



# Pennsylvania Fresh Food Financing Initiative

## ELIGIBILITY APPLICATION

From the application deadline to funding, there is a 4- to 6-month process. For a more detailed application process, please visit our Application Process & Timeline website: [thefoodtrust.org/what-we-do/hffi/pa/apply/](http://thefoodtrust.org/what-we-do/hffi/pa/apply/)

For any questions, please email [pafffi@thefoodtrust.org](mailto:pafffi@thefoodtrust.org) or call 215-575-0444, ext. 154.

A digital application is available at: [form.jotform.com/FoodTrust/PAFFFI](http://form.jotform.com/FoodTrust/PAFFFI)

Date \_\_\_ / \_\_\_ / \_\_\_\_

### I. Applicant Information

<b>Name:</b>		<b>Title/Relation to Business:</b>	
<b>Email Address:</b>		<b>Phone Number:</b>	
Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone			
<b>Secondary Contacts:</b>			
<b>How did you hear about the program?</b> <input type="checkbox"/> The Food Trust website <input type="checkbox"/> The Food Trust staff <input type="checkbox"/> The Food Trust newsletter <input type="checkbox"/> Social media <input type="checkbox"/> Other retailer <input type="checkbox"/> Business advisor <input type="checkbox"/> Community Development Financial Institution <input type="checkbox"/> Community Development Corporation <input type="checkbox"/> Other (please specify): _____			

### II. Business Information

<b>Legal Business Name:</b>		
<b>Legal Business Owner:</b>		
<b>Project Name/DBA (if different from above):</b>		
<b>Tax ID Number/EIN:</b>		
<b>Business Mailing Address:</b>		<b>County:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Type of Entity: <input type="checkbox"/> For Profit <input type="checkbox"/> Non Profit <input type="checkbox"/> Cooperative <input type="checkbox"/> Other _____		
<b>Type of Ownership:</b>	<input type="checkbox"/> Independently Owned <input type="checkbox"/> Privately Owned <input type="checkbox"/> Publicly Owned <input type="checkbox"/> Corporately Owned <input type="checkbox"/> Other _____	

<b>Annual Gross Revenue in 2023:</b>	\$ _____
<b>Annual Net Profit/Loss in 2023:</b>	\$ _____
<b>Formation of Business (date):</b> ___ / ___ / ____	
<b>Type of Business/Project:</b>	<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 _____
<b>Does the owner or person in substantial control identify as any of the following? Applications are encouraged from underrepresented business owners, including:</b> <input type="checkbox"/> Person of color <input type="checkbox"/> Disabled <input type="checkbox"/> Other: _____ <input type="checkbox"/> Woman <input type="checkbox"/> LGBTQIA+ <input type="checkbox"/> Veteran <input type="checkbox"/> Immigrant	

### III. Project Information

<b>Retail Site Address (if different from business mailing address):</b>		<b>County:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
If serving multiple locations (i.e. mobile market sites, supermarket chains), please list the addresses below:		
<b>Project site control status at time of application:</b> <input type="checkbox"/> Lease <input type="checkbox"/> Ownership <input type="checkbox"/> Negotiating Lease <input type="checkbox"/> Negotiating Ownership		<b>Other (please specify):</b>

<b>Estimated Project Start Date:</b>	<b>Estimated Project End Date:</b>
<b>Current No. of Employees:</b>  Part-time: _____ Full-time: _____	<b>Expected No. of Additional Employees (if applicable):</b>  Part-time: _____ Full-time: _____
<b>Total Approximate Number of Employees from the Local Community (upon project completion):</b> _____	<b>Employee Hourly Rate (range or average acceptable):</b> _____
<b>Existing Retail Square Feet:</b> _____	<b>If proposing to expand, how many additional square feet will be added?</b> _____

Estimated % of produce department sales after project completion:	
Please describe your sources of fresh produce (e.g. name of distributor, details on growers, producers, etc.):	
Are you enrolled in Pennsylvania's PA Preferred Program?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe any efforts to source locally grown or value-added products:
Does your business accept (if neither, please specify your plans to pursue authorization): <input type="checkbox"/> SNAP/EBT <input type="checkbox"/> WIC <input type="checkbox"/> Neither <input type="checkbox"/> Other _____	
If you accept SNAP/EBT, what were your total SNAP/EBT sales for the last full month? \$	If currently open, what were your total gross sales for the last full month? \$

**IV. Short Answers (3-5 sentences)**

Describe how you will use awarded funds and how they will benefit your long-term business plan. <u>Please list all proposed expenses.</u>	
Does a Low- to- Moderate-Income Community shop at your retail location? If so, please describe how your business meets their needs (ie. pricing models, product selection, marketing, outreach efforts, mission statement).	<input type="checkbox"/> Yes <input type="checkbox"/> No  Details:
Describe existing food retail options in your community. (Are options limited? What are the barriers in accessing healthy food in your community? What is missing?)  What role does your business play in your community?	

<p><b>Describe your or your team's management experience in food retailing and produce handling.</b></p>	
<p><b>References: Please provide the contact information for <u>up to three</u> community members or organizations that can speak about your business or the community that you serve.</b></p>	<p>1. Name: _____  Relationship: _____  Email: _____</p> <p>2. Name: _____  Relationship: _____  Email: _____</p> <p>3. Name: _____  Relationship: _____  Email: _____</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, LGBT Business Enterprises, and Disability-Owned Business Enterprises.</p>	
<p><b>Optional: Describe the accessibility to the business by customers via public transportation (if applicable).</b></p>	
<p><b>Optional: Describe the accessibility to the business pursuant to the ADA (if applicable).</b></p>	

**V. Financial Request Information**

<p><b>Funding Use (select all that apply):</b></p> <p><input type="checkbox"/> Opening a new business</p> <p><input type="checkbox"/> Expansion of operating business</p> <p><input type="checkbox"/> Infrastructure upgrades (i.e. renovation, equipment, etc.)</p> <p><input type="checkbox"/> Predevelopment</p> <p><input type="checkbox"/> Business/Technical Assistance</p> <p><input type="checkbox"/> Other (please specify):</p> <p>_____</p> <p>_____</p>	<p><b>If interested in using awarded funds for <u>business assistance</u>, please select the type of assistance you would like to receive (select all that apply):</b></p> <p><input type="checkbox"/> Financial Management</p> <p><input type="checkbox"/> Marketing/Graphic Design</p> <p><input type="checkbox"/> Business Strategy/Planning</p> <p><input type="checkbox"/> Construction Management</p> <p><input type="checkbox"/> Additional Details/Other:</p> <p>_____</p> <p>_____</p>
<p><b>Financing Request Type (You may select more than one option)*:</b></p> <p><input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Grant</p> <p><small>*Note: Awarded financing packages may include loans, grants, and/or business assistance on a case-by-case basis to appropriately meet the needs of each project. Loan requests will be referred to a PA FFFI partner Community Development Financial Institution. Each eligible loan application will be underwritten and assessed for financial viability.</small></p>	

<p><b>Total Loan Request:</b></p> <p>\$ _____</p>	<p><b>Total Grant Request:</b></p> <p>\$ _____</p>	<p><b>Total Project Cost (required):</b></p> <p>\$ _____</p>	
<p><b>Are you currently working with a Community Development Financial Institution (CDFI)?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>If yes, which CDFI are you working with?</b></p>	<p><input type="checkbox"/> Reinvestment Fund</p> <p><input type="checkbox"/> Community First Fund</p> <p><input type="checkbox"/> Bridgeway Capital</p> <p><input type="checkbox"/> Other _____</p>

**Please describe all sources of funds that will be used for this project. If you have a pro forma financial statement or a capital stack list available, please attach it to your application. If you need additional space, please provide any extra funding sources in a separate document.**

<u>Source:</u>	<u>Type:</u> (Loan/Grant/Equity /Subsidy/Other)	<u>Amount:</u>	<u>Use of Funds:</u>	<u>Status:</u> (Committed or Requested)
PA FFFI	Loan	\$ _____		Requested <i>(must match request above)</i>
PA FFFI	Grant	\$ _____		Requested <i>(must match request above)</i>
Owner Equity	Equity	\$ _____		Committed
CDFI (Name/s)		\$ _____		
1.		\$ _____		
2.		\$ _____		

<u>Source:</u>	<u>Type:</u> (Loan/Grant/Equity /Subsidy/Other)	<u>Amount:</u>	<u>Use of Funds:</u>	<u>Status:</u> (Committed or Requested)
<b>Bank (Name/s)</b>				
1.		\$		
2.		\$		
<b>Other</b>				
1.		\$		
2.		\$		
3.		\$		
4.		\$		

**VI. Additional Documents (optional)**

**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, the scope of work, fresh food offerings (current/proposed), an explanation of project costs, and the need for funding. Please provide photos or renderings of the 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:**

[pafffi@thefoodtrust.org](mailto:pafffi@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 [www.thefoodtrust.org/pafffi](http://www.thefoodtrust.org/pafffi)