



CITY OF PHILADELPHIA
DEPARTMENT OF REVENUE

FOR DEPARTMENT USE ONLY

Application No. _____

Date Received _____

2026 RENEWAL APPLICATION

**FOR BUSINESS INCOME AND RECEIPTS TAX CREDIT FOR CONTRIBUTION TO A NONPROFIT
ORGANIZATION ENGAGED IN DEVELOPING AND IMPLEMENTING
HEALTHY FOOD INITIATIVES
(SECTION 19-2604 OF THE PHILADELPHIA CODE)
DUE DATE OCTOBER 15, 2025**

SECTION I

Applicant/Sponsor

Co-Sponsor

1. Applicant's Name

2. Address

3. Contact Person

4. Telephone Number & Email Address

5. Federal Employee Identification

6. BIRT Account Number

7. Date of Annual Contribution To
Qualifying Organization

8. Commencement Date

SECTION II

Nonprofit Organization Engaged in Developing and Implementing Healthy Food Initiatives

1. Name of Nonprofit Organization

2. Address

3. Contact Person and Title

4. Telephone Number & Email Address

5. BIRT Account Number

6. Federal Employee Identification Number

7. Geographic Boundaries of Target Area

8. City Council District(s)

City of Philadelphia

Department of Revenue

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SECTION III

Attachments

The following information must be submitted with this application:

1. Attach a narrative description that itemizes the activities and projects in the current year.
For the Nonprofit Organization Engaged in Developing and Implementing Healthy Food Initiatives this includes demonstrating that it has been substantially engaged in developing and implementing healthy food initiatives within the City of Philadelphia. For each healthy food initiative activity, identify the start and end date (if applicable), the number and types of paid or non-paid personnel or volunteers involved, including their responsibilities, the specific area where such activity takes place, the target population for which the activity seeks to benefit, and the number of Philadelphia residents and/or entities directly benefiting from the activity. The organization must attach a statement that it does not deny assistance to individuals on the basis of race, color, religion, gender, national origin, age, disability, or sexual orientation.
2. Attach a budget that delineates how the tax credit funds in the current year were spent.
3. Attach a detailed description of the attributes which continue to make your community economically distressed.
4. Attach a detailed description of the scope of work, which will be completed with the tax credit funds, which address one or more of the issues identified in number three above, and which continue to make your community economically distressed.
5. Attach an organizational budget that delineates how the tax credit funds will be spent in the coming year.
6. Attach an executed copy of the Qualifying Organizations Certification of Compliance with all City Laws, Ordinances, and Resolutions and Certification of Non-Indebtedness to the City of Philadelphia.
7. Attach a current list of Qualifying Organizations board members.

SECTION IV

Certification: To be signed by an authorized company representative.

I hereby certify that all information contained in this document and attachments are true and correct to the best of my knowledge. If I knowingly make a false statement to obtain the tax credit for contribution to a nonprofit organization engaged in developing and implementing healthy food initiatives, I _____, may be subject to criminal prosecution.

Company and Signer

Date: _____

Signature: _____

Print Name: _____

Representing: _____

Address: _____

☐ By checking this box, you agree to allow the City of Philadelphia to disclose your name as a Business Sponsor in this Program.

☐ By checking this box, you do not agree to allow the City of Philadelphia to disclose your name as a Business Sponsor in this Program.



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GENERAL INSTRUCTIONS

- A. **Who Must File:** In order to obtain the tax credit authorized under the Contribution To a Nonprofit Organization Engaged in Developing and Implementing Healthy Food Initiatives, business firms must submit this renewal application for approval.
- B. **When to File:** Renewal Application must be filed on or before October 15th of each year with the City of Philadelphia, Department of Revenue.
- C. **Signature and Submission:** The application must be signed by an authorized officer of the applicant.
- D. **Claiming Tax Credit:** Please submit your completed BIRT return with the Schedule SC and NPT return (if applicable) electronically or by mail to:
Philadelphia Department of Revenue
P.O. Box 1660, Philadelphia
PA 19105-1660.

Email a copy (front & back) of the cancelled check remitted to the QHFI in the year you are claiming your credit to manuela.hartley@phila.gov.

Section I

- Item 1: Indicate exact name of business firm.
- Item 2: Indicate address to which correspondence concerning this application is to be directed.
- Item 3: Person to be contacted if additional information is needed.
- Item 4: Telephone number and Email address of contact person.
- Item 5: Indicate Federal Identification Number (EIN) assigned to the business.
- Item 6: Indicate City of Philadelphia Business Income and Receipts Tax (BIRT) Account Number assigned to the business.
- Item 7: List the date or dates of the \$100,000 Annual Contribution to the Nonprofit Organization Engaged in Developing and Implementing Healthy Food Initiatives (per your Contribution Agreement).
- Item 8: Indicate the commencement date that the business partner entered into the Community Development Tax Credit Program.

City of Philadelphia

Department of Revenue

Section II

- Item 1: Indicate exact name of Nonprofit Organization Engaged in Developing and Implementing Healthy Food Initiatives.
- Item 2: Address of Nonprofit Organization Engaged in Developing and Implementing Healthy Food Initiatives.
- Item 3: Person to be contacted if additional information is needed.
- Item 4: Telephone number & Email Address of contact person.
- Item 5: Indicate City of Philadelphia Business Income and Receipts Tax (BIRT) Account Number assigned to the business.
- Item 6: Indicate Federal Identification Number (EIN) assigned to the Nonprofit Organization Engaged in Developing and Implementing Healthy Food initiatives.
- Item 7: Geographic location of project.
- Item 8: Indicate City Council District(s) of the Nonprofit Organization Engaged in Developing and Implementing Healthy Food Initiatives.

Section IV

This section certifies that the information provided in the application is true and correct to the best of the signer's knowledge. The signer must have the authority to bind the applicant to the terms and conditions of Section 19-2604 (6) of the Philadelphia Code and Section 501 of the Business Income and Receipts Tax Regulations. False information may subject the signer and company to criminal prosecution.

NOTE: This application is for participation in the program for calendar year 2026. The \$100,000 contribution should be made to the Nonprofit Organization Engaged in Developing and Implementing Healthy Food Initiatives during the 2026 tax year and the 2025 credit will be taken as a credit on the 2026 BIRT which is due April 15, 2027.



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Application No. _____

Application Approval

Name of Applicant _____

Department of Revenue

Approving Authority

REVENUE COMMISSIONER & CHIEF COLLECTIONS OFFICER

Title

Date

Health Department

Approving Authority

Title

Date

**CERTIFICATION OF COMPLIANCE WITH ALL CITY
LAWS, ORDINANCES, AND RESOLUTIONS**

AND

CERTIFICATION OF NON-INDEBTEDNESS TO THE CITY OF PHILADELPHIA

The undersigned hereby certifies and represents to the City of Philadelphia that they are currently in compliance and shall remain in compliance with all City laws, ordinances, and resolutions.

In addition, the undersigned hereby certifies and represents to the City of Philadelphia that they are not currently indebted to the City for any delinquent taxes, and shall not at any time during the term of the Tax Credit Program be indebted to the City for or on account of any delinquent taxes (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia), liens, judgment, fees or other debts for which no written agreement or payment plan satisfactory to the City has been established.

If the undersigned is determined to be in violation of said laws, ordinances, and regulations, the City may disqualify them from the Tax Credit Program.

Name of Business Sponsor/Co Sponsor

By:

Authorized Signature

Title:

Print Name

Attest:

Secretary or Treasurer

Print Name

Business Sponsor/Co Sponsor

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If the undersigned is determined to be in violation of said laws, ordinances, and regulations, the City may disqualify them from the Tax Credit Program

Name of Nonprofit Organization Engaged in Developing
and Implementing Healthy Food Initiatives

By: _____
Authorized Signature

Title: _____

Print Name

Attest: _____
Secretary or Treasurer

Print Name

**Nonprofit Organization Engaged In Developing and Implementing
Healthy Food Initiatives**