

PENNSYLVANIA FRESH FOOD FINANCING INITIATIVE



Date Received __/__/____

ELIGIBILITY APPLICATION

Applying for the Pennsylvania Fresh Food Financing Initiative (FFFI) is a two-step process. First, the applicant must complete this Eligibility Application to determine whether the proposed project is consistent with the goals and objectives of the program. Once a project's eligibility is determined, the applicant will receive an email disclosing its eligibility status. Eligible applicants will then be invited to complete a full financing application. All applicants are encouraged to review the FFFI Program Summary & Eligibility Requirements found on thefoodtrust.org/pafffi. For any questions, please email pafffi@thefoodtrust.org or call 215-383-0638.

I. Applicant Information

Name:		Title/Relation to Applicant:	
Email Address:		Phone Number:	

II. Business Information

Business Name:			
Street Address:		County	
City	State:	Zip:	
Type of Entity: For Profit <input type="checkbox"/> Non Profit <input type="checkbox"/> Cooperative <input type="checkbox"/>			
Formation of Business (date):			
Type of Business:			
Single Food Market <input type="checkbox"/>		Real Estate Developer <input type="checkbox"/>	
Supermarket <input type="checkbox"/>		Food Coop <input type="checkbox"/>	
Supermarket Chain (2-10 stores) <input type="checkbox"/>		Farmers Market/Mobile Market <input type="checkbox"/>	
Supermarket Chain (10+ stores) <input type="checkbox"/>		Food Hub/Distribution/Aggregation <input type="checkbox"/>	
		Other _____	

III. Project Information

Project Name (If different than above):			
Street/Site Address:		County:	
City:	State:	Zip:	
Project site status at time of application: Own / Lease <input type="checkbox"/>	Negotiating Lease / Ownership <input type="checkbox"/>	Other (please specify):	

In a few sentences, please describe your project, including use of requested funding.	
Estimated Project Start Date:	Estimated Project End Date:
Current No. of Employees: Part-time: _____ Full-time: _____	Expected No. of Additional Employees (if applicable): Part-time: _____ Full-time: _____
Total Approximate Percentage of Employees from the Local Community (upon project completion): _____ %	Employee Hourly Rate (range or average acceptable): _____
Existing Retail sq ft (if applicable): _____	If proposing to expand, how many additional sq ft will be added? _____
Estimated % of Produce sales after project completion:	
Please describe your sources of food (e.g. Name of distributor, details on growers, producers, etc.):	
Please indicate your participation in Pennsylvania's PA Preferred Program or describe any local sourcing efforts:	
Does your business accept (if neither, please specify your plans to pursue authorization): SNAP <input type="checkbox"/> WIC <input type="checkbox"/>	

IV. Finance Information

Funding Use (select all that apply): Opening a new business <input type="checkbox"/> Expansion of operating business <input type="checkbox"/> Renovation of operating business <input type="checkbox"/>		Equipment <input type="checkbox"/> Predevelopment/TA <input type="checkbox"/> Working Capital <input type="checkbox"/>	Other (please specify) _____ _____ _____
Financing Request Type (You may select more than one option)*: *Note: Awarded financing	Loan <input type="checkbox"/> Grant <input type="checkbox"/> Business Assistance <input type="checkbox"/>	If interested in receiving business assistance, please describe the type of business assistance that you may require (select all that apply): <input type="checkbox"/> Financial Management <input type="checkbox"/> Marketing/Graphic Design	

<p>packages may include loans, grants, and other funding tools on a case-by-case basis to appropriately meet the needs of each project. Each eligible application will be underwritten and assessed for financial viability.</p>		<input type="checkbox"/> Business Strategy/Planning <input type="checkbox"/> Construction Management <input type="checkbox"/> Additional Details / Other _____ _____ _____ _____
Total Loan Request: \$	Total Grant Request: \$	Total Project Cost: \$
<p>Please describe the sources of funds that will be used for this project (if applicable). Please identify if each anticipated source of funds is a loan or does not need to be repaid (such as a grant or your own funds). Please also include the amount and status (committed, requested, etc.) with each source.</p>		

V. Short Answers (2-5 sentences)

<p>Describe how your business serves a low-to-moderate income community.</p>	
<p>Describe how your businesses' community has limited healthy food retail options.</p>	
<p>Describe your or your team's management experience in food retailing.</p>	

<p>Optional: Please explain if and how your business promotes supplier diversity or increases business opportunities for minority business enterprises. Applications are encouraged from underrepresented business owners, including: Minority Business Enterprises, Women Business Enterprises, Service-Disabled Veteran Business Enterprises, Veteran Business Enterprises, Lesbian, Gay, Bisexual, and Transgender Business Enterprises; and Disability-Owned Business Enterprises.</p>	
<p>Describe the accessibility to the business by customers via public transportation (if applicable).</p>	
<p>Describe the accessibility to the business pursuant to the ADA (if applicable).</p>	

VI. Additional Documents (required if not answered above)

- Applicant Narrative:** History of applicant business, management list and qualifications (food market operations and/or real estate development experience). Include resumes for key management if available at this time, as well as a list of all owners and their respective % of ownership.
- Project Description:** Provide a detailed description of the project, including: current condition, scope of work, fresh food offerings (current/proposed), explanation of project costs, and need for funding. Please provide photos or renderings of project (or other currently operating stores).
- Community Support:** Provide a short narrative, articles, maps, community letters, or other documentation to demonstrate the community’s need and support for the project. Please describe how this store will meet the community’s needs by offering affordable, fresh foods.

Submit your completed application by email, mail, or fax to:

paffi@thefoodtrust.org

The Food Trust | ATTN: Kahfii King | 1617 John F Kennedy Blvd. Suite 900 | Philadelphia, PA 19103

FAX: (215) 575-0466

For more information, please visit thefoodtrust.org/paffi.