



THE REINVESTMENT FUND
Capital at the point of impact.

HEALTHY FOOD RETAIL PRE-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/resource/forms.html.

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:	Job Information:	
State (PA, NJ, DE, or MD):	Zip Code:	No. of Existing Full & Part-time Employees _____ Estimated No. of Full & Part-time Jobs to be Created _____	
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: _____			
Food Market retail area:		Estimated Project Start Date:	
Existing = _____ gross square feet Renovation = _____ gross square feet New Construction / Expansion = _____ gross square feet Total After Project Completion = _____ gross square feet		Estimated Project Completion Date:	

IV. FINANCING INFORMATION

Total Project Cost (Attach preliminary budget if available):		Amount Requested:													
Type of Financing Requested: <input type="checkbox"/> Pre-Development Loan <input type="checkbox"/> Acquisition Loan <input type="checkbox"/> Construction Loan <input type="checkbox"/> Permanent Loan <input type="checkbox"/> Equipment Loan <input type="checkbox"/> Other Describe below _____ <input type="checkbox"/> Pre-Development Grant _____ <input type="checkbox"/> Capital Grant _____		Other Project Sources: Please list other sources necessary to complete this transaction, and their status (Confirmed, Requested) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Source</th> <th>Amount</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>\$</td> <td></td> </tr> <tr> <td>2.</td> <td>\$</td> <td></td> </tr> <tr> <td>3.</td> <td>\$</td> <td></td> </tr> </tbody> </table>		Source	Amount	Status	1.	\$		2.	\$		3.	\$	
Source	Amount	Status													
1.	\$														
2.	\$														
3.	\$														

Date: _____

Applicant Signature/Title _____