

**California Pollution Control Financing Authority**

Mailing Address: P.O. Box 942809

Office Location: 901 P Street, 3rd Floor

Sacramento, CA 94209-0001

Sacramento, CA 95814

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



**CaICAP FINANCIAL INSTITUTION APPLICATION**

Name of Financial Institution:

Certified Minority Depository Institution (MDI) Yes or No:

Taxpayer ID Number/EIN:

Address:

City:

State:

Zip:

Contact Person Name:

Title:

Address:

City:

State:

Zip:

Phone:

Email Address:

**Type of Application:**

New Financial Institution Application

Amended Financial Institution Application

**Program(s) Selected:**

CalCAP for Small Business

CalCAP Collateral Support

CalCAP CARB ZEHDV

CalCAP CEC ZEHD

CalCAP SCE ZETBIF

CalCAP Seismic Safety

CalCAP ADA

**Type of Institution:**

Bank, federal-chartered

Bank, state-chartered

Credit union, state-chartered

Credit union, federal-chartered

Community development financial institution: (Check all that apply)

CDFI Fund Certified  Non-Profit  For Profit

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

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- Financial Development Corporation
- Lending institution that has a current participation agreement with the SBA for the 7(a), Microloan, or 504 program.
- Microbusiness lender as defined by the Government Code Section 12100(b)(15)
- Savings association, federal-chartered
- Savings association, state-chartered
- Small business investment company
- Consortium of these foregoing entities

**Branch or office name:**

**Branch or office address:**

**Branch or office website:**

**Branch or office telephone number:**

**Number of lending branches or offices:**

**Branch or office manager name:**

**Branch or office manager telephone number:**

**Combined capital and surplus at most recent fiscal year end:**

**Regulatory Agency:**

**Regulatory ID #:**

**Insuring Agency:**

**Provide a description of the Board of Directors, including names of all members, ethnicity, and gender, as an attachment.**

Attached is one document.

Attached is more than one document.

List of counties in which the organization lends:

Term loans:  Yes  No

Lines of credit:  Yes  No

**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

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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.
- If this an amended application, the Participating Financial Institution certifies that there have been no changes to the status of the Participating Financial Institution since the original application which was submitted to CalCAP for approval, 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
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California Pollution Control Financing Authority Use Only	
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S&P GMI’s Rating	LACE Rating and/or Kroll
CalCAP ID#	Establish Loan Loss Reserve Account at: <input type="checkbox"/> Trustee Bank <input type="checkbox"/> Participating Financial Institution
Approval Signature	Enrollment Date

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