California Investment & Innovation Program (Cal IIP)

Grant Application - 2027 Awards

Instructions:

- Applications must meet the eligibility requirements in Health and Safety Code section 44558(f) upon submission.
- Application materials must be submitted electronically via email to applications.caliip@treasurer.ca.gov.
- Applicants must submit all application materials **no later than 5:00 p.m. Pacific Daylight Time on Thursday, October 1, 2026**.

Part I. Applicant Information

1. Legal Name of Community Development Financial Institution (CDFI):

   _____

2. Taxpayer ID Number/EIN:

   _____

3. Principal Office Address (**MUST** include Street Address, City, State, and Zip Code):

   _____

4. Contact Person Name:

   _____

5. Contact Person Title:

   _____

6. Contact Person Phone No.:

   _____

7. Contact Person Email Address:

   _____

8. Date of Incorporation:

   _____

9. Financial Activities Start Date:

   _____

10. Financial Institution Type:
    a. ☐ Bank Holding Company
    b. ☐ Bank or Thrift
    c. ☐ Credit Union
    d. ☐ Depository Institution Holding Company
    e. ☐ Loan Fund
    f. ☐ Venture Capital
    g. ☐ Venture Capital Fund

11. Total Asset Size:

    _____

12. Current Total **Net** Assets (Total **Net** Assets = Total Assets - Total Liabilities):

    _____

13. Applicant's Fiscal Year (Start Date and End Date):

    _____

14. Names of California Counties Served (if all, please write "All 58"):

15. If applicant serves states outside of California, please list below:

16. If your organization received a 2026 grant award, please indicate the amount spent or committed [in accordance with Cal IIP Permanent Regulations Title 4. Division 11. Article 13. Section 8141(b)]:

Year Funds Awarded:	Amount Awarded:	Amount Spent/Committed*:
2026		

* **As of the application submittal date.**

Authorized Representatives

17. **Name of signatory with authority to obligate your organization for the grant agreement, should your organization receive a grant award:**

_____

a. Job Title:

_____

b. Email Address:

_____

c. Phone:

_____

d. ☐ Domiciled in California

18. Name:

_____

a. Job Title:

_____

b. Email Address:

_____

c. Phone:

_____

d. ☐ Domiciled in California

Authorized Representatives (cont'd.)

19. Name:

_____

a. Job Title:

_____

b. Email Address:

_____

c. Phone:

_____

d. ☐ Domiciled in California

20. Name:

_____

a. Job Title:

_____

b. Email Address:

_____

c. Phone:

_____

d. ☐ Domiciled in California

21. Name:

_____

a. Job Title:

_____

b. Email Address:

_____

c. Phone:

_____

d. ☐ Domiciled in California

Part II. Grant Request

Please indicate the category of funds being requested:

☐ **Small and emerging CDFI**: All eligible applicants that meet the minimum requirements, as defined in Health and Safety Code Section 44558(f), **AND** that has less than ten million dollars ($10,000,000) in assets, as defined in Health and Safety Code Section 44558(l).

☐ **Tier 1:** All eligible applicants that meet the minimum requirements, as defined in Health and Safety Code Section 44558(f).

☐ **Tier 2, option A:** All eligible applicants that meet the minimum requirements, as defined in Health and Safety Code Section 44558(f), **AND** have a minimum of 10 loans in the most recently completed fiscal year.

☐ **Tier 2, option B:** All eligible applicants that meet the minimum requirements, as defined in Health and Safety Code Section 44558(f), **AND** have provided financing assistance in the state of California totaling $10 million or more in the last three fiscal years.

Part III. Project Information

Please limit all responses to the fields given.

1. Provide a narrative that includes a discussion of the applicant's mission, organizational infrastructure, and resources to support ongoing activities, the management team, and strategic plans:

2. Provide an explanation of how the grant funds will support the applicant's mission:

3. Provide a description of the proposed eligible activities that will be performed with grant funds:

4. List the current markets (e.g. - small businesses, housing, education, etc.) the CDFI serves:

5. List the targeted regions (e.g. - neighborhoods, cities, counties) and client types (e.g. - low-income households, small business owners, etc.) served by the CDFI:

6. Identify any proposed new target markets and target populations that will be served by grant funds:

7. Identify any proposed new activities and services that will be implemented with grant funds:

8. When determining how/where your CDFI would serve an economically disadvantaged community, describe the impacted community's distress level. Please include indicators such as geography, unemployment rate, poverty rate, industries impacted, number of business licenses issued, and fiscal stress:

Part IV. Attachments

Please provide a copy of each of the following and mark each to indicate it has been included.

☐ **Attachment A**: Current federal certification pursuant to Section 1805 of Title 12 of the Code of Federal Regulations, as required in California Health and Safety Code Section 44558(f)(1).

- **An AMIS screenshot is the best way to prove current federal certification.**
- **If applicant organization does not have current federal CDFI certification by the award disbursement date, February 1, 2027, the applicant will be disqualified from receiving a grant award.**

☐ **Attachment B**: Financial statements for the past three years

☐ **Attachment C**: Loan portfolio (**Please submit as an Excel Sheet**)

- **Please submit an Excel Sheet that includes the total number of all loans and the following for each loan:**
    - **Date of loan funding**
    - **Dollar amount of loan funded**
    - **Location of borrower**

☐ **Attachment D**: Document proving current net worth is equal to or greater than $25,000

Additionally, **please provide the preferred address (Street Address, City, State, and Zip Code) the grant award check will be mailed to, should your organization receive a grant award:**

_____

Part V. Certification

The authorized representative listed below certifies, to the best of their knowledge, the information contained in this application and the accompanying supplemental materials are true and accurate.

Further, the authorized representative acknowledges that all materials submitted in this application will become the property of the State of California and will not be returned. In addition, all materials submitted will be considered a public record by the CPCFA and State Treasurer's Office and are therefore subject to disclosure pursuant to the California Public Records Act (Government Code Section 7920.000 et seq.).

Authorized Signature

Printed Name

Job Title

Date Signed