CalCAP Collateral Support Program Request

CalCAP CSP#

Application #

Date Received

CALIFORNIA CAPITAL ACCESS PROGRAMS (CalCAP)

CalCAP

Use

Only

California Pollution Control Financing Authority

CalCAP@treasurer.ca.gov

(916) 654-6510

Mailing Address: P.O. Box 942809 Sacramento, CA 94209-0001 Fax (916) 589-2805

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Form of Business Organization (Corporation, Sole-Proprietorship, Limited Liability Company etc.):
Address monies will be used:
City:
County:
Zip:
Type of Business/Activities:
Year the business was incorporated or opened:
Annual Revenues Last Fiscal Year (\$):
Average Annual Revenue Last 3 years (\$):
Number of Employees:
Number of Full Time Equivalents:
Number of Jobs Created:
Number of Jobs Retained:
Is the business located in a Severely Affected Community (SAC) or Socially & Economically Disadvantaged Individual/s (SEDI)? (Yes or No):

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CalCAP Collateral Support Program Request If yes, provide the reason (City, Unincorporated, County if City Not Listed, or Other): 6-Digit NAICS Code (https://www.census.gov/naics/): 11-Digit Census Tract # (https://geomap.ffiec.gov/ffiecgeomap/): Purpose of Loan: Is business minority owned? (Yes, No, or Decline to Answer): Is business woman owned? (Yes, No, or Decline to Answer): Is business veteran owned? (Yes, No, or Decline to Answer): **Collateral Support Information** Is the loan enrolled in any other government guarantee program? (Yes or No): **If**, Yes, name the program: Participating Financial Institution Loan Number (if assigned): Proposed Loan Amount: Proposed Term of Support (months):

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Loan Category (Bridge Loan or Small Business Loan):

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Supported Amount Requested (\$):
Supported Percentage Requested (%):
Include with this request a Risk Assessment of the borrower. The Risk Assessment includes: the value of the collateral based on the industry standard of measurement (e.g., appraisal); the Lender's valuation of the collateral; borrower's risk rating; summary of relationship and history of the business; and the Lender's cash flow and financial analysis of the borrower.
Printed Name of Signer:
Authorized Lender Signature:
Date:

When complete, please send to: $\underline{\text{CalCAP@treasurer.ca.gov}}$

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