



## OFFICE OF THE ILLINOIS STATE TREASURER

### INVEST IN ILLINOIS

### **BUSINESS INVEST – ILLINOIS SMALL BUSINESS COVID-19 RELIEF PROGRAM**

## **APPLICATION AND CERTIFICATION TO PARTICIPATE IN THE TREASURER'S INVEST IN ILLINOIS: BUSINESS INVEST – ILLINOIS SMALL BUSINESS COVID- 19 RELIEF PROGRAM**

This form (“Application and Certification”) must be completed by an authorized representative (“Authorized Representative”) of the financial institution (“Financial Institution”) seeking a deposit under Invest in Illinois: Business Invest – Illinois Small Business COVID-19 Relief Program (“Program”). This Business Invest Linked Deposit Program is facilitated by the Office of Illinois State Treasurer (“Treasurer”). The Program is a business loan impact investment program that enables qualified financial institutions to expand and facilitate access to capital to eligible Illinois small businesses and non-profits (“Illinois Small Businesses”) negatively affected by the COVID-19 pandemic. The impact deposit shall be used to provide loans, either lower rate loans, or loans to a business or non-profit that would not otherwise qualify, to Illinois Small Businesses affected by the COVID-19 pandemic. The purpose of the Program is to provide vital economic support to Illinois Small Businesses to help overcome the loss of revenue they are experiencing. These affordable loans shall be used by the Illinois Small Business to provide bridge funding and to pay fixed debts, payroll, accounts payable and other bills that cannot be paid due to the impact of the COVID-19 pandemic. The information on this form will be relied on by the Treasurer to determine eligibility for participation in the Program.

### Section 1

#### **APPLICANT/FINANCIAL INSTITUTION INFORMATION**

Name of Financial Institution: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Authorized Representative (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

City, County, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

F.E.I.N.: \_\_\_\_\_

How did you hear about the Program? \_\_\_\_\_

What counties does your Financial Institution serve? \_\_\_\_\_

- Which counties are your Financial Institution branches located?  
\_\_\_\_\_

- Are any of these branches located in a low-income community, as defined by the Community Development Financial Institutions Fund? Yes  No

If yes, how many: \_\_\_\_\_

## Section 2

### FINANCIAL INSTITUTION CERTIFICATIONS & ATTESTATIONS

\_\_\_\_\_ (“Authorized Representative”) of \_\_\_\_\_ (“Financial Institution”) hereby applies for a deposit under the Treasurer’s Invest In Illinois: Business Invest – Illinois Small Business COVID-19 Relief Program (“Program”). Financial Institution acknowledges that, in order to participate in the Program, Financial Institution must meet the requirements below and must attest that the certifications and statements below are true and accurate.

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 and Certification 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 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 an IDC rating of at least 125, or the Treasurer granted Financial Institution a written exception from the IDC rating requirement;
6. Financial Institution (a) has a Community Reinvestment Act (“CRA”) rating of Satisfactory or above, or (b) is a credit union that does not receive a CRA rating;
7. The Treasurer will provide the time deposit for the 1-year term per deposit request at a rate of 0.01% (0.0001) for the duration of the deposit. The deposit may be extended for a term agreed to between the Treasurer and the Financial Institution;
8. The deposit rate may reset at the conclusion of the 1-year term, if an agreement to extend the term has been agreed to in writing with the Treasurer;
9. Financial Institution will commit to a 1-year deposit term, and all loans Financial Institution provides under the Program will not exceed 1 year, unless agreed to in writing by the Treasurer;
10. 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, available at:

<https://illinoistreasurergovprod.blob.core.usgovcloudapi.net/twocms/media/doc/acceptablecollateralisting20150602.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 acknowledges the following: that (a) any deposit provided pursuant to this Application and Certification may be used only for the purpose of providing vital economic support to eligible Illinois small businesses and non-profits (“Illinois Small Businesses”) to help overcome the loss of revenue they are experiencing due to the COVID-19 pandemic; (b) the Treasurer may use any information provided by Financial Institution for internal and external purposes, including marketing; (c) the Treasurer may terminate the deposit should Financial Institution fail to meet any requirement or term related thereto; and (d) the Treasurer will consider failure of Financial Institution to comply with any term or requirement related to the deposit in assessing any future applications for participation in any of the Treasurer’s Invest in Illinois or other investment programs;
13. Financial Institution understands that loans provided under the Program shall only be extended to eligible borrowers (“Eligible Borrowers”). To be an Eligible Borrower, the Illinois Small Business must provide satisfactory evidence to the Financial Institution of the following: (1) that the business was shut down, or severely limited, due to the COVID-19 pandemic (a federal, state, or local order is sufficient); (2) that the business has less than \$1 million in liquid assets or \$8 million average annual receipts (to calculate annual receipts, please see U.S. Small Business Administration (“SBA”) standards set forth in 13 CF § 121.104), unless an exception is granted by the Treasurer; (3) that the business is headquartered in the state of Illinois, or the funds used from the loan will only be used for activities, including bills, payroll, taxes, and expenses, located within the state of Illinois;
14. Financial Institution understands that the Treasurer requires Financial Institution to obtain an executed Small Business Certification Form (“Certification Form”) from all Eligible Borrowers at the time the Eligible Borrower submits an application for 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 will provide Certification Forms to the Treasurer. The Certification Form includes the following: (1) the Illinois Small Business was shut down, or severely limited, due to the COVID-19 pandemic (a federal, state, or local order is sufficient); (2) the Illinois Small Business has less than \$1 million in liquid assets or \$8 million average annual receipts (to calculate annual receipts, please see U.S. Small Business Administration (“SBA”) standards set forth in 13 CF § 121.104), unless an exception is granted by the Treasurer; (3) the Illinois Small Business is headquartered in the state of Illinois, or the funds used from the loan will only go for activities, including bills, payroll, taxes, and expenses, located within the state of Illinois; and (4) the Illinois Small Business complies with applicable employment laws and regulations, including the Illinois Minimum Wage Law (820 ILCS 105) and the Wage Payment and Collection Act (820 ILCS 115);
15. Financial Institution must attest loans are being provided to Eligible Borrowers;
16. Financial Institution understands that the deposit rate to loan rate spread must be used to facilitate access to capital to Eligible Borrowers by providing loans, either lower rate loans, or loans to an Illinois Small Business that would not otherwise qualify, and the loan rate provided to Eligible Borrowers must not exceed 4.75% interest rate (based on borrower credit profile) without any credit enhancement;
17. Financial Institution understands the Financial Institution is solely responsible for determining loan eligibility and loan terms within the requirements of the Program identified herein;

18. Financial Institution understands that the purpose of the program is to help communities and the economy in Illinois. Therefore, due to the current COVID-19 crisis, the Treasurer strongly encourages the Financial Institution defer the first three months of payments or modify loans to provide sufficient relief to Illinois Small Businesses within applicable fiduciary duties;
19. Financial Institution recognizes the Treasurer finds this partnership critical to providing vital economic support to Illinois businesses impacted by the COVID-19 pandemic, and that the Treasurer wants to educate and support the community by promoting the partnership between the Treasurer and Financial Institution;
20. Financial Institution understands the funds provided to a Financial Institution for the Program are limited to \$25 million in total deposit requests. Deposits are to be drawn in \$5 million increments for Financial Institutions receiving funds under the Program in the amount of \$15 million or more, or \$1 million increments for Financial Institutions receiving funds under the Program less than \$15 million, unless an exception is granted by the Treasurer. Additional increments of funding will only be released by the Treasurer to the Financial Institution once the following occurs: (a) 75% of the deposit funding as of the date of the request has been loaned by the Financial Institution to Eligible Borrowers; (b) such loans have been satisfactorily substantiated to the Treasurer; and (c) the requested applicable metrics are furnished by the Financial Institution to the Treasurer. The Financial Institution must submit a Request for Supplemental Funding and Certification Form with an Economic Development Metrics Form, and, if applicable, supporting documentation, upon the above conditions being met, to receive the next increment of funding;
21. Financial Institution understands that it is required to submit reports to the Treasurer based on Financial Institution information and information provided by the Illinois Small Business providing, at a minimum, the impact of the deposited funds, including, but not limited to: number of businesses, type of business or NAICS, headquarter county or zip code, the number of total employees of the business, the number of total employees located in Illinois, loan purpose (e.g. fixed debt, payroll, accounts payable, working capital, bridge funding), loan amount, 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;
22. Financial Institution understands that the Treasurer requires Financial Institution to submit information regarding usage of Program funds. An Economic Development Metrics Form (“Metrics Form”) is one of the requirements that must be completed upon request of the Treasurer. The Metrics Form will be provided to the Financial Institution (through its Authorized Representative) at a minimum, at the 6-month post-deposit period. All required forms must be completed and returned to the Treasurer within fifteen calendar days following the date of receipt. If forms are not received by the Treasurer within fifteen days, the deposit may be terminated, and the Financial Institution may be required to return the funds. 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;
23. Financial Institution understands the Treasurer does not assume any liability for acts or omissions of Financial Institution. This liability rests solely with Financial Institution;
24. Financial Institution understands that in order to receive State funds for this Program, 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;

25. 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 some point, the Financial Institution no longer meets the requirements listed herein; and
26. Financial Institution understands that the Treasurer may withdraw this deposit at any time upon 30 calendar days' advance 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

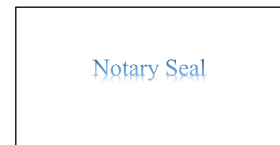
The aggregate amount of deposit requests cannot exceed 10% of the total deposit size of Financial Institution. Financial Institution will be contacted to finalize the **deposit amount and deposit date** upon completion of the Treasurer's review and approval process and the receipt of all required documentation from Financial Institution.

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

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 and Certification via email to:**  
[Investinillinois@illinoistreasurer.gov](mailto:Investinillinois@illinoistreasurer.gov)

**Then mail the original signed and notarized application to:**  
**Illinois State Treasurer Michael W. Frerichs**  
**Invest In Illinois: Business Invest Program**  
**1 East Old State Capitol Plaza**  
**Springfield, Illinois 62739**

**For additional information or questions contact the Treasurer's Office at:**  
**Phone: (217) 558 6217 • Fax: (217) 601-6177**  
[www.illinoistreasurer.gov](http://www.illinoistreasurer.gov)