

Massachusetts Food Trust Pre-Application

Thank you for your interest in the Massachusetts Food Trust Program (MFTP). This form will assess your business's eligibility for the program. Upon receiving this completed form, program partners will review your pre-application, reach out to you to schedule a phone call, and conduct additional research to determine whether your project aligns with the program's mission and eligibility criteria. We will strive to notify you within 2-4 weeks of receiving this form about whether you're invited to move onto the financing part of the application process.

The Local Enterprise Assistance Fund (LEAF) and the Franklin County Community Development Corporation (FCCDC) are administrating the MFTP with oversight from the Massachusetts Department of Agricultural Resources (MDAR) and support from The Food Trust (TFT). The MFTP will be a revolving loan and grant fund with a goal to establish a financing infrastructure that increases access to healthy, affordable food options, with a preference for fresh locally sourced Massachusetts grown, caught or harvested healthy food and to improve economic opportunities for nutritionally underserved communities in urban, rural and suburban localities.

You may reach out to us with additional comments by contacting Risa Waldoks at rwaldoks@thefoodtrust.org. We look forward to hearing about your healthy food projects!

Contact Information:

Full Name: _____ Title: _____

Phone: _____ Email: _____

Business Information:

Business Name: _____ Tax ID Number: _____

Formation Date: _____

Type of Entity:

- ☐ For-Profit
- ☐ Non-Profit
- ☐ Cooperative

Type of Business:

- ☐ Grocery Store
- ☐ Corner Store
- ☐ Food Co-op
- ☐ Farmers Market
- ☐ Mobile Market

- ☐ Food Hub
- ☐ Community Kitchen
- ☐ Food Truck Commissary
- ☐ Greenhouse
- ☐ Other: _____

Project Use:

- ☐ Opening a new business
- ☐ Expanding an existing business
- ☐ Renovating an existing business
- ☐ Working Capital
- ☐ Other: _____

In a few sentences, please describe your project.

Address: _____

City: _____ State: MA Zip Code: _____

County:

- ☐ Barnstable County
- ☐ Berkshire County
- ☐ Bristol County
- ☐ Dukes County
- ☐ Essex County
- ☐ Franklin County
- ☐ Hampden County
- ☐ Hampshire County
- ☐ Middlesex County
- ☐ Nantucket County
- ☐ Norfolk County
- ☐ Plymouth County
- ☐ Suffolk County
- ☐ Worcester County

Finance Request:

Are you applying for a loan, grant, or business assistance? (You may select more than one option)

- ☐ Loan
- ☐ Grant
- ☐ Business Assistance

Total Loan Amount Requested (\$15,000 to \$300,000): _____

Total Grant Amount Requested (\$5,000 to \$25,000): _____

Briefly describe the type of business assistance that you require, if applicable. (e.g. business planning, financial modeling, cost scaling)

Total Project Cost: _____

Please describe the sources of funds that will be used for this project. Please identify if each anticipated source of funds is a loan or does not need to be repaid (such as a grant or your own funds).

Example:

- *My own funds (equity): \$50,000*
- *Relative's investment (loan): \$15,000*
- *Landlord investment (loan): \$35,000*
- *MFTP (loan): \$100,000*
- *Total needed for expansion of produce area of store: \$200,000*

List other sources of funding and amounts, if applicable.

About Your Project

In order to be eligible, projects need to align with the goals of the MFTP, namely by **serving a low-to-moderate-income community**, by being **located in an underserved area** (i.e. with limited to no access to fresh food retail), and by **meeting the needs and expectations of the community**.

Please consult the eligibility criteria for more information.

Estimated Project Start Date (if applicable): _____

Estimated Project Completion Date (if applicable): _____

Existing Retail Square Feet (if applicable): _____

If proposing to expand the business, how many additional sq. feet will be added? _____

Approximate percentage of sq. feet selling fresh fruit and vegetables? _____

Approximate number of people served? (Briefly explain your methodology behind this number)

Do you accept SNAP and/or WIC?

☐ SNAP

☐ WIC

☐ Neither (please explain): _____

Source of Food

☐ Locally Sourced

☐ Distributor

☐ We grow it!

Explanation of Source of Food (e.g. Name of distributor, details on growers, etc.)

Have you applied or received funding from the Massachusetts Food Ventures Program?

☐ Applied

☐ Received Funding

☐ Neither

Current Number of Full Time Employees: _____

Current Number of Part Time Employees: _____

Expected Number of Additional Part Time Employees: _____

Expected Number of Additional Full Time Employees: _____

Total Approximate Percentage of Employees From The Local Community Once Project is Completed: _____

Employees hourly rate? (can be a range or an average) _____

Describe the accessibility to the business by customers via public transportation (if applicable)

Please explain if and how your project promotes supplier diversity or increases business opportunities for Minority Business Enterprises, Women Business Enterprises, Service-Disabled Veteran Business Enterprises, Veteran Business Enterprises, Lesbian, Gay, Bisexual, and Transgender Business Enterprises; and Disability-Owned Business Enterprises:

Short Answers

In a few sentences, describe how your business serves a low-to-moderate income community.

In a few sentences, describe how your business's community is underserved.

In a few sentences, describe how your business meets the needs and expectations of the community.

In a few sentences, describe your/your team's experience managing healthy food projects.

Thank you so much for participating! We will be in touch shortly to schedule a phone call.