



HI-CAP CDFI Loan Pool Program Participating CDFI Application

Legal Name of CDFI: _____ EIN: _____

DBA (if applicable): _____ Year Established: _____

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

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

Phone: _____ Website: _____ Company Email: _____

Type of Entity: (check one): Nonprofit Corporation Other _____

By checking the below box, I attest that I/we are a non-depository CDFI (must be federally insured):

Non-Depository CDFI CDFI Certification #1: _____

Which Islands in the State of Hawaii do you serve?

- Oahu Hawaii Island Molokai Maui Kauai Lanai

Requested Loan Capital Line Amount*: _____

*Note: As a Participating CDFI of the SSBCI Program, you will be required to raise non-federal funds in the same dollar amount (i.e. every SSBCI \$1 matched by CDFI/Private Funds \$1).

SSBCI requires that each dollar of SSBCI financing must be matched with one dollar of private capital (minimum 1:1 matching requirement).

How much matching loan funds do you have or expect to raise by the end of 2023? _____

How much matching loan funds do you expect to raise by the end of 2024? _____

How much matching loan funds do you expect to raise by the end of 2025? _____

Please fill in the following information for your CDFI.		
Average # of Loans Funded in a Year	Average (\$) Size of Loans	Net Charge-off Rate
Combined capital & surplus at most recent month-end		Allowance for Loan loss (\$) at most recent month end

Loan Status Matrix, as of the application date								
Total Loan Balance	Current	%	31 – 60 days Past Due	%	61 days – 90 days Past Due	%	91+ days Past Due	%
\$	\$		\$		\$		\$	
#:	#:		#:		#:		#:	

CDFI Mission Statement

¹ 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.





Please attach the following:

- Underwriting, Servicing, and Collection Policies and Procedures.
- Most recent three (3) years audited financial statements, including footnotes or Form 990 tax returns.
- Most current interim financial statements.
- A list of your Leadership Team and Board of Directors, including name, title, tenure, and a short biography of all members.
- A list of the names, title, relationship, and % ownership of any partners and owners who have 20% or greater ownership.

Optional: Check the correct box if it applies to your CDFI:

- Minority Owned Woman Owned Veteran Owned

By enrolling as a HI-CAP CDFI Loan Pool Participating Lender:

1. The applicant certifies that the applicant Community Development 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.
2. The CDFI 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 CDFI 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, HGIA's designee, and the US Department of the Treasury.
4. The CDFI acknowledges that HGIA, HTDC and the State will have no liability to the Participating CDFI under the Program except for loans advanced to the CDFI under the CDFI Loan Pool Program.

Contact Information. The following is the primary contact for the HI-CAP CDFI Loan Pool 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.

Secondary Contact Person Name: _____ Title: _____
Mailing Address: _____ City: _____ ST: ____ Zip: _____
Office Phone: _____ Cell Phone: _____ Email address: _____

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

- Primary Contact identified above
- Centralized Department _____
Contact Person Name: _____ Title: _____
Mailing Address: _____ City: _____ ST: ____ Zip: _____
Office Phone: _____ Cell Phone: _____ Email address: _____
- Other (Name, Title & Contact Info): _____



Monthly Statements. The point of contact to receive the monthly loan statements from HGIA/HGIA's contractor.

- Primary Contact identified above
- Centralized Department _____
Contact Person Name: _____ Title: _____
Mailing Address: _____ City: _____ ST: _____ Zip: _____
Office Phone: _____ Cell Phone: _____ Email address: _____
- Other (Name, Title & Contact Info): _____

Authorized Signers. Any one of the following will be authorized to sign the Loan Enrollment Form, loan related documents, and other Program related documents on behalf of the CDFI (check all that apply):

- Primary Contact identified above
- Centralized Department _____
Contact Person Name: _____ Title: _____
Mailing Address: _____ City: _____ ST: _____ Zip: _____
Office Phone: _____ Cell Phone: _____ Email address: _____
- Other (Name, Title & Contact Info): _____

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 CDFI Application form, the Participating CDFI Agreement, the Master Loan Agreement, Security Agreement, and other related loan program documents 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: _____