

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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Document Checklist

A complete loan application package must include the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Business Tax Returns (3 Years) | <input type="checkbox"/> Balance Sheet (Year to Date) | <input type="checkbox"/> Resumes (Owners/Key Personnel) |
| <input type="checkbox"/> Personal Tax Returns (3 Years) | <input type="checkbox"/> Financial Projections (Next 3 Years) | <input type="checkbox"/> Legal Entity Documents (Articles of Incorporation, By-Laws, or Membership Agreement for LLCs, etc.) |
| <input type="checkbox"/> Income Statement (Year to Date) | <input type="checkbox"/> Business Plan, if a Start-up | |

Payor Mix

Current Year

Medicare	_____
Medicaid	_____
Worker's Comp	_____
Private Insurance	_____
Self-pay	_____
Other _____	_____
_____	_____
_____	_____
Total	_____

Current/Projected Employees

Current number of employees _____ Full time _____ Part time _____

TOTAL Projected employees in Year 1 Full time _____ Part time _____

TOTAL Projected employees in Year 2 Full time _____ Part time _____

Legal Entity

- Proprietorship LLC Non-Profit Partnership
- Corporation Other

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Source and Use of Project Funds

Source of Funds

Total source of funds should equal total use of funds

Amount Requested	\$ _____	Owner's Investment	\$ _____
Other Funding Sources (describe):	\$ _____	Total Project Sources	\$ _____
Other Funding Sources (describe):	\$ _____	Total Project Sources	\$ _____
Other Funding Sources (describe):	\$ _____	Total Project Sources	\$ _____

Use of Funds

Total use of funds should equal total source of funds

Real Estate Purchase	\$ _____	Building Renovation	\$ _____
Business Purchase	\$ _____	Machinery & Equipment	\$ _____
Leasehold Improvements	\$ _____	Working Capital or Other	\$ _____
Other	\$ _____	Other	\$ _____

