



Montana Facility Finance Authority

2401 Colonial Drive 3rd Floor

P.O. Box 200506

Helena, MT 59620

Phone: 406-444-0052

Fax: 406-444-0019

Website: www.mtfacilityfinance.com

MFFA Loan Application Package

Loan Application

FACILITY

Facility Name		Type of Facility	
Phone		<input type="checkbox"/> Hospital <input type="checkbox"/> Community Health Center <input type="checkbox"/> Service Provider for Disabled Adults	<input type="checkbox"/> Pre- Release Facility
Fax			<input type="checkbox"/> Senior Care Facility
E-mail			<input type="checkbox"/> Other
Registered company address City, State ZIP Code			
Services Currently Provided:			

PROJECT

Project Name		Loan Term Requested	
Project Cost		Approximate Funding Date	
Project Address (if different from registered address)		Service Area / Competition / Key relationships with other facilities	
Description of Project:			
Expected Financial Impact of Project (ex. reduced staff costs, critical equipment for operations, generate revenue, etc.):			
# of Construction Jobs Created		# of Permanent Jobs Created	
Expected wage range of new permanent jobs		Number of Present Jobs Retained	
Expected benefit to the community			

CONTACT INFORMATION

General Contact		Phone	
Title		Fax	
Address		E-mail	
City, State ZIP Code		Other	
Secondary Contact		Phone	
Title		Fax	
Address		E-mail	
City, State ZIP Code		Other	

SUPPLEMENTAL INFORMATION REQUESTED

In addition to the requested information above, please provide the following supplemental information as attachments to your application.

1. Audited financial statements for past three fiscal years
2. Interim Financials
3. Describe facility ownership structure (ex. stand-alone, part of another organization, owned by the county, etc.) as well as existing management agreement for services such as management, accounting, operations, etc.
4. Describe current financial impact, if any, from tax levies and other support from municipality/county/state
5. Utilization Statistics for past three fiscal years (if applicable)
 - a. # of licensed beds
 - b. Beds in operation
 - c. Admissions
 - d. Total patient days
 - e. Average length of stay
 - f. Occupancy rate
 - g. Outpatient visits
 - h. Emergency Department
 - i. Other relevant statistics based on facility type
6. Payor Mix for past three fiscal years (if applicable)
 - a. Medicare
 - b. Medicaid
 - c. Private insurance
 - d. Private pay
 - e. Other relevant statistics for facility type
7. Source of repayment (describe how your organization will pay debt service on the loan)
8. Corporate documents
 - a. IRS Tax Exempt Letter of Determination as a 501(c)3 organization
 - b. Articles of Incorporation / Certificate of Incorporation
 - c. By-Laws
9. Copy of board minutes or resolution of governing board approving financing
10. Current member directory of governing board and key management staff
11. What collateral will be provided for the loan?
 - a. Equipment list (if applicable)
 - b. Real estate (street address and legal description of property purchased with loan) (if applicable)
12. Description of any cyber-security insurance that is in place
13. Description of EHR system, status of incentive payments, current/future plans for changes.

BORROWER AGREEMENT

(area to put disclaimer/instructions)

1. FEES

The Borrower is responsible for all fees associated with the loan. Below is a list of potential fees associated with the loan. Each project is unique and this list may not encompass all fees.

- a. Filing fee to Secretary of State or County Recorder
- b. Appraisal
- c. Title insurance/search
- a. Authority fee
- b. Hospital legal counsel
- c. Authority legal counsel (unique circumstances)

2. WARRANTIES

All warranties, guaranties, services, instruction, etc. made available by the manufacturer to vendor of the Equipment would be for the Borrower to enforce so long as the Borrower is not in default.

3. MAINTENANCE AND INSURANCE

All maintenance and insurance are the responsibility of the Borrower. The Borrower shall bear all risk of loss or damage to the Equipment. The Borrower shall be responsible to keep the Equipment insured with companies acceptable to the MFFA for such amounts as required by MFFA. The Authority must be named as loss payee and additional insured, as applicable on all such insurance policies. Evidence of insurance must be satisfactory to MFFA.

4. NET OBLIGATION

The Agreement will be a net obligation with the Borrower responsible for making payments under all circumstances. The Borrower is specifically responsible for all expenses, maintenance, insurance and taxes relating to the purchase and use of equipment/real estate.

BY signing, I agree

SIGNATURE

Signature	
Name and Title	
Date	