

Part 1: Applicant and Project Information

Applicant information

Full name*

Email address*

Legal name of business or organization*

Mailing address*

City*

State*

Zip code*

Phone number*

123-456-7890

Website

Type of entity*

- C-corp S-corp LLP General partnership Sole proprietor Nonprofit corp LLC Cooperative
 Other (explain below)

If other, please explain

Formation date

Submitted By (If different from applicant)

Name

Email

How did you hear about KHFI?

Project description

Project street address*

City*

County*

State*

Zip code*

Type of project (check all that apply)*

- Store Production Distribution Farmers market Other (explain below)

If other, please explain

Indicate the stage of the project*

- Startup business or new project
 Expansion of existing business or project
 Purchase of existing business
 Retention of existing business or project
 Other (explain below)

If other, please explain

Please provide relevant details (e.g., length of time in operation, business/organization name or entity changes, before and after square footage of facility, etc.)*

Existing square footage of food retail*

Square footage of food retail to be added*

Total square footage of food retail after project completion*

Status of project site*

- Currently owned Currently leased Negotiating purchase Negotiating lease Under construction
 Other (explain below)

If other, please explain

Use of funds (check all that apply)*

- Equipment/fixtures Inventory Working capital Capital improvements New construction Predevelopment
 Renovate new facility Renovate existing facility Reopen closed facility Expansion of existing facility
 Other (explain below)

If other, please explain

Estimate project start date

Estimate the project completion date

Describe the type of business/organization, its owners and management qualifications (food market and/or development experience)*

Provide a detailed description of the project, including but not limited to, the current condition, scope of work and fresh food offerings (before and after project completion)*

Describe how the use of KHFI funds significantly enhances the ability of this project to move forward*

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Part 2: Information Request

Information Request

The Kansas Healthy Food Initiative has information resources available on a variety of topics. Use the fields below to tell us more about information you are seeking to help you move forward with your project.

Distribution (regional food hubs, collaborative trucking, facilities makeover)

Marketing (in-store, social media, event planning)

Business Development (community relations, business succession planning, financing)

Technology (point of sale system, inventory systems, refrigeration)

Education (consumer education, WIC, SNAP programs, meeting consumer needs)

Partnerships/Strategic Alliances (Farm/Food/Policy councils, health & wellness coalitions, cooperatives)

Community Food Assessments (community & regional data collection, surveys)

Policy Work

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Part 3: Funding

Funding information

The loan and grant funding parameters are outlined below.

Please note

KHFI funding mix of loans and grants will be determined by the funding partners. Eligibility does not guarantee funding. Eligible projects will receive an invitation to apply for funding. Determinations of amount and structure of funding package will be made based on project type, size, risk level, and community impact. Priority will be given to funding requests that have no more than 25% grant to loan ratio. Funding awarded will reflect costs that accurately reflect the scope of the proposed project.

Loan Parameters

- \$10,000 to \$2.5 million
- Terms: 1 to 15 years at 5% to 6.5% interest
- No prepayment penalty
- No appraisals necessary
- Flexible structure
- Flexible project types and use of funds

Grant funding

- \$5,000-\$100,000
- Preference will be given to grants received in combination loan/grant packages where grant percentage does not exceed 25%
- May be awarded to eligible applicants.
- Limits are in place for the amount of grant funding.

Total amount of KHFI funds requested*

Date funding is needed*

if helpful, please use the space provided to explain the estimated date

Total project cost*

OTHER FUNDING SOURCES

Please note: All other funds being provided for this project must be verified before execution of any KHFI loan and/or grant.

*Examples of type: Debt, grant, equity, other tax credits, etc.

**To establish how soon the project can begin, please use the following categories:

Dispersed: Funds have been given to the borrower and distributed for use.

Committed: Borrower has received a legally binding commitment from lender.

Term sheet: Financing is contingent on approval and verification of assumptions; the lender is not yet legally bound.

Application pending: Borrower has submitted a request for financing but not yet received a decision. Estimate: An informal, preliminary estimate of available funds.

Other: Please explain.

Other funding type (1)

Debt, grant, equity, other tax credits

Source

Amount

Status

Dispersed, committed, term sheet, Application pending, estimate, other

Other funding type (2)

Debt, grant, equity, other tax credits

Source

Amount

Status

Dispersed, committed, term sheet, Application pending, estimate, other

Based on the KHFI funding requested and the funding described in the above table, please describe the project in detail and provide a breakdown of how each of the funding sources will be allocated for this project*

If the project currently includes other funding sources, have the collateral positions been defined for this project?

- No
- Yes (explain below)

If yes, please list the collateral positions

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Part 4: Project Impact

REVENUE

If the business/organization reported sales at the end of the last fiscal or calendar year, please provide the sales and profit information below. If the business is new, please provide projected sales for the upcoming year end.

Annual revenue*

Actual/projected*

Corresponding year*

Annual net income/loss

Actual/projected

Corresponding year

Provide projected sales and sales growth from this project*

List and describe any milestones for success that are planned to track the project*

Are you, your business/organization, or any owner or officer of your business/organization involved in any pending lawsuits?*

Yes No

Have you, your business/organization, or any owner or officer of your business/organization been involved in bankruptcy or insolvency proceedings?*

Yes No

Does the small business owner/organization director have a tax liability in arrears with the Kansas Department of Revenue or the IRS?*

Yes (explain below) No

If yes, please explain and provide any authorized payment details

JOBS

Enter the business/organization's full-time equivalent, or FTE, employees rounded to the nearest whole number (e.g., If a business has 100 employees working full time and 50 working part time at 20 hours per week, total FTE would be 125).

Current FTE*

Headcount of all FT employees including owners*

Headcount of all PT employees*

If applicable, projected FTE saved/retained because of KHFI funds

If applicable, projected FTE anticipated in the next two years (new jobs created)

MARKET

Please identify the project's main competition (if any), where they are located and how the business will set itself apart*

What healthy foods will be offered as a result of this project?*

Healthy foods include whole fruits and vegetables, whole grains, fat-free or low-fat dairy, lean meats and poultry (fresh, refrigerated, frozen or canned).

Will the project accept SNAP benefits?*

Yes No

Will the project accept WIC benefits?*

Yes No

Increased consideration will be given for meeting the following criteria: local hiring and living wages, local, sustainable sourcing, energy efficiency, sound land use & historic preservation, collaboration with other community initiatives, and geographic diversity.

Please explain how your project meets any of the above criteria

COMMUNITY

How community partners will be involved in this project.

Please list the community partners involved in this project and describe how each will assist with the project*

How does this project directly address healthy sustainable food access in the community?*

Describe the benefits of this project to the community and the state of Kansas*

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Updated: 7/1/19

Part 5: Additional Information

Additional information

If other community organizations or community leaders not previously mentioned are involved or have expressed support please share

As part of the eligibility determination, references will be contacted to determine community support for this project. Upon notification of funding, information regarding the community, project, amount of funding, funding type, and uses will be made publicly available. General information regarding the demographics of the community, statement of project need, community impact, project development, and lessons learned may be compiled to create case study reports that will be made publicly available.

Upon approval of this proposal for funding, the applicant organization agrees to supply information on an annual basis to one or more KHFI Partner Organizations. Data collected may include, but is not limited to, profit/ loss, revenue, and jobs.*

**KHFI partner organizations include The Kansas Health Foundation, Kansas State University, NetWork Kansas, The Food Trust and IFF.*

By typing my name below, I hereby certify that I am an authorized representative of the Applicant organization with full authority to cause the completion and submission of this application; that the information submitted in this application and/or its attachments is a true and accurate representation of the project; and that the 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 the closing and funding of any financing requested here under. I also authorize KHFI Partner Organizations to obtain information related to this financing request, including but not limited to, relevant financial or historical information about the Applicant, its principals or affiliates.

The project leader has reviewed the completed proposal and agrees with response provided by themselves or the applying organization. By typing his/her initials, the business/organization's primary owner agrees with the contents of this proposal.

Your name*

Submit