

Nevada Rural Hospital Partners Foundation Loan Pool

Application Form
 Exhibit A
 Tab 1. Summary Information

Borrower Information		
Legal Name <i>[Name from Articles of Incorporation or Amendment(s)]</i>		
Street Address	Federal Tax I.D. Number	
City, State & Zip	County	Contact Person / Title
P.O. Box Address <i>[If Applicable]</i>	Telephone Number	Fax Number
Facility Name <i>[If different from Borrower Legal Name]</i>	E-mail Address	
Project Street Address	Have you been a prior borrower from NRHP Foundation Loan Pool? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City, State & Zip	County	If yes, date(s) loan(s) funded.

Loan Information		
Amount Requested:	Repayment Term (Years):	Date Funds Needed:
Est. Value of Collateral:	Description of Collateral: (i.e. address)	Lien Position: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Other

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Tab 2. Sources and Uses

Sources of Funds	
NRHP Foundation Loan Pool loan	\$ _____
*Other sources, list (i.e. bank loan, grant, etc.): (terms) _____	\$ _____
_____	\$ _____
_____	\$ _____
Total Sources (must equal 100%)	\$ _____

* If obtaining a bank loan, please describe the terms of the loan.

Uses of Funds	
Purchase real property	\$ _____
Construction, renovation, remodel real property	\$ _____
Refinance real property debt	\$ _____
Purchase equipment	\$ _____
***Other _____	\$ _____
_____	\$ _____
_____	\$ _____
Other closing costs may be considered by the Committee (title, escrow, etc.)	\$ _____
Total Uses (must equal total sources)	\$ _____

*** Eligible uses include permit fees, architectural fees, pre-construction costs, feasibility studies, site tests, surveys, etc.

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Tab 4. Management Financial Discussion

Income Statement Discussion

Please provide a basic management discussion and copies of the last 2 years audited financials and current interim financials, or proforma financial statement. Include in this discussion any material changes from year-to-year for line item revenues, expenses, unrestricted net assets. Please provide explanation below.

Balance Sheet Discussion

Please provide a basic management discussion and copies of the last 2 years audited financials and current interim financials, or proforma financial statement. Also discuss any material changes in the assets, liabilities, or unrestricted net assets. Please provide explanation below and/or on additional page as needed.

List of Long Term Debt

List all debt owed by the Corporation. Place an * by any debt which is being refinanced with the Loan Pool loan. (Include existing lines of credit and amounts currently outstanding).

<u>Lender</u>	<u>Original Loan Date / Amount</u>	<u>Amount Outstanding</u>	<u>Interest Rate/ Monthly Payment</u>	<u>Est. Value of Collateral</u>	<u>Maturity Date</u>	<u>Purpose (i.e. purchase, remodel) Description (i.e. address)</u>

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Tab 5. Certification

Please have the CEO of the facility, Board Chairperson, or other individual with the authority to commit the agency to contract complete the following certification:

1. *I certify that to the best of my knowledge, the information contained in this application and the accompanying supplemental materials is true and accurate. The applicant understands that misrepresentation may result in the cancellation of the loan and other actions which the Nevada Rural Hospital Partners Foundation Pool Committee and/or Nevada Rural Hospital Partners Foundation, Inc. Board of Directors is authorized to take.*

2. *I understand that the information included in this application is to be used by the Committee in determining whether to approve the loan and that the Committee may utilize other available sources which it considers necessary in making this determination.*

3. *I certify no restrictions on any current long-term debt obligation are in place with respect to additional borrowing, such as the loan you are applying for.*

By (Print Name)

Signature

Title

Date

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Exhibit B. Schedule of Monthly and Annual Loan Payments
(____% Interest Rate)

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Exhibit C. Attachments (Please provide the following)

Attachment A. Financial Information

- Provide copies of the audited financial statements for the three most recent fiscal years and the most recent year-to-date interim financial statements (must be in the audited line item format*).
**Note: If Interim Financial Statements are not in the audited format processing of the loan application may be delayed. It may be necessary for you to contact your auditor to complete the interim financial statements. .*

Attachment B. Management Information

- Provide a copy of the **Board Minutes or Board Resolution** approving the application for a Nevada Rural Hospital Partners Foundation Loan Pool loan for this project.
- Provide the names of Board Members.
- Provide the name and title of the person designated by the Board of Directors to sign loan documents if financing is approved (e.g. the Executive Director).
- Department of Taxation (approval letter must be attached for all public entities issuing a medium-term obligation)
- Board of County Commissioners (approval letter must be attached for all public entities as required by NRS 450.665)
- County Debt Management Commission (approval letter must be attached for all public entities as required by NRS 450.665)
- Evidence that statutory requirements related to purchasing have been met as required by NRS 332.039 thru 332.148.

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Exhibit D. Checklist – NRHP Foundation Loan Pool Application

Please use checklist to determine if application is complete. *Incomplete or illegible applications will not be considered for financing.*

Yes	Information Requested
<input type="checkbox"/>	Completed Sections re: Borrower Information & Loan Information
<input type="checkbox"/>	Completed Sources and Uses of Funds Information
<input type="checkbox"/>	Completed Project Information
<input type="checkbox"/>	Completed Management Discussion of Financials (Income Statement & Balance Sheet)
<input type="checkbox"/>	Provided List of Long-Term Debt
<input type="checkbox"/>	Provided copies of last 3 years audited and current interim financials or pro forma financial statements
<input type="checkbox"/>	Signed Certification re: application content
<input type="checkbox"/>	Provided copy of Board Minutes or Board Resolution approving Nevada Rural Hospital Partners Foundation Loan Pool loan
<input type="checkbox"/>	Provided the names of Board members
<input type="checkbox"/>	Provided name/title of the person to be designated to sign loan documents
<input type="checkbox"/>	Provided a copy of the <i>State of Nevada operating license (e.g. Department of Health Services, Social Services, or other authorizing agency)</i> of entity to receive funding
<input type="checkbox"/>	Provided a copy of the "Medium-Term Financing" approvals from Nevada Department of Taxation, Debt Management Commission and Board of County Commissioners, as required.
<input type="checkbox"/>	Evidence that statutory requirements related to purchasing have been met as required by NRS 332.039 thru 332.148.