



## EXHIBIT 2

### MC-PACE CAPITAL PROVIDER NOTICE OF INTENT TO FUND

**Purpose:** This form provides notice to the Program Manager (Montgomery County Green Bank) of a Capital Provider's intent to fund C-PACE projects in the Montgomery County C-PACE Program (MC-PACE).

#### STEPS

1. To be considered an active Capital Provider in MC-PACE and to be listed on the Program's Capital Provider Directory, complete all fields in this form and submit it to the Program Manager at [CPACE@mcgreenbank.org](mailto:CPACE@mcgreenbank.org).
2. Following submission of this form, the Capital Provider will be contacted by the Program Manager to provide additional information, discuss the Program, and inquire about project opportunities.
3. Submission of this form is NOT required: Capital Providers may fund projects without doing so. However, the Form enables a Capital Provider to be listed on the Program website. All Capital Providers ARE required to execute a Master Surcharge Processing Agreement with the Program Manager as part of the process of funding the Capital Provider's C-PACE project in the County.

*The following information will be used for internal purposes only:*

1. Primary contact information for Program Manager communications:

Capital Provider Name: _____	Email: _____
Primary Contact: _____	Office Phone: _____
Title: _____	Cell: _____

2. Preferred financing range (check all that apply)?

Under \$250,000 _____	\$500,000 - \$1 million _____
\$250,000 - \$500,000 _____	Over \$1 million _____

3. Are there any project/property types NOT financeable by your firm (check all that apply)?

Agriculture _____	Commercial _____
Hospitality _____	Industrial _____
Multifamily (owner) _____	Multifamily (rental) _____
New Construction _____	Nonprofit _____
Religious Institutions _____	Restaurants _____
Retail _____	Other _____

4. Have you financed C-PACE projects in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_



## MC-PACE CAPITAL PROVIDER NOTICE OF INTENT TO FUND

*The following information will be made publicly available:*

1. Capital Provider Name: \_\_\_\_\_
2. Capital Provider Website: \_\_\_\_\_
3. Primary Contact:  
Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Cell (if desired): \_\_\_\_\_  
Email: \_\_\_\_\_

*Please mark your agreement with the following and sign:*

\_\_\_\_\_ I agree to be listed publicly as an active Capital Provider on the MC-PACE 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 Manager will rely upon the responses submitted.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_