

Requirements

- The matching contribution amount has an annual limit of \$25,000 per Member.
- The Bank will match contributions up to 1:1 based on the Member Contribution Amount.
- Total Contribution Requested must be greater than or equal to \$1,000 and in \$500 increments thereafter, up to the annual matching program limit per Member.

Instructions

1. Member makes contribution to Contribution Recipient.
2. Member completes this Certification and Disbursement Request (CDR) form.
3. Member emails completed CDR and proof of contribution (i.e., copy of check or acknowledgment letter from Contribution Recipient) to outreach@fhlsf.com. The Bank will confirm receipt of the request and notify the Member and Contribution Recipient via email when the match request is approved and funded.
4. Contact the Community Investment Department at outreach@fhlsf.com with questions.

Member Institution Name

Contribution Recipient Organization Name

Total Contribution Requested
 \$

Member Contribution Amount
 \$

Member Contribution Year

Contribution Recipient Employer Identification Number (EIN)

Contribution Recipient Information

Contribution Recipient Contact Name	Title	
Address		
City	State	ZIP Code
Email	Telephone Number	
Type of Organization (<i>select one only</i>)		
<input type="checkbox"/> Nonprofit <input type="checkbox"/> Micro- or Small Business <input type="checkbox"/> Other		

Member Institution Certification

This Member Institution Certification ("Certification") is made by the above-named Member Institution ("Member") to the Federal Home Loan Bank of San Francisco ("Bank") in connection with the Pandemic Relief Matching Contribution Program Total Contribution Requested above ("Contribution").

The undersigned, on behalf of the Member, certifies that:

1. The individual executing this Certification and Disbursement Request is an officer of the Member duly authorized to make the representations contained herein.
2. The Contribution will be used to match the Member's contribution(s) to the Contribution Recipient providing support to communities affected by the COVID-19 pandemic, including, but not limited to, funding one of the following.

Please select the purpose for which the Contribution will be used for (*select one only*):

Providing direct grants, zero interest loans, and/or online technical assistance for micro- and very small businesses

Providing personal Protective Equipment (PPE) and/or janitorial/cleaning supplies and services at homeless shelters, affordable housing projects, or other community space

Purchasing hotel rooms for nonprofit staff, homeless individuals, health care and other essential workers, and/or other vulnerable populations to self-isolate

Providing rental and food assistance at homeless shelters, affordable housing projects, or other community space

Providing staff costs and food assistance at childcare centers or other services for health care and other essential workers

Providing wage support for recently unemployed individuals and their families

Providing operating support for nonprofit organizations that are unable to hold major fundraising campaigns at this time

Other (*please briefly describe*)

3. The information provided in this Certification and Disbursement Request (including, but not limited to, all attachments and related materials submitted by the Member in connection with this Certification and Disbursement Request) is true, accurate, complete, and correct.

Authorization

The Member hereby agrees to disburse the Contribution to the Contribution Recipient within thirty (30) days of receipt of the funds from the Bank and provide evidence, upon request, satisfactory to the Bank in its sole discretion, of such disbursements. If the Contribution is not disbursed to the Contribution Recipient within this deadline, the Member will return the Contribution to the Bank within fifteen (15) days after the deadline.

Member Institution Information

Member Institution Contact		Title	
Address			
City		State	ZIP Code
Email		Telephone Number	

Member Authorization

Name	Title
Authorized Signature	Date Authorized

This form must be signed in accordance with the Member's authorizations on file with the Bank.

FHLBank San Francisco Internal Use Only

Reviewed By	Date
Approved By	Date