

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		
Asset Size of Bank Requesting Deposits	E-Mail		
	12/31/15	12/31/16	Current Date
Capital to Assets%	12/31/15	12/31/16	Current Date
Loan to Deposit Ratio:	12/31/15	12/31/16	Current Date
Total # of Bank Employees	12/31/15	12/31/16	Current Date
% of Employees by Race, Gender, Disability	12/31/15	12/31/16	Current Date
	12/31/15	12/31/16	Current Date

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 12/31/16:

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.