



CalCAP FINANCIAL INSTITUTION APPLICATION

Name of Financial Institution: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email address _____

Type of Application: [] New Financial Institution Application [] Amended Financial Institution Application

Program(s) Interested in Using: [] CalCAP Loss Reserve [] CalCAP Collateral Support
[] CalCAP Air Resources Board (ARB) [] EVCS

Type of Institution

- [] Federal-chartered bank [] Small business investment company
[] State-chartered bank [] Federal certified not-for-profit community development financial institution
[] Credit union [] Other certified community development financial institution
[] Savings association [] Consortium of these foregoing entities
[] Microbusiness Lender
[] Lending institution that has executed a participation agreement with the SBA under the guaranteed loan program
[] Finance lender as defined pursuant to the California Financial Code Section 22009 making commercial loans as defined pursuant to the California Financial Code Section 22502.

Combined capital and surplus at most recent fiscal year end _____ Number of lending branches _____

Regulatory Agency _____ Insuring Agency _____

Please attach a description of the Board of Directors, including names of all members, ethnicity and gender.

Per Section 8071 of the CPCFA Regulations, by enrolling as a CalCAP Financial Institution:

- The applicant certifies that the applicant Financial Institution is not subject to a cease and desist order or other regulatory sanction with the appropriate federal or state regulatory body, which would impair its ability to participate in the Program.
• The Financial Institution agrees to follow the Program's procedures as set forth in the Law and the regulations regarding the Capital Access Program for Small Businesses.
• The Financial Institution agrees to permit an audit of any of its records relating to enrolled Qualified Loans, during normal business hours on its premises, by the Authority or its agents, and to supply such other information concerning enrolled Qualified Loans as shall be requested by the Executive Director.
• The Financial Institution acknowledges that the Authority and the State will have no liability to the Participating Financial Institution under the Program except from funds deposited in the Loss Reserve Account for the Participating Financial Institution.
• The lender certifies that there have been no changes to the status of the financial institution since the original application that was submitted to CalCAP for approval, if this is an amended application, unless explained in a separate document on the Participating Financial Institution's letterhead.

Note: all capitalized terms are defined in Section 8070 of the CPCFA Regulations.

Authorized Signature Printed Name Title Date

Table with 2 columns and 3 rows for California Pollution Control Financing Authority Use Only. Rows include Highline Rating, CalCAP ID#, and Approval Signature.

Email to CalCAP@treasurer.ca.gov or fax to (916) 589-2805