

Exhibit F

Nurse Faculty Loan Program Forms Federal Capital Contribution Due Diligence Form

Institution Name: _____
Nursing Program: _____
(Example: DNP, PhD., MSN)
State: _____

Institution Contact Person & Contact Information:

Name (first, last): _____
Email: _____
Contact Number: _____

Borrowers' Personal Information:

Unique ID Number: _____
Enrollment Start Date: _____
Graduation Date: _____
Grace Period End Date: _____
First Payment Due Date: _____
Date Defaulted on Loan: _____
Date Institution Determined Loan Uncollectable: _____
Reason for Cancellation/ Write-off: _____

(a) Principal Amount Loaned \$ _____ (b) Principal Amount Repaid \$ _____
(c) Principal Amount Cancelled \$ _____ (d) Principal Amount Outstanding (a-b-c=d) \$ _____
(e) Penalty/Late Charges \$ _____ (f) Interest \$ _____
(g) Interest Cancelled \$ _____ (h) Interest Outstanding \$ _____
(i) Total Outstanding Balance \$ _____

Public Burden Statement: The purpose of this information collection is to obtain performance data for the following: HRSA program participants, program operations, and applications. In addition, these data will facilitate the ability to demonstrate alignment between BHW Programs and the Nurse Faculty Loan Program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0314 and it is valid until 08/31/2026. Public reporting burden for this collection of information is estimated to average 6.25 hours 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.

Below is a checklist of items to show due diligence for the NFLP loan determined uncollectible (including for death & total/permanent disability).

1. Has the loan been reviewed and processed in accordance with the due diligence requirements for loan debt collection and cancellation/write-off procedures at your institution?
Yes No
2. Is a promissory note(s) completed?
Yes No
3. Was a repayment schedule completed?
Yes No N/A
4. Was an entrance (loan disbursement) process completed?
Yes No
5. Was an exit process completed?
Yes No N/A
6. Were deferments, forbearance or employment-based cancellations granted on this loan?
Yes No N/A
7. Was the loan referred to a commercial or in-house collection agency?
Yes No N/A
8. Was this loan litigated or reported to a credit bureau?
Yes No N/A
9. What was the reason for Write-off determination (e.g. Discharged through bankruptcy, unable to locate, etc.)? _____
10. Has the write-off/cancellation been reported in the APR (include report year)?
Yes No

Other Comments: _____

Project Director/Authorized Official's Signature

Date