

# ELIGIBILITY APPLICATION

The Cincinnati Fresh Food Retail Financing Fund is an innovative financing program, created in partnership with the city of Cincinnati, Center for Closing the Health Gap and Cincinnati Development Fund (CDF), designed to increase the number of healthy food markets in underserved communities across Cincinnati. CDF is a non-profit Community Development Financial Institution (CDFI) whose mission is to drive community revitalization by providing capital access and technical assistance. The Health Gap is a non-profit organization working to lead the efforts to eliminate racial and ethnic health disparities in Greater Cincinnati through Education, Community. We encourage applicants to review the Cincinnati Fresh Food Retail Financing Fund (CFFRFF) Program Guidelines found on [www.ClosingTheHealthGap.org/fresh-food-fund/](http://www.ClosingTheHealthGap.org/fresh-food-fund/).

Applying for financing from the Cincinnati Fresh Food Retail Financing Fund is a two-step process. First, the applicant must complete this Eligibility Application to determine that the proposed site is consistent with the goals and objectives of the program. Once a project's eligibility is determined, the applicant will receive a letter disclosing its eligibility status and where appropriate, an invitation to apply for financing from the Cincinnati Development Fund.

**Fax your completed application with checklist to (513) 585-9874. Attachments can be also emailed or submitted as paper copies. For further information, contact the Health Gap at (513) 585-9872 or [closingthegap@uhealth.com](mailto:closingthegap@uhealth.com).**

## I. APPLICANT INFORMATION

Legal Name of Individual:		Tax ID or SSN:	Application Date:
Address:			
City:	County:	State:	Zip:
Email:	Phone:	Cell Phone:	Fax:

## II. BUSINESS INFORMATION

Legal Name of Business:		Tax ID or SSN:	Formation Date:
Type of Business:	<input type="checkbox"/> Single Food Market or Supermarket <input type="checkbox"/> Supermarket Chain ( 2 to 5 Stores) <input type="checkbox"/> Supermarket Chain (> 5 Stores)		<input type="checkbox"/> Food Cooperative <input type="checkbox"/> Real Estate Developer <input type="checkbox"/> Other _____
<input type="checkbox"/> Non Profit Corporation <input type="checkbox"/> General Partnership	<input type="checkbox"/> For Profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other: _____
Business Address:		Phone:	Fax:
City:	County:	State:	Zip:
Current No. of Employees: _____ Part-Time: _____ Full-Time: _____	Proposed Additional No. of Employees (After Investment): _____ Part-Time: _____ Full-Time: _____		

## III. SITE ELIGIBILITY INFORMATION

Full Street Address of Food Market (No P.O. Boxes):		Size of Food Market Retail Space (proposed or existing): _____ square feet	
City:	County:	State:	Zip:
Project Description: Check all that apply <input type="checkbox"/> New Construction <input type="checkbox"/> Expansion <input type="checkbox"/> Shopping Center Anchor <input type="checkbox"/> Renovation of Operating Store <input type="checkbox"/> Redevelopment of Dark Store <input type="checkbox"/> Equipment Refresh		Status of Project Site Control: <input type="checkbox"/> Currently Owned <input type="checkbox"/> Specific Properties Not Yet Identified <input type="checkbox"/> Under Agreement <input type="checkbox"/> Other	
If Expansion, size of increase: _____ square feet		If Other, please specify: _____	
Current zoning of project site:			



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**Please check all that apply:**

- Store accepts (or will apply to accept) benefits from state and federal aid programs:
  - SNAP  WIC
- Store pays wages and contributions for benefits that are comparable to the supermarket industry in the region

**Please check all that apply, and explain:**

- The project makes a positive impact on the local economy.  
Explain \_\_\_\_\_
- The project is accessible by public transportation.  
Explain \_\_\_\_\_
- The project promotes community development by working in conjunction with other programs.  
Explain \_\_\_\_\_
- The project incorporates energy efficiency and green building principles.  
Explain \_\_\_\_\_
- The project provides healthy, nutritious food and to the maximum extent practicable, sources products that are locally grown.  
Explain \_\_\_\_\_

**IV. COMPETITOR ANALYSIS**

At minimum, list the 3 closest supermarkets (competitors) to your project. Please attach additional pages as necessary.

Name of Supermarket	Street Address	City & State	Zip Code	Distance

**V. FINANCING INFORMATION**

Total Project Cost (Attach preliminary budget if available):	
Amount Requested:	
Financing Requested for the following activities (Check as many as applicable):	
<input type="checkbox"/> Pre-development	<input type="checkbox"/> Staff Training
<input type="checkbox"/> Acquisition	<input type="checkbox"/> Inventory/Working Capital
<input type="checkbox"/> Site assembly/Infrastructure improvements	<input type="checkbox"/> Security
<input type="checkbox"/> Construction	<input type="checkbox"/> Other (describe) _____
<input type="checkbox"/> Equipment	_____

**VI. FINANCING SOURCES**

Funding Sources for Costs (Include your request and any other sources that have been identified):		
Source of Funding	Amount	Status (Commitment, Requested, etc.)
Requested CFFRFF Grant	\$	
Requested CFFRFF Loan	\$	
Owner's Equity	\$	
Other _____	\$	
Other _____	\$	
Other _____	\$	
Other _____	\$	
Other _____	\$	
Total Sources of Funding:		

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**VII. MANAGEMENT INFORMATION**

Management (Proprietor, partners, directors, all holders of outstanding stock - 100% of ownership must be shown):  
Use a separate sheet if necessary.

Name, SSN, and Position Title	Complete Address	% Owned	U.S. Citizen

**Please answer the following questions:**

1. Are you or your business involved in any pending lawsuits? If yes, attach explanation. If no, check here:

Yes  No

2. Have you or any officer of your company been involved in bankruptcy or insolvency proceedings? If yes, please provide the details. If no, check here:  Yes  No

3. How or where did you hear about this program? \_\_\_\_\_

**VIII. ADDITIONAL DOCUMENTS**

**Please submit the following:**

Project Description/Need for Funding: Please submit a brief narrative that describes the scope/history of the project and the store business model/offersings. Include an explanation of the costs associated with the proposed project (e.g. land assembly, security, predevelopment costs, etc.), how you intend to use the requested funding, and a description of relevant grocery or other healthy food retail experience of key staff involved in managing and/or operating your business.

Photographs: Please provide interior and exterior photographs of your store. If the store is not yet in existence, please provide photographs of the site and a copy of the layout plan.

Support for the program: If applicable, please provide letters of support or alternately, the names, business phone numbers and/or business emails of any local community organizations that are in support of this project.

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**CERTIFICATION AND AUTHORIZATION**

I hereby certify on behalf of the applicant organization, \_\_\_\_\_, that the information submitted in this application and/or its attachments is a true and accurate representation of the information requested by Cincinnati Development Fund, and that no relevant information has been deleted, modified in any way, or withheld and that applicant understands that it has a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts represented herein change prior to closing. I also authorize Cincinnati Development Fund, its successors, assigns, agents and/or participants to obtain information related to this loan request, including but not limited to relevant financial or historical information about the applicant, its principals or affiliates.

\_\_\_\_\_  
**BORROWER/APPLICANT:**

\_\_\_\_\_  
**AUTHORIZED SIGNATORY**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

**Please submit this application with the additional information requested.**

I/We authorize the Cincinnati Development Fund (CDF) to investigate my/our personal and business financial credit history as necessary to process a grant application. The undersigned authorizes any person or consumer reporting agency to give CDF any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. The undersigned, in applying for financial assistance from CDF, recognizes that prior to receiving any financial assistance, he or she will agree to comply with all federal, state and local laws and regulations to the extent that such are applicable.

\_\_\_\_\_  
**Name of Business:**

\_\_\_\_\_  
**Signature/Title/Date**

**Anyone listed as an owner in Section VII should sign and date below:**

\_\_\_\_\_  
**Signature/Date**

\_\_\_\_\_  
**Signature/Date**

\_\_\_\_\_  
**Signature/Date**

\_\_\_\_\_  
**Signature/Date**