

Program Related Investment Application

About Westside Future Fund

Westside Future Fund (WFF) was established to equitably revitalize four neighborhoods in Atlanta's Historic Westside: Vine City, English Avenue, Atlanta University Center and Ashview Heights. Our mission is to advance a compassionate approach to neighborhood revitalization that creates a diverse, mixed-income community, improves the quality of life for current and future residents, and elevates the Historic Westside's unique history and culture.

How are we working with minority businesses on the Westside?

Westside Future Fund provides Program-Related Investments (PRI) to minority-owned businesses based in or serving Atlanta's Westside. We leverage community outreach and partnerships with local incubators and small business networks to engage entrepreneurs.

What are Program Related Investments?

PRIs are below market-rate loans that WFF uses to support minority entrepreneurs and drive economic development on the Westside. As regulated by the IRS, PRIs must be made for the primary purpose of accomplishing a community-focused outcome and not primarily for financialgain.

Application Check List: ☐ Business Financial Statements: Profit & Loss Statement **Projected Financial Statements** Year-to-Date Budget vs. Actuals ☐ Income Tax Returns (2 years) ☐ Operating Agreement ☐ Ownership & Affiliations ■ Business Certificate/License ■ Business Lease ☐ Resume(s) ☐ Business Profile (attach or use template) ☐ Business Plan that includes key areas: • Executive Summary • Business Description • Market Analysis Organization and Management Structure Sales Strategies **Funding** ☐ Funding Request (up to \$70,000) ☐ Board of Directors List (if applicable) ■ Nondiscrimination Policy



Program Related Investment Application

Business Structure

□ Corporation □ Partnership □ LLC

Business	Name:		
D.B.A. N	ame:		
Current .	Address:		
City, Sta	te and ZIP:	Telephone:	
E-mail A	ddress:	Fax:	
Type of E	Business:	Date Established:	
		/Tax ID:	
		Gross Annual Sales:	
•		Account Open Since:	
		Average Balance: \$	
		Average Balance: \$	
	Land Acquisition New Building Construction	\$ \$	
	L LA	ć	
_	· ·	\$	
	Land and Building Acquisition	\$	_
	Building Improvements or Repairs	\$	_
	Leasehold Improvements	\$	_
	Machinery & Equipment	\$	
	Furniture & Fixtures	\$	_
	Inventory Purchase	\$	_
	Acquisition of Existing Business	\$	
	Refinance Existing Bank Loan	\$	
	Other Debt Repayment	\$	
	Working Capital	\$	_
	TOTAL CAPITAL REQUIREMENTS	\$	
	Cash Being Provided by Borrower	\$ ()
	Funds Provided by Other Sources	\$ ()

\$

PRI AMOUNT REQUESTED



List any previous public/private loan(s) or other Federal Government Debt

NAME OF ORGANIZATION	ORIGINAL AMOUNT OF LOAN	DATE OF REQUEST	APPROVED OR DECLINED	BALANCE	CURRENT OR PAST DUE

MANAGEMENT/GUARANTOR(S)	(proprietor,	partners,	officers,	directors,	and all	holders of	f outstandir	ng stock ·	- 100%
of ownership must be shown)									

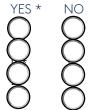
NAME	TITLE	%OWNERSHIP

AFFILIATES (List below any business concerns in which the application company or any of the individuals listed above have any ownership)

NAME	TITLE	%OWNERSHIP

•	Have you or any officer of your company ever been involved in bankruptcy or insolvency
	proceedings?

- Are you or your business involved in any pending lawsuits?
- Are there any outstanding tax liens or judgements filed against you or your company?
- Does the company or any owner own title to a patented, trademarked, or copyrighted product?



Name	Business Phone
Home Address	Home Phone
City, State, & Zip Code	
Business Name of Applicant	
ASSETS (Omit Cent	
Cash on Hand & in banks Savings Accounts	Accounts Payable
Section 1. Source of Income.	Contingent Liabilities
Salary\$ Net Investment Income \$\$ Real Estate Income \$\$ Other Income (Describe below)*\$ Description of Other Income in Section 1.	9
*Alimony or child support payments should not be disclosed in "Other Income" unless it	is desired to have such payments counted toward total income.
, without of a time support payments should not be disclosed in Other income unless it	is desired to have such payments counted toward total income.

Names and Addresses of Noteholder(s)		Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorse Type of Collateral
ection 3. Real Estate Own		•	•	y. Use attach	ment if necessary.	Each attachment must be
		Property	Α		Property B	Property C
Type of Real Estate (e.g., Primary Residence, Other Residence, Rental Property,Land, etc.)						
Address						
Date Purchased						
Original Cost						
Present Market Value						
Name & Address of Mortgage Holder						
Mortgage Balance						
Amount of Payment perMonth/Year						
Status of Mortgage						
Section 4. Other Persona	Proper	ty and Oth	er Assets. (I	Describe, and	, if any is pledged	as security, state name an
address of lien holder, am	ount of	r lien, terms	ot paymen	t ana, it aelin	quent, describe de	inquency.)

Section 5. Unpaid Taxes. (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a taxlien attaches.)

Section 6. Other Liabilities. (Describe in detail.)	
Section 7 Life Insurance Hold (Give face amount and ca	sh surrender value of policies – name of insurance company
and Beneficiaries.)	sh surrender value or policies – name or insurance company
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CERTIFICATION!	and a telegraph of the second and the second
<u>CERTIFICATION</u> : (to be completed by each person submitting	g the information requested on this form)
By signing this form, I certify that all information on this form	n and any additional supporting information submitted with
this form is true and complete to the best of my knowledge.	
information when making decisions regarding an application	for a PRI. I further certify that I have read the attached
statements required by law and executive order.	
C	D .
Signature	Date
Print Name	Social Security No.
Thire indine	Social Security No.
Signature	Date
D N	6 G N
Print Name	Social Security No.



Who are your major customers? Name	Location	Percent (%) of Sales
ho are your major suppliers?		
Name	Location	Percent (%) of Purchas
/ho are your major competitors?		
Name	Location	Competing Product
_		
How will the PRI change or aid the	e growth of the business?	



npany Name:			Date:		Sig	ınature:	
BTEDNESS: Furnish the following information in the Broceeds and reason for paying them ities.	ormation on all ins n (present balance :	callment debt should agree v	, contracts, no vith latest bal	otes, and mor ance sheet su	tgages payab Ibmitted). Do	ole. Indicate by onot include acc	asterisk (*) items to be po counts payable or accrued
CREDITOR Name and Address	Original Date	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral / Security
						-	
						-	
	Total Prese	l nt Balance:			1		