

# ELEVATE SMALL BUSINESS GRANT

## Diversity, Equity & Inclusion (DEI) Self-Certification Affidavit

Business Name:

Contact Name and Title:

Contact Email:

Contact Phone Number:

FHLBI Member Name submitting Elevate application:

**SMALL BUSINESS APPLICANTS: THIS AFFIDAVIT IS REQUIRED TO ACCOMPANY ELEVATE APPLICATIONS TO RECEIVE POINTS FOR THE MINORITY-GROUP OWNERSHIP SCORING CATEGORY. SELECT THE CATEGORY BELOW THAT REFLECTS THE MAJORITY OWNERSHIP OF YOUR BUSINESS.**

**MINORITY-OWNED BUSINESS** – A BUSINESS MORE THAN 50% OF THE OWNERSHIP OR CONTROL OF WHICH IS HELD, DIRECTLY OR INDIRECTLY, BY ONE OR MORE MINORITY INDIVIDUALS; AND MORE THAN 50% OF THE NET PROFIT OR LOSS OF WHICH ACCRUES TO ONE OR MORE MINORITY INDIVIDUALS.

**WOMAN-OWNED BUSINESS** – A BUSINESS MORE THAN 50% OF THE OWNERSHIP OR CONTROL OF WHICH IS HELD, DIRECTLY OR INDIRECTLY, BY ONE OR MORE WOMEN; AND MORE THAN 50% OF THE NET PROFIT OR LOSS OF WHICH ACCRUES TO ONE OR MORE WOMEN.

**NON-DISABLED VETERAN-OWNED BUSINESS** – A BUSINESS MORE THAN 50% OF OWNERSHIP OR CONTROL OF WHICH IS HELD, DIRECTLY OR INDIRECTLY, BY ONE OR MORE VETERANS; AND MORE THAN 50% OF THE NET PROFIT OR LOSS OF WHICH ACCRUES TO ONE OR MORE VETERANS.

**SERVICE-DISABLED VETERAN-OWNED BUSINESS** – A BUSINESS MORE THAN 50% OF OWNERSHIP OR CONTROL WHICH IS HELD, DIRECTLY OR INDIRECTLY, BY ONE OR MORE SERVICE-DISABLED VETERANS; AND MORE THAN 50% OF THE NET PROFIT OR LOSS WHICH ACCRUES TO ONE OR MORE SERVICE-DISABLED VETERANS.

**DISABLED-OWNED BUSINESS** – A BUSINESS MORE THAN 50% OF THE OWNERSHIP OR CONTROL OF WHICH IS HELD, DIRECTLY OR INDIRECTLY, BY ONE OR MORE PERSONS WITH A DISABILITY; AND MORE THAN 50% OF THE NET PROFIT OR LOSS OF WHICH ACCRUES TO ONE OR MORE PERSONS WITH A DISABILITY.

### **CERTIFICATION**

*I certify that the information set forth above is complete and accurate. I understand and agree that the FHLBank Indianapolis is entitled to rely on this affidavit of diversity status for both internal and external purposes and reserves the right to request additional information and that this affidavit of diversity status and any additional information provided may be shared with any of the Federal Home Loan Banks, The Federal Housing Finance Agency and other governmental or regulatory authorities.*

Signature of Representative for Small Business

Signers Printed Name

Date Signed

**FHLBank Indianapolis Members: This affidavit should be submitted along with the Elevate application and other supporting documentation in the FHLBI.GIVES platform. It is only required for applicable businesses.**