



Project Information Sheet*

**This document is not a loan application. The purpose of this document is to gather information on your project capital needs as part of quantifying the potential market for community development finance products.*

GENERAL INFORMATION

Date: _____
 Name of Organization: _____
 Address: _____
 City/State/Zip: _____

Date of Incorporation: _____
 Telephone Number: _____
 Fax Number: _____

Contact Name: _____
 Contact's Address: _____

Contact's Telephone Number: _____
 Contact's Fax Number: _____
 Contact's E-Mail Address: _____

Indicate Primary Service Area of Applicant (*Check one*):

- Urban
- Rural

Identify Service Area (*Indicate County, MSA or Community as applicable*):



PROJECT INFORMATION *(for projects to be undertaken within the next 18-24 months)*

Project #1 Name: _____

Project Description: _____
(type, # units, etc.) _____

Total Development Cost: _____

Date Project Start: _____

Completion Date for Project: _____

List Current (& Potential) Funding Sources: _____

\$ Amt. of Gap Capital Needed (needs not met by above sources): _____

Project #2 Name: _____

Project Description: _____
(type, # units, etc.) _____

Total Development Cost: _____

Date Project Start: _____

Completion Date for Project: _____

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