CalCAP California Energy Commission (CEC) Zero-Emission Heavy-Duty Vehicle Infrastructure (ZEHDI) Loan Pilot Project Loan Enrollment Application

California Pollution Control Financing Authority (CPCFA)

California Capital Access Program (CalCAP)

CalCAP@treasurer.ca.gov

(916) 654-6510

Mailing Address: P.O. Box 942809

Sacramento, CA 94209-0001

Fax (916) 589-2805

CalCAP Use Only	CalCAP Loan #
	Date Received

Participating Lender

Participating Lender:

_____

Lender CalCAP ID#:

_____

Lender Contact Name:

_____

Lender Contact Phone Number:

_____

Lender Contact Email:

_____

Borrower Information

Borrower Name:

_____

Borrower's Business Name (DBA):

_____

Address:

_____

City:

_____

County:

_____

Zip:

_____

Will loan monies be used at the above address? (Yes or No):

_____

If no, provide the address where loan monies will be used

Address:

_____

City:

_____

County:

_____

Zip:

_____

Type of Business/Activities:

_____

Average Annual Revenue Last 3 Years ($):

_____

Number of Employees:

_____

Number of Jobs Created:

_____

Number of Jobs Retained:

_____

6-Digit NAICS Code (https://www.census.gov/naics/):

_____

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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):

_____

Is business a disabled veteran business enterprise? (Yes, No, or Decline to Answer):

_____

Loan Information

Lender Loan Number:

_____

Type of Loan (Term Loan or TRAC Lease):

_____

Total Loan Amount:

_____

Loan Amount Enrolled in CalCAP:

_____

Date of First Disbursement (Date of Loan):

_____

Maturity Date:

_____

Interest Rate (%):

_____

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Is Interest Rate Fixed or Variable?:

_____

Is the loan secured? (Yes or No):

_____

Is this loan a restructure of a prior CalCAP loan? (Yes or No):

_____

If yes, provide the CalCAP Loan #:

_____

Remaining balance on loan being restructured ($):

_____

Amount of increase requested ($):

_____

When complete, please send to: CalCAP@treasurer.ca.gov

07.01.2024