Preliminary Application

West Virginia Rural Health Infrastructure Loan Fund (Loan Fund)



Date of Application:	FEIN #:			
Organizational Information				
Organization Name:				
Address:				
City:		State:		Zip:
Phone:	Fax:		Email:	
Contact Information:				

	Primary Contact	CFO or Accounting Firm	Attorney or Law Firm		
Name:					
Address:					
Phone:					
Fax:					
Email:					
Brief Description of Project:					

Total Amou	nt of P	roject: \$
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Applicant's Current Banking Relationship(s):

Narrative

Use additional pages. The narrative should not exceed three pages.

1. Describe the health care service(s) to be addressed by anticipated funding of the project and how these services will benefit rural health care in your community. The narrative should include a description of how the proposed project meets the stated purpose and objectives of the loan fund.

PURPOSE: The purpose of the Loan Fund is to encourage, maintain or improve access to health care services in rural West Virginia by providing a commercially reasonable source of funding for health care providers in medically under-served and/or economically depressed areas, thereby supporting the development and/or improvement of rural health infrastructure.

THE FOLLOWING OBJECTIVES WILL GUIDE LOAN MAKING DECISIONS:

- Financial Viability. Assess loan applications based on its financial viability, i.e., there is the ability, based on financial assessment, for loan re-payment;
- Health Care Infrastructure: Support the availability of an appropriate level of health care services (i.e. how does the proposed project enhance the existing health care infrastructure in the community);
- Linkages. Encourage the availability of primary secondary, tertiary and other needed health care services through linkages with appropriate providers;
- Health Status Improvement. Consider the funding of projects which, among other things, clearly demonstrate the potential to improve the health status of the local community;
- Economic Development. Generate projects which are developed through legally appropriate collaboration and cooperation of providers and other parties which result in increased economic development and/or address the health care needs of the local or regional community.
- Responsible Use of Resources. Consider projects which demonstrate the responsible use of available resources; and
- **Community Benefit.** Foster community benefit through the development of an appropriate level of essential health care services in underserved and economically depressed areas.
- 2. Describe how funding of project will meet applicant's short and long range health service goals.

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Document Checklist

A complete loan application package must include the following:

Business Tax Returns (3 Years)
Personal Tax Returns (3 Years)

□ **Income Statement** (Year to Date)

- □ Balance Sheet (Year to Date)
 - Financial Projections (Next 3 Years)
 - Business Plan, if a Start-up
- □ **Resumes** (Owners/Key Personnel)
- Legal Entity Documents (Articles of Incorporation, By-Laws, or Membership Agreement for LLCs, etc.)

Payor Mix		Current/Projected Employees				
	Current Year	Current number				
Medicare		of employees Full time Part time				
Medicaid		TOTAL Projected employees				
Worker's Comp		in Year 1 Full time Part time				
Private Insurance		TOTAL Projected employees				
Self-pay		in Year 2 Full time Part time				
Other						
		Legal Entity				
		🗆 Proprietorship 🗆 LLC 🗆 Non-Profit 🗆 Partnership				
	Total	Corporation Other				

Source and Use of Project Funds

Source of Funds

Total source of funds should equal tot	al use of funds		
Amount Requested	\$	Owner's Investment	\$
Other Funding Sources (describe):	\$	Total Project Sources	\$
Other Funding Sources (describe):	\$	Total Project Sources	\$
Other Funding Sources (describe):	\$	Total Project Sources	\$
Use of Funds			
Total use of funds should equal total s	ource of funds		
Real Estate Purchase	\$	Building Renovation	\$
Business Purchase	\$	Machinery & Equipment	\$
Leasehold Improvements	\$	Working Capital or Other	\$
Other	\$	Other	\$

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Business Debt Schedule This schedule should contain loans for contracts and notes payable, not accounts payable or accrued liabilities.

Company Name	Date:					(As of Date on Interim Financial Statements)			
Creditor Name/Address	Creditor Date	Original Date	Original Amount	Present Balance	Interes Rate	Monthly Payment	Maturity Date	Collateral Security	Current or Delinquent

Disclosure

The authority to consider the loan application and to decide whether or not to make a loan, either in the full amount requested or in some reduced amount, and the authority to condition such loan upon certain stipulations, conditions or undertakings by the Borrower rests solely with the Center's Loan Committee. The Loan Committee reserves the right to reject any application or to decline to make any loan at its sole discretion. The Loan Fund guidelines promulgated by the Center are intended to be general in nature and to assist applicants in the submission of applications for loan from the Loan Fund but compliance with these general guidelines does not assure that a loan will be approved by the Loan Committee or in any way obligate the Loan Committee to approve an application or to make a loan.

The applicant acknowledges that there have been no representations by the Center, any representative of the Center or the Loan Committee that any loan will be made and that any such loan from the Loan Fund can be made only upon duly authorized approval of the Center's Loan Committee.

Signature:

Date:

Return To:



Center for Rural Health Development, Inc. 75 Chase Drive Hurricane, WV 25526 304-397-4071

304-397-4076 fax Robert.Dearing@wvruralhealth.org

THE CENTER IS AN EQUAL OPPORTUNITY PROVIDER, EMPLOYER & LENDER.

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national original of individual applicants on the basis of visual observation or surname.

Ethnicity:

- □ Hispanic or Latino □ Not Hispanic or Latino
- □ I do not wish to provide this information

Race/nation origin:

- □ White, Not of Hispanic Origin (a person having origins in any of the original peoples of Europe, North Africa or the Middle East.)
- □ Black, Not of Hispanic Origin (a person having origins in any of the black racial groups of Africa.)
- □ American Indian or Alaskan Native (a person having origins in any of the original peoples or North America, and who maintain cultural identification through tribal affiliation or community recognition.)
- □ Asian or Pacific Islander (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Somoa.)
- Not Applicable applicant is a hospital or other organization
- I do not wish to provide this information

Sex:

□ Male □ Female □ I do not wish to provide this information