

HRSA LOAN GUARANTEE PROGRAM APPLICATION

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

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

☐	New Construction
☐	Alteration/Renovation
☐	Land Acquisition
☐	Facility Acquisition

2. Facility Address:

(Street)

(City, State)

(Zip Code)

3. Site in Scope? (Y/N):**4. Site Control** (select one): **Owned/To Be Purchased/Leased****Part E. Project Funding Sources & Uses**

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			

2. SOURCES. Indicate amount from each source in-hand or committed, and if the funds are restricted to a specific use.			
Source	Amount (\$)		Use Restrictions (if any)
	In-Hand (\$)	Committed (\$)	
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](#)). 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.