City of Saint Paul Application for Deposit Funds

Attention: City of Saint Paul Office of Financial Services, Treasury Section Date: _____

Name of Bank _____

Type of Charter National _____ State _____

Number of Bank Locations within Saint Paul: _____ Locations/Names: _____

Bank Location Requesting Funds _____

Street City Zip Code

Federal Tax ID # _____ State Tax ID # _____

Contact Person/Title _____ Phone Number _____

Fax Number _____

E-Mail _____

Asset Size of Bank Requesting Deposits

	12/31/11	12/31/12	Current Date
Capital to Assets%			
Loan to Deposit Ratio:			
Total # of Bank Employees			
% of Employees by Race, Gender, Disability			

Briefly outline the boundaries of your trade area:

What is your current "Community Reinvestment Act" rating? Satisfactory _____ Outstanding _____

In comparison to the bank's total loan portfolio, effective 12/31/12:

Approximately what percent of your loans are made within your CRA trade area? _____

Approximately what percent of your loans are made within the city limits of Saint Paul? _____

Approximately what percent of the bank's loans are in the City's designated target areas? _____

How often and by what means do you measure these figures?

Example: Monthly, Quarterly, Yearly, etc. Census Tracts, Zip Code, Other

Briefly describe five projects that reflect the type of lending your bank performs or will perform in the Saint Paul area (Submit attachment if necessary):

1. _____
2. _____
3. _____
4. _____
5. _____

Name of governmental agency regulating your bank:

- All deposits that exceed FDIC insurance coverage must be collateralized with pledged securities or a surety bond in accordance with Minnesota Statutes 118A.
- Please submit your bank's most current call report and community reinvestment act performance evaluation.