

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: <u>info@md-pace.com</u>.
- 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") 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 th C-PACE financing in Maryland. Please address at min • Years in business • Staffing available for C-PACE transactions in Maryland • Total C-PACE or other assets funded (a general numbe • Amount of capital your firm would be willing to provid	r is fine)				
3.	Please list the principal regulators of your firm (e.g. F regulated firm or financial institution, provide contac recently formed (e.g. within past 6 months), for the f	t information for two professional references, or, if				

The following information may be made publicly available:

3.	. Company Name			Company Website				
4.	Primary o	contact to be listed	on web	site:				
	Name				Title			
	Email				Phone			
5.	Preferred	d financing range? (d	check all t	hat apply)				
		Under \$100k		\$100k - \$250k		\$250k - \$500k		\$500k - \$1m
		\$1m - \$5m		Over \$5m				
				6.		G 244 4		
	Which of	the following prope	erty typ		le for you		that apply)	Industrial
		Agricultural		Commercial		Hospitality Religious		Industrial
		Multi-family		Non-profit		institutions		Retail
						Yes		No
	Have you	ı financed C-PACE tr	ansacti	ons in the past?				
	مام نطب مرا	statos aus vievi sativi	a : a C D	ACE financing?				
	in which	states are you activ	e in C-P	ACE financing?				

Please check the boxes and sign below:
I have read and understand the current MD-PACE <u>Program Guidelines</u> 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 the MD-PACE program, 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 the program 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: