



Legal Name of Individual Serving as Contact for Applicant and Relation to Applicant:

return completed application to: dtellalian@emergingmarkets.us

CONTACT INFORMATION

How did you hear about the California FreshWorks Fund?			Mailin	Mailing Address:					
City:			State		Zip Code:				
Email Address:			Phone (Primary):):	Fax:			
APPLICANT INFOR	MATION								
Legal Name of Business:		Fed T	Fed Tax ID# (or SSN):			Formation Date:			
Type of Entity:	: C Corporation Limited Partnership Non Profit Corporation		S Corporation Limited Liability Company Cooperative			General Partnership Sole Proprietor Other:			
Brief Description of	Business:								
Business Street Address:			· ·			Phone:			
City:		State	State		Zip Code:				
MANAGEMENT INF	ORMATION (including proprietors,	nartners, a	nd stockholders	with > 20)% owne	rship) and dire	ctors of		
	Jse a separate sheet if n	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Name	Position	Hom	ne Address	% C	Owned	US Citizen?	**Race	**Sex	

EXHIBITS REQUESTED

Please attach the following:

- 1. Project Narrative: a comprehensive description of the project, the target market and community that will be served by the project, project square footage (if applicable), and statement of community need
- 2. Sources and Uses for the Project.
- 3. Three years of financial statements
- 4. Interim, year-to-date financial statements
- 5. Projections for the next 3-5 years, if available.
- 6. Owner and/or manager background and qualifications