



New Orleans Fresh Food

RETAILER INITIATIVE

ELIGIBILITY APPLICATION

Applying for financing from the New Orleans Fresh Food Retailer Initiative is a two step process. First, the applicant must complete this **Eligibility Application** to determine whether 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. The applicant must then complete the **Business Loan Application** provided by HOPE Enterprise Corporation.

All applicants are encouraged to review the New Orleans Fresh Food Retailer Initiative Program Guidelines found on www.hope-ec.org.

I. APPLICANT INFORMATION

Legal Name of Individual:		Tax ID or SSN:		Application Date:	
Address:					
City:		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"/> 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"/> Cooperative <input type="checkbox"/> Other: _____	
Business Address:		Phone:		Fax:	
City:		State:		Zip:	
Current No. of Store 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 (if different from above, no P.O. boxes):					
City:		State:		Zip:	
Project Description (check all that apply): <input type="checkbox"/> New Construction <input type="checkbox"/> New Store in Existing Building <input type="checkbox"/> Redevelopment of Dark Store		<input type="checkbox"/> Expansion of Operating Store <input type="checkbox"/> Renovation of Operating Store <input type="checkbox"/> Equipment		Status of Project Site Control: <input type="checkbox"/> Currently Owned <input type="checkbox"/> Applicant Does Not Have Site Control <input type="checkbox"/> Under Agreement <input type="checkbox"/> Other:	
If Expansion, current size of existing store: _____ square feet additional square footage proposed: _____ square feet		Total size of Food Market Retail Space Proposed: _____ square feet			
Estimated % of square footage intended to sell fresh fruit and vegetables: _____ %					



IV. ADDITIONAL PROJECT CHARACTERISTICS

☐ Store accepts benefits from state and federal aid programs:

☐ SNAP ☐ WIC

☐ Applicant will comply with the city's Disadvantaged Business Enterprise (DBE) Program. *For more information, see Program Guidelines.*

☐ The project makes a positive impact on the local economy. (Attach additional pages if necessary.)

Explain:

☐ The market will carry food items produced locally. (Attach additional pages if necessary.)

Explain:

☐ The project incorporates energy efficiency and green building principles. (Attach additional pages if necessary.)

Explain:

V. TRADE AREA ANALYSIS

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

Name of Supermarket	Street Address	City & State	Zip Code	Distance

VI. FINANCING INFORMATION

Total Project Cost (attach preliminary budget if available):

Total Amount Requested:

Applicant proposes to use the award for the following designated activities:

☐ Site Assembly and Improvement

☐ Acquisition

☐ Demolition

☐ Environmental Remediation

☐ Unstable Foundations and Soil Conditions

☐ Other Site and Infrastructure Improvements

Explain:

☐ Construction and Rehabilitation

☐ New Construction

☐ Rehabilitation

☐ Expansion

☐ Other Construction and Rehabilitation Activities

Explain:

☐ Predevelopment

☐ Equipment

☐ Staff Training

☐ Security

☐ Inventory

☐ Working Capital

VII. FINANCING SOURCES

Funding Sources for costs (Include your request and any other sources that have been identified, e.g. city, nonprofit, or foundation funding):

Source of Funding	Amount	Status (Commitment, Requested, etc.)
FFRI – Forgivable Loan	\$	
FFRI – Interest-bearing Loans	\$	
Owner's Equity	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Total Sources of Funding:	\$	



VIII. ENVIRONMENTAL REVIEW

Has a NEPA (National Environmental Policy Act) review been conducted for the project? If yes, explain.

☐ Yes

☐ No

Explain:

Have any contracts for the project been executed? If so, please list the type of agreement, vendor and/or consultant name, the execution date, the expiration date, and a brief description of the services to be provided.

☐ Yes

☐ No

Explain:

IX. MANAGEMENT INFORMATION

Management (includes 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	Race*	Sex*

* HOPE encourages minority- and women-owned businesses to apply for funding. It should be noted that this data is optional and collected for statistical purposes only; it has no bearing on the decision to approve or decline an application.

Please answer the following questions:

1. Are you or your business involved in any pending lawsuits? (If yes, attach explanation.) :

☐ Yes ☐ No

2. Have you or any officer of your company been involved in bankruptcy or insolvency proceedings? (If yes, please provide details.)

☐ Yes ☐ No

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

X. ADDITIONAL DOCUMENTS: The following exhibits must be completed.

☐ **Project Description/Need for Funding:** Please submit a brief narrative that describes the project and how it will impact the community. Include an explanation of the costs associated with the proposed project (e.g. land assembly, security, predevelopment costs, etc.) and how you intend to use the requested funding.

☐ **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, including shelf space allocation.

☐ **Support for the program:** If applicable, please provide the names, business phone numbers and/or business emails of any local State/City/County government offices/individuals and local community organizations that are in support of this project.

☐ **Tax Clearance Form:** Please complete the Tax Clearance Form at the end of this application.



ELIGIBILITY APPLICATION

The New Orleans Fresh Food Retailer Initiative is an innovative financing program, created in partnership with the City of New Orleans, Hope Enterprise Corporation (HOPE), and The Food Trust (TFT), designed to increase the number of healthy food markets in underserved communities across Orleans Parish. HOPE is a non-profit Community Development Financial Institution (CDFI) dedicated to creating pathways of opportunity for low income people and communities by providing loans. The Food Trust is a nationally recognized non-profit with a mission of promoting access to healthy foods. TFT will help to evaluate applications to determine eligibility for the program.

By signing below, I acknowledge that any application information submitted will be shared with the City of New Orleans as part of the eligibility and financing process, but will not be shared publicly.

Program inquiries should be addressed to Hope Enterprise Corporation. For further information, contact: **Hope Enterprise Corporation, 1726 O.C. Haley Blvd., New Orleans, LA, 70113. Tel: 504-585-2860. Fax: 504-527-0691. Email: ffri@hope-ec.org. Email your completed application with exhibits to ffri@hope-ec.org. Applications can also faxed or mailed as paper copies.**

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 the Hope Enterprise Corporation, 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 closing. I also authorize Hope Enterprise Corporation, 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

**CITY OF NEW ORLEANS
DEPARTMENT OF FINANCE
TAX CLEARANCE AUTHORIZATION**

1300 Perdido St., Room4W07, New Orleans, LA 70112, Fax (504) 658-1570

FOR CITY OF NEW ORLEANS USE ONLY		TRACKING NO.
RECEIVED BY FINANCE DEPT. ON: _____		
FROM: _____	PHONE _____	
TO REVENUE ON: _____	BY: _____	
TO TREASURY ON: _____	BY: _____	
TO DIRECTOR ON: _____	BY: _____	
COMPLETED & RECEIVED BY DEPT. FINANCE ON: _____		
DEPT. OF LAW RECEIVED ON: _____	BY: _____	

According to Section 2-8 of the Code of the City of New Orleans, Louisiana 1995, the City may not enter into or make payments under a contract, grant or cooperative endeavor agreement with any person, corporation, or entity delinquent in City taxes. This form supplies the needed tax clearance. This clearance is issued without prejudice to any tax liabilities discovered by audit.

Please refer to the instruction on the back of this form

Taxpayer Information

TYPE OF BUSINESS:

BUSINESS NAME:

OWNER'S NAME:

BUSINESS ADDRESS:

MAILING ADDRESS:

CONTACT TELEPHONE:

FAX NUMBER:

E-MAIL ADDRESS:

Name Of Contracting Department:

REAL ESTATE TAX NUMBER:

PERSONAL PROPERTY TAX NUMBER:

**SALES TAX/OCCUPATIONAL LICENSE
NUMBER:**

PRINT NAME:

TITLE:

AUTHORIZED SIGNATURE:

DATE SIGNED:

I certify that I have the authority to execute this form with respect to the tax matters covered and that the above is true and correct. The City of New Orleans is authorized to inspect and/or receive confidential tax information.

BUREAU OF REVENUE (Room 1W15)

This clearance covers Occupational License and
Sales/Use taxes.

I HEREBY ASSERT THAT AFTER REVIEW OF THE TAXPAYER'S
RECORDS OF THIS DATE THAT THE TAXPAYER IS **NOT**
DELINQUENT IN ANY TAXES OWED TO THE CITY.

BUREAU OF TREASURY (Room 1W37)

This clearance covers Ad Valorem taxes for Real Estate
and Business Property taxes.

I HEREBY ASSERT THAT AFTER REVIEW OF THE TAXPAYER'S
RECORDS OF THIS DATE THAT THE TAXPAYER IS **NOT**
DELINQUENT IN ANY TAXES OWED TO THE CITY.

COLLECTOR OF REVENUE

DATE

TREASURY CHIEF

DATE

I attest that the taxpayer named above is **not** delinquent in any taxes owed to the city.

DIRECTOR OF FINANCE

DATE

INSTRUCTIONS ON REVERSE SIDE

CITY OF NEW ORLEANS DEPARTMENT OF FINANCE TAX CLEARANCE AUTHORIZATION

1300 Perdido St., Room 4W07, New Orleans, LA 70112, Fax (504) 658-1570

INSTRUCTIONS

1. To complete this form, provide all of the information requested. Failure to fill in ALL information requested will delay processing. If the form is not signed and dated, the form will not be processed.
2. Complete, sign and date the authorization form and submit with FFRI Eligibility Application to:
Hope Enterprise Corporation, 1726 O.C. Haley Blvd., New Orleans, LA 70113
Phone: 504-585-2860, Fax: 504-527-0691
E-mail: ffri@hope-ec.org, Website: www.hope-ec.org
3. This form authorizes the City of New Orleans to inspect and/or receive your confidential tax information.
4. This Tax Clearance Authorization will not be honored for any purpose other than contracting with the City of New Orleans.
5. A separate Tax Clearance Authorization is required for each contract.
6. If you need additional information regarding this authorization, please call the Department of Finance at (504) 658-1550, or e-mail purchasing@cityofno.com
7. The following requirements must be met in order for a Tax Clearance Authorization form to be approved by the City of New Orleans. It is recommended that all outstanding tax and business registration be completed prior to processing the form to expedite contract execution.

Real Estate/Personal Property Tax

- o Businesses are required to be current in payment of all Real Estate Tax and Personal Property Tax.
- o A business can visit the City of New Orleans' website, www.cityofno.com at the Bureau of Treasury webpage to pay outstanding Real Estate and Personal Property taxes due.
- o A business can mail outstanding tax payments to City of New Orleans, Bureau of the Treasury 1300 Perdido St., Room 1W38, New Orleans, La. 70112.

Sales Tax/Occupational License

- o All businesses are required to have a City of New Orleans Sales Tax number.
- o If the business is located within Orleans Parish, an Occupational License is also required. If the business is domiciled outside of Orleans Parish, a registration is required to be completed to obtain a Revenue account number.
- o If a business is not registered, a New Business Application must be completed. The application can be found on the City of New Orleans' website, www.cityofno.com, at the Bureau of Revenue webpage. Under Online Revenue Documents, an application can be downloaded and returned to the City of New Orleans, Bureau of Revenue, 1300 Perdido St., Room 1W15, New Orleans, LA 70112. Any questions may be forwarded to Revenue Administration, 658-1695 or 658-1666.
- o Non-profit organizations must comply with the Occupational License requirements by completing a New Business Application. The application can be found on the City of New Orleans' website, www.cityofno.com, at the Bureau of Revenue webpage. Under Online Revenue Documents, an application can be downloaded and returned to the City of New Orleans, Bureau of Revenue, 1300 Perdido St., Room 1W15, New Orleans, LA 70112. Any questions may be forwarded to Revenue Administration, 658-1695 or 658-1666.
- o Once exempt status is confirmed for the non-profit organization, the organization is exempt from Occupational License fees.