

This form must be submitted at least two weeks in advance of an intended investment closing. Please assign a unique identifier to each proposed transaction. This number must coincide with future reporting on your "Annual and Quarterly Reconciliation Reports" (Section 9.1). This form must be accompanied by: (a) the signed commitment letter and your certification that all preconditions to closing have been met and the investment is ready to close; and (b) Certification of the qualifying small business (Exhibit C). **Terms used in this form if not defined herein shall have the same meaning as in the Participant Allocation Agreement between the Authority and the Participant (the "Participation Agreement").**

Participant: _____

Participant's EIN: _____

Mailing Address: _____

Contract Officer: _____

Phone: _____ **Email:** _____

Participant Loan ID #: _____

Legal Name of Qualifying Small Business (Investee):

Investee EIN#: _____

NAICS 6-digit code for investee's industry: _____

Full Time Permanent Jobs Retained: _____

Full Time Permanent Jobs Created: _____ **Other Jobs Created or Retained:** _____

Investee's Number of Full Time Equivalent (FTE) employees: _____

Address: _____

Phone: _____

Census tract (11 digits total) State Code (2 digits) _____ County Code: (3 digits) _____

Tract Code (6 digits) _____ (or attach Geocoding Search Result)

Zip Code of principal location in Maine: _____

Investment will provide access to capital to: (check all that apply) (per SSBCI guidelines)

- A Socially or Economically Disadvantaged Individual (“SEDI”)-owned business
- A Very Small Business (“VSB”)

Investment will provide access to capital in: (check all that apply) (per HUD guidelines)

- Low or moderate income community
- Minority community
- Other underserved community

The Investee is (check all that apply) (per HUD guidelines)

- A woman or women owned business
- A minority owned business

Investee’s annual sales revenues in last fiscal year: _____

Year Investee was incorporated or established: _____

Purpose of Investment (Project Description) (attach additional sheet if necessary):

Proposed Investment Structure:

SOURCES:		USES:	
SSBCI Funds Requested:	\$		\$
Bank:	\$		\$
Qualifying Small Business	\$		\$
Other: _____	\$		\$
Other: _____	\$		\$
TOTAL	\$		\$

On behalf of Participant, I certify that all pre-conditions set forth in Investee's financing commitment submitted herewith have been fulfilled, Investee and the project are eligible for funding under the Participant Allocation Agreement between Participant and FAME, and this loan is ready to close upon receipt of funds.

I further certify:

1. The SSBCI-supported investment is not being made in order to place under the protection of the SSBCI program prior debt that is not covered under the SSBCI program and that is or was owed by the borrower/investee to the lender/investor or to an affiliate of the lender/investor.
2. If the SSBCI-supported investment is a refinancing, it complies with all applicable SSBCI restrictions and requirements in Sections VII.f and VIII.f of the SSBCI Capital Program Policy Guidelines (Exhibit A-2) regarding refinancing and new extensions of credit, including that the SSBCI-supported loan is not a refinancing of a loan previously made to the borrower by the lender or an affiliate of the lender/investor.
3. The investor is not attempting to enroll any portion of an SBA-guaranteed loan.
4. For an SSBCI-supported venture capital or equity investment, the investment complies with the venture capital program conflict of interest standards as set forth in Section VIII.f of the SSBCI Capital Program Policy Guidelines.

Neither the Participant nor any of its executive officers, directors, or principal shareholders, including immediate family members and related interests of such individuals, is an executive officer, director or principal shareholder of Borrower or an immediate family member or related interest of such individuals.

Signature of Participant's Officer: _____ **Date:** _____