



Organic Valley Principle 6 Cooperative Growth Fund Intake Form

Contact Information

Co-op Name: _____

Street Address: _____

City, State, Zip: _____

Contact person: _____

Phone: _____ Email: _____

Project Information

Estimated total project cost: _____

Estimated financing needed: _____

Check all that apply

- Expansion Relocation Store reset or improvements Additional store

Briefly describe your project or financing need.

Is there anything else we should know or you would like to add?
