



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](http://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"/> Limited Partnership <input type="checkbox"/> Non Profit Corporation	<input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Cooperative	<input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other: _____
Type of Business: <input type="checkbox"/> Single Food market <input type="checkbox"/> Small Food Market Chain (2 to 5 Locations) <input type="checkbox"/> Medium / Large Food Market Chain (> 5 Locations)	<input type="checkbox"/> Food Cooperative <input type="checkbox"/> Real Estate Development Company <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"/> Mixed-Use Development <input type="checkbox"/> Equipment Refresh	<input type="checkbox"/> Construction of new food market <input type="checkbox"/> New food market in existing bldg. <input type="checkbox"/> Reopening of closed food market	<input type="checkbox"/> Expansion of existing food market <input type="checkbox"/> Renovation of existing 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"/> Currently Leased	<input type="checkbox"/> Negotiating Purchase <input type="checkbox"/> Negotiating Lease	<input type="checkbox"/> Site Under Construction <input type="checkbox"/> Other: _____
Food Market retail area:	Existing = _____ gross square feet	Estimated Project Start Date:	
	Renovation = _____ gross square feet		
	New Construction / Expansion = _____ gross square feet	Estimated Project Completion Date:	
	Total After Project Completion = _____ gross square feet		

### IV. FINANCING INFORMATION

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

Date: \_\_\_\_\_

Applicant Signature/Title \_\_\_\_\_