



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:	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: _____		
Food Market retail area: Existing = _____ gross square feet Renovation = _____ gross square feet New Construction / Expansion = _____ gross square feet Total After Project Completion = _____ gross square feet		Estimated Project Start Date: 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 <i>Describe below</i> _____ <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)		
		Source	Amount	Status
		1.	\$	
		2.	\$	
		3.	\$	

Date:

Applicant Signature/Title