

Requirements

- The Bank will match contributions up to 2:1 based on the Member Contribution Amount.
- Total Contribution Requested must be greater than or equal to \$10,000 and increase in \$5,000 increments thereafter, up to the annual matching program limit per Member.
- The matching contribution amount has an annual limit of \$50,000 per Member.
- Requests are accepted on a first-come, first-served basis through Monday, November 2, 2026, or until program funds are exhausted, whichever is earlier.

Instructions

1. Member makes contribution to Contribution Recipient. Contribution Recipient must be a nonprofit organization or tribal organization.
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 acknowledgement letter from Contribution Recipient) to outreach@fhlbsf.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@fhlbsf.com with questions.

Member Institution Name

Contribution Recipient Organization Name

Total Contribution Requested

\$

Member Contribution Amount

\$

Member Contribution Date (must be on or after January 1, 2026)

Contribution Recipient Employer Identification Number (EIN)

Contribution Recipient Information

Contribution Recipient Contact Name

Title

Address

City

State

ZIP Code

Email Address

Telephone Number

Type of Disaster (*select one only*)

☐ Wildfire ☐ Other natural disaster. Please describe:

Disaster Location(s) (*County / Counties*)

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 Disaster 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 wildfires and other natural disasters, including, but not limited to, funding one of the following.

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

- ☐ Providing direct disaster relief to displaced local residents and business owners.
- ☐ Purchasing hotel rooms and other lodging for displaced local residents and business owners.
- ☐ Providing food for displaced local residents and business owners.
- ☐ Providing support for rebuilding/redevelopment activities.
- ☐ Providing nonprofit operating support for social service continuity.
- ☐ 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 Address	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