 **CALIFORNIA Health Facilities Financing Authority**

COVID-19

Emergency

Healthcare Expansion

 **CALIFORNIA Health Facilities Financing Authority**

Loan Program (HELP)

Application

915 Capitol Mall, Suite 435

Sacramento, California 95814

Phone: (916) 653-2799

chffa@treasurer.ca.gov

Website: www.treasurer.ca.gov/chffa/

Eligibility

Before proceeding with the application, verify your eligibility for the COVID-19 Emergency HELP Loan Program (the Program) by reviewing the following general requirements. If one or more of these requirements cannot be met, contact the California Health Facilities Financing Authority (CHFFA) to discuss eligibility before proceeding.

* A health facility as defined in CHFFA’s enabling statute – [Section 15432(d) of the California Government Code](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=GOV&sectionNum=15432.)
* An organization with no more than $30 million in annual gross revenues, as shown on the most recent audited financial statement (no revenue limit for qualifying rural health facilities and district hospitals)
* A non-profit 501(c)(3) corporation or a public health facility (e.g., District hospital) as defined in CHFFA’s enabling statute - [Section 15432(e) of the California Government Code](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=GOV&sectionNum=15432.)
* A health facility that has been in existence for at least three years, providing the same types of services
* Evidence acceptable to CHFFA that the health facility has been impacted by the COVID-19 pandemic and that loan proceeds will be used to address the impact
* Demonstrate evidence of fiscal soundness and the ability to meet the terms of the proposed loan
* For construction, remodeling, renovation, and improvement projects, must show readiness to begin projects within 30 days of approval

**General Instructions**

Applications are being accepted on a continuous basis until the funding for the Program is exhausted or until December 1, 2020, whichever comes first.

Submit your completed application to CHFFA either by email as a Portable Document Format (PDF) attachment to [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov).

**OR**

By mail to:

California Health Facilities Financing Authority

915 Capitol Mall, Suite 435

Sacramento, California 95814

Attn: Operations Manager

*Please note:*

* *Incomplete or illegible applications may result in delayed review or rejection of the application.*
* *CHFFA 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. Please call us at (916) 653-2799.

**Fee Schedule**

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

**CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY**

**COVID-19 EMERGENCY HELP LOAN PROGRAM**

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| COVID-19 Emergency 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** | | | |
|  | | |  | | |  | | | |
| **Licensed by the State of California through the Department of:**  **AND/OR (as applicable)**  **Program certified by:**  *(Provide supporting documentation such as copy of current facility license, project certification, county contract, etc.)* | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Loan Information: | | | | | | **Amount Requested:**  *[Max. $250,000 per borrower]* | | **Repayment Term (Maximum):**  *[Working Cap. 15 mths./Equip. 5 yrs./Construction/Reno. 20 yrs.]* | | **Date Funds Needed:** | | $ | |  | |  | | **Est. Value of Collateral:** | **Description of Collateral: *(i.e. address)*** | | **Lien Position for Authority:** | | | $ |  | | 1st  2nd  Other: | | | **Purpose of Loan: (Check all applicable boxes)** | | | | | | |  |  |  |  | | --- | --- | --- | --- | | Working Capital | Construction\* | Renovation\* | Remodeling\* | | Improvements\* | Equipment/Furnishings | Reimbursement |  | | | | | | | | | | | | | | | |
| ***\* Loan borrowers must comply with California’s prevailing wage law under Labor Code section 1720, et seq. for public works projects. CHFFA recommends Applicants and borrowers consult with their legal counsel.*** | | | | | | | | | |
|  | | | | | | | | | |
| Title Company*: (if known)*  *not applicable for Equipment/furnishings or working capital 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 (e.g. provide supplies to medical personnel, payroll assistance, increase patient capacity, etc.)** | | | | | | | | | |
|  | | | | | | | | | |

**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. 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | |  | | | | | | |
| COVID-19 Emergency HELP loan (Max. $250,000) | | | | | | | | | $ |  | | | | |  | | ( | | !Zero Divide | | | ) | |
| Applicant funds | | | | | | | | | $ |  | | | | |  | | ( | | !Zero Divide | | | ) | |
| Other sources, list (i.e. bank loan, grant, etc.) | | | | | | | | |  |  | | | | |  | |  | |  | | |  | |
|  | | | | | |  | | $ |  | | |  | | | | ( | | !Zero Divide | | | ) | |
|  | | | | | |  | | $ |  | | |  | | | | ( | | !Zero Divide | | | ) | |
|  | | | | | |  | | $ |  | | |  | | | | ( | | !Zero Divide | | | ) | |
|  | | | | | | | | |  |  | | | |  | | |  | |  | | |  | | |
| **Total Sources of Funds** | | | | | | | | | $ | 0 | | |  | | | | ( | | **0%** | | ) | | | | |
|  | | | | | | | | |  |  | | | | |  | |  | | | | | | |
|  | | | | | | | | |  |  | | | | |  | | Must equal 100% | | | | | | |
|  | |  | | | | | | | | |  |  | | | | | |  | |  | | | | | | | | | |
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|  | | |  | | | | | | | |  | | | | | | |
| Project Costs: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | |
| Working Capital | | | | | | | | | $ |  | | | | |
| Construction, remodeling, renovation, or improvements | | | | | | | | | $ |  | | | | |
| Equipment/furnishings | | | | | | | | | $ |  | | | | |
| Other\* | | | | |  | | |  | $ |  | | | | |
|  | | | | |  | | |  | $ |  | | | | |
|  | | | | |  | | |  | $ |  | | | | |
| Authority Loan Fee\*\* | | | | | | | | | $ | 0 | | | | |
| Other closing costs (title, escrow, etc., typically $1,000 - $2,000) | | | | | | | | | $ |  | | | | |
|  | | | | | |  | | | | |  |  | | | | | |
|  | | | | | | **Total Project Costs** | | | $ | 0 | | | | | |
|  | | | | | |  | | | | |  |  | | | | | |
|  | | | | | |  | | | | |  |  | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| \* Eligible uses include construction, remodeling, renovation, or improvements of real property. Eligible uses do not include appraisal fees, title fees, and financial advisor fees.  \*\* Authority Loan Fee is 1% of the loan amount, which could be deducted from the loan proceeds. | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Legal Status Questionnaire**

**Applicant Name:**

1. Financial Viability

Disclose any legal or regulatory action or investigation that may have a material impact on the financial viability of the project or the Applicant. The disclosure should be limited to actions or investigations in which the Applicant or the Applicant’s parent, subsidiary, or affiliate involved in the management, operation, or development of the project has been named a party.

Response:

1. Fraud, Corruption, or Serious Harm

Disclose any legal or regulatory action or investigation involving fraud or corruption, or health and safety where there are allegations of serious harm to employees, the public, or the environment. The disclosure should be limited to actions or investigations in which the Applicant or the Applicant’s current board member (except for volunteer board members of non-profit entities), partner, limited liability corporation member, senior officer, or senior management personnel has been named a defendant within the past ten years.

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.*

**Religious Affiliation Due Diligence**

**Note:** Evidence (e.g., written admission policy, patient/resident application form, codes of conduct, website information, statistical information, etc.) of each stated fact should be included in this tab.

|  |  |
| --- | --- |
| **QUESTIONS** | **ANSWER (Yes or No)** Please provide explanations as requested –  Attach additional pages as needed |
| **Admission Policies** |  |
| * Does the facility admit patients or residents of all religions and faiths? | Yes  No (please explain) |
| * Are patients/residents ever turned away because of their religious affiliation? | Yes (please explain)  No |
| * Does the facility grant any preference, priority or special treatment with respect to admission, treatment, payment, etc., based on religion or faith? | Yes (please explain)  No |
| * Does the facility focus on the needs of, market to, or target, a particular religious population? | Yes (please explain)  No |
| * Does the facility discourage individuals from seeking admission to the facility on the basis of religion? | Yes (please explain)  No |
| * Is it the facility’s mission to serve patients/residents of a particular religion? | Yes (please explain)  No |
| * What percentage of the patients/residents admitted and treated at the facility are of the same religious denomination as the facility’s religious affiliation? |  |
| **Use of Proceeds** |  |
| Will bond proceeds be used to finance any building or facility that will be used for religious worship? | Yes (please explain)  No |

**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*

* Evidence of real property value, equipment/furnishings value, and/or estimates of operating expenses

**Attachment B – Management/Organization Information**

* Provide a copy of the Board Minutes or Board Resolution approving the application for a COVID-19 Emergency HELP Loan for this project
* Provide the names of the Executive Director, Chief Executive Officer, Chief Financial Officer, and/or other key managers of the organization
* Provide the name and title of the person to be designated by the 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 funding
* IRS 501(c)3 Determination Letter

**Attachment C – COVID-19 Information**

* Provide evidence borrower has been impacted by the COVID-19 pandemic
* Provide evidence or explanation of how loan proceeds will be used for the purposes of addressing the impact of the COVID-19 pandemic

|  |  |  |
| --- | --- | --- |
| **Application 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 CHFFA is authorized to take. 2. The agency hereby agrees that all legal disclosure information requested has been disclosed. | | |
|  |  |  |
| By ( Print Name) |  | Signature |
|  |  |  |
| Title |  | Date |

**COVID-19 Emergency HELP Loan Application Checklist**

Please use this checklist to determine if the application is complete *(****incomplete or illegible applications will not be considered for financing).***

**Summary Information**

(Page A-1)  - Completed Sections re: Applicant Information, Loan Information, & Project Information

**Sources of Funds and Project Costs**

(Page A-2)  - Completed Sources of Funds and Project Costs information

**Legal Status Questionnaire**

(Page A-3)  - Completed Legal Status Questionnaire (with an explanation for all “yes” answers)

**Religious Affiliation Due Diligence**

(Page A-4)  - Completed Religious Affiliation Due Diligence

**Attachment A – Financial Information**

- Provided copies of audited financial statements for the three most recent fiscal years

- Provided evidence of real property value, equipment/furnishings value, and/or estimates of operating expenses

**Attachment B – Management/Organization Information**

- Provided copy of Board Minutes or Board Resolution approving COVID-19 Emergency HELP Loan application

- Provided names of the key managers of the organization *(i.e. ED, CEO, CFO, etc.)*

- Provided name and title of the person designated to sign loan documents

- Provided operating license and/or certification for the facility receiving funding

- IRS 501(c)3 Determination Letter

**Attachment C – COVID-19 Information**

- Provided evidence borrower has been impacted by the COVID-19 pandemic

- Provided evidence or explanation that loan proceeds will be used for the purpose of addressing the impact of the COVID-19 pandemic

**Application Certification**

- Executed Certification Page