

Preliminary Application

West Virginia Rural Health Infrastructure Loan Fund (Loan Fund)



THE CENTER FOR RURAL HEALTH DEVELOPMENT, INC.

Date of Application:	FEIN #:
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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 Amount of Project: \$	Applicant's Current Banking Relationship(s): _____ _____
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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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Brief Financial Overview

Use additional pages.

1. Provide a brief summary of income and expense projections that will enable applicant to repay the loan.
2. Describe current inpatient and/or outpatient payor mix and any changes anticipated based on proposed project. (see below)
3. Please attach the following documents:
 - 3.1. Prior three (3) years audited financial statements (audited statements if available)
 - 3.2. Statement of current indebtedness (principal amount outstanding, monthly payment, final payment date)
 - 3.3. Current year interim financial statement

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.

I do not wish to furnish this information

Ethnicity:

Hispanic or Latino Not Hispanic or Latino

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 Samoa.)
- Not Applicable** – applicant is a hospital or other organization

Sex:

Male Female

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Payor Mix

	Current Year	One Year Ago	Two Years Ago
Medicare	_____	_____	_____
Medicaid	_____	_____	_____
Worker's Comp	_____	_____	_____
Private Insurance	_____	_____	_____
Self-pay	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total _____	Total _____	Total _____	Total _____