

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			
Contact Person			
Name			
Title			
Telephone			
Email			
Part B. Lender Information			
Lender Name			
Street Address			
State and ZIP Code			
Tax ID			
Contact 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 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

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

Borrower Name

Representative Name

Representative Title

Representative Signature

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