



CAPITAL PROVIDER REGISTRATION FOR THE MD-PACE PROGRAM

PROCESS:

1. Registration for the MD-PACE program requires submission of this form to the MD-PACE program administrator: info@md-pace.com.
2. Following submission and review of this form, the interested party will be considered a Registered Capital Provider with the MD-PACE program. The MD-PACE program will list this Registered Capital Provider on the program's website and will provide a digital "badge" indicating program registration for professional use.
3. Once registered, the Capital Provider will be required to sign a 'Summary of Terms and Conditions of Proposed Standard Offer for Origination, Funding, and Administration of Commercial Property Assessed Clean Energy Financing Transactions' ("Standard Offer") with PACE Financial Servicing for each jurisdiction in which it does business prior to closing its first deal in said jurisdiction.

All information is required for this form to be considered complete:

(see next page)

The following information will be used for internal purposes only:

1. Primary contact for internal program communications:

Name

Title

Email

Phone

2. Please provide a general background on your firm that demonstrates capabilities and interest to provide C-PACE financing in Maryland. Please address at minimum:

- Years in business
- Staffing available for C-PACE transactions in Maryland
- Total C-PACE or other assets funded (a general number is fine)
- Amount of capital your firm would be willing to provide to the MD-PACE market (this number is non-binding)

3. Please list the principal regulators of your firm (e.g. Federal Reserve Board, the OCC, etc.); if not a regulated firm or financial institution, provide contact information for two professional references, or, if recently formed (e.g. within past 6 months), for the firm's principal partners:

The following information may be made publicly available:

3. Company Name		Company Website	
<input type="text"/>		<input type="text"/>	
4. Primary contact to be listed on website:			
Name		Title	
<input type="text"/>		<input type="text"/>	
Email		Phone	
<input type="text"/>		<input type="text"/>	
5. Preferred financing range? (check all that apply)			
<input type="checkbox"/> Under \$250k	<input type="checkbox"/> \$250k - \$500k	<input type="checkbox"/> \$500k - \$1m	<input type="checkbox"/> Over \$1m
Are any of the following property types NOT financeable for your firm? (check all that apply)			
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Commercial	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Religious institutions	<input type="checkbox"/> Retail
Have you financed C-PACE transactions in the past?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
In which states are you active in C-PACE financing?			
<input type="text"/>			
Are you a project originator or a lender?		<input type="checkbox"/> Originator	<input type="checkbox"/> Lender

Please check the boxes and sign below:

- I have read and understand the current MD-PACE [Program Guidelines](#) as of the date of this registration form.
- I have read and understand the Summary of Terms and Conditions for Proposed Standard Offer attached hereto and I recognize that these are templates for informational purposes only and that the actual documents utilized in each County are subject to the enabling ordinance of that County and may differ.
- I understand that before closing on C-PACE transactions, my firm may be required to submit additional documentation to PFS, including but not limited to, my firm's form of Financing Agreement utilized with property owners and that such documentation will be reviewed and approved by PFS for C-PACE related regulatory compliance.
- I agree to be listed publicly as a registered capital provider on the MD-PACE program website.
- I certify that the responses submitted are true and accurate and that I am duly authorized to provide said responses and sign this document on behalf of my firm.
- I acknowledge that the Program Administrator will rely upon the responses submitted hereunder.

Signature: _____

Date: _____