

# CalCAP Americans with Disabilities Act (ADA) Financing Program

## Borrower Reimbursement Request Form

Capital Programs & Climate Financing Authority (CPCFA)

California Capital Access Program (CalCAP)

[CalCAP@treasurer.ca.gov](mailto:CalCAP@treasurer.ca.gov)

(916) 654-5610

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Sacramento, CA 94209-0001

Fax (916) 589-2805

NOTE: If the form is filled out properly, and the borrower has complied with the CalCAP ADA Financing Program Regulations, CPCFA will authorize the Borrower's Reimbursement Request for the CASp Inspection Report within 30 business days upon receiving the reimbursement request, unless CPCFA or its Trustee require additional information in order to validate the payment. The borrower may be reimbursed for CASp Report in an amount of up to 5% of the CalCAP ADA enrolled loan amount.

### **Borrower Information**

Business Name:

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DBA:

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Name of Authorized Person:

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Title:

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Mailing Address:

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Phone Number:

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Email:

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# CalCAP ADA Borrower Reimbursement Request Form

## **Loan Information**

Total Loan Amount:

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Date of First Disbursement:

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Loan Amount Enrolled in CalCAP ADA:

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Lender Loan Number:

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CASp Report Cost:

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## **Borrower Certification**

- 1.) Borrower certifies that he/she has provided a copy of the notice of access inspection completed by a CASp pursuant to Civil Code Section 55.53 to CPCFA and has attached it to the reimbursement request form.
- 2.) Borrower certifies that he/she has provided a copy of the invoice for the cost of the CASp Inspection Report to CPCFA and has attached it to the reimbursement request form.
- 3.) Borrower agrees to provide additional information regarding the use of proceeds under the loan to the Program Trustee, if requested prior to the issuance of the Reimbursement amount (4 CCR § 8078.10 (h)(4)).
- 4.) Borrower certifies that it applied all of the proceeds of the CalCAP/ADA enrolled loan to physical alterations or retrofits identified in the CASp report.

Printed Name of Authorized Signer:

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Title of Authorized Signer:

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# CalCAP ADA Borrower Reimbursement Request Form

Authorized Person's Signature:

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Date:

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CalCAP Use Only			
CalCAP Loan Number:	Analyst's Initials:	Date:	Reviewer's Initials:      Date:
Authorized Signature:	Date:	Reimbursement Amount (\$):	

When complete, please send to: [CalCAP@treasurer.ca.gov](mailto:CalCAP@treasurer.ca.gov)