



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 2: Amount Requested

2D. For both CAPs and OCSPs, use the space provided below to indicate how the Applicant plans to use SSBCI funds to provide access to capital for small businesses (1) in low- and moderate-income communities, (2) in minority communities, (3) in other underserved communities, and to (4) women- and minority-owned small businesses. The Applicant's plans must include a narrative on how the Applicant will monitor the performance of its plans to provide access to capital to small businesses meeting these criteria.



U.S. Department of the Treasury

**State Small Business Credit Initiative
APPLICATION ATTACHMENT
SECTION 2D – Access to Capital for Small Businesses**

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U.S. Department of the Treasury

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