

Legal Name of Investee

This transaction is supported with funding provided through the State Small Business Credit Initiative (SSBCI), a federal program that supports small business lending and investment programs in states, the District of Columbia, territories, and Tribal governments (collectively, “participating jurisdictions”). SSBCI programs are designed to expand access to capital, promote economic resiliency, and create new jobs and economic opportunity.

Filling out this form and providing demographic information is optional; applicants are not required to provide the requested information but are encouraged to do so. The entity collecting this information cannot discriminate on the basis of whether an applicant provides this information, or based on any information provided on this form. If you decline to provide this information, it will not adversely affect your application.

The demographics-related information collected can only be used for purposes of the SSBCI program and must not be used for any other purposes (e.g., marketing, sale to third parties). The information collected must also not be used in a manner that violates any applicable anti-discrimination laws, including, but not limited to, the following authorities: Title VI of the Civil Rights Act of 1964 (Title VI), 42 U.S.C. § 2000d-1 et seq., and Treasury’s implementing regulations, 31 C.F.R. part 22; Section 504 of the Rehabilitation Act of 1973 (Section 504), 29 U.S.C. § 794; Title IX of the Education Amendments of 1972 (Title IX), 20 U.S.C. § 1681 et seq., and Treasury’s implementing regulations, 31 C.F.R. part 28; the Age Discrimination Act of 1975, 42 U.S.C. § 6101 et seq., and Treasury’s implementing regulations at 31 C.F.R. part 23.

If you believe you were discriminated against in connection with the provision of the information provided on this form, contact: Director, Office of Civil Rights and Diversity, U.S. Department of the Treasury, 1500 Pennsylvania Ave, N.W., Washington, DC 20220, or by email at crcomplaints@treasury.gov.

PAPERWORK REDUCTION ACT NOTICE - OMB Control Number 1505-0227

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

Applicants are encouraged to answer all of the questions below.

This information is being collected to help ensure that communities’ small business credit needs are being fulfilled and allow SSBCI to analyze the populations that SSBCI funding is benefiting.

Minority-Owned or Controlled Business Status

For purposes of this form, minority individual means a natural person who identifies as American Indian or Alaska Native; Asian American; Black or African American; Native Hawaiian or Other Pacific Islander; Hispanic or Latino/a; or one or more than one of these groups.

For purposes of this form, an applicant is a minority-owned or controlled business if the business meets one or more of the following:

- 1) If privately owned, 51 percent or more is owned by minority individuals;
- 2) If publicly owned, 51 percent or more of the stock is owned by minority individuals;
- 3) In the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of minority individuals; or
- 4) One or more minority individuals have the power to exercise a controlling influence over the business.

Is the applicant a minority-owned or controlled business?

- Yes No Prefer not to respond

Women-Owned or Controlled Business Status
<p>For purposes of this form, an applicant is a <u>women-owned or controlled business</u> if the business meets one or more of the following:</p> <ol style="list-style-type: none"> 1) If privately owned, 51 percent or more is owned by females; 2) If publicly owned, 51 percent or more of the stock is owned by females; 3) In the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of females; or 4) One or more individuals who are females have the power to exercise a controlling influence over the business.
<p>Is the applicant a women-owned or controlled business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to respond</p>
Veteran-Owned or Controlled Business Status
<p>For purposes of this form, an applicant is a <u>veteran-owned or controlled business</u> if the business meets one or more of the following:</p> <ol style="list-style-type: none"> 1) If privately owned, 51 percent or more is owned by veterans; 2) If publicly owned, 51 percent or more of the stock is owned by veterans; 3) In the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of veterans; or 4) One or more individuals who are veterans have the power to exercise a controlling influence over the business.
<p>Is the applicant a veteran-owned or controlled business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to respond</p>

Each principal owner of the applicant is encouraged to answer the questions below.

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For purposes of this form, a principal owner of the applicant is a natural person who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity of the business. If a trust owns, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, 25 percent or more of the equity interests of the business, the trustee is a principal owner.

For each principal owner of the applicant, indicate which of the following categories the principal owner identifies with. Submit a separate copy of this table for each principal owner of the applicant (up to four).

Ethnicity		
<input type="checkbox"/> Hispanic or Latino/a	<input type="checkbox"/> Not Hispanic or Latino/a	<input type="checkbox"/> Prefer not to respond
Race (select all that apply)		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Indian	<input type="checkbox"/> Guamanian or Chamorro	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan	
<input type="checkbox"/> Japanese	<input type="checkbox"/> Pacific Islander (Other)	
<input type="checkbox"/> Korean	<input type="checkbox"/> White	
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Prefer not to respond	
<input type="checkbox"/> Asian (Other)		
Middle Eastern or North African Ancestry		
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Not Middle Eastern or North African	<input type="checkbox"/> Prefer not to respond

Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Prefer to self-describe: _____ <input type="checkbox"/> Prefer not to respond	Sexual Orientation <input type="checkbox"/> Gay or lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Straight, that is, not gay, lesbian, or bisexual <input type="checkbox"/> Something else <input type="checkbox"/> Prefer not to respond
Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Non-veteran <input type="checkbox"/> Prefer not to respond	