



Illinois State Treasurer's

COMMUNITY DEVELOPMENT LINKED DEPOSIT PROGRAM

INVEST IN ILLINOIS - COMMUNITY INVEST OPPORTUNITY ILLINOIS

APPLICATION TO PARTICIPATE IN THE TREASURER'S INVEST IN ILLINOIS: COMMUNITY INVEST - OPPORTUNITY ILLINOIS

SECTION 1 FINANCIAL INSTITUTION INFORMATION

A Financial Institution Information:

Name of Financial Institution: _____
Authorized Representative (Printed): _____
Title: _____
Address: _____
City, County, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Email Address: _____
F.E.I.N.: _____
How did you hear about the program? _____

Financial Institution designated area (refer to Section 3 Financial Institution Certification & Acknowledgments for definitions of each zone mentioned below)

(check all that apply):

- Illinois Enterprise Zone
- Opportunity Zone
- Low-Income Community
- None

SECTION 2 LOAN USAGE INFORMATION

Please be as accurate as possible with your responses below as it relates to this deposit request.

A. Purpose & Percentage:

% of loans / avg loan rate

- Auto Loans _____% / _____%
- Business Micro _____% / _____%
- Credit Cards _____% / _____%
- Home Equity _____% / _____%
- Mortgages _____% / _____%
- Student Loans _____% / _____%
- Personal Loans _____% / _____%
- Other _____% / _____%

*% of loan column should add up to 100%

*please provide an accurate estimate of average loan rate per category

B. Financial Institutions Customer Profile

1. What percentage of your customers served under this program are low-income? _____%

*see table for low-income range per county

2. Age demographic of customers served under this program?

- under age 25 _____%F_____ %M
- age 25 to 34 _____%F_____ %M
- age 35 to 44 _____%F_____ %M
- age 45 to 54 _____%F_____ %M
- age 55 to 64 _____%F_____ %M
- age 65 and older _____%F_____ %M

C. Financial Institution Benefits:

1. Benefit (check all that apply)

- Access to Capital for Regular Operating
- Grow Banking Operations
If Yes, what markets _____
- New Line of Service Opportunity
If Yes, please explain _____
- Create Jobs
- Other _____

SECTION 3 FINANCIAL INSTITUTION CERTIFICATIONS & ACKNOWLEDGMENTS

Dear Treasurer Frerichs:

_____ (Authorized Representative) of _____ (“Financial Institution”) hereby applies for a deposit under the Office of the Illinois State Treasurer’s (“Treasurer”) Invest In Illinois: Community Invest - Opportunity Illinois Program (“Program”).

Financial Institution acknowledges that, in order to participate in the Program, Financial Institution must meet the following requirements:

- (1) a maximum asset size of \$500,000,000 at the time of the deposit;
- (2) at least one branch located in any of the following areas:
 - (a) an Illinois Enterprise Zone, as defined by the Illinois Department of Commerce and Economic Opportunity (“DCEO”);
 - (b) a Qualified Opportunity Zone as defined by Section 1400z-1 of the Internal Revenue Code of 1986, as amended (26 USC § 1400z-1) (“Code”);
 - (c) a Low-Income Community, as defined by the Community Development Financial Institutions Fund (“CDFI Fund”); or
 - (d) a Single Institution located in a town/city, as defined by the Federal Deposit Insurance Corporation (“FDIC”) (asset size exception may apply to this category);
- (3) a Community Reinvestment Act (“CRA”) rating of Satisfactory or above (if Financial Institution is a credit union, a CRA rating is not required); and
- (4) an IDC Financial Publishing, Inc. (“IDC”) rating of at least 75, or a written exception granted by the Treasurer’s Deputy Treasurer and Chief Investment Officer.

Financial Institution further acknowledges that it must 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 (located on the Treasurer’s Office website). Further, Financial Institution acknowledges that if an IDC rating exception is granted to Financial Institution, Financial Institution must collateralize all deposits at 110% and in the form of Federal Home Loan Bank Letter of Credit (“FHLB LOC”) and Non-Mortgage-Backed (“NMB”) U.S. Treasury and U.S. Agency securities.

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

- 1. My role as _____(title) at this Financial Institution, authorizes me to execute this application on behalf of Financial Institution;
- 2. I am authorized to act on behalf of the Financial Institution and have authority to bind the 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 attestation and certification;

4. I understand that the Treasurer will rely, in part, on the statements set forth herein in determining whether Financial Institution will be granted a deposit under the Program and such statements must be accurate;
5. Financial Institution has a maximum asset size of \$500,000,000, or has been granted an exception to the asset size by the Treasurer;
6. I understand that the Treasurer may request documentation be provided specifying local development efforts from loaning these funds, including, but not limited to, stimulating business growth, job creation and neighborhood revitalization;
7. Financial Institution has at least one branch located in at least one of the following areas: (a) an Illinois Enterprise Zone, as defined by DCEO; (b) a Qualified Opportunity Zone as defined by Section 1400z-1 of the Internal Revenue Code; (c) a Low-Income Community as defined by the CDFI Fund; or (d) a Single Institution located in a city/town as defined by FDIC;
8. Financial Institution (a) has a CRA rating of Satisfactory or above, or (b) is a credit union that does not receive a CRA rating;
9. Financial Institution has an IDC rating of at least 75, or the Treasurer's Deputy Treasurer and Chief Investment Officer granted Financial Institution a written exception from the IDC rating requirement;
10. 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, available at:
<https://www.illinoistreasurer.gov/TWOCMS/media/doc/BankingServicesAppendixEAcceptableCollateralList.pdf>;
11. 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;
12. Financial Institution is an approved depository with the Treasurer and has completed all required documentation, including a Deposit Agreement between Financial Institution and Treasurer;
13. Financial Institution recognizes the Treasurer finds this partnership critical to enhancing community development, job creation, and neighborhood revitalization and that the Treasurer wants to educate and support the community by promoting the partnership of the Treasurer and Financial Institution;
14. Financial Institution understands the Treasurer does not assume any liability for acts or omissions of the Financial Institution. This liability rests solely with the Financial Institution.;
15. Financial Institution understands that the Treasurer requires the Financial Institution submit information regarding usage of Program Funds. An Economic Development Metrics form is one of the requirements that must be completed upon request by the Treasurer. This form will be provided to the Financial Institution (through its Authorized Representative) at a minimum at the 6-month post deposit period for all 1-year term loans. In addition, for multiple year terms a form will be provided at the initial maturity date. All forms will be required to be completed and returned to the Treasurer within twenty-five business days. If forms are not received, the deposit will be terminated, and the financial institution will be required to return the funds; and
16. Financial Institution understands that in order to receive State funds for this Program, the Financial Institution must be an approved Depository and have executed a Deposit Agreement with the Treasurer, and 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.

Deposit Request

The aggregate amount of deposit requests cannot exceed 10% of the total deposit size of Financial Institution. Financial Institution will be contacted to finalize the **deposit amount, term, rate, 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 no renewal ___2 year with 3- year renewal option ___3 year with 2- year renewal option (all renewals granted at the current rates)

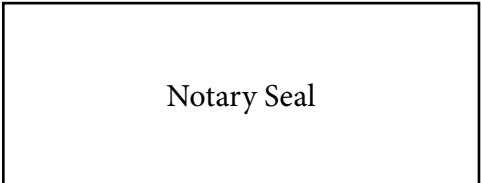
The deposit shall be eligible for a single renewal term upon completion of application documentation for both 2 and 3 year terms. Should Financial Institution seek an additional term, a renewal document must be completed. Following the Treasurer’s approval of this application, Financial Institution will receive an Addendum to the Deposit Agreement between Financial Institution and Treasurer upon completion of the ACH funding that requires execution and return to the Treasurer within ten days of the deposit date.

The Financial Institution acknowledges that the Treasurer may withdraw this deposit at any time in the event that the Deposit Agreement is terminated, or Financial Institution fails to comply with any of the requirements and certifications set forth herein, or any of the certifications set forth herein are determined by the Treasurer to be inaccurate or misleading.

Authorized Representative Signature:_____Date:_____

SUBSCRIBED and SWORN to before me (Notary signature date should match that of the authorized representative signature date)

_____This_____dayof_____,_____
(Notary Public Signature)



Please return this completed application to:

**Illinois State Treasurer Michael W. Frerichs
Invest In Illinois: Community Invest Program
400 West Monroe St., Ste. 401
Springfield, Illinois 62704
Phone: (217) 558-6217 • Fax: (217) 557-6439**

www.illinoistreasurer.gov • InvestinIllinois@illinoistreasurer.gov