

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HRSA Resources and Services Administration
Loan Guarantee Progress Report

Date Report for Quarter Ending	Click or tap to enter a date.
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Borrower Information	
Health Center Name	Click or tap here to enter text.
H80 Number	Click or tap here to enter text.
Health Center Project Site Address	Click or tap here to enter text.
Contact Name	Click or tap here to enter text.
Phone	Click or tap here to enter text.
Email	Click or tap here to enter text.

Lender Information	
Lender Name	Click or tap here to enter text.
Lender Address	Click or tap here to enter text.
Contact Name	Click or tap here to enter text.
Phone	Click or tap here to enter text.
Email	Click or tap here to enter text.

Loan Information		
	Loan #1	Loan #2 (if applicable)
Loan Date Issued	Click or tap to enter a date.	Click or tap to enter a date.
Maturity Date	Click or tap to enter a date.	Click or tap to enter a date.
Initial Loan Amount	\$Click or tap here to enter text.[Enter amount]	\$Click or tap here to enter text.[Enter amount]
Current Loan Balance	\$Click or tap here to enter text.[Enter amount]	\$Click or tap here to enter text.[Enter amount]
Current Interest Rate (if Variable Rate)		

Project Information	
Total Billable Visits at Project Site	
Actual Visits for Current Quarter	Click or tap here to enter text.
Budgeted Visits for Current Quarter	Click or tap here to enter text.
Health Center Fiscal Year Start Date	Click or tap to enter a date.
Health Center Fiscal Year End Date	Click or tap to enter a date.

Loan Status – During Quarterly Reporting Timeframe (unless noted)		
Questions	Yes / No	Details / Explanation
Has the Borrower made all required loan payments since loan inception?	Choose an item.	If No, provide details.Click or tap here to enter text.

Did the Borrower make all payments on time during this quarter?	Choose an item.	If No, provide details on missed or late payments. Click or tap here to enter text.
Was the Borrower in compliance with all financial covenants outlined in the loan documents during this quarter?	Choose an item.	If no, please explain: which covenant(s) was violated; the calculation of the covenant; and what action was taken or will be taken by the Lender. Click or tap here to enter text.
Was the Borrower in compliance with all other terms and conditions outlined in the Loan Agreement, including but not limited to insurance and reporting requirements during this quarter?	Choose an item.	If no, please explain: which requirement(s) is out of compliance; and what action was taken or will be taken by the Lender. Click or tap here to enter text.
During this quarter, did the Lender approve any amendments, modifications to or waivers of, the provisions of the loan documents? Reminder: Material Amendments require prior approval by the HRSA Loan Guarantee Program. Non-material amendments, modifications and waivers must be provided by Lender to HRSA LGP staff and the Lender Coordinator within 20 days of execution.	Choose an item.	If Yes, describe the amendment, modification, or waiver and provide the execution date. Click or tap here to enter text.

Attachments	
Required	
	Included Yes / No
Borrower's most recent internal financial statements including balance sheet, revenue and expense reports with budget comparison	Choose an item.
If Applicable	
Most recent audited financial statements. Due no later than 150 days after health center's fiscal year end.	Choose an item.
Revised payment schedule, if revised during the current quarter.	Choose an item.
Revised amortization schedule, if revised during the current quarter.	Choose an item.
Financial covenant violation calculation and related Lender actions, if not previously provided to HRSA LGP staff and the Lender Coordinator.	Choose an item.
Non-financial covenants and terms violations and related Lender actions, if not previously provided to HRSA LGP staff and the Lender Coordinator.	Choose an item.

Certification and Signatures

By signing below, the Borrower and Lender certify that the information provided in this quarterly report is complete and accurate. The Borrower and Lender have no knowledge of the occurrence of any Event of Default under the Loan Agreement that was not previously reported or remedied, or of any event that, with notice or lapse of time, would constitute an Event of Default and that required supporting documentation is attached, as applicable.

Borrower

Name and Title	Click or tap here to enter text.
Signature	Click or tap here to enter text.
Date	Click or tap to enter a date.

Lender

Name and Title	Click or tap here to enter text.
Signature	Click or tap here to enter text.
Date	Click or tap to enter a date.

Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) are patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients and adjust fees based on income and family size. 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. 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 0915-0285 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.