



# EL PASO COUNTY HEALTHY FOOD FINANCING INITIATIVE APPLICATION

The El Paso County Healthy Food Financing Initiative (HFFI) is a public-private partnership that offers grants and loans to businesses and non-profit organizations to support and accelerate the construction, establishment, rehabilitation, and/or expansion of food retail and food retail infrastructure that will increase healthy food options for currently underserved residents in El Paso County.

Applying for HFFI funding is a two-step process. First, the applicant must complete this program eligibility application to determine whether the proposed project is consistent with the goals and objectives of the program. The applicant will receive an email regarding eligibility status and, if eligible, will then be required to undergo a financial feasibility evaluation through PeopleFund CDFI. An invitation to complete the PeopleFund HFFI low-interest loan application, if the applicant has not already done so.

The program eligibility application should be sent to the economic development department via email to [economicdevelopment@epcounty.com](mailto:economicdevelopment@epcounty.com). A vetting process will be carried out by the County and the Center for Community Health Impact at UTHealth School of Public Health. Applicants are strongly encouraged to review the HFFI Program Guidelines and information session recording prior to applying. Incomplete applications will not be considered.

## SECTION A. APPLICANT INFORMATION

1. Legal name of business/organization: \_\_\_\_\_
2. Federal Tax ID (or SSN): \_\_\_\_\_ Formation date: \_\_\_\_\_
3. Business address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Phone: \_\_\_\_\_ Email: \_\_\_\_\_
5. Type of Entity:  Nonprofit  Limited Partnership  Sole Proprietorship  
 General Partnership  Limited Liability Company  Cooperative
6. Type of Business:  Single Food Store  Mobile Market  Supermarket Chain (2-5)  
 Farmer's Market  Food Hub  Supermarket Chain (>5)  
 Real Estate Developer  Other: \_\_\_\_\_
7. Current number of employees (if applicable): \_\_\_\_\_ Full time: \_\_\_\_\_  
Part time: \_\_\_\_\_
8. Applicant verifies to be in good standing with all local government taxing agencies, including the County of El Paso.  Yes  No

## SECTION B. CONTACT INFORMATION

9. Legal name of individual serving as contact for Applicant: \_\_\_\_\_
10. Title: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_
11. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
12. Phone: \_\_\_\_\_ Email: \_\_\_\_\_
13. Are you, your business, or any owner or officer of your company involved in any pending lawsuits? If yes, please attach a detailed explanation.  Yes  No
14. Have you, your business, or any owner or officer of your company been involved in bankruptcy or insolvency proceedings:  Yes  No

## SECTION C. PROJECT INFORMATION

15. Name of proposed or existing store or market (if applicable): \_\_\_\_\_
16. Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
17. Estimated project start date: \_\_\_\_\_ Estimated project completion date: \_\_\_\_\_
18. Type of project:  New construction  Re-open closed store  
 Expand existing store  Renovate existing store  
 Mix-use development  New store in existing building

- Other: \_\_\_\_\_
19. Status of project site control:
- Currently owned       Negotiating purchase  
 Currently leased       Negotiating lease  
 No site control       Site under construction  
 Other: \_\_\_\_\_
20. Food market retail area (if applicable):  
Existing square feet: \_\_\_\_\_ Renovation in square feet: \_\_\_\_\_  
New construction/expansion in square feet: \_\_\_\_\_ Total square feet after completion: \_\_\_\_\_
21. Estimated percentage of square footage expected to sell healthy and affordable food: \_\_\_\_\_
22. Estimated percentage of current healthy and affordable food products sold (if applicable): \_\_\_\_\_
23. Estimated percentage of future healthy and affordable food products sold: \_\_\_\_\_
24. Estimated number of new employees (if applicable): Full time: \_\_\_\_\_  
Part time: \_\_\_\_\_
25. Will the food market accept benefits from state and federal aid programs:  SNAP  WIC
26. Number of people food market serves annually (if known): \_\_\_\_\_

#### SECTION D. FINANCING INFORMATION

**HFFI grants will generally not exceed \$150,000. All applications will undergo financial review and verification of credit worthiness. Loan applicants will be referred to PeopleFund to complete loan application. In addition, 30-50% of the proposed project's total cost should include financing or other owner's equity (i.e., cash on hand, real estate, existing financing, etc.).**

27. Total project cost: \_\_\_\_\_
28. Amount requested, Loan: \_\_\_\_\_ Grant: \_\_\_\_\_
29. Please describe available, expected, and requested sources of funding. If additional space is needed, please attach a document in the format shown below.

Please list expected use of HFFI financing (e.g., working capital, equipment, construction, staffing, etc.):	
Description	Amount
1.	\$
2.	\$
3.	\$
Please list any other sources necessary to complete this project and their status (confirmed, requested):	
Source	Amount
1.	\$
2.	\$
3.	\$
Please list Owner's equity (e.g., cash on hand, real estate, existing financing, etc.):	
Type of Owner's Equity	Amount*
1.	\$
2.	\$
3.	\$

\*This County program requires that applicants show owner's equity in the amount of 30% to 50% of the total project cost. Owner's equity can include owned property value, cash on hand, previous financing (such as an existing loan), business-owned equipment, product inventory or any other items of value totaling 30-50% of the total project cost. For example, if your project budget is requesting a \$100,000 grant, you must show that you have \$30,000-\$50,000 in cash or equivalent equity. If you are applying for a grant and loan, the loan portion of your request will be counted as owner's equity if approved.

## SECTION E. ADDITIONAL DOCUMENTS

- Applicant Narrative:** Describe Applicant business or organization, including history of business or organization and management qualifications of key staff members (food market, retail, business, and/or real estate development experience). Include resumes for key staff members.
  
- Project Description:** Provide a detailed description of the project (current condition, scope of work, healthy and affordable food offerings, the population who will benefit, and how it will fit within El Paso County's larger healthy food efforts). Include photos or renderings of the project as appropriate.
  
- Project Goals & Sustainability:** Describe the goals of the project and the organization's financial projections. For new and existing businesses and organizations, describe the plan for financial sustainability. HFFI offers a one-time infusion of capital; it is not an ongoing source for project funding.
  
- Project Timeline:** Please provide a 12-month timeline identifying key project milestones.
  
- Project Budget:** Please provide a full project budget. As appropriate, indicate which areas of the budget are the subject of this request for HFFI funding. If selected, you will be required to provide quotes for **all** proposed items over \$5,000, on vendor letterhead. Please include any quotes on vendor letterhead that you have already collected with your application.
  
- Community Support:** Provide a short narrative, articles, maps, community letters, or other documents to demonstrate the community's need and support for the proposed project. Please address how this project will meet the community's needs for healthy and affordable food.

## SECTION F. CERTIFICATION

I hereby certify that I am familiar with the provisions contained in the current incentive policy and guidelines, and that the information provided in this application may become part of an incentive agreement with the County of El Paso. I also certify that I am authorized to sign this application and that the information provided here is true and correct, and that knowingly providing false information may result in voiding this application and termination of any incentive agreement.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit the following application and additional documents (i.e., Section E) to:**

Attention: Economic Development Director  
500 E. San Antonio Avenue, Room 312  
El Paso, TX 79901  
O: 915.546.2177  
[economicdevelopment@epcounty.com](mailto:economicdevelopment@epcounty.com)