



**REINVESTMENT  
FUND**

**HEALTHY FOOD RETAIL PRE-APPLICATION**

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

*We encourage applicants to review Healthy Food Retail Program Guidelines found on [www.reinvestment.com](http://www.reinvestment.com).*

**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
		1.	\$
		2.	\$
		3.	\$
			Status

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

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