



# Exhibit 8 SSBCI Demographics-Related Data Form

Legal name of borrower:

This transaction is supported with funding provided through the State Small Business Credit Initiative (SSBCI), a federal program that supports small business lending and investment programs in states, the District of Columbia, territories, and Tribal governments (collectively, "participating jurisdictions"). SSBCI programs are designed to expand access to capital, promote economic resiliency, and create new jobs and economic opportunity.

Filling out this form and providing demographic information is optional; applicants are not required to provide the requested information but are encouraged to do so. The entity collecting this information cannot discriminate on the basis of whether an applicant provides this information, or based on any information provided on this form. If you decline to provide this information, it will not adversely affect your application.

The demographics-related information collected can only be used for purposes of the SSBCI program and must not be used for any other purposes (e.g., marketing, sale to third parties). The information collected must also not be used in a manner that violates any applicable

anti-discrimination laws, including, but not limited to, the following authorities: Title VI of the Civil Rights Act of 1964 (Title VI), 42 U.S.C. § 2000d-1 et seq., and Treasury's implementing regulations, 31 C.F.R. part 22; Section 504 of the Rehabilitation Act of 1973 (Section 504), 29

U.S.C. § 794; Title IX of the Education Amendments of 1972 (Title IX), 20 U.S.C. § 1681 et seq., and Treasury's implementing regulations, 31 C.F.R. part 28; the Age Discrimination Act of 1975, 42 U.S.C. § 6101 et seq., and Treasury's implementing regulations at 31 C.F.R. part 23.

If you believe you were discriminated against in connection with the provision of the information provided on this form, contact: Director, Office of Civil Rights and Diversity, U.S. Department of the Treasury, 1500 Pennsylvania Ave, N.W., Washington, DC 20220, or by email at <u>crcomplaints@treasury.gov</u>.

#### PAPERWORK REDUCTION ACT NOTICE - OMB Control Number 1505-0227

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.





#### Applicants are encouraged to answer all of the questions below.

This information is being collected to help ensure that communities' small business credit needs are being fulfilled and allow SSBCI to analyze the populations that SSBCI funding is benefiting.

## 1. Minority-owned or controlled business status

For purposes of this form, <u>minority individual</u> means a natural person who identifies as American Indian or Alaska Native; Asian American; Black or African American; Native Hawaiian or Other Pacific Islander; Hispanic or Latino/a; or one or more than one of these groups.

For purposes of this form, an applicant is a <u>minority-owned or controlled business</u> if the business meets one or more of the following:

(1) if privately owned, 51 percent or more is owned by minority individuals;

(2) if publicly owned, 51 percent or more of the stock is owned by minority individuals;

(3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of minority individuals; or

(4) one or more minority individuals have the power to exercise a controlling influence over the business.

Is the applicant a minority-owned or	$\Box$ Yes	□ No	$\Box$ Prefer not to respond
controlled business?			

### 2. Women-owned or controlled business status

For purposes of this form, an applicant is a <u>women-owned or controlled business</u> if the business meets one or more of the following:

(1) if privately owned, 51 percent or more is owned by females;

(2) if publicly owned, 51 percent or more of the stock is owned by females;

(3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of females; or

(4) one or more individuals who are females have the power to exercise a controlling influence over the business.

Is the applicant a women-owned or controlled	$\Box$ Yes	🗆 No	$\Box$ Prefer not to
business?			respond

### 3. Veteran-owned or controlled business status

For purposes of this form, an applicant is a <u>veteran-owned or controlled business</u> if the business meets one or more of the following:

(1) if privately owned, 51 percent or more is owned by veterans;

(2) if publicly owned, 51 percent or more of the stock is owned by veterans;

(3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of veterans; or

(4) one or more individuals who are veterans have the power to exercise a controlling influence over the business.

Is the applicant a veteran-owned or controlled	$\Box$ Yes	🗆 No	$\Box$ Prefer not to
business?			respond





#### Each principal owner of the applicant is encouraged to answer the questions below.

This information is being collected to help ensure that communities' small business credit needs are being fulfilled and allow SSBCI to analyze the populations that SSBCI funding is benefiting.

For purposes of this form, a <u>principal owner</u> of the applicant is a natural person who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity of the business. If a trust owns, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, 25 percent or more of the equity interests of the business, the trustee is a principal owner.

For each principal owner of the applicant, indicate which of the following categories the principal owner identifies with. Submit a separate copy of this table for each principal owner of the applicant (up to four).

1. Ethnicity			
□ Hispanic or Latino/a	□ Not Hispanic or Latino/a		
$\Box$ Prefer not to respond			
2. Race (select all that apply)			
American Indian or Alaska Native	$\Box$ Black or African American		
$\Box$ Asian	□ Native Hawaiian or Other Pacific Islander		
🗆 Indian	$\Box$ Guamanian or Chamorro		
$\Box$ Chinese	□ Native Hawaiian		
🗆 Filipino	□ Samoan		
□ Japanese	□ Pacific Islander (Other)		
□ Korean	□ White		
□ Vietnamese	$\Box$ Prefer not to respond		
□ Asian (Other)			
3. Middle Eastern or North African Ancestry			
□ Middle Eastern or North African	□ Not Middle Eastern or North African		
$\Box$ Prefer not to respond			
4. Gender	5. Sexual Orientation		
□ Female	$\Box$ Gay or lesbian		
□ Male	□ Bisexual		
□ Nonbinary	$\Box$ Straight, that is, not gay, lesbian, or bisexual		
$\Box$ Prefer to self-describe:	$\Box$ Something else		
	$\Box$ Prefer not to respond		
$\Box$ Prefer not to respond			
6. Veteran Status			
□ Veteran	□ Non-veteran		