



## OFFICE OF THE ILLINOIS STATE TREASURER

### INVEST IN ILLINOIS

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

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## **REQUEST FOR SUPPLEMENTAL FUNDING AND CERTIFICATION FORM**

This Request for Supplemental Funding and Certification must be completed by an authorized representative (“Authorized Representative”) of the financial institution (“Financial Institution”) seeking supplemental funding for a deposit already approved by the Office of the Illinois State Treasurer (“Treasurer”) under the Business Invest – Illinois Small Business COVID-19 Relief Program (“COVID-19 Relief Program” or “Program”). The information on this form and the Economic Development Metrics Form will be relied on by the Treasurer to determine eligibility for supplemental funding.

### **SECTION 1: REQUESTER/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.: \_\_\_\_\_

### **SECTION 2: FINANCIAL INSTITUTION CERTIFICATIONS AND ACKNOWLEDGEMENTS**

\_\_\_\_\_ (“Authorized Representative”) of \_\_\_\_\_ (“Financial Institution”) hereby applies for supplemental funding for a deposit already approved by the Treasurer under the COVID-19 Relief Program. Financial Institution acknowledges that, in order to receive supplemental funding under the Program, Financial Institution must meet the requirements below and must attest that the certifications and statements below are true and accurate. Any capitalized terms that are not defined herein have the meaning set forth in the initial Application and Certification executed by Financial Institution.

1. I am \_\_\_\_\_ (title) of Financial Institution and I am authorized to execute this Request for Supplemental Funding 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 and documents submitted to determine whether Financial Institution will be granted supplemental funding for a deposit already approved by the Treasurer under the Program and such statements must be accurate;
5. All terms, conditions, statements and certifications in the initial Application and Certification executed on \_\_\_\_\_ remain in effect and are true and accurate;
6. Loans given by the Financial Institution are being provided only to Eligible Borrowers, as defined in the initial Application and Certification unless an exception was granted by the Treasurer;
7. Financial Institution certifies that all funds from deposits by the Treasurer under the Program have been used solely for the purpose of providing vital economic support to eligible Illinois small businesses and non-profits to help overcome the loss of revenue they are experiencing due to the COVID-19 pandemic;
8. Financial Institution certifies that at least 75% of deposit funding previously loaned to Financial Institution by the Treasurer has been loaned by Financial Institution to Eligible Borrowers;
  - a. Financial Institution obtained the Small Business Certification Form from all Eligible Borrowers the Financial Institution has loaned Program funds to and will provide copies to the Treasurer, if requested.
9. The loan rate provided to Eligible Borrowers has not exceeded 4.75% interest rate (based on borrower credit profile) without any credit enhancement for any Eligible Borrower;
10. Financial Institution will provide documentation in support of the answers to questions in this Request for Supplemental Funding and Certification and the Economic Development Metrics Form;
11. Financial Institution certifies all information submitted in this Request for Supplemental Funding and Certification, the Economic Development Metrics Form, and, if applicable, the Economic Development Metric Form Spreadsheet, are true and accurate; and
12. 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 Financial Institution once the following occurs: (a) 75% of the deposit funding as of the date of the request has been loaned by Financial Institution to Eligible Borrowers; (b) such loans have been satisfactorily substantiated to the Treasurer; and (c) the requested applicable metrics are furnished by Financial Institution to the Treasurer. Financial Institution must submit a Request for Supplemental Funding and Certification, Economic Development Metrics Form, and, if applicable, the Economic Development Metric Form Spreadsheet upon the above conditions being met to receive the next increment of funding.

**SECTION 3: SUPPLEMENTAL FUNDING REQUEST**

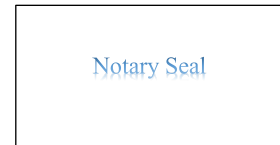
- 1. Amount of approved deposit: \$ \_\_\_\_\_
- 2. Date(s) FI received funds: \_\_\_\_\_
- 3. Amount being requested \$ \_\_\_\_\_

Financial Institution will be contacted to finalize the **supplemental 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.

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 \_\_\_\_\_, \_\_\_\_\_



**For expedited process, please return this completed Request for Supplemental Funding and Certification via email to: [Investinillinois@illinoistreasurer.gov](mailto:Investinillinois@illinoistreasurer.gov)**

**Then mail the original signed and notarized Request for Supplemental Funding and Certification 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)**