



**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 5: Compliance.**

**4H.** Applicants should use the space provided below to provide a narrative statement describing what reporting mechanisms, audits, or other activities (a) the Applicants has in place or (b) need to be implemented to enable the Applicant to conduct oversight and meet annual reporting requirements for the proposed programs.



U.S. Department of the Treasury

**State Small Business Credit Initiative  
APPLICATION ATTACHMENT  
SECTION 5B – Reporting Mechanisms, Audits, or  
Other Activities**

[Empty rectangular box for reporting mechanisms, audits, or other activities]



U.S. Department of the Treasury

**State Small Business Credit Initiative  
APPLICATION ATTACHMENT  
SECTION 5B – Reporting Mechanisms, Audits, or  
Other Activities**

[Empty rectangular box for reporting mechanisms, audits, or other activities]