



Capital at the point of impact.

New Jersey Food Access Initiative

Pre-Application

The New Jersey Food Access Initiative (NJFAI) is designed to increase the number of supermarkets and grocery stores in underserved areas across the state, with an emphasis on serving nine priority cities which include Atlantic City, Camden, East Orange, Elizabeth, Jersey City, Newark, New Brunswick, Paterson and Trenton.

NFAI was created through a partnership of the New Jersey Economic Development Authority (NJEDA) and The Reinvestment Fund (TRF). Eligible stores: are located in a low- to moderate-income census tract; provide a full selection of fresh foods; locate in areas that are currently underserved.

I. APPLICANT INFORMATION

Individual Name:		Application Date:	
Street Address:			
City:	County:	State:	Zip:
Email:	Phone:	Cell Phone:	Fax:

II. BUSINESS INFORMATION

Name of Business:		Formation Date:	
Type of Business: <input type="checkbox"/> Single Food Market or Supermarket <input type="checkbox"/> Farmers Market <input type="checkbox"/> Supermarket Chain (2 to 5 Stores) <input type="checkbox"/> Food Cooperative <input type="checkbox"/> Supermarket Chain (> 5 Stores) <input type="checkbox"/> Real Estate Developer			
<input type="checkbox"/> Non Profit Corporation <input type="checkbox"/> For Profit Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: _____			
Street Address: (If different from Applicant Address)			
City:	County:	State:	Zip:

III. PROJECT INFORMATION

Street Address of Supermarket:		Size of Supermarket (proposed or existing): _____ square feet	
City:	Zip:	If Applicant is a Developer, do you have: <input type="checkbox"/> Letter of Interest from Supermarket Tenant <input type="checkbox"/> Signed Lease with Supermarket Tenant	
Project Description: Check all that apply <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation of Operating Store <input type="checkbox"/> Expansion <input type="checkbox"/> Redevelopment of Dark Store <input type="checkbox"/> Shopping Center Anchor <input type="checkbox"/> Equipment Refresh If Expansion, Size of Increase: _____ square feet		Status of Project Site Control: <input type="checkbox"/> Currently Owned <input type="checkbox"/> Under Agreement <input type="checkbox"/> Specific Properties Not Yet Identified <input type="checkbox"/> Other If Other, please specify: _____	

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 <i>Describe below</i> <input type="checkbox"/> Pre-Development Grant <input type="checkbox"/> _____ <input type="checkbox"/> Small Equipment Grant <input type="checkbox"/> _____		Other Project Sources: Please list other sources necessary to complete this transaction, and their status (Confirmed, Requested)	
		Source	Amount
		1.	\$
		2.	\$
		3.	\$

How or where did you hear about this program? _____

Date: _____

Applicant Signature/Title _____