



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

4G. Applicants should use the space provided below to describe for each OCSP, the capacity of OCSP staff to manage increases in the volume of its small business lending. Evidence cited should include, but need not be limited to:

- Financial strength
- Operational capacity



U.S. Department of the Treasury

**State Small Business Credit Initiative
APPLICATION ATTACHMENT
SECTION 4G –Capacity of OCSP Staff to Manage
Increases in the Volume of its Small Business Lending**

[Empty rectangular box for application content]