



CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

2025 EMERGENCY WILDFIRE HELP LOAN PROGRAM APPLICATION

901 P Street, Suite 313
Sacramento, California 95814
Phone: (916) 653-2799
chffa@treasurer.ca.gov
Website: www.treasurer.ca.gov/chffa/

ELIGIBILITY

Before proceeding with the application for a 2025 Emergency Wildfire Help loan, a zero percent loan up to \$500,000.00, verify your eligibility by reviewing the following requirements. Contact the Authority to discuss eligibility before proceeding.

- ☐ A health facility under the California Health Facilities Financing Authority's enabling statute – [Section 15432\(d\) of the California Government Code](#).
- ☐ A health facility in the counties of Los Angeles, Ventura and San Bernardino affected by the 2025 wildfires (Los Angeles Fires).
- ☐ An organization with no more than \$40 million in annual gross revenues, as shown on audited financial statements for the most recently completed fiscal year. (No revenue limit for qualifying rural health facilities and district hospitals)
- ☐ A non-profit 501(c)(3) corporation or a limited liability company, whose sole member is a nonprofit organization, or a city, a county, or district hospital.
- ☐ Must provide evidence acceptable to the Authority that the health facility has been impacted by the Los Angeles Fires and that loan proceeds will be used to address the impact
- ☐ Must demonstrate evidence of fiscal soundness and the ability to meet the terms of the proposed loan
 - Must provide three (3) most recent years of audited financial statements
 - Must have a proforma debt service coverage ratio of at least 1.0x in most recent fiscal year
- ☐ Must be able to provide sufficient collateral
- ☐ All loans must close within six (6) months after approval

General Instructions

Applications are accepted on a continual basis until December 20, 2025.

Submit your completed application to the California Health Facilities Financing Authority (the “Authority”) either email the completed application as a Portable Document Format (PDF) attachment to chffa@treasurer.ca.gov.

OR

By mail to:

California Health Facilities Financing Authority
901 P Street, Suite 313
Sacramento, California 95814
Attn: Loans Unit

Please note:

- *Incomplete or illegible applications may result in a delayed review.*
- *The Authority is not responsible for email transmittal delays or failures of any kind.*

Authority staff is pleased to answer any questions or provide technical assistance in preparing your application. A pre-application discussion with Authority staff is recommended. Please call us at (916) 653-2799.

Fee Schedule

- No application fee
- Closing fee: 1% of the loan amount, which may be deducted from the loan proceeds



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2025 EMERGENCY WILDFIRE HELP LOAN PROGRAM APPLICATION FORM

Summary Information

APPLICANT INFORMATION:

Legal Name *[Name from Articles of Incorporation or Amendment(s)]*

Street Address

Federal Tax I.D. Number

City, State & Zip

County

Contact Person / Title

P.O. Box Address *[If Applicable]*

Telephone Number

Email Address

Have you been a prior borrower with CHFFA? ☐ Yes ☐ No

If yes, which program and date(s) funded:

LOAN INFORMATION:

Amount Requested:

[Max. \$500,000 per borrower]

\$

Repayment Term (Maximum):

[Real Property/Construction/ Reno 20 yrs. / Equipment 5 yrs.]

Date Funds Needed:

Est. Value of Collateral:

\$

Description of Collateral: (i.e. address)

Lien Position:

☐ 1st ☐ 2nd ☐ Other:

Purpose of Loan: (Check all applicable boxes)

☐ Purchase Real Property

☐ Remodeling, Renovation and/or Improvement*

☐ Construction*

☐ Purchase Equipment and/or Furnishings

☐ Other (describe):

* *Loan borrowers must comply with California's prevailing wage law under Labor Code section 1720, et seq. for public works projects. The Authority recommends Applicants and borrowers consult with their legal counsel.*

TITLE COMPANY: (IF KNOWN)

NOT APPLICABLE TO EQUIPMENT LOANS

Name:

Contact Person and Title:

Phone Number:

Address:

Email Address:

PROJECT INFORMATION: (USE ADDITIONAL PAGES AS NECESSARY)

Facility Name(s) to be funded

List street address, city, and county of Project(s) site

What is the expected project start date?

What is the expected project end date?

Provide a description of the project.

Describe the purpose of this project and what it would help accomplish.

Sources of Funds and Project Costs

Please fill out the top portion with sources of funds used to complete the project including the requested loan amount and any other sources of funds applicable. Please fill out the bottom portion with estimated project costs including Authority loan fees and closing costs.

Note: Both sections should have the same ending totals to show the project is fully funded.

SOURCES OF FUNDS:

2025 Emergency Wildfire Help loan (Max. \$500,000)	\$ _____	(_____)
Applicant funds	\$ _____	(_____)
Other sources, list (i.e. bank loan, grant, etc.)		
_____	\$ _____	(_____)
_____	\$ _____	(_____)
_____	\$ _____	(_____)
Total Sources of Funds	\$ _____	(_____)

Must equal 100%

PROJECT COSTS:

Purchase real property	\$ _____
Construction, remodeling, renovation, and/or improvements	\$ _____
Purchase equipment/furnishings	\$ _____
Other* _____	\$ _____
_____	\$ _____
_____	\$ _____
Authority Loan Fee** [1% of Loan Amount]	\$ _____
Other closing costs (title, escrow, etc., typically \$1,000 - \$2,000)	\$ _____
Total Project Costs	\$ _____

* Other eligible project costs include purchase, construction, remodeling, renovation, or improvement of real property; feasibility studies, site tests, and surveys associated with real property; permit fees; architectural fees; and pre-construction costs. Other eligible project costs do not include appraisal fees, title fees, and financial advisor fees.

** Authority loan fee is 1% of the loan amount, which may be deducted from the loan proceeds.

LIST OF LONG-TERM DEBT:

List all outstanding debts owed by the Applicant (*include existing lines of credit and amounts currently outstanding*).

<u>Lender</u>	<u>Original Loan Amount</u>	<u>Original Loan Date (mm/yy)</u>	<u>Amount Outstanding</u>	<u>Monthly Payment</u>	<u>Interest Rate</u>	<u>Maturity Date</u>

Legal Status Questionnaire

Applicant Name:

1. Financial Viability

Disclose material information relating to any legal or regulatory proceeding or investigation in which the applicant/borrower/project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the applicant/borrower/project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the applicant/borrower/project sponsor that is involved in the management, operation, or development of the project.

Response:

2. Fraud, Corruption, or Serious Harm

Disclose any civil, criminal, or regulatory action in which the applicant/borrower/project sponsor, or any current board members (not including volunteer board members of nonprofit entities), partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, matters related to employment conditions (including, but not limited to wage claims, discrimination, or harassment), or matters involving health and safety where there are allegations of serious harm to employees, the public or the environment.

Response:

Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates, the nature of the allegation(s), charges, complaint or filing, and the outcome.

Provide the following as attachments:

Attachment A – Financial Information

- Provide copies of your audited financial statements for the three most recent fiscal years.

Note: the most current audited financial statement must be within six months of the fiscal year end.

- Provide a brief summary describing the most recent three fiscal years.
- Evidence of real property value and/or equipment/furnishings value

Attachment B – Management/Organization Information

- Provide a copy of organization's board minutes or board resolution approving the application for a 2025 Emergency Wildfire Help Loan Program loan for this project.
- Provide the names of the Executive Director, Chief Financial Officer, and/or key managers of the organization.
- Provide the name and title of the person to be designated by organization's board to sign loan documents if financing is approved (e.g., the Executive Director).
- Provide a copy of the State of California operating license and/or certification (as applicable) (e.g. Department of Health Service, Social Services, or other authorizing agency), for the facility receiving financing.
- IRS 501(c)3 Determination Letter
- Provide copies of organization's certified Articles of Incorporation and Bylaws and any Amendments.

Attachment C – 2025 Los Angeles Wildfires Information

- Provide evidence borrower has been impacted by the 2025 wildfires in Los Angeles, Ventura, and San Bernardino Counties (Los Angeles Wildfires)
- Provide evidence or explanation of how loan proceeds will be used for the purposes of addressing the impact of the 2025 Los Angeles Wildfires

CERTIFICATION

Please have the Executive Director of the agency, 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 Authority is authorized to take.
2. The agency hereby agrees that all legal disclosure information requested has been disclosed.
3. I certify that the applicant does not restrict or grant preference or modify its billing practice with respect to admission or treatment of patients or residents at its healthcare facilities based on the religion of the patients or residents. I further certify that the applicant does not discourage individuals, on the basis of their religion, from seeking admission or treatment.

By (Print Name)

Signature

Title

Date