



U.S. Department of the Treasury

## State Small Business Credit Initiative

### SIGNATURE PAGE

The signature in this document refers to information submitted in the State Small Business Credit Initiative application. This signed statement will be considered an official record and must be submitted with the application and attachments.

The authorized state official must complete this application signature page, print and affix signature at the bottom of the page. The completed and signed application signature page must be emailed as part of the application form and attachments to [SSBCApplications@do.treas.gov](mailto:SSBCApplications@do.treas.gov).

#### APPLICANT INFORMATION

*Enter the name of the State.*

State:

*Enter information below about the specific department, agency, authority, political subdivision of the State, or other organization that has been designated to implement the program(s) described in this application.*

Organization Name:

*Check one of the following boxes as appropriate for the organization:*

- State Agency, Department, or Authority  
 Municipality  
 Other Political Subdivision

Organizational DUNS:

Employer/Taxpayer Identification Number (EIN/TIN):

#### SIGNATURE OF AUTHORIZED OFFICIAL

Under penalties of perjury, I declare that I have examined the attached State Small Business Credit Initiative application and to the best of my knowledge and belief, the information in the application is true, correct, and complete. I certify that I am an authorized official for the applicant and authorized to submit this application.

Name:

Title:

Email:

Phone:

Signature:

*(Sign in ink)*

Date Signed: