

# PENNSYLVANIA FRESH FOOD FINANCING INITIATIVE



## ELIGIBILITY APPLICATION Date \_\_/\_\_/----

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 <https://thefoodtrust.org/what-we-do/hffi/pa/>.

For any questions, please email [pafffi@thefoodtrust.org](mailto:pafffi@thefoodtrust.org) or call 215-383-2192.

### I. Applicant Information

Name:		Title/Relation to Applicant:	
Email Address:		Phone Number:	
Name of owner, or person in substantial control (if different from above):			
How did you hear about the program?			

### II. Business Information

Legal Business Name:		
Project Name/DBA (if different from above):		
Tax ID Number/EIN:		
Business Mailing 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:	<input type="checkbox"/> Mobile Market/CSA <input type="checkbox"/> Corner Store/Bodega <input type="checkbox"/> Food Coop <input type="checkbox"/> Food Hub/Distribution <input type="checkbox"/> Supermarket	
	<input type="checkbox"/> Grocery Store/Market <input type="checkbox"/> Farm/Greenhouse <input type="checkbox"/> Farmers Market <input type="checkbox"/> Other _____	

If serving multiple locations, please list the addresses below:

Does the owner or person in substantial control identify as any of the following? Applications are encouraged from underrepresented business owners, including:

- Person of color       Disabled       Other: \_\_\_\_\_  
 Woman       LGBTQIA+  
 Veteran       Immigrant

### III. Project Information

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

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"/>	
If applicable, what were your total SNAP sales for the last full month?	If applicable, what were your total gross sales for the last full month?

**IV. Finance Information**

<b>Funding Use (select all that apply):</b> <input type="checkbox"/> 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"/> Other (please specify) _____		
<b>Financing Request Type (You may select more than one option)*:</b>  <p><small>*Note: Awarded financing 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.</small></p>	Loan <input type="checkbox"/> Grant <input type="checkbox"/> Business Assistance <input type="checkbox"/>	<b>If interested in receiving business assistance, please describe the type of business assistance that you may require (select all that apply):</b> <input type="checkbox"/> Financial Management <input type="checkbox"/> Marketing/Graphic Design <input type="checkbox"/> Business Strategy/Planning <input type="checkbox"/> Construction Management <input type="checkbox"/> Additional Details/Other _____ _____ _____

<b>Total Loan Request:</b> \$	<b>Total Grant Request:</b> \$	<b>Total Project Cost:</b> \$
<p>Please describe other 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>		

In a few sentences, please describe your project, including what requested funds will be used for:

**V. Short Answers (2-5 sentences)**

<p><b>Does your business serve a low-to-moderate income community? If so, please describe your efforts to meet their needs.</b></p>	
<p><b>Describe how your businesses' community has limited healthy food retail options.</b></p>	
<p><b>Describe your or your team's management experience in food retailing.</b></p>	
<p><b>References: Please provide the contact information for up to three community members or organizations that can speak about your business or the community that you serve.</b></p>	
<p><b>Optional: Please explain if and how your business promotes supplier diversity or increases business opportunities for minority business enterprises.</b> These include: Minority Business Enterprises, Women Business Enterprises, Service-Disabled Veteran Business Enterprises, Lesbian, Gay, Bisexual and Transgender Business Enterprises,</p>	

and Disability-Owned Business Enterprises.	
<b>Describe the accessibility to the business by customers via public transportation (if applicable).</b>	
<b>Describe the accessibility to the business pursuant to the ADA (if applicable).</b>	

**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](mailto:paffi@thefoodtrust.org)

**The Food Trust | ATTN: Marisol Zavaleta | 1617 John F Kennedy Blvd. Suite 900 | Philadelphia, PA  
19103 FAX: (215) 575-0466**

For more information, please visit <https://thefoodtrust.org/what-we-do/hffi/pa/>.