



THE REINVESTMENT FUND  
Capital at the point of impact.

## HEALTHY FOOD RETAIL LOAN APPLICATION

For acquisition, renovation or new construction of supermarket facilities, leasehold improvements and equipment loans

We encourage applicants to review TRF's Healthy Food Retail Program Guidelines found on [www.trfund.com](http://www.trfund.com). Below the image on the main TRF website page, click on the Resource Center tab; guidelines can be found under the Application Forms link.

Date Application Received by TRF:

### I. CONTACT INFORMATION

Legal Name of Individual Serving as Contact for Applicant:		
Relation to Applicant:	Mailing Address:	
City:	State:	Zip Code:
Email Address:	Phone (Primary):	Fax:

### II. APPLICANT INFORMATION

Legal Name of Business:	Fed Tax ID # (or SSN):	Formation Date:
Type of Entity: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non Profit Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Other: _____		
Type of Business: <input type="checkbox"/> Single Food market <input type="checkbox"/> Food Cooperative <input type="checkbox"/> Small Food Market Chain (2 to 5 Locations) <input type="checkbox"/> Real Estate Development Company <input type="checkbox"/> Medium / Large Food Market Chain (> 5 Locations) <input type="checkbox"/> Other: _____		
Business Street Address:		Phone:
City:	State:	Zip Code:

### III. PROJECT INFORMATION

Type of Project (Check all that apply): <input type="checkbox"/> Land Assembly <input type="checkbox"/> Construction of new food market <input type="checkbox"/> Expansion of existing food market <input type="checkbox"/> Mixed-Use Development <input type="checkbox"/> New food market in existing bldg. <input type="checkbox"/> Renovation of existing food market <input type="checkbox"/> Equipment Refresh <input type="checkbox"/> Reopening of closed food market <input type="checkbox"/> Other: _____		
Food Market Name / Banner:		Food Market parent Company or Cooperative (if applicable):
Project Street Address:		Food Market Major Supplier(s):
City:	County:	Food Market Major Supplier Contact Information:
State (PA, NJ, DE, or MD):	Zip Code:	
Status of Project Site Control: <input type="checkbox"/> Currently Owned <input type="checkbox"/> Negotiating Purchase <input type="checkbox"/> Site Under Construction <input type="checkbox"/> Currently Leased <input type="checkbox"/> Negotiating Lease <input type="checkbox"/> Other: _____		
Value of Proposed Collateral (If applicable): \$ _____ How was value above determined? _____		Will the project require a zoning change or other unique permits or approvals? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please describe) _____
Food Market retail area: Existing = _____ square feet Renovation = _____ square feet New Construction / Expansion = _____ square feet Total After Project Completion = _____ square feet		Estimated Project Start Date:  Estimated Project Completion Date:

#### IV. LOAN REQUEST

Loan Amount	Loan Use (Construction, Equipment, Acquisition, etc.)	Loan Term
\$		
\$		

#### V. LOANS and OTHER FINANCING CURRENTLY OUTSTANDING (attach additional sheet if necessary)

Name of Creditor	Amount	Purpose	Maturity Date
	\$		
	\$		
	\$		

#### VI. MANAGEMENT INFORMATION

Please list all owners (including proprietors, partners and stockholders with ≥ 20% ownership) and directors of Applicant business. Use a separate sheet if necessary.						
Name and Position	SSN and Date of Birth	Home Address	% Owned	U.S. Citizen?	**Race	**Sex

\*\* TRF encourages minority- and women-owned businesses to apply for funding. Race and gender data is optional and collected for statistical purposes only. This data has no bearing on the decision to approve or decline an application.

#### VII. EXHIBITS REQUESTED

The following exhibits **must** be completed. All exhibits must be signed and dated by person signing this form.

- Applicant Narrative** addressing the following: History of Applicant business, Management qualifications (food market operating experience and/or real estate development experience), and need for a grant, if available. Include resumes for key staff members.
- Demonstration of Community Need.** Provide a short narrative, articles, maps, community letters, or other to demonstrate the community's need for the food market project (e.g. limited alternatives to healthy food).
- Project Description.** Provide a detailed description of the project (as-is condition, scope of work, why it is necessary, how its design and location serve needs of organization) and Applicant's previous experience with similar projects.
- Project Budget.** Provide a detailed project budget outlining all sources and uses of funds (including both hard and soft costs), preferably in both hard copy and working Excel format. A sample project budget is available on TRF's website (Resource Center).
- Commitment from Food Market Retailer.** If Applicant is not the food market operator, provide an executed lease or strong letter of interest from the food market operator.
- Operating Pro Forma.** Provide 5-year operating projections in working Excel format. Applicants that are existing businesses should also include multi-year historic operating figures in the proforma. Include written assumptions.
- Financial Statements and Tax Returns.** Provide income statements and balance sheet statements (and cash flow statements, if available) for the past 3 fiscal years, as well as interim statements dated within 90 days, for the Applicant business (if applicable) and all affiliates. If the statements are neither audited nor reviewed by a certified public accountant, then, in addition, provide business tax returns for the past 3 fiscal years.
- Personal Financial Statements.** Provide a current, signed personal financial statement for all owners (proprietors, partners and stockholders with ≥ 20% ownership) of Applicant business.
- Personal Tax Returns.** Provide copies of complete federal tax returns from the most recently filed year for all owners (proprietors, partners and stockholders with ≥ 20% ownership) of Applicant business.
- References.** Provide contact information for business references. Suggested references include loan officer, accountant, supplier.

The following exhibits must be completed where applicable. All exhibits must be signed and dated by person signing this form.

- Financing Commitment Letters.** Provide for all other sources listed in budget.
- Evidence of Site Control.** Copy of lease, agreement of sale or deed showing ownership of property (whichever is applicable).
- Project team.** List of project team and their qualifications: architect, general contractor, consultants.
- Documents.** Provide a copy of appraisal, environmental audit, market study, merchandising / store plan, and construction plans and specifications as available.

**Please answer the following questions:**

1. Are you or your business involved in any pending lawsuits?  **Yes**  **No** If yes, please attach a detailed explanation.
  2. Have you or any officer of your company been involved in bankruptcy or insolvency proceedings?  **Yes**  **No** If yes, please provide the details.
- 

I/We authorize The Reinvestment Fund (TRF) to investigate my/our personal and business financial credit history as necessary to process a loan application. The undersigned authorize any person or consumer reporting agency to give TRF any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. THE UNDERSIGNED, in applying for financial assistance from TRF, recognizes that prior to receiving any financial assistance he or she will agree to comply with all federal, state and local laws and regulations to the extent that such are applicable.

\_\_\_\_\_  
**Name of Business:**

\_\_\_\_\_  
**Signature/Title/Date**

**Anyone listed as an owner in Section VI should sign and date below:**

\_\_\_\_\_  
**Signature/Date**

**To Submit**

Mail completed application and supported documentation to:

Healthy Food Retail Lending  
The Reinvestment Fund  
1700 Market Street  
19<sup>th</sup> Floor  
Philadelphia, PA 19103-3904

Applications can also be emailed at the contact information below.

**Questions?**

Please call or email TRF's Fresh Food Access Program Manager, Christina Szczepanski, with any questions

By phone at 215.574.5879,  
By fax at 215.574.5979,  
By email at [christina.szczepanski@trfund.com](mailto:christina.szczepanski@trfund.com),  
Or on the web at [www.trfund.com](http://www.trfund.com).