**HRSA LOAN GUARANTEE PROGRAM APPLICATION**

Please send a complete application and all requested attachments toLGProgram@hrsa.gov**. Contact the HRSA Loan Guarantee Program with questions on how to complete this application.**

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| **Part A. Borrower Information**  |
| **Legal Name**  |  |
| **D/B/A** |  |
| **H80 Grant Number**  |  |
| **Street Address** |  |
| **State & ZIP Code**  |  |  |
| **Tax ID** |  |
| **Contact Person**  |
| **Name**  |  |
| **Title** |  |
| **Telephone** |  |
| **E-mail** |  |
| **Part B. Lender Information**  |
| **Lender Name**  |  |
| **Street Address** |  |
| **State & Zip Code**  |  |  |
| **Tax ID**  |  |
| **Contact Person**  |
| **Name** |  |
| **Title**  |  |
| **Telephone** |  |
| **Email** |  |
| **Part C. Loan Information**  |
| **Loan Amount** |  | **Loan Term** (Years) |  |
| **Interest-only Period** (Months, if applicable) |  | **Amortization Period** (Years) |  |
| **Proposed Interest Rate** |  | **Fixed (Y/N):****Variable (Y/N):** |
| **If Variable, cite index & adjustment frequency** |  |
| **Collateral** |  |

**Part D. Project Information**

1. **Project Type (check all that apply):**

|  |  |
| --- | --- |
|  | **New Construction** |
|  | **Alteration/Renovation** |
|  | **Land Acquisition** |
|  | **Facility Acquisition** |

1. **Facility Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Street) (City, State) (Zip Code)**

1. **Site in Scope? (Y/N):**
2. **Site Control** (select one)**: Owned/To Be Purchased/Leased**

**Part E. Project Funding Sources & Uses**

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| **1. USES.** Check all that apply and provide total amount. |
|  **Use**  |  | **Amount ($)** | **Comments (if any)** |
|  | Land/Building Acquisition |  |  |  |
|  | Hard Construction Costs |  |  |  |
|  | Construction Contingency |  |  |  |
|  | Environmental Remediation |  |  |  |
|  | Furnishings, Fixtures & Equipment |  |  |  |
|  | Soft Costs (Professional & Other Fees) |  |  |  |
|  | Soft Costs Contingency |  |  |  |
|  | Lender's Fees & Expense |  |  |  |
|  | Other (Specify) |  |  |  |
|  | Other (Specify) |  |  |  |
| **Total Project Budget**  |  |  |  |

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| **2. SOURCES.** Indicate amount from each source in‐hand or committed, and if the funds are restricted to a specific use.  |
|  | **Amount ($)** |  |
| **Source** | **In-Hand ($)** |  | **Committed ($)** | **Use Restrictions (if any)** |
| Guaranteed Loan |  |  |  |  |
| Borrower’s Funds  |  |  |  |  |
| Other-Specify:  |  |  |  |  |
| Other-Specify:  |  |  |  |  |
| Other-Specify:  |  |  |  |  |
| **Total**  |  |  |  |  |

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/XXXX. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim)). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork%40hrsa.gov).