



OFFICE OF THE ILLINOIS STATE TREASURER
INVEST IN ILLINOIS
COMMUNITY INVEST – CANNABIS
BANKING SERVICES

ECONOMIC DEVELOPMENT METRICS FORM

This Economic Development Metrics Form (“Metrics Form”) must be completed by an authorized representative (“Authorized Representative”) of the financial institution (“Financial Institution”) that has been given funding for a deposit already approved by the Treasurer under the Community Invest – Cannabis Banking Services Program (“Program”). The Financial Institution may choose to submit the Economic Development Metric Form Spreadsheet (“Metrics Spreadsheet”) in lieu of answering questions 1-8 below. The information on this Metrics Form, and, if applicable, the Metrics Spreadsheet must be true and accurate. Should Financial Institution choose to submit the Metrics Spreadsheet in lieu of the Metrics Form, the Financial Institution is required to provide responses that contain at least the same level of detail requested in the Form. Any capitalized terms that are not defined herein have the meaning set forth in the Program Application and Certification submitted by the Financial Institution.

Name of Financial Institution: _____

Between January 1, 2020 and March 31, 2020:

1. How many Cannabis-Related Businesses opened accounts under the Program? _____
2. How many total accounts were opened by Cannabis-Related Businesses under the Program?

3. Identify how many Cannabis-Related Business accounts were opened for each type of account offered:
 - A. Checking: _____
 - B. Savings: _____
 - C. Certificates of Deposit: _____
 - D. Lockbox Services: _____
 - E. Other: _____
4. What were the types transaction activities being processed for Cannabis-Related Businesses?
 - A. Debit Activity: _____
 - B. Credit Activity: _____
 - C. Other (please explain): _____
5. What were the estimated amounts of transaction activity being processed for Cannabis-Related Businesses? _____

6. Identify the types of Cannabis-Related Businesses that opened accounts under the Program:

Dispensary	_____	Paraphernalia sellers/distributors	_____
Cultivation Center	_____	Industrial hemp	_____
Product Testing	_____	Harvesting	_____
Payment Processors	_____	Licensing consultants	_____
Processing	_____	Cannabis software providers	_____
Cannabis Seeds	_____	Security companies	_____
Packaging Suppliers	_____	Advertising and public relations	_____
Hydroponic Suppliers	_____	Training and education	_____
Delivery/Transportation	_____	Industry associations	_____
Planting	_____	Accountants	_____
Cannabidiol sellers/distributors	_____	Property owners	_____
Infused products	_____	Legal Services	_____

7. Indicate the number of Cannabis-Related Businesses per county that opened accounts under the Program, using their business headquarters to determine the location:

Adams	_____	Ford	_____	Livingston	_____	Randolph	_____
Alexander	_____	Franklin	_____	Logan	_____	Richland	_____
Bond	_____	Fulton	_____	McDonough	_____	Rock Island	_____
Boone	_____	Gallatin	_____	McHenry	_____	Saline	_____
Brown	_____	Greene	_____	McLean	_____	Sangamon	_____
Bureau	_____	Grundy	_____	Macon	_____	Schuyler	_____
Calhoun	_____	Hamilton	_____	Macoupin	_____	Scott	_____
Carroll	_____	Hancock	_____	Madison	_____	Shelby	_____
Cass	_____	Hardin	_____	Marion	_____	St. Clair	_____
Champaign	_____	Henderson	_____	Marshall	_____	Stark	_____
Christian	_____	Henry	_____	Mason	_____	Stephenson	_____
Clark	_____	Iroquois	_____	Massac	_____	Tazewell	_____
Clay	_____	Jackson	_____	Menard	_____	Union	_____
Clinton	_____	Jasper	_____	Mercer	_____	Vermilion	_____
Coles	_____	Jefferson	_____	Monroe	_____	Wabash	_____
Cook	_____	Jersey	_____	Montgomery	_____	Warren	_____
Crawford	_____	Jo Daviess	_____	Morgan	_____	Washington	_____
Cumberland	_____	Johnson	_____	Moultrie	_____	Wayne	_____
DeKalb	_____	Kane	_____	Ogle	_____	White	_____
DeWitt	_____	Kankakee	_____	Peoria	_____	Whiteside	_____
Douglas	_____	Kendall	_____	Perry	_____	Will	_____
DuPage	_____	Knox	_____	Piatt	_____	Williamson	_____
Edgar	_____	La Salle	_____	Pike	_____	Winnebago	_____
Edwards	_____	Lake	_____	Pope	_____	Woodford	_____
Effingham	_____	Lawrence	_____	Pulaski	_____		
Fayette	_____	Lee	_____	Putnam	_____		

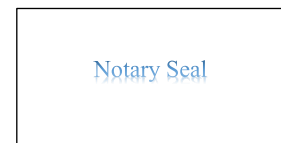
8. How many Cannabis-Related Businesses are minority-owned businesses, women-owned businesses, businesses owned by a person with a disability, qualified veteran-owned small businesses, or qualified service-disabled veteran-owned small businesses, as defined in Section 1 of the Business Enterprise for Minorities, Women, and Persons with Disabilities Act and Article 1 of the Illinois Procurement Code (“MWVD owned businesses”)?
- A. Minority-owned businesses: _____
 - i American Indian or Alaska Native: _____
 - ii Asian: _____
 - iii Black or African American: _____
 - iv Hispanic or Latino: _____
 - v Native Hawaiian or Other Pacific Islander: _____
 - B. Women-owned businesses: _____
 - C. Businesses owned by a person with a disability: _____
 - D. Veteran-owned small businesses: _____
 - E. Qualified service-disabled veteran-owned small businesses: _____

Financial Institution certifies all information submitted in this Economic Development Metrics Form, documentation, and, if applicable, the Economic Development Metric Form Spreadsheet are true and accurate.

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 Economic Development Metrics Form via email to: Investinillinois@illinoistreasurer.gov

Then mail the original signed and notarized Economic Development Metrics Form 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