

# LOUISIANA'S HEALTHY FOOD RETAIL PROGRAM

## ELIGIBILITY APPLICATION

Date Received: \_\_/\_\_/\_\_\_\_

Applying for financing from Louisiana's Healthy Food Retail Program (HFRP) is a two step process. First, the applicant must complete this Eligibility Application to determine whether the proposed project 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. Program Eligibility will be determined by The Food Trust and Market Umbrella. HOPE will then invite eligible applicants to complete a full financing application. All applicants are encouraged to review the Louisiana's Healthy Food Retail Program Summary found on [www.hopecu.org/hfrp](http://www.hopecu.org/hfrp).

### I. PRINCIPAL INFORMATION

Name:		
Address:		
City:	State:	Zip:
Email Address:	Phone Number:	

### II. BUSINESS INFORMATION (PROPOSED BORROWER)

Legal Name of Business:	Grocery Store Name:
Type of Business: <input type="checkbox"/> Single Food Market or Supermarket <input type="checkbox"/> Supermarket Chain (>5 Stores) <input type="checkbox"/> Other _____ <input type="checkbox"/> Supermarket Chain (2 to 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"/> Cooperative <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: _____	
Current No. of Store Employees:	Proposed Additional No. of Employees (after Investment):
Part-Time: _____ Full-Time: _____	Part-Time: _____ Full-Time: _____
Proposed number of low- to moderate-income (LMI) jobs created (after investment)	
Part-Time: _____ Full-Time: _____	

### III. PROJECT INFORMATION

Street Address:		Parish:
City:	State:	Zip:
Project Description (check all that apply):	Status of Project Site Control:	
<input type="checkbox"/> New Construction <input type="checkbox"/> Expansion of Operating Store <input type="checkbox"/> New Store in Existing Building <input type="checkbox"/> Renovation of Operating Store <input type="checkbox"/> Redevelopment of Dark Store <input type="checkbox"/> Equipment	<input type="checkbox"/> Currently Owned <input type="checkbox"/> Under Agreement <input type="checkbox"/> No Site Control <input type="checkbox"/> Other: _____	
If Expansion, current size of existing store: _____ square feet	Total size of store after project is complete: _____ square feet	
Estimated % of square footage intended to sell fresh fruit and vegetables: _____%		
Estimated Total Project Cost: \$ _____ Estimated Finance Request: \$ _____		
<input type="checkbox"/> Store accepts benefits from state and federal aid programs: <input type="checkbox"/> SNAP <input type="checkbox"/> WIC		

### IV. ADDITIONAL DOCUMENTS

- ☐ **Applicant Narrative:** History of applicant business, management list and qualifications (food market operations and/or real estate development experience). Include resumes for key management if available at this time, as well as a list of all owners and their respective % of ownership.
- ☐ **Project Description:** Provide a detailed description of the project, including: current condition, scope of work, fresh food offerings (current/proposed), explanation of project costs, and need for funding. Please provide photos or renderings of project (or other currently operating stores).
- ☐ **Community Support:** Provide a short narrative, articles, maps, community letters, or other documentation to demonstrate the community's need and support for the food retail project. Please address how this store will meet the community's needs by offering affordable, fresh foods.

## CERTIFICATION & AUTHORIZATION

I hereby certify on behalf of \_\_\_\_\_, the applicant organization, that the information submitted in this eligibility application and/or its attachments is a true and accurate representation of the information requested by Hope Enterprise Corporation/Hope Federal Credit Union, its successors, assigns, agents and/or participants, 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 loan closing. I also authorize Hope Enterprise Corporation/Hope Federal Credit Union, its successors, assigns, agents and/or participants to obtain information related to this eligibility determination request, including but not limited to, relevant financial or historical information about the applicant, its principals or affiliates.

\_\_\_\_\_  
BORROWER/APPLICANT

\_\_\_\_\_  
TITLE

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

\_\_\_\_\_  
DATE

Submit your completed application with exhibits to [hfrp@hopecu.org](mailto:hfrp@hopecu.org) or to:  
**HOPE | ATTN: HFRP | 1726 O.C. Haley Blvd. New Orleans, LA 70113 • FAX: 504-527-0691 • [hfrp@hopecu.org](mailto:hfrp@hopecu.org)**

For more information, email [hfrp@hopecu.org](mailto:hfrp@hopecu.org) or call 504-585-2860.



Funding Provided by

