

To facilitate information sharing between and among the member, the sponsor, and the Federal Home Loan Bank of San Francisco (Bank) with regard to the project application, the Bank uses a secure information sharing portal (“Portal”). Complete this form to request that the Bank create one project workspace on the secure Portal for the project(s) identified below, expressly for the purpose of uploading all required project documentation. The member must obtain member signatures before emailing a PDF attachment of the completed request to aheadportal@fhlbsf.com.

At least one Member Portal Authorized Representative is required to access a project workspace. Members may also designate up to one additional Member Portal Authorized Representative. Unless otherwise permitted by the Bank (in its sole discretion) in writing, Sponsors are not allowed to access the Portal for the AHEAD program.

- The **Member Portal Authorized Representative** (identified below) is an authorized employee of the member, designated to submit documents to the Bank on behalf of the project(s). The member’s employee(s) must have an official email address on the member’s domain. A third-party email address (Gmail, Yahoo, or another organization or company’s domain) is not allowed.

A Member Portal Authorized Representative may have access to up to five project workspaces on this form, but a separate Workspace Set-up Request is required to identify Member Portal Authorized Representatives for additional workspaces.

By signing below, member acknowledges and agrees that any access or other use of the Portal by the member, or any Member Portal Authorized Representative, is subject to the [AHEAD Portal User Agreement](#).

Project Name	Program Year
Project Number (if applicable)	Event <input type="checkbox"/> Application <input type="checkbox"/> Disbursement <input type="checkbox"/> Compliance
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Member Institution Information

Member Institution Name	
Primary Member Portal Authorized Representative	Title
Email Address	Phone
Additional Member Portal Authorized Representative	Title
Email Address	Phone
Member Authorized Signer Name	Title
Member Authorized Signature	Date

Note: This form must be signed on behalf of the member institution, in accordance with the member institution's authorizations on file with the Bank.

Please contact Community Investment at (415) 616-2542 with questions.