|  |  |
| --- | --- |
| **Lead Applicant (Fiscal Agent)** |  |
| **Project Name** |  |
| **Request Amount** | **$** |
| **Cash Match** | **$** |
| **Total Project Budget** | **$** |
| **Lead WDB** |
| **Address** |  |
| **City & Zip Code** |  |
| **County** |  |
| **Designated Contact Person and Title** |  |
| **Telephone** |  |
| **Email** |  |
| **Lead CBO** |
| **Address** |  |
| **City & Zip Code** |  |
| **County** |  |
| **Designated Contact Person and Title** |  |
| **Telephone** |  |
| **Email** |  |
| **Fiscal Agent** |
| **IRS Tax ID** **Number:** |  | **CA Tax ID Number:** |  |
| **Approval of Authorized Representative** |
| **Name:** |  | **Title:** |  |
| **Signature:** |  | **Date:** |  |