

## pre-application

### applicant information

Legal Name of Business		Fed Tax ID # (or SSN)		Formation Date
Type of Entity	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Other:	
Type of Business	<input type="checkbox"/> Single Food Store <input type="checkbox"/> Small Food Market Chain (2 to 5 locations) <input type="checkbox"/> Medium/Large Chain (>5 locations)	<input type="checkbox"/> Food Cooperative <input type="checkbox"/> Real Estate Development Company <input type="checkbox"/> Other:		
Business Street Address		Phone	Accepts food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City		State	Zip	

### contact information

Legal Name of Individual Serving as Contact for Applicant		
Relationship to Applicant		Mailing Address
City	State	Zip
Email	Phone (primary)	Fax

### project information

Type of Project (check all that apply)	<input type="checkbox"/> Land Assembly <input type="checkbox"/> Construct New Food Store <input type="checkbox"/> Expand Exist. Food Store	<input type="checkbox"/> Mixed-use Development <input type="checkbox"/> New Store in Existing Building <input type="checkbox"/> Renovate Exist. Food Store	<input type="checkbox"/> Equipment Refresh <input type="checkbox"/> Reopening of Closed Food Store <input type="checkbox"/> Other:
Food Market Name/Banner		Food Market Parent Company or Cooperative (if applicable)	
Project Street Address		Food Market Major Supplier	
City	County	Estimated No. of Full- & Part-time Jobs to be Created/retained:	
		No. of Existing Full- & Part-time Employees (if applicable):	
Status of Project Site Control	<input type="checkbox"/> Currently Owned <input type="checkbox"/> Negotiating Purchase <input type="checkbox"/> Site Under Construction	<input type="checkbox"/> Currently Leased <input type="checkbox"/> Negotiating Lease <input type="checkbox"/> Other:	

## project information (cont.)

Total Store Retail Area Existing = _____ Total After Project Completion = _____	Fresh Foods Retail Area (estimate gross square feet) Existing = _____ Total After Project Completion = _____	Estimated Project Start Date  Estimated Project Completion Date
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## financing information

Total Project Cost (attach preliminary budget if available)		Amount Requested
Type of Financing Requested	<input type="checkbox"/> Loan	<input type="checkbox"/> Loan/Grant <input type="checkbox"/> Grant
CO4F Loan and Grant Uses: Please list expected uses of CO4F financing (e.g. equipment, working capital, construction)		
Description		Amount
1.		\$
2.		\$
3.		\$
Other Funding Sources: Please list any other sources necessary to complete this transaction and their status (Confirmed, Requested)		
Source	Amount	Status
1.	\$	
2.	\$	
3.	\$	

Please use the space below to describe the specific changes you propose that enhance healthy food access.

Applicant Signature/Title

Date

Return completed pre-application form to: email: [CO4F@pumaworldhq.com](mailto:CO4F@pumaworldhq.com) or fax 720.638.9089. Please visit [www.chfainfo.com/CO4F](http://www.chfainfo.com/CO4F) for program information. For application assistance or questions, please contact:

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