

# InStore Forgivable Loan Program

## For New or Expanding Retail, Food, and Creative Businesses



### Program Guidelines

#### Overview

The InStore Forgivable Loan Program helps eligible retail, food, and creative arts<sup>1</sup> businesses purchase equipment and make interior improvements associated with establishing a new location or expanding at an existing one on targeted commercial corridors. This program is an effort to support the vital mix of businesses that create a successful commercial corridor. Retail, food, and creative businesses have been growing in Philadelphia, both in quantity and quality. With this program, the City aims to strengthen the role of these destination businesses as economic and social anchors which provide retail goods, food-related services, or arts-related goods/services in low to moderate income neighborhoods and to grow Philadelphia-based businesses that create new jobs, increase public revenue, and expand economic development opportunities. The program seeks to foster increased business activity within commercial corridors that have seen limited amounts of recent private investment and business openings or expansions.

#### Eligibility

To be eligible, a project must meet ALL of the following requirements:

- The property must be a commercial location occupied by a retail, food, or creative arts business which is open or will be open within six (6) months of approval.
- The goods and or services provided by the business must be affordable to low and moderate income residents
- The business must either be opening a new location or be making improvements to an existing location in order to expand services or business activities
- The property must be located on an eligible commercial corridor which enhances an existing cluster of retail, food, or creative businesses (see the list of eligible commercial corridors on page 2)

#### Funding Considerations

A limited number of projects will be approved annually. Proposals will be evaluated based on the following:

1. Will the project bring more people to the corridor and increase foot traffic?
  - a. By enhancing an existing business with improvements that will attract new visitors OR
  - b. By improving the retail mix with a new business that meets an identified, unmet need
2. Will the improvement create revenue and help a business to grow?
3. Does the applicant have a financial stake in the project?
4. How many jobs will the project create?
5. Does the community support the project?
6. Would the project succeed without InStore funding?
7. Is the commercial corridor already attracting market-rate development?
8. Have there been other projects funded through InStore on the commercial corridor already?

#### Forgivable Loan Amount: \$15,000 – \$50,000

The loan is forgiven if the recipient meets program guidelines for five (5) years.

#### Funding Source

This opportunity is funded by the Community Development Block Grant (CDBG) program administered by the U.S. Department of Housing and Urban Development (HUD) and is subject to their rules and regulations.

#### Application Process

**BEFORE** submitting an application, businesses must contact arrange an appointment by phone at 215-683-2123 or by email at [instore@phila.gov](mailto:instore@phila.gov).

Applicants may not commence work or purchase equipment until receiving written notification of approval from the City of Philadelphia Department of Commerce.

Applications will be reviewed on a rolling basis. Detailed information about the business and the project as well as a credit check will be required. Please review the next page to help determine if you are located on an eligible commercial corridor.

<sup>1</sup> Creative business are arts-related business such as galleries, studios, neighborhood theaters, etc.

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### Eligible Neighborhood Commercial Corridors

Corridor	Blocks
22 <sup>nd</sup> Street	2700-3100 N. 22 <sup>nd</sup> 1900-2300 Allegheny
40 <sup>th</sup> Street & Girard Avenue	3800-4100 Girard 1100 N. 40 <sup>th</sup> 1100 N. 41 <sup>st</sup>
40 <sup>th</sup> Street & Market Street	100 N. – 200 S. 40 <sup>th</sup> 4000 Market
45 <sup>th</sup> Street & Walnut Street	4400-4600 Walnut 100-300 S. 45 <sup>th</sup>
48 <sup>th</sup> Street & Spruce Street	4700-4800 Spruce 300 S. 48 <sup>th</sup>
52 <sup>nd</sup> Street & Market Street	100 N. – 300 S. 52 <sup>nd</sup>
54 <sup>th</sup> Street & Berks Street	1800-2000 N. 54 <sup>th</sup>
5 <sup>th</sup> Street & Hunting Park Avenue	4200-4700 N. 5 <sup>th</sup>
5 <sup>th</sup> Street & Lehigh Avenue	2600-3100 N. 5 <sup>th</sup> 400-500 W. Lehigh
5 <sup>th</sup> Street & Olney Avenue	5300-5700 N. 5 <sup>th</sup>
5 <sup>th</sup> Street & Roosevelt Boulevard	4800-5200 N. 5 <sup>th</sup>
60 <sup>th</sup> Street & Market Street	100 N. – 300 S. 60 <sup>th</sup>
63 <sup>rd</sup> Street North	1200-2100 N. 63 <sup>rd</sup>
7 <sup>th</sup> Street & Porter Street	1900-2500 S. 7 <sup>th</sup>
9 <sup>th</sup> Street	800-1200 S. 9 <sup>th</sup> 700-1000 Washington Ave.
Baltimore Avenue	4500-5400 Baltimore
Broad Street & Snyder Avenue	1900-2100 S. Broad 1400-1700 Snyder 1400-1700 W. Passyunk
Broad Street & Ridge Avenue	1400-1800 Ridge 700-800 N. Broad 1400-1900 Fairmount
Broad Street & Cecil B. Moore Avenue	1400-1900 Cecil B. Moore 1400-1600 N. Broad
Broad Street & Susquehanna Avenue	2200 N. Broad 1400-1500 Susquehanna
Broad Street & Germantown Avenue	3400-4000 Germantown 3600-3800 N. Broad
Broad Street & Olney Avenue	5500-5900 N. Broad 5700-5900 Old York Road 1300 Olney
Castor Avenue	5800-8200 Castor

Corridor	Blocks
Chester Avenue	5400-5800 Chester
Elmwood Avenue	6300-7300 Elmwood
Chew Avenue & Cheltenham Avenue	5600-5700 Chew 700-800 E. Cheltenham
Frankford Avenue – New Kensington	2400-3100 Frankford
Frankford Avenue – Frankford	4000-5300 Frankford
Germantown Avenue & Lehigh Avenue	2500-2900 Germantown
Germantown Avenue – Nicetown	4100-4400 Germantown
Germantown Avenue – Lower	4900-5300 Germantown
Girard Avenue – Front -9 <sup>th</sup> Streets	000-900 W. Girard 900-1100 N. Marshall
Girard Avenue & Broad Street	1000-1800 W. Girard 900-1300 N. Broad
Girard Avenue West	2500-2900 W. Girard
Kensington Avenue & Allegheny Avenue	2800-3600 Kensington 800-1800 E. Allegheny
Lancaster Avenue	3800-6200 Lancaster
Lansdowne Avenue	5900-6200 Lansdowne
Logan Business District	4700-5100 N. Broad 4700-5100 Old York Road 4700-4900 N. 11 <sup>th</sup> St 1200-1600 Louden
Market Street –West Philadelphia	4600-6300 Market
Ogontz Avenue & Cheltenham Avenue & Washington Lane	6800-8000 Ogontz 1800-1900 Cheltenham 1900 Washington Lane
Oregon Avenue	600-1300 Oregon
Parkside Avenue	4700-5100 Parkside
Point Breeze Avenue	1200-1700 Point Breeze
Richmond Street & Allegheny Avenue	2300-2700 E. Allegheny 3100 Richmond
Ridge Avenue & Cecil B. Moore Avenue	1900-2400 Ridge 1900-2300 Cecil B. Moore
Rising Sun Avenue	5700-7700 Rising Sun
Stenton Avenue – Tulpehocken to Barringer	6100-6400 Stenton
Torresdale Avenue	5200-7200 Torresdale
Wayne Avenue	4700-5000 Wayne
Woodland Avenue	5800-6600 Woodland

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## PART 1 – APPLICANT INFORMATION (BORROWER)

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State ZIP Code

Are you applying as  Business Owner  Property Owner  Business & Property Owner

Address of Property Being Improved \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name of Business or Individual Applying for Loan \_\_\_\_\_

Commercial Activities License # \_\_\_\_\_ EIN or SSN \_\_\_\_\_

Business Income and Receipts Tax # \_\_\_\_\_ Duns # <sup>1</sup> \_\_\_\_\_

What is your business structure:  Sole Proprietor  LLC  Partnership  Corporation

Owner 1: Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_

Owner 2: Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_

Owner 3: Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_

Owner 4: Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_

## PART 2 – TENANT BUSINESS INFORMATION (IF DIFFERENT FROM APPLICANT)

Name of Tenant Business \_\_\_\_\_

Type of Business \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

# of existing Full Time Equivalent jobs \_\_\_\_\_ Estimated # of FTE jobs to be created \_\_\_\_\_

Days Open and Hours of Operation \_\_\_\_\_

## PART 3 – PROPERTY OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)

Legal Name of Property Owner(s) \_\_\_\_\_

Property Owner Address \_\_\_\_\_  
Street City State ZIP Code

<sup>1</sup> To get a DUNS number if you do not have one, go to <http://fedgov.dnb.com/webform> and follow the onscreen instructions

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## PART 4 – PROJECT INFORMATION

Please note that answers can be attached as a separate document

Describe the improvements you plan to make.

Describe why your project is eligible and how it will meet the funding considerations listed on page 1.

Describe how the project will contribute to the business' growth.

How will the business' revenues be effected if it does not receive the InStore funding?

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## PART 5 – INTERIOR IMPROVEMENT COSTS

Use this form to itemize costs of the improvements planned for your interior. Insert the costs of each improvement as estimated by your selected contractor(s) or equipment providers. This program is funded in part with Community Development Block Grant Funds. Federal Labor Standards Requirements for Construction wage costs will apply to any project which has an onsite labor or installation cost. This information can be attached as a separate document.

### PRE-DEVELOPMENT COSTS

Service	Cost	Your Selected Contractor/Vendor
Design/architecture services	\$	
Permits & associated fees	\$	
<b>PRE-DEVELOPMENT SUBTOTAL</b>	<b>\$</b>	

### EQUIPMENT/CONSTRUCTION COSTS

Improvement Type	Cost	Your Selected Contractor/Vendor
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>EQUIPMENT/ CONSTRUCTION SUBTOTAL</b>	<b>\$</b>	

<b>TOTAL COSTS FOR IMPROVEMENTS</b>	<b>\$</b>
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## PART 6 – APPLICATION ATTACHMENTS AND SUPPORTING DOCUMENTS

**CHECKLIST** – Please attach the following documents along with your completed application form.

### Business Plan

- Business plan with revenue and expense projections for three (3) years for the business operating onsite. If you are applying as the property owner, this business plan must be supplied by your tenant business.
- If you are applying as the property owner, you must provide a brief history and narrative of your business and a pro forma for the project

### Financial Documents

*If you have been open and operating for three (3) or more years, we require the following documents:*

- Three (3) years Federal Tax Returns or three (3) years audited Financial Statements for the applicant
- Current year interim financial statements (cash flow and profit & loss statements)
- Current year Personal Federal Tax Returns of all Principals owning 20% or more of the business

*If you have NOT been operating for three (3) or more years, we require the following documents:*

- Three (3) years Personal Federal Tax Returns of all Principals owning 20% or more of the business
- Current year interim financial statements (if the business is open and operating)

### Project Information and Estimates

- Project budget including soft costs (use page 5 of application or attach as a separate document)
- Contractor and/or equipment estimates with detailed descriptions for the project which is being reimbursed through the InStore program. Two estimates are required. All applicants must seek proposals from businesses owned and controlled by minority persons (MBEs), women (WBEs) or disabled persons (DSBEs) as described on the certification page of this application. Equipment estimates MUST include the model numbers of the units.<sup>1</sup>
- Architect drawings (if the project will be an entire fit out)

### Formation Documents (if the applicant business is a corporation, partnership, or LLC)

- Certificate of Organization or Articles of Incorporation
- Operating Agreement (if applicant business is a partnership or LLC with multiple owners)

### Property Information

- Proof of ownership or site control (e.g. Deed, Agreement of Sale for Project site, or a copy of the Lease Agreement for a term of at least five (5) years)
- Letter from property owner (if different from applicant) granting permission for the proposed work

### Public Support

- Letter of support for your project from a neighborhood group (such as a community development corporation, neighborhood association, business improvement district, etc.), a business association, or from neighbors who live near the business

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<sup>1</sup> This program is funded in part with Community Development Block Grant Funds. As a result, Federal Labor Standards Requirements for Construction wage costs will apply to any project which has an installation cost. This may increase your project costs.

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## PART 7 – PERSONAL FINANCIAL STATEMENTS AND CREDIT INQUIRY CONSENT

This form must be completed by every person who owns 20% or more of the business applying for an InStore Loan.

Name	Social Security Number
Address	Personal Phone Number
Name	Social Security Number
Address	Personal Phone Number

Statement of Assets and Liabilities as of _____ Date _____			
ASSETS		LIABILITIES	
Cash on Hand and in Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others (Describe in Section 2)	\$
IRA or Other Retirement Account (Describe in Section 5)	\$	Installment Account (Auto) Monthly Payment Amt \$ _____	\$
Accounts & Notes Receivable (Describe in Section 8)	\$	Installment Account (Other) Monthly Payment Amt \$ _____	\$
Life Insurance – Cash Surrender Value Only (Describe in Section 8)	\$	Loan(s) Against Life Insurance	\$
Stocks and Bonds (Describe in Section 3)	\$	Mortgages on Real Estate (Describe in Section 4)	\$
Real Estate (Describe in Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$
Automobiles (Describe in Section 5, incl Year/Make/Model)	\$	Other Liabilities (Describe in Section 7)	\$
Other Personal Property (Describe in Section 5)	\$	Total Liabilities	\$
Other Assets (Describe in Section 5)	\$	Net Worth (Total Assets – Total Liabilities)	\$
Total Assets	\$	Total Liabilities + Net Worth (Must equal total in assets column)	\$

Section 1. Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (Describe below)	\$	Other Special Debt	\$

Description of Other Income in Section 1

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<b>Section 2. Notes Payable to Banks and Others</b> (Use attachments if necessary.)					
Names and Address of Noteholders(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

<b>Section 3. Stocks and Bonds</b> (Use attachments if necessary.)					
Name of Securities	Number of Shares	Cost	Market Value	Date of Quotation	Total Value (Number of Shares x Market Value)
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$

<b>Section 4. Real Estate Owned</b> (List each parcel separately. Use attachments if necessary)			
	Property 1	Property 2	Property 3
Type of Real Estate (Primary residence, other residence, rental, etc.)			
Address			
Date Purchased			
Original Cost	\$	\$	\$
Present Market Value	\$	\$	\$
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance	\$	\$	\$
Monthly Payment	\$	\$	\$
Status of Mortgage			

<b>Section 5. Other Personal Property and Other Assets</b> (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency. Use attachments if necessary.)

<b>Section 6. Unpaid Taxes</b> (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches. Use attachments if necessary.)

<b>Section 7. Other Liabilities</b> (Describe in detail. Use attachments if necessary.)

<b>Section 8. Life Insurance Held</b> (Give face amount and cash surrender value of policies – name of insurance company and Beneficiaries. Use attachments if necessary.)

**PLEASE NOTE CAREFULLY**

I/We (1) Certify that the information contained in this statements is complete, true and correct, and acknowledge that knowingly giving false information for the purpose of inducing the City of Philadelphia Department of Commerce (Commerce) and PIDC to extend credit is a federal crime, (2) Agree to notify Commerce and PIDC immediately of any material changes to the financial position described in this statement, and to provide a then current version of this statement at Commerce and PIDC's request, (3) Authorize Commerce and PIDC to contact any individual or firm noted herein and any other normal sources of credit information, (4) Authorize anyone so contacted to furnish such information to Commerce and/or PIDC as Commerce/PIDC may request, and (5) Agree that this statement is Commerce/PIDC property to be retained or destroyed at their sole discretion whether or not credit is extended



**CREDIT INQUIRY CONSENT**

You are hereby authorized and requested to furnish such credit information as may be sought by the Philadelphia Industrial Development Corporation pertaining to the individual, business and corporate affairs of the undersigned (and spouse).

A photocopy of the Credit Inquiry Consent shall have the same force and effect as the original and this Consent shall not be invalidated by a stated date.

We authorize disclosure of all information obtained in connection with this Consent to any financial institution(s) that may participate in the financing requested.

Very truly yours,

\_\_\_\_\_

Print Name

\_\_\_\_\_

Social Security Number

Sign Name \_\_\_\_\_

\_\_\_\_\_

Print Spouse Name

\_\_\_\_\_

Social Security Number

Sign Name \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

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

This consent is provided pursuant to Public Law 93-579  
(Privacy Act of 1974)

**PART 8 – ADDITIONAL FORMS**

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
RECIPIENT REQUIREMENTS FOR  
EMPLOYMENT REPORTING**

**Name of Firm:** \_\_\_\_\_

**Owner(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

AS A RECIPIENT OF COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) FUNDS, I UNDERSTAND THAT THE ATTACHED EMPLOYMENT FORMS, OR A FACSIMILE THEREOF, MUST BE SUBMITTED BY THE FIRM (ORGANIZATION) IDENTIFIED ABOVE AT THE BEGINNING OF THE PROJECT, ANNUALLY AFTER THE COMPLETION OF THE PROJECT FOR FIVE YEARS.

BY SIGNING THIS FORM, I FULLY UNDERSTAND THE REQUIREMENTS DESCRIBED ABOVE AND AGREE TO COMPLY WITH ANY ADDITIONAL REQUIREMENTS WHICH MAY BE REQUIRED UNDER MY COMMITMENT LETTER AND/OR LOAN AND/OR GRANT AGREEMENT AND STATE, LOCAL OR FEDERAL REGULATIONS OR STATUTE.

I CERTIFY FOR ALL PRINCIPALS OF THE FIRM (ORGANIZATION) THAT ALL INFORMATION WILL BE DELIVERED AS REQUIRED BY THE AGENCY OF THE CITY.

**Print Name:** \_\_\_\_\_ **Sign Name:** \_\_\_\_\_

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

(CDBG Form #2 Revised: 11/1/89)

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## CDBG Employment Data Report

Date of Initial Submission: \_\_\_\_\_  
 Name of Firm: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Present Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Census Tract: \_\_\_\_\_  
 New Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Census Tract: \_\_\_\_\_  
 Describe Type of Assistance Provided: \_\_\_\_\_

### Employment Information

Skill Level of Job	Current Employment	Projected New Jobs	Projected Total Employment
Unskilled			
Semi-Skilled Will Train			
Low/Mod Subtotal			
Semi-Skilled			
Skilled			
Total			

### Race and Ethnicity Summary of Current Employment

	Female Hispanic	Female Not Hispanic	Male Hispanic	Male Not Hispanic	Total
American Indian/Alaska Native					
Asian					
Black or African American					
Native Hawaiian/Other Pacific Islander					
White					
Total					

Accessibility of jobs areas where substantial number of low and moderate income persons reside:

Bus  Subway  Trains

Special outreach and/or training to be offered for jobs to be created:

Philadelphia Workforce Development  On the job training  Other

### Description of Jobs to Be Created

Indicate below the skills required for new employment created as a result of assistance and check those positions which are assumed to be available for low and moderate income persons (attach additional sheet if necessary):

	Job Title	# of Positions	Skills Required	Avail. To Low/Mod?
1.				
2.				
3.				
4.				

(CDBG Form #3)

**CDBG CONFLICT OF INTEREST FORM**

TO BE COMPLETED BY THE EXECUTIVE DIRECTOR OR OTHER RESPONSIBLE OFFICIAL WITH THE CAPACITY TO REPRESENT THE ORGANIZATION.

- A. Conflict of Interest (please check either “Yes” or “No”)
1. Have any employees, agents, consultants, officers, elected or appointed officials or any of their immediate family members (spouse, parent, child, grandparent, grandchild or sibling) or business associates, who are either currently working or have worked for this Organization over the past year, received, or expect to receive, a financial interest or benefit (ex. salary, business opportunity, etc.) from a CDBG-assisted activity or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity? (Please check either “Yes” or “No”):
    - a.  Yes
    - b.  No

B. If you checked the “Yes” box in the above Conflict of Interest section, please fill out the following information:

1. Name(s) of the employee(s), agent(s), consultant(s), officer(s), elected or appointed official(s) including the names and relationship with the relevant immediate family members of business associates, if any: \_\_\_\_\_

2. Organization, Agency and/or Department where the person(s) identified currently works (or worked in the past year): \_\_\_\_\_

3. Please identify the financial interest or benefit for each respective person: \_\_\_\_\_

**Certification**

I hereby certify that the statements made in the foregoing Statement of Interest form are true and correct to the best of my knowledge, information and belief.

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

Print Name and Title: \_\_\_\_\_

(CDBG Form #2a)

**Debarment, Suspension Ineligibility and**  
**Voluntary Exclusion Certification**

(BEFORE COMPLETING CERTIFICATION, READ ATTACHED INSTRUCTIONS)

<b>Legal Name</b>	
<b>Project</b>	

This certification is required by the regulations implementing, as applicable:

- Commerce - 15 CFR 26,
- HUD - 24 CFR 24, or
- OEA - Executive Order 12549, Debarment and Suspension,  
 32 CFR Part 25, Subparts A-E.

1. The Loan Applicant certifies, by submission of this loan proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the Loan Applicant is unable to certify to any of the statements in this certification, such Loan Applicant shall attach an explanation to this proposal.

Name & Title of Authorized Representative	Signature
	Date

**DEBARMENT CERTIFICATION INSTRUCTIONS**

1. By signing and submitting this proposal, the Loan Applicant is providing the certification set out above.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the Loan Applicant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The Loan Applicant shall provide immediate written notice to the person to whom this proposal is submitted if, at any time, the Loan Applicant learns that its certification was erroneous when submitted, or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarment," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," "voluntary excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The Loan Applicant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The Loan Applicant further agrees by submitting this proposal that it will include this clause, titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List by contacting OEA at (703) 614-8529.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**PART 9 – CERTIFICATION FOR COMPLIANCE WITH FEDERAL, STATE & LOCAL REQUIREMENTS**

I certify that:

1. The information contained here is accurate.
2. The business and property owner(s) have all required licenses and permits and is current, or has made satisfactory arrangements with the City to become current with respect to the payment of City taxes or other indebtedness owed to the City (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia), and is not in violation, or has made satisfactory arrangements to cure any violation, or other regulatory provisions applicable to Applicant contained in The Philadelphia Code. All permits, licenses, environmental and historical requirements associated with the above work will be complied with.
3. I have read and will comply with the requirements outlined in the InStore Forgivable Loan Program Guidelines.
4. I understand that Federal Prevailing Wage Rate Requirements may apply to this project (I will be notified in advance by the City if they do) and I agree to work with the City Labor Standards Compliance officer in implementing those wage rates, when applicable, with the contractors I have selected. The Philadelphia Department of Commerce is not liable for any legal actions due to the neglect of such compliance.
5. I certify to make “best and good faith efforts” to include businesses owned and controlled by minority persons (MBEs), women (WBEs) and disabled persons (DSBEs) in the project. Potential M/W/DSBE project participants can be found in the City of Philadelphia’s Office of Economic Opportunity Directory of Certified Firms (Contact OEO at 215-686-6232 or review the online directory at <http://www.phila.gov/mbec/directory.asp>) or the Pennsylvania Unified Certification Program’s Directory of Disadvantaged Business Enterprises (<http://www.paucp.com>).

**APPLICANT OR DESIGNATED REPRESENTATIVE**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
(Please Print)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Submit your completed application by email to [instore@phila.gov](mailto:instore@phila.gov) or to**

**Philadelphia Commerce Department  
Attention: InStore Program  
1515 Arch Street, 12th Floor  
Philadelphia, PA 19102**

**You will receive a notification by email or phone when your applicaiton is received.**