



HI-CAP Collateral Support Program Participating Lender Application

Legal Name of Financial Institution: _____ EIN: _____

DBA (if applicable): _____

Headquarters Address: _____ City: _____ ST: ___ Zip: _____

Mailing Address: _____ City: _____ ST: ___ Zip: _____

Type of Institution (must be federally insured; choose all applicable):

- | | |
|--|--|
| <input type="checkbox"/> Non-CDFI Bank | <input type="checkbox"/> Small business investment company |
| <input type="checkbox"/> CDFI Bank | <input type="checkbox"/> CDFI Credit union |
| <input type="checkbox"/> Thrift Bank | <input type="checkbox"/> Non-CDFI Credit Union |
| <input type="checkbox"/> Other _____ | |

Regulatory Agency: _____ Regulatory ID#¹: _____

Insuring Agency: _____ CDFI Certification#²: _____

Combined capital & surplus at most recent fiscal year end: _____ # Lending Branches in HI _____

Please attach a list of your Board of Directors, including name, title, ethnicity, and gender of all members, as well as the same information for your top 3 executives.

Check the correct box if it applies to your financial institution:

- Minority Owned Woman Owned Veteran Owned

By enrolling as a HI-CAP Collateral Participating Lender:

1. 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.

¹ For providers whose deposits are insured by the Federal Deposit Insurance Corporation (FDIC), provide the provider's RSSD ID. For federally insured credit unions, provide the provider's charter number from the National Credit Union Administration (NCUA). If none of the above regulatory IDs apply, but another regulatory ID applies, write "Other" and the number associated with it. If no regulatory ID number applies, respond "None."

² The CDFI Certification number is a federal designation given by the US Treasury Department's CDFI Fund. CDFIs include credit unions, community banks, loan funds, and other specialized organizations that serve low-income and under-served communities. For Community Development Financial Institutions (CDFIs), provide the provider's CDFI certification number.



2. The Financial Institution agrees to follow the Program's procedures as set forth by the Hawai'i Green Infrastructure Authority ("HGIA"), Hawai'i Technology Development Corporation ("HTDC"), the US Department of the Treasury, and in the applicable law and regulations.
3. The Financial Institution agrees to permit an audit of any of its records relating to enrolled loans, and to supply such other information concerning enrolled loans as shall be requested by HGIA and the US Department of the Treasury.
4. The Financial Institution acknowledges that HGIA, HTDC and the State will have no liability to the participating Financial Institution under the Program except from funds deposited in the Cash Collateral Account for the participating Financial Institution.

Contact Information:

The following is the primary contact for the HI-CAP Collateral Support Program:

Primary Contact Person Name: _____ Title: _____

Mailing Address: _____ City: _____ ST: ___ Zip: _____

Office Phone: _____ Cell Phone: _____ Email address: _____

Please provide additional information if you would like to include a secondary contact.

Annual Fee Invoices will be delivered via Email. Please remit the Annual Fee Invoice to (check and complete all that applies):

- Primary Contact identified above
- Centralized Department: _____
Name: _____ Title: _____
Mailing Address: _____ City: _____ ST: ___ Zip: _____
Office Phone: _____ Cell Phone: _____ Email address: _____
- Lender identified on HI-Cap Collateral Loan Enrollment Form
- Other (Name, Title & Contact Info): _____



Required Reports. SSBCI data updates are due on an annual basis. Please request updates from (check and complete all that applies):

- Primary Contact identified above
- Centralized Department: _____
Name: _____ Title: _____
Mailing Address: _____ City: _____ ST: ___ Zip: _____
Office Phone: _____ Cell Phone: _____ Email address: _____
- Lender identified on HI-Cap Collateral Loan Enrollment Form
- Other (Name, Title & Contact Info): _____

Authorized Signers:

Any one of the following will be authorized to sign the Loan Enrollment Form, Cash Collateral Deposit Agreement, Collateral Support Claim Form and other Program related documents on behalf of the Financial Institution (check all that apply):

- Primary Contact identified above
- Centralized Department: _____
Name: _____ Title: _____
Mailing Address: _____ City: _____ ST: ___ Zip: _____
Office Phone: _____ Cell Phone: _____ Email address: _____
- Lender identified on HI-Cap Collateral Loan Enrollment Form
- Other (Name & Title): _____
- Other (Category of Employees): _____



I/We certify that all of the information included herein and the accompanying documentation is true and correct and that I/we are authorized to sign this Participating Lender's Application form and the Participating Lender Agreement on behalf of the Applicant. I/we consent to any inquiry appropriate and necessary to verify or confirm the information I/we have provided.

Authorized Signer(s):

By: _____

Name: _____

Its: _____

By: _____

Name: _____

Its: _____

Date: _____