



North Carolina Department of Agriculture & Consumer Services, Division of Marketing

Healthy Food Small Retailer Program

Application (Step 1 – inclusion criteria for grant applicants)

The priority deadline to postmark this application is **March 4, 2019 at 5:00pm EST**. Applications will be accepted through **March 31, 2019** subject to availability of funds. Submitting this application does NOT mean you to have to be in the program. If you meet minimum qualifications, we will contact you with more details for next steps. Visit our website for more information www.ncagr.gov/HealthyRetailer or call 919-707-3173

Submit applications via FAX (919) 733-0999 or via mail:

NCDA&CS Markets Division - Healthy Food Small Retailer Program, Attn: Ron Fish

Mailing Address: 1020 Mail Service Center, Raleigh NC 27699-1020

Physical Address: 2 W. Edenton Street, Raleigh NC 27601 *(For deliveries other than US Mail)*

Store name: _____

Store owner name & title: _____

Phone number: _____ Email address: _____

Physical address of store: _____
(must be in a food desert, <http://www.ers.usda.gov/data-products/food-access-research-atlas/>)

Mailing address of store: _____

Daily operations/decision maker & title *(if different than owner)*: _____

Phone number: _____ Email address: _____

Is your store a for-profit entity? *(required to qualify)* Yes No

Has your store ever received any federal grants? Yes explain: _____ No

What type of business is your small retail store?

Chain/Franchise (name) _____	<input type="checkbox"/> Corner Store
Independent/Small Operator _____	<input type="checkbox"/> Convenience Store
	<input type="checkbox"/> Cooperative
	<input type="checkbox"/> Bodega
	<input type="checkbox"/> Other _____

What is the heated square footage of your store? *(max 3,000 sq. ft.)* _____

Does your store accept WIC? Yes, WIC #: _____ No

Does your store accept SNAP? Yes, SNAP #: _____ No

If you do not accept either SNAP or WIC, are you willing to apply to be a WIC/SNAP vendor? *(required and we will need proof of application)* Yes No

Why do you want to be a part of a healthy small food store initiative? _____



What will you do to promote healthier, nutrient dense foods sales to your customers?

If you have foodservice, what and how will you integrate healthier, nutrient dense foods in your menu?

Do you currently work with any local health partners or cooperative extension? If yes, who are they?

How do you track your inventory and product sales? *(Monthly reports are required)*

Name farmers, vendors, suppliers, distributors, self-purchasing at retails or other sourcing methods?

Have you considered purchasing items through an e-commerce venue? Explain

Do you have a loyalty card program? Yes No

Do you know of any grocery stores near your store? Yes, Where? _____ No

How long have you owned this store? _____

Do you plan on selling this store in the next 2 years? Yes No

Do you own other stores in the state? Yes, Where? _____ No

Where are you in the EMV 2020 compliance process? _____

Have you ever been out of compliance with SNAP or WIC program requirements? If so, explain:

Do you have any concerns about participating in a healthy small food store initiative? If yes, what are they?

