



Section 1: Applicant Information

1A. Enter the name of the Applicant:

1B. Enter information below about the specific department, agency, or political subdivision of the Applicant that has been designated to implement the program(s) described in this application.

Organization Name:

Section 4: Other Credit Support Programs (OCSP). Complete this Section if applying for SSBCI funds to use for a State Other Credit Support Program

4A. Applicants should use the space provided below to provide a narrative statement describing each OCSP. Statement should include (1) background of the program; (2) summary of program guidelines; (3) historical performance of the program (for existing programs); and (4) expected performance of the program.

	PERFORMANCE	
	Historical	Expected
BORROWERS		
Total Number		
Average Size		
TRANSACTIONS		
Number		
Average Size		
Total Amount		
LOSSES		
Total Amount		
Cumulative %		
LEVERAGE RATIO		



U.S. Department of the Treasury

**State Small Business Credit Initiative
APPLICATION ATTACHMENT
SECTION 4A – Narrative Statement for Each OCSP**

[Empty box for narrative statement]



U.S. Department of the Treasury

**State Small Business Credit Initiative
APPLICATION ATTACHMENT
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[Empty box for narrative statement]