

Note: Please use the "Save As" feature to save a version of this application to your computer or local server. Once completed, send via email to dkoo@cindevfund.org.

APPLICANT INFORMATION

Date: _____

Legal name of agency: _____

Agency headquarters address: _____

City: _____ State: _____ 9-digit zip code: _____ - _____

Phone: _____ Fax: _____

Agency website: _____

Agency nonprofit incorporation date: _____ Fiscal year end: _____

Executive Director:

Name: _____ Phone: _____ Email: _____

Financial Contact:

Name: _____

Title: _____ Phone: _____ Email: _____

How did you learn about CDF?

CDF Communication (written or verbal)

CDF Website

Presentation or Workshop

Referral

Additional Details: _____

Primary Agency Service:

NTEE code (if known): _____

If not known, please select one from below.

Administration

Housing

Arts and Culture

Multi-Service

Charter/Choice School

Job Training

Child Care

Special Needs Services

Child Welfare/Youth Services

Senior Services

Community Development

Substance Abuse Services

Education

Supportive Housing/Homeless Services

Health Care

Other, please explain: _____

List any program certifications or accreditations: _____

Total annual agency operating budget: _____

PROJECT

Dollar amount requested: _____

Estimated total project amount: _____

What equipment will be purchased with the loan proceeds?

Per your accountant, over what term will these assets be depreciated?

Describe any new or increased services to be provided as a result of this purchase.

Describe or attach any guarantees or warranties that come with the equipment.

Equipment supplier/dealer name: _____

Company: _____

Address, City, State, Zip: _____

Phone: _____ Email: _____

PROJECT SITE

Fill out the following section if equipment will primarily benefit an agency location different from agency headquarters. You do not need to fill out this section if the equipment will be used agency-wide.

Address: _____

City: _____ State: _____ 9-digit zip code: _____ - _____

Primary service at this project site (currently or to be offered) (select one):

NTEE code (if known): _____

If not known, please select one from below.

- | | | |
|---|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Community Development | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Education | <input type="checkbox"/> Special Needs Services |
| <input type="checkbox"/> Charter/Choice School | <input type="checkbox"/> Health Care | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Job Training | <input type="checkbox"/> Supportive Housing/Homeless Services |
| <input type="checkbox"/> Child Welfare/Youth Services | <input type="checkbox"/> Multi-service | <input type="checkbox"/> Other _____ |