



# Illinois State Treasurer

## INVEST IN ILLINOIS - **FEDERAL WORKERS EMERGENCY LOAN PROGRAM** LENDER APPLICATION

The Honorable Michael W. Frerichs  
Illinois State Treasurer  
Attn: Banking Division  
Marine Bank Building  
1 Old State Capitol Plaza  
Springfield, IL 62701  
Phone: 217.558.6217  
Email: [Banking-TimeDeposit@illinoistreasurer.gov](mailto:Banking-TimeDeposit@illinoistreasurer.gov)

Dear Treasurer Frerichs:

\_\_\_\_\_ (Authorized Representative) of \_\_\_\_\_ ("Financial Institution") hereby applies for a deposit under the Office of the Illinois State Treasurer's ("Treasurer") Federal Workers Emergency Loan Program ("Program").

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

1. must be an approved depository with the Treasurer and have completed all required documentation, including a Deposit Agreement between Financial Institution and Treasurer;
2. have an IDC Financial Publishing, Inc. ("IDC") rating of at least 75;
3. 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
4. Financial Institution further acknowledges that it must collateralize all deposits received under the Program in an amount greater than \$250,000 in accordance with the Treasurer's Acceptable Collateral listing.

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.

Financial Institution further acknowledges that it must collateralize all deposits received as a result of this Application 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 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. I am a \_\_\_\_\_ (title) of Financial Institution, and I am authorized to execute this application on behalf of Financial Institution;
2. 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;
3. I understand that the Treasurer will rely, in part, on the statements set forth herein in connection with determining whether Financial Institution will be granted a deposit under the Program;
4. Financial Institution will fund the loan(s) listed on the Borrower Information Form, attached hereto as Exhibit A ("Program Loans");
5. Financial Institution shall provide Program Loans only to individuals who meet all of the following requirements: (1) is a United States federal employee; (2) has not been paid when he or she otherwise normally would have been as a result of a government shutdown; and (3) is at least 18 years of age;
6. All individuals who will receive a Program Loan ("Borrowers") meet the requirements set forth in statement 5, above, and are listed on the Borrower Information Form, attached hereto as Exhibit A; and
7. Financial Institution shall ensure that the terms of all Program Loans are in accordance with the loan terms set forth herein.

## **LOAN TERMS**

Financial Institution shall charge zero percent interest to the Borrower, or such other rate approved in writing by the Treasurer not to exceed the State deposit rate at time of deposit by more than 3.75%, on all Program Loans from the date of the Program Loan and through 90 calendar days from the date that the federal government has made back pay available to the Borrowers.

If Financial Institution charges zero percent interest to the Borrower, then the Treasurer shall charge .01% interest to Financial Institution for the term of the Program deposit. If Financial Institution charges a rate more than zero percent interest to the Borrower, then the Treasurer shall charge the three-month linked deposit rate for the term of the Program Deposit. Financial Institution may make additional deposit requests prior to exhaustion of Program funds or back pay being made available to the Borrowers, whichever occurs first. The Treasurer will withdraw all deposited funds on the maturity date.

Program Loans, for a minimum of three years from the last action on the Program Loans or after termination of the Program Loans, whichever is longer. Financial Institution agrees to cooperate fully with any audit conducted by the Auditor General or the Treasurer to provide full access to all relevant materials. If any litigation or claim involving the Program Loans has been filed or any audit commenced before the expiration of the three-year period, Financial Institution shall maintain the records required hereunder

- 1) in the case of any litigation or claim, until completion of the action and resolution of all issues that arises from it or until the end of the three-year period, whichever is later; and
- 2) in the case of any audit, until completion of the audit or until the end of the three-year period, whichever is later. The Treasurer may withdraw any Program funds or impose any other penalties on Financial Institution under any of the following circumstances:

- (a) Financial Institution disregards or violates any applicable laws, rules, or the Treasurer's instructions, acts in violation of any requirement of the Program, or the Program conflicts with any statutory or constitutional provision of the State of Illinois or the United States;
- (b) change in federal or State law or rules, or Financial Institution's or Treasurer's policies that would frustrate the purpose of the Program;
- (c) Financial Institution is adjudged bankrupt or enters into a general assignment for the benefit of its creditors or receivership due to insolvency;
- (d) Financial Institution is guilty of misrepresentation in connection with a contract with the State of Illinois; or (e) any other unlawful act by Financial Institution occurs.

For each Program Loan, Financial Institution must complete and return to the Treasurer a Borrower Acknowledgement Form within 5 **calendar days** from the date of deposit. The Borrower Acknowledgement Form is attached hereto as Exhibit B. **The Office of the State Treasurer may withdraw any portion of the deposit for which a Borrower Acknowledgment Form has not been received within 5 calendar days from the date of deposit.**

## DEPOSIT REQUEST

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.

Amount of Deposit: \_\_\_\_\_ Rate Being Charged: \_\_\_\_\_

Term of Deposit: 3 months

Following the Treasurer's approval of this application, Financial Institution will receive an Addendum to any Deposit Agreement between Financial Institution and Treasurer, upon completion of the ACH funding that requires execution and return to the Treasurer within **10 business days** of the deposit date. Financial Institution hereby acknowledges that the Treasurer may withdraw this deposit at any time in the event that Financial Institution fails to comply with any of the requirements set forth herein or any of the certifications set forth herein become inaccurate or misleading.

Authorized Financial Institution Representative Name (Printed): \_\_\_\_\_

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

Financial Institution Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Notary Public Signature) \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

*Month and Year*

*Notary Seal*

*SUBSCRIBED and SWORN to before me (Notary signature date should match that of the Financial Institution Authorized Representative's signature date)*