution so as to be able to knowledgeably make the statements set forth in this Application;
4. I understand that the Treasurer will provide the Deposit for a 1-year term at the Business Invest Linked Deposit Rate posted on the Treasurer's website at illinoistreasurer.gov;
5. Financial Institution understands that the Deposit Rate to Loan Rate spread must be used to facilitate access to capital for Eligible Borrowers, and the loan rate provided to Eligible Borrowers must not exceed the Effective Federal Funds Rate at the time of deposit, plus 7.50%;
6. Financial Institution understands that unless otherwise agreed to in writing by the Treasurer, Financial Institution will collateralize all Deposits in accordance with the Treasurer's Acceptable Collateral Listing: List of Financial Assets Qualified for Collateral to Secure Deposits and Repurchase Agreements on the Treasurer's website at illinoistreasurer.gov;
7. Financial Institution understands that the Treasurer requires Financial Institution to obtain an executed Diverse Small Business Certification Form ("Certification Form") from all Eligible Borrowers at the time the Eligible Borrower requests a loan under the Program. Financial Institution must maintain the Certification Form for each Eligible Borrower for the term of the loan, plus an additional 7 years. If requested, the Financial Institution must provide Certification Forms to the Treasurer. While Financial Institution may coordinate with a third party to obtain and maintain the completed Certification Form on Financial Institution's behalf, Financial Institution acknowledges that Financial Institution remains responsible for ensuring such Certification Form is completed, maintained and available to the Treasurer upon request. The Certification Form includes the following certifications: (1) the business has less than \$1 million in liquid assets or \$10 million average annual receipts (to calculate annual receipts, please see U.S. Small Business Administration ("SBA") standards set forth in 13 CFR § 121.104), unless an exception is granted by the Treasurer; (2) the business is headquartered in the State of Illinois, or the funds used from the loan will only be used for expenses including bills, payroll, and taxes, occurring within the State of Illinois; (3) the business is a diverse construction contractor business with 51 percent or more of the stock or equity of the business owned by women, minority persons, military veterans, qualified service-disabled veteran-owned, or persons with disabilities, as defined in Section 2 of the Business Enterprise for Minorities, Women, and Persons with Disabilities Act (30 ILCS 575/2) and Article 45 of the Illinois Procurement Code (30 ILCS 500/45), and provides documentation of being a certified MWVD owned business by a government agency; and (4) the business will comply with all applicable employment laws, including the Illinois Minimum Wage Law (820 ILCS 105), the Illinois Prevailing Wage Act (820 ILCS 130), and the Illinois Wage Payment and Collection Act (820 ILCS 115);
8. Financial Institution understands that the Program is available for Eligible Borrowers who have contracts to work on government, commercial, or residential construction projects;

9. Financial Institution understands that the Financial Institution is solely responsible for determining loan eligibility and loan terms within the requirements of the Program identified herein. Financial Institution may work with third party entities to refer or evaluate prospective Eligible Borrowers;
10. Financial Institution understands that it is required to submit information to the Treasurer on an Economic Development Metrics Form ("Metrics Form") 6 months post Deposit regarding the usage of Program funds based on Financial Institution information and information provided by the Eligible Borrower. The information in the Metrics Form, at a minimum, will provide the impact of the deposited funds, including, but not limited to: list of contractors/businesses, types of contractors/businesses, borrower demographics, headquarter county and city, the number of total employees of the contractor/business, the number of total employees located in Illinois, loan purpose (e.g. fixed debt, payroll, accounts payable, working capital, bridge funding) loan amounts, type of loan (e.g. commercial line of credit, fixed rate loan, variable rate loan), preferred loan rate versus market rate, diversity, and other economic/community development impact data requested by the Treasurer;
11. Financial Institution understands the Metrics Form, as well as any other requested documentation, must be completed and returned to, the Treasurer within fifteen (15) calendar days following the date of receipt. If the "Metrics Form or requested documentation" is not received by the Treasurer within fifteen (15) calendar days, the Treasurer shall issue a written warning. If the forms are not provided within thirty (30) days of the written warning, the Deposit may be terminated, and the Financial Institution may be required to return the funds. Failure by the Treasurer to issue a warning or cancel a deposit does not waive any of the Treasurer's rights to issue subsequent warnings or cancel deposits. Additionally, failure to comply with requests for information from the Treasurer regarding the usage of Program funds may be considered in assessing any future applications for participation in any of the Treasurer's Invest in Illinois programs or other investment programs;
12. Financial Institution understands that the Treasurer does not assume any liability for acts or omissions of Financial Institution. This liability rests solely with the Financial Institution;
13. Financial Institution understands that in order to receive State funds for the Program, Financial Institution must submit all requested forms and documentation, be an approved depository and have executed a Deposit Agreement with the Treasurer. If the Deposit Agreement is terminated by the Treasurer for any reason, the State funds provided under this Program may be withdrawn by the Treasurer;
14. Financial Institution hereby certifies that it meets all of the requirements identified herein, or a written exception has been granted by the Treasurer for any requirement not met, and will immediately notify the Treasurer if, at any time during its participation in the Program, the Financial Institution no longer meets the requirements listed herein; and
15. Financial Institution understands that the Treasurer may withdraw this Deposit at any time upon thirty (30) calendar days' advance written notice. Both principal and interest will be due on the 30th calendar day following such notice of withdrawal, or as otherwise mutually agreed to in writing by the parties.

DEPOSIT REQUEST

Financial Institution will be contacted to finalize the **Deposit amount and Deposit date** upon completion of the Treasurer's review and approval process and the receipt of all required documentation from Financial Institution.

1. Amount of Deposit: \$ _____
2. Term of Deposit: 1 year

Financial Institution Authorized Representative Signature: _____ Date: _____

SUBSCRIBED and SWORN to before me

(Notary signature date should match that of the authorized representative signature date)

(Notary Public Signature) _____ This _____ day of _____, _____



Please return this completed Application via email to:

Investinillinois@illinoistreasurer.gov

Illinois State Treasurer Michael W. Frerichs

Invest In Illinois: Business Invest Program

Marine Bank Building

1 East Old State Capitol Plaza

Springfield, Illinois 62701

Phone: (217) 558-6217

Fax: (217) 601-6177

www.illinoistreasurer.gov