

BUREAU OF PRIMARY HEALTH CARE

HRSA LOAN GUARANTEE PROGRAM APPLICATION - SAMPLE

Note: The official application is available via the Electronic Handbooks. This document is for planning purposes only.

Contact the HRSA Loan Guarantee Program (LGProgram@hrsa.gov) with questions on how to complete the application.

Part A. Borrower Information				
Legal Name				
D/B/A				
H80 Grant Number				
Street Address				
State and ZIP Code				
Tax ID				
	Contac	t Person		
Name				
Title				
Telephone				
Email				
	Part B. Lender Information			
Lender Name				
Street Address				
State and ZIP Code				
Tax ID				
	Contac	t Person		
Name				
Title				
Telephone				
Email				
Part C. Loan Information				
Loan Amount		Loan Term (Years)		
Interest-Only Period (Months, if applicable)		Amortization Period (Years)		
Proposed Interest Rate		Fixed (Y/N):	Variable (Y/N):	
If variable, cite index and adjustment frequency				
Collateral				

Part D. Project Information

1.	Projec	t Type	(check all	that app	ly):
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New Construction
Alteration/Renovation
Land Acquisition
Facility Acquisition

2.	Facility Address:		
	(Street)	(City, State)	(ZIP Code)

- 3. Site in Scope? (Y/N):
- 4. Site Control (select one): Owned / To Be Purchased / Leased

Part E. Project Funding Sources and Uses

Use	Amount (\$)	Comments (if any)
Land/Building Acquisition		
Hard Construction Costs		
Construction Contingency		
Environmental Remediation		
Furnishings, Fixtures, and Equipment		
Soft Costs (Professional and Other Fees)		
Soft Costs Contingency		
Lender's Fees and Expense		
Other (Specify)		
Other (Specify)		
Total Project Budget	:	

2. SOURCES: Indicate amount from each source in-hand or committed, and if the funds are restricted to a specific use.

Source Amount In-Hand (\$) Amount Committed (\$) Use Restrictions (if any)

Guaranteed Loan

Borrower's Funds
Other (Specify):
Total:

Part F. Attachments

- 1. Environmental and Information Documentation (EID) checklist
- 2. Lender's statement describing the value of the HRSA loan guarantee to the borrower and the project
- 3. Lender's commitment letter
- 4. Lender's comprehensive credit analysis
- 5. Health center business plan, or a statement containing all the following elements:
 - 5a. Organization Description Narrative description of the FQHC's history, programs, and services.
 - 5b. Management and Governance List and bios for senior leadership (including longevity with the FQHC); list of Board of Directors/Officers/Standing Board Committees, and bios for the Board Chair and Finance Committee Chair.
 - 5c. Project Description Location; description of the facility to be developed; scope of services to be offered; market to be served; development status (including status of site control) and timeline; and description/bios of the development team members (internal and external).
 - 5d.Financial/Operating Projections Projections for the FQHC as a whole and for the project facility broken out, with a description of the underlying assumptions. Detailed projections should be provided for each year of the loan term (at least 3 years), and include anticipated visit volume, expenses by line item, and FTEs by position for each year.
- 6. Three year's audited financial statements for the borrower and the borrower's year-to-date balance sheet and income statement
- 7. Three year's historical visit volume and patient services payor mix (by visits and by revenue source)
- 8. Project development due diligence:
 - 8a. Schematic design plan
 - 8b. Contractor name and experience, if selected, or status of selection
 - 8c. Status of Regulatory and Building Department approvals for projects not yet in construction
- 9. Appraisal for owned and leased properties (as-built, as warranted)

BORROWER'S CERTIFICATION AND AGREEMENT

s the borrower's representative, I certify that the organization applying for this loan and loan guarantee is in good anding with the Health Resources and Services Administration, does not have any judgments against it by the United ates, and is not presently delinquent on any non-tax debt, federal or other. I further certify that the information enter	
to or attached to this application is correct.	sieu
Dawney Name	

Borrower Name
Representative Name
Representative Title
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Representative Signature
Date
Date

LENDER'S CERTIFICATION AND AGREEMENT

As the lender's representative, I certify that the lender has completed a comprehensive analysis of the proposal and has determined that the borrower's loan application is eligible, that the loan is for authorized purposes, and that there is reasonable assurance of repayment based on the borrower's history and projections. The lender also certifies that they have no undisclosed conflicts of interest and are not on the federally excluded parties list.

Lender Name	
Representative Name	
Representative Title	
Representative Signature	
Date	