



## Collateral Assistance Program - Loan Enrollment

Save my progress and resume later | [Resume a previously saved form](#)

### Borrower Personal Information

Legal Company Name \*

Contact First Name \*

Contact Last Name \*

Contact Title \*

Email Address \*

Phone Number \*

Company Address \*

City \*

State \*

Zip \*

## Company Information

NAICS Code \*

Industry \*

- Aerospace
- Biosciences
- Cybersecurity
- Film & Television
- Global Trade
- Intelligent Manufacturing
- Outdoor Recreation Economy
- Sustainable & Green Energy
- Sustainable & Value-Added Agriculture
- Other

The company is \*

- For-profit
- Nonprofit

Legal status of the company \*

- Corporation
- LLC
- Nonprofit
- Partnership
- Sole-proprietor/independent contractor
- Worker cooperative or other employee-owned entity
- Tribal enterprise
- Tribal member-owned business
- Other

Business EIN (if this is a SSN, leave blank)

Revenues in last fiscal year \*

Current Revenues \*

Business net income

Year business started \*

Is the business a minority or woman owned business? \*

Yes

No

Race of Principal Owners-check categories which apply

African American or Black

Asian

Native American, American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

White

Prefer not to respond

The business did not answer

Other

Ethnicity of principal owners

Middle Eastern or North African Ancestry of principal owners

Gender of Principal Owners

Sexual orientation of principal owners

Please select... ▼

Is the owner a veteran? \*

- Yes
- No
- Prefer not to respond
- Did not answer

List the names of the business owners with 20% or more ownership interest and their ownership % \*

List the names of any affiliate or subsidiary companies of the borrower

## Potential Economic Impact Information

Current # of full-time employees \*

Current # of part-time employees \*

# of full-time jobs to be created within 2 years \*

# of part-time jobs to be created within 2 years \*

# of expected jobs retained (job losses averted)

Average hourly wage for full-time employees \*

Average hourly wage for part-time employees \*

*Note: Full-time is more than 2,000 hours per year; part-time is less than 2,000 hours per year; created or retained jobs must be within New Mexico.*

What is the total amount of private investment in this project (excluding loan amount) \*

Other projected benefits to New Mexico \*

## Loan and Lender Information

Lending Institution Name \*

Lender type

 ▼

Minority Depository Institution

 ▼

Branch Location \*

Lender First and Last Name \*

Lender Phone Number \*

Lender Email Address \*

Loan Number \*

Expected Initial Disbursement Date \*

Loan Type \*

- Line of Credit
- Term Loan
- Other

Total Project Cost \*

Loan Amount \*

Amount of equity contributed by borrower \*

Length of loan or line of credit (in months) \*

Length of amortization (in months) \*

Interest rate \*

Numbers only

Debt coverage ratio \*

Climate-aligned Investment - Business may reduce greenhouse gas emissions or promotes adaptation to climate change or energy transitions.

Please select... ▼

Energy- or Climate- Impacted Communities - Community facing local job losses or business revenue declines due to physical or transition impact from climate change, including shifts in energy projection.

Please select... ▼

Dollar amount of other funding from other public or government sources invested at this time.

Dollar amount of any other private financing that was caused by or resulted from this loan.

## Project Sources and Uses

Please itemize the borrower's use of loan proceeds (include dollar amount and source) For example, "Building, \$25,000, Private Investment" \*

Please describe the project \*

Project proposed start date \*

Describe the borrower's collateral (include Estimated Value \$, Lender's LTV %, and Lender Credit \$) For example, "\$75,000, 45%, \$15,000" \*

Total collateral amount recognized by Lender (\$) \*

What is the gap in collateral? (\$) \*

What is the requested collateral amount from the NM CAP? \*

What is the requested time frame for the CD? \*



Why does the collateral shortfall exist? \*

Please explain why the lending institution is unable to make the loan without the CAP financial support? \*

### Refinance Information

Will this loan or line of credit include a refinance of existing debt with the same financial institution? \*

- Yes  
 No

Will this loan or line of credit include a refinance of existing debt with a different financial institution? \*

- Yes  
 No

If yes, what is the amount of debt being refinanced?

## Supplemental Documents

Accompanying this application please provide the following supplemental documents on the project:

1. Lending institution's Credit Memo/Analysis
2. Business financial statements (PL, Cash Flow and Balance Sheet) for the past three years including an interim statement dated within 90 days of application \*Personal tax-returns from the owner/s may be requested in lieu of financial statements for start-ups.
3. Business plan
4. Financial projections for the project up to the next 3 years.
5. Please provide any additional material which would help prove the viability of the project to the CAP Review Board. (Please combine any additional info into a single PDF or email each separately to the address below)

Please upload below. Please send questions to [edd-finance@state.nm.us](mailto:edd-finance@state.nm.us).

1. Lending institution Credit Memo/Analysis

No file chosen

2. Business Financial Statements

No file chosen

3. Business Plan

No file chosen

4. Financial Projections

No file chosen

5. Additional Documents

No file chosen

File access instructions, if needed:

## Affirmation

The checkbox and fields below affirms that the lender certifies that the information in this Loan Enrollment Form and Eligibility Questionnaire is true and accurate to the best of their knowledge and belief.

Lender's Authorization \*

I certify that the information in this form is true and accurate to the best of my knowledge

Lender's Name and Title \*