



CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

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# NONDESIGNATED PUBLIC HOSPITAL BRIDGE LOAN PROGRAM **APPLICATION**

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Sacramento, California 95814

Phone: (916) 653-2799

Email: [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov)

Website: [www.treasurer.ca.gov/chffa/](http://www.treasurer.ca.gov/chffa/)

## Application Submission

The deadline to submit an Application to the California Health Facilities Financing Authority (CHFFA) for the first Funding Round is December 1, 2021. If funds remain after the first Funding Round, Applications may be submitted for a second Funding Round with a deadline of February 1, 2022. Announcements of available funding will be shared with all eligible Applicants. The Application, including supporting documentation, must be received by the Authority no later than 5:00 p.m. (Pacific Time) on the deadline dates and may be emailed as a Portable Document Format (PDF) attachment to [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov) or submitted through the online Application on the Authority's website.

*Please note:*

- *Incomplete applications may result in rejection of the application.*
- *CHFFA is not responsible for transmittal delays or failures of any kind.*

Authority staff is pleased to answer any questions or provide technical assistance to help you prepare your application. Please call us at (916) 653-2799.

## Fee Schedule

- No application fee
- 0% percent interest
- Authority Loan Fee is 1% of the loan amount, which is due at closing and deducted from loan proceeds

**California Health Facilities Financing Authority**  
**Nondesignated Public Hospital Bridge Loan Program**

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## Summary Information

<b>Loan Information:</b>
<b>Amount Requested:</b> <i>[See maximum amount per borrower in Section 3 of the Program guidelines]</i> \$
<b>Provide brief explanation of how loan proceeds will be used for working capital (i.e. payroll and utilities):</b>

- Provide the name and title of the person to be designated by your board to sign loan documents if financing is approved.
- Provide a current copy of the applicable State of California operating license

# LEGAL STATUS QUESTIONNAIRE

**Note:** You may respond directly on this form or attach additional pages as needed.

## **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 non-profit 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.*

## Religious Affiliation Due Diligence

(Only for Applicant with Religious Affiliation)

**Note:** You may respond directly on this form or attach additional pages as needed.  
CHFFA may request additional information regarding the responses to these questions.

QUESTIONS	ANSWER (Yes or No) Please provide explanations as requested
<ul style="list-style-type: none"> <li>Does the facility admit patients or residents of all religions and faiths?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)
<ul style="list-style-type: none"> <li>Are patients/residents ever turned away because of their religious affiliation?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Does the facility grant any preference, priority or special treatment with respect to admission, treatment, payment, etc., based on religion or faith?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Does the facility focus on the needs of, market to, or target, a particular religious population?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Does the facility discourage individuals from seeking admission to the facility on the basis of religion?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Is it the facility's mission to serve patients/residents of a particular religion?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>What percentage of the patients/residents admitted and treated at the facility are of the same religious denomination as the facility's religious affiliation?</li> </ul>	

## Application Certification

Please have the 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 are true and accurate. I further understand that misrepresentation may result in the cancellation of the loan and that CHFFA is authorized to take additional actions, if needed.
2. I hereby declare that all legal disclosure information requested has been disclosed to the best of my ability.
3. I certify that loan proceeds will be used solely for working capital to support operations.
4. I certify that the Applicant is a Nondesignated Public Hospital as defined in the Nondesignated Public Hospital Bridge Loan Program Guidelines approved by CHFFA.
5. In the event the Applicant does not pay off its loan within 24 months of the loan agreement, I hereby agree to assign all of the Applicant's rights to 20% of the Medi-Cal checkwrite payments to CHFFA until the loan amount has been satisfied.
6. I acknowledge an Authority Loan Fee is 1% of the loan amount, is due at closing and will be deducted from loan proceeds.

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By (Print Name)

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Signature

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Title

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Date