

### FHLBI.GIVES – ELEVATE

Member User Guide

#### How to Submit an Elevate Application

The FHLBI.GIVES system for the Elevate Small Business Grant is the only way members can submit applications and manage their Elevate award files. User credentials are issued after receipt of the Elevate Program Registration Form, located on our website at <a href="http://www.flhbi.com/Elevate">www.flhbi.com/Elevate</a>. Upon logging into .GIVES Elevate, the user will land on the home page as shown below.



## The Home Page sections from the top right-hand corner clockwise include:

## My Portfolio

• See and review all applications and awards. FHLBI.GIVES does not contain any historical Elevate program data.

## <u>Messages</u>

• A copy of any emails sent from the FHLBI.GIVES system will also be viewable under Messages

## **Resources**

• Program Materials, User Guides, and more will be listed under the Resources drop down menu

## MY AWARDS

• Starting with 2022 awards, a grand summary of your institution's awardees will be displayed.

## MESSAGE BOARD

• Messages from FHLBI will be posted

## CREATE NEW APPLCATION

- Click anywhere in the "Elevate Small Business Grant" field to start a new application
- If you want to access an already started application, use the "Continue Application" button

# <u>MY TASKS</u>

- Unsubmitted applications: Shows the number of Elevate applications started, but not submitted to FHLBI
- Returned Applications: If FHLBI (or the Authorized Signer for your institution, if applicable) returns an application with a request for more information, it will be shown there
- Conditions of Funding, Expenses Reconciliation, and Status Report: These are related to your Elevate awardees. A separate User Guide is available for those functions

The instructions for Submitters and Authorized Signers are the same except for the last step of the submission process. When different, directions for each role will be clearly noted.

## CREATE A NEW APPLICATION: You will need the completed Elevate application for your small business on hand

#### **Applicant Information:**

• Enter Business Name and other fields above Owner(s) Info and hit SAVE

| ant Information   |             |         |               |  |               | ( ← Pi    |
|---|-------------|---------|---------------|--|---------------|-----------|
| Business Name * Completed or Currently Enrolled in a small business support program? * No Yes |             |         |               | If applicable, select the majority ownership (51% or greater) of the business:           Woman-Owned         Minority-Owned         Disabled-Owned         Veteran-Owned           Referral Source *         * |               |           |
|   |             |         |               |  |               |           |
| Name  | Titl        | e       | Contact Email |  | Contact Phone | Action    |
|   |             |         | No Data       | a Found  |               |           |
| Business Address:*  |             |         |               |  |               |           |
|   |             |         |               |  |               | + ADD NEW |
|   | Location ID | Address |               | Census   | Tract         | Action    |
|   |             |         |               |  |               |           |
|   |             |         | SAVE          | E & CONTINUE   |               |           |

- Owner(s) Info:
  - o Select "+ ADD NEW" and enter the information for all owners listed on the Elevate application

Note: The Main Contact for the business should be entered first

| Owner Information      | *               |
|------------------------|-----------------|
| First Name *           | Last Name *     |
| This data is required. |                 |
| Contact Name           | Contact Phone * |
| Contact Email *        | Title *         |
| SAVE                   | CLOSE           |
|                        |                 |

• After the initial save, owner information can be edited/deleted under the "Action" column

| Owner(s) Info:* |       |                           |               |           |
|-----------------|-------|---------------------------|---------------|-----------|
|                 |       |                           |               | + ADD NEW |
| Name            | Title | Contact Email             | Contact Phone | Action    |
| Dyanna Clark    | Cwner | dyannaclarkdemo@fhlbi.com | 317-111-1111  |           |

## Business Address

• Select "+ ADD NEW" and enter the primary business address as listed on the Elevate Application

| Business Location   |   |  |   |   |  | ×          |
|---|---|--|---|---|--|------------|
| Main Contact should be<br>Address Line 1 *<br>8250 Woodfield Xing         | listed first<br>Blvd  |  | No PO Boxes are a<br>Address Line 2   | iccepted  |  |            |
| City *  |   |  | State *   |   |  | ~          |
| County *<br>Marion County   |   | ~  | MSA Code *  | rmel  |  | ~          |
| ZIP Code *  | 46220 -   |  |   |   |  |            |
| Census Tract *  | 3101.05   | 3101.06  | 3101.08   | 3101.10   | Click Here to Lookup Cer   | isus Tract |
| 3101.04<br>3101.12<br>3103.06<br>3201.05<br>3202.03<br>3203.06<br>3209.01 | □ 3101.03<br>□ 3101.13<br>□ 3103.08<br>□ 3201.06<br>□ 3202.05<br>□ 3204.00<br>□ 3209.02 | □ 3102.01<br>□ 3103.09<br>□ 3201.07<br>□ 3202.06<br>□ 3205.00<br>□ 3209.03 | □ 3101.08<br>□ 3102.03<br>□ 3103.10<br>□ 3201.08<br>□ 3203.01<br>□ 3206.00<br>□ 3210.01 | □ 3101.10<br>□ 3102.04<br>□ 3103.11<br>□ 3201.09<br>□ 3203.03<br>□ 3207.00<br>□ 3210.02 | □ 3103.05<br>□ 3103.12<br>□ 3202.02<br>□ 3203.05<br>□ 3208.00<br>□ 3211.00 |            |
|   |   | SAVE   | CLOSE   |   |  |            |

- Census Tract
  - Use the "Click Here to Lookup Census Tract" button to open the FFIEC Home Page
  - Select "Geocoding/Mapping System button

|                                     |   | Get answers from expens  |
|-------------------------------------|---|--|
|                                     | EDERAL FINANCIAL INSTITUTIONS EXAMINATION COmmoting uniformity and consistency in the supervision of financial institutions                   | DUNCIL   |
|                                     | Home   Site Index   Disclaimer  | Privacy Policy   Accessib  |
| About the FFIEC                     | Welcome to the Federal Financial Institutions Examination   | Consumer Help Center   |
| Contact Us                          | Council's (FFIEC) web Site.   | Bank Complaints or   |
| Search                              | FFIEC Council   | Questions  |
| Press Releases and<br>Announcements | The Council is a formal interagency body empowered to prescribe<br>uniform principles, standards, and report forms for the federal            | Financial Institution Info   |
| Enforcement Actions                 | examination of financial institutions by the Board of Governors of the  | > UBPR   |
| What's New                          | Federal Reserve System (FRB), the Federal Deposit Insurance   | UBPR User's Guide  |
| Consumer Compliance                 | Corporation (FDIC), the National Credit Union Administration (NCUA),<br>the Office of the Comptroller of the Currency (OCC), and the Consumer | FDIC Institution Directory   |
| Computational Tools                 | Financial Protection Bureau (CFPB), and to make recommendations to  | CDR Information Site   |
| Reports                             | promote uniformity in the supervision of financial institutions. In 2006,   | <ul> <li>Public Information</li> <li>Institution Repository</li> </ul> |
| Consumer Help Center                | the State Liaison Committee ( <u>SLC</u> ) was added to the Council as a  | - monutation repository  |
| Financial Institution Info          | of State Bank Supervisors (CSBS), the American Council of State   | Examiner Education   |
| Examiner Education                  | Savings Supervisors (ACSSS), and the National Association of State  | Home Page  |
| Supervisory Info                    | Credit Union Supervisors (NASCUS).  | <u>Course Information</u>  |
| Cybersecurity<br>Awareness          | Consumer Compliance Reports   | Educational InfoBases     White Papers                                 |
| Federal Register                    | HMDA     Reporting Forms  | Supervisory Info   |
| Freedom of Information<br>Act       | CRA <u>Geocoding/Mapping System</u> <u>Rate Spread Calculator</u> <u>FFIEC Reports</u> <u>On-line Info Systems</u>                            | National Information Cent  |
| EGRPRA (Economic                    | FFIEC Census and Demographic     Data   | BHCPR Peer Reports     BSA/AML InfoBase                                |

o Change the YEAR to 2021, enter the business address, and select "SEARCH"

o Take note of the "TRACT CODE" and select the matching tract code in the .GIVES system. SAVE and CLOSE

| 朱 FFIEC Ye  | ear: 2021 - Address: 8250 W                              | oodfield Crossing Blvd Indianapolis, IN | ₽ Search                |
|-------------|--|---|-------------------------|
| Matc        | hed Address  |   | 111                     |
| Address     | 8250 WOODFIELD CROSSING<br>BLVD, INDIANAPOLIS, IN, 46240 | Census Demographic Data ra Elementary   | 3202.03 <sup>Mari</sup> |
| MSA/MD Code | 26900  |   | E 044                   |
| State Code  | 18   |   | Lon                     |
| County Code | 097  |   |                         |
| Tract Code  | 3202.02  |   |                         |
| MSA/MD Name | INDIANAPOLIS-CARMEL-<br>ANDERSON, IN                     |   | 5 L                     |
| State Name  | INDIANA  | , 700 . IN CH E & g                     | No. 1 You               |
| County Name | MARION COUNTY  | 3201.07 🦹 🖓 🧬 🖉 🛛 Z 🦉                   | Store - Stick           |
| Cens        | sus Demographic Data                                     | Bland                                   | N Cres                  |

Navigate to the next section(s) by using the "Save & Continue" Button (bottom), "Prev/Next" Buttons (right side) or Section Pages (left side) of the screen

| Left Side             |       | Bottom               | Right Side    |
|-----------------------|-------|----------------------|---------------|
|                       | ank   |                      | ← Prev → Next |
| Applicant Information | )01-  | SAVE SAVE & CONTINUE |               |
| Business Information  | n gr. |                      |               |
| S Project Budget      | of E  |                      |               |
| Review & Finalize     | Enha  | Exit Application     | Attach        |
|                       | INSIC |                      | Add/See       |
|                       | evel  |                      |               |

# **Business Information:**

• Enter the information from the Elevate application

| Business Information   |   |
|--|---|
| Business Information   |   |
| Type of Business *SELECT Own or Lease Current Location? * Own Lease N/A Annual Revenue Less than \$1 Million? * No Yes | Date Business was Established / Under Current Ownership *          Select Date         If Leased, When Does the Lease Expire? *         Select Date         Is this a For-Profit Business? *         No |
| # FT Employees *   | # PT Employees *  |
|  |   |
| Has this business applied for a grant before? *  | Years Applied *   |
| No Yes   | 1000 charecters or less   |
| How the financials verified? *   | Explain *   |
| CPA Letter Tax Returns Tax Transcripts Other(Explain)  | 1000 charecters or less   |

No Yes

#### FHLBI Member must validate most recent financials prior to submission of this application

| Annual G | ross Revenue* |  |  |  |
|----------|---------------|--|--|--|
| 2021     | \$            |  |  |  |
|          |               |  |  |  |
| 2020     | \$            |  |  |  |
|          |               |  |  |  |
| 2019     | \$            |  |  |  |

#### Once complete, select SAVE and navigate to the next section

#### Project Budget:

- Match the expenses from the Elevate application into the 6 listed categories.
- If you are unsure which category the expense belongs to, please make an educated guess.
- However, do not input all the expenses in a random category

If a pattern of entering expenses into ill-fitting categories is noticed by FHLBI staff, your member institution's application(s) may be removed from consideration.

| We appreciate your time 8 | attention to  | detail on ti | he front end | of the |
|---------------------------|---------------|--------------|--------------|--------|
| ар                        | plication pro | cess         |              |        |

#### FHLBI Member must validate most recent financials prior to submission of this application

| Annual N | et Profit* |  |
|----------|------------|--|
| 2021     | \$         |  |
| 2020     | \$         |  |
| 2019     | \$         |  |

| Description of Expense                          |
|---|
| Technology Enhancement                          |
| Facility Expansion/ Improvement                 |
| Workforce Development/ Training / Certification |
| Machinery or Equipment Purchase                 |
| Acquisition of Real Estate                      |
| Working Capital                                 |

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#### Project Budget

The maximum grant amount is \$20,000.00, with no more than \$5,000.00 allotted toward working capital expenses. If the request is for working capital only, the maximum grant amount is \$5,000.00

| Description of Expense                          | Elevate Grant \$ | Other Funding \$ | Total \$ |
|---|------------------|------------------|----------|
| Technology Enhancement                          | \$ 0.00          | \$ 0.00          | \$ 0.00  |
| Facility Expansion/ Improvement                 | \$ 0.00          | \$ 0.00          | \$ 0.00  |
| Workforce Development/ Training / Certification | \$ 0.00          | \$ 0.00          | \$ 0.00  |
| Machinery or Equipment Purchase                 | \$ 0.00          | \$ 0.00          | \$ 0.00  |
| Acquisition of Real Estate                      | \$ 0.00          | \$ 0.00          | \$ 0.00  |
| Working Capital                                 | \$ 0.00          | \$ 0.00          | \$ 0.00  |
| Total   | \$0.00           | \$0.00           | \$0.00   |

Total Grant Amount Requested: \$0.00

Expenses should be substantiated with the official quotes/proposals. If your business is selected to receive a grant, it will be held accountable to this budget. Substitutions may be allowed but not guaranteed.

SAVE SAVE & CONTINUE

- The Grand Amount Requested will automatically calculate based on your entries into the Elevate Grant column.
  - o Round cents into whole dollar amounts
  - o Amount Requested should match the Elevate application (small variance due to rounding is OK)
- SAVE and navigate to the next section

← Prev → Ne

#### **Review & Finalize:**

- Review the "Incomplete Application Details" section to see the outstanding required actions
  - Click on each line item to complete the task(s)

Incomplete Application Details to submit the application

- 1. Attach Required Documents
- 2. Approve Certification
- Attach Documents- PERSONAL IDENTIFIABLE INFORMATION SHOULD NEVER BE ATTACHED SUCH AS TAX RETURNS.
  - Elevate Application
  - o Business Plan and/or Small Business Course Certification (if applicable)
  - o Supporting Documents- such as bids, official quotes, and other documents to support the funding request

#### Only 1 attachment per document type is allowed. If necessary, combine your documents into a single PDF or similar document type.

| ocuments                                 |  |  |  |  |
|--|--|--|--|--|
| h as tax returns. No PII should be uploa | aded to the Elevate syste  | em such as Tax IDs and SSNs  |  |  |
| Name : Demonstration's R Us              |  |  |  |  |
|  | Document Name :  | Elevate Application  |  |  |
| •  | Document Name  | Attached Date  | Status   |  |
|  |  |  | No Data Found  |  |
| 0  |  |  |  |  |
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|  |  | Drag a   | nd drop your files here.   |  |
| S  | ch as tax returns. No PII should be uploa<br>s Name : Demonstration's R Us | ch as tax returns. No PII should be uploaded to the Elevate syste<br>s Name : Demonstration's R Us | ch as tax returns. No PII should be uploaded to the Elevate system such as Tax IDs and SSNs<br>a Name : Demonstration's R Us           Image: Document Name : Elevate Application         Image: Document Name : Clevate Application< |  |

#### • Approve Certification

o Once clicked, review the Terms and Conditions, accept them, select **SAVE** and then **Close**.

| Terms a | nd Conditions   |  |  |  |  |
|---------|---|--|--|--|--|
| SI.No   | Terms Description   |  |  |  |  |
| 1       | 1 I have reviewed and verified (where applicable) the content of the Application  |  |  |  |  |
| 2       | 2 Member has reviewed and verified the content of this Application, including obtaining documents verifying the Applicant's length of the time in business and gross revenues   |  |  |  |  |
| 3       | I have read and understand the Elevate Master Agreement already submitted on behalf of our member institution. And if applicant is awarded an Elevate subsidy, will comply with |  |  |  |  |
|         | Accept Terms and Conditions   |  |  |  |  |
|         |   |  |  |  |  |
|         | (SAVE) (CLOSE)  |  |  |  |  |

• Add/See Comments:

If you have any additional comments to share with FLHBI regarding the small business applicant, select the "Add/See Comments" button on the right-hand side of the webpage. You can also review and add comments during any stage of the application process.



| Page Name *           |   |
|-----------------------|---|
| Applicant Information | ~ |
| Enter Comment *       |   |
| Enter a comment       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |
|                       |   |

- Directions for SUBMITTER:
  - Once you have rechecked the application information from start to finish, attached the Elevate application and supporting documentation, completed the Terms and Conditions Certification, the application is ready to be submitted to the Authorized Signer.
  - Select the "Submit to Authorized Signer" button. The Authorized Signer(s) and Submitters will receive an email confirmation that the application was successfully submitted. A copy of that email will also be in "Messages".



#### • Directions for AUTHORIZED SIGNERS

- Once a submitter has sent the Authorized Signer the Elevate application for final review and submission, the application will show in the "MY TASKS" area. Click on "Unsubmitted applications" and select the application for final review.
  - If the Authorized Signer entered the application, the application also shows under "Unsubmitted Applications"



- o If any corrections are needed, you can make the corrections OR select the "Return to Submitter" button
  - Select "Other" as Reason for Return, and click "Detail Description" to add notes, then click "OK" and then "Send"
  - The submitter will receive an email notification to login and review your comments.
    - Authorized Signers will receive an email notification when the application is re-submitted by the Submitter
- Once the Authorized Signer has rechecked the application information from start to finish, completed the Terms and Conditions Certification, the Elevate application is ready to be submitted to FHLBI!
- Select the "Submit to FHLB" button

By clicking Submit to FHLB, Authorized signer agrees that the foregoing information is correct and agrees to be bound by the foregoing Elevate Application.



# Both Submitters and Authorized Signers will receive an email notification once an application is successfully submitted to FHLBI. You can also see the status and stage of all applications by selecting "My Portfolio" then "Applications"

**Application Search** 

|         |                     |                |                      |               | ADVANCED SEARCH                |
|---------|---------------------|----------------|----------------------|---------------|--------------------------------|
| Round\$ | Application Number- | Award Number\$ | Business Name\$      | Member Bank\$ | Status≎                        |
| 22A     | 001-2022A           |                | Demonstration's R Us |               | In Process                     |
| 22A     | 002-2022A           |                | Good Try Inc.        |               | Submitted to Authorized Signer |