

MINORITY BANK DEPOSIT PROGRAM
Financial Institution
Certification Form for Admission

I am applying for participation in the Minority Bank Deposit Program (MBDP) administered by the U.S. Department of the Treasury, Bureau of the Fiscal Service.

1. Institution Name _____

Address _____

City and State Zip Code _____ Zip Code _____

2. Telephone No. Fax No. E-mail _____

3. Routing and Transit Number (ABA #) _____

4. Eligibility: Participation in the Minority Bank Deposit Program requires certification of eligibility by completing the shares of ownership for each of the following categories:

a) Minority-Owned Bank or Savings and Loans: Yes No

If yes, please complete the number of shares below

Hispanic or Latino Ethnicity	<input type="text"/>
Black or African American	<input type="text"/>
American Indian or Alaska Native	<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>
Asian	<input type="text"/>
White	<input type="text"/>

b) Women-Owned Bank or Savings and Loans: Yes No

If yes, please complete the number of shares below

Hispanic or Latino Ethnicity	<input type="text"/>
Black or African American	<input type="text"/>
American Indian or Alaska Native	<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>
Asian	<input type="text"/>
White	<input type="text"/>

c) Low-Income Credit Union designated by the National Credit Union Administration: Yes No

5. Total Shares: _____ Total Minority Shares: _____

6. Percentage of Minority Ownership: _____

(If applying under the control criteria, in addition to completing items 1 through 6, attach copies of executed voting trust and/or proxy agreements. These agreements must have a life of at least three years, be irrevocable, and the trustee (a member of a minority group) must have unfettered discretion in voting the stock.)

I hereby certify that each member of a minority or women's group is either a U.S. citizen or a U.S. resident.

I agree that, after acceptance into the MBDP, the institution shall immediately notify the Bureau of the Fiscal Service (Fiscal Service) of any change in ownership and/or control that could affect program eligibility.

I agree that if the institution provides erroneous information or fails to notify Fiscal Service of any changes in ownership and/or control which render the institution ineligible to participate in the MBDP, the institution shall lose all rights to benefits that are being received as a result of its status as a MBDP participant, and if the institution receives funds, including but not limited to the Treasury Tax & Loan non-interest bearing deposit from Fiscal Service, it shall return such funds to Fiscal Service and shall reimburse Fiscal Service for the imputed value of the funds at the Federal funds rate less 25 basis points from the time that the institution becomes ineligible for the MBDP until such funds are received by Fiscal Service.

I hereby certify that all of the above information is true and accurate, and I understand that any misrepresentation of fact is subject to the criminal code provisions of Title 18, Section 1001 of the United States Code.

Affix Bank or Notary
Public seal

Not valid without seal

Signature _____

Print Name _____

Title _____

Date _____

U.S. Department of the Treasury
Bureau of the Fiscal Service
Bank Policy and Oversight Division
401 14th Street, S.W., Room 317
Washington, DC 20227

DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE

Minority Bank Deposit Program Eligibility Requirements

The eligibility requirements for participation in the Minority Bank Deposit Program (MBDP) are as follows:

1. Each member of a minority or women's group having control or ownership of the institution is either a U.S. citizen or a U.S. resident.
2. Minority Banks and Stock Saving and Loans:
 - (a) Ownership: More than 50 percent of the outstanding stock must be owned by members of a minority groups; or
 - (b) Control: A financial institution must be able to demonstrate that minorities hold, by means of voting trust and/or proxy agreements, enough shares so that when added to the shares owned by minorities, minorities control over 50 percent of the outstanding stock for voting purposes.
3. Women Banks: More than 50 percent of the outstanding stock must be owned by women, a majority of the Board of Directors must be women, and a significant percentage of senior management positions must be held by women.
4. Mutual Savings and Loans: A majority of the board of Directors must be members of minority groups.
5. Women Stock Savings and Loans: More than 50 percent of the outstanding stock must be owned by women, a majority of the Board of Directors must be women, and a significant percentage of senior management positions must be held by women.
6. Women Mutual Savings and Loans: A majority of the Board of Directors must be women and a significant percentage of senior management positions must be held by women.
7. Low-income Credit Unions: All financial institutions must be designated low-income by the National Credit Union Administration (NCUA).

If a minority or women's certification includes stock held by corporations, partnerships, trusts, etc., the financial institution must certify that each such entity is minority owned or controlled, or in the case of women's institutions owned, controlled, and operated by women.

Paperwork Reduction Act and Privacy Act Statement

The information provided to the Department of the Treasury on this form is used solely to determine the financial institution's eligibility to participate in the Bureau of the Fiscal Service's Minority Bank Deposit Program. Failure to respond in part or in total to this request will result in the financial institution's exclusion from consideration for, or expulsion from, the Minority Bank Deposit Program.

Burden Estimate Statement

The estimated average burden associated with this collection is 30 minutes per respondent or record keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to the address shown on page 2.