



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

4F. Applicants should use the space provided below to describe (a) operational capacity, (b) skills, and (c) experience of the management team for each State OCSP. The metrics used should include, but need not be limited to:

- Qualifications and financial industry experience of senior management
- Experience of senior management in operating CAPs or OCSPs
- Adoption of industry best practices (e.g., use of risk management strategies employed by analogous successful programs)



U.S. Department of the Treasury

**State Small Business Credit Initiative
APPLICATION ATTACHMENT
SECTION 4F –Operational Capacity, Skills, and
Experience of the Management Team for Each OCSP**

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U.S. Department of the Treasury

**State Small Business Credit Initiative
APPLICATION ATTACHMENT
SECTION 4F –Operational Capacity, Skills, and
Experience of the Management Team for Each OCSP**

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U.S. Department of the Treasury

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