

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CAL-MORTGAGE LOAN INSURANCE PROGRAM**

APPLICATION

The Application and documentation are to be submitted through the [Application Portal: https://eapp.oshpd.ca.gov/calmortgage/](https://eapp.oshpd.ca.gov/calmortgage/).

Applicant Information:		
Name of Applicant		
DBA Name		
Federal Tax ID Number		
Primary Contact		
First Name	Last Name	Title
Street Address		
City	State	Zip Code
Email Address		
Telephone Number	Extension	Fax Number

Eligibility: If the answer to both of the following two questions is No, you may not be eligible, please contact staff for further information at (916) 319-8800.

Is the Applicant a corporation formed under or subject to the Nonprofit Public Benefit Law that is organized for the purpose of owning and operating a health facility and that also meets the requirements of Section 501(c)(3) of the Internal Revenue Code?

Yes No

Or, is the Applicant a political subdivision?

Yes No

If Yes, please specify type:

City County Joint Powers Local Hospital District
 Other, Please Specify

Healthcare Facility Type: (Select all that apply.)	
<input type="checkbox"/> Adult Day Health Care	<input type="checkbox"/> Hospital
<input type="checkbox"/> Chemical Dependency Recovery Facility	<input type="checkbox"/> Intermediate Care Facility
<input type="checkbox"/> Clinic	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Continuing Care Retirement Community	<input type="checkbox"/> Multi-Level Facility
<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Skilled Nursing Facility
<input type="checkbox"/> Group Home	<input type="checkbox"/> Other, Please Specify

Project Information:
Brief narrative describing the Applicant's organization and its services (attach brochure or other document):
Loan Amount Requested: \$
Facility name and street address(es) of the project to be financed and insured:
Purpose of project and total project cost, specify health care services to be provided upon completion:
What is the expected project start date?
What is the expected project completion date?

Seismic Upgrade Status: (for hospitals and multi-story skilled nursing facilities only)
Office of Statewide Health Planning and Development (OSHPD) regulations require that all general acute care hospitals and multi-story skilled nursing facilities meet specific seismic requirements.
List current NPC and SPC ratings on all required buildings. Describe the organization's progress toward complying with OSHPD seismic requirements.
Provide any available cost estimates (preliminary or final) for completing seismic upgrades, if available.
Discuss any proposed or finalized financing options for identified seismic upgrades.
Discuss how loan proceeds will be used for seismic upgrades, if applicable.

Estimated Sources and Uses of Funds:			
<u>Sources</u>	<u>Amount (\$)</u>	<u>Uses</u>	<u>Amount (\$)</u>
Owner's Equity		Retire Debt	
Grants		Property Acquisition	
Fundraising		Construction/Remodel	
Insured Loan		Equipment	
Loan(s)		Contingency	
Other Sources		Financing Costs	
Other Sources		Other Uses	
Total Sources		Total Uses	

Additional Financing Information:
Describe what other access to capital the Applicant has to finance the proposed project.
Describe the potential consequences the Applicant might experience if unable to secure financing for the proposed project.

Certification:
The undersigned representative of the Applicant hereby certifies that all documents and information provided in conjunction with this loan request and Application form are true, accurate, and represent the scope of business conducted by the Applicant and the scope of the proposed project.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____</p> <p>Signature</p> </div> <div style="width: 45%;"> <p>_____</p> <p>Date</p> </div> </div> <p>_____</p> <p>Name and Title</p>

Contact Information:
Office of Statewide Health Planning and Development
Cal-Mortgage Loan Insurance Program
2020 West El Camino Avenue, Suite 1231
Sacramento, CA 95833

Phone: (916) 319-8800
Email: cminsure@oshpd.ca.gov
Web Address: www.oshpd.ca.gov/calmort

SUPPORTING DOCUMENTS CHECKLIST

The Application and documentation are to be submitted through the [Application Portal: https://eapp.oshpd.ca.gov/calmortgage/](https://eapp.oshpd.ca.gov/calmortgage/).

A preliminary review is used to determine eligibility. For a preliminary review, submit items B1, B2, B3, C1, and C2 listed below.

When eligibility is determined, the next step is to submit all of the items in this checklist and, if applicable, update the Application. Please contact staff if there are any questions on documentation requirements at (916) 319-8800.

A. Governance and Management:

- 1. Board of Directors: A list of names with occupations/professional background and term expiration.
- 2. Management organization chart.
- 3. Resumes of the following:
 - a. Chief Executive Officer/Executive Director/Administrator.
 - b. Chief Operating Officer.
 - c. Chief Financial Officer or equivalent.
 - d. Medical Director/Chief Medical Officer.
 - e. Construction Project Manager.
- 4. If management is provided by contract, provide the executed management agreement and any amendments.
- 5. Executive staff succession plan.

B. Financial Information:

- 1. The last two filed Return of Organization Exempt From Income Tax (Form 990 and Schedules) and any correspondence with the Internal Revenue Service.
- 2. The last three annual audited financial statements. Include copies of management letters and management responses.
- 3. The most recent internally prepared year-to-date financial statements (not more than two months old).
- 4. Comprehensive management discussion of any material changes in revenue, expenses, assets, and liabilities of the last three years annual audited and current interim financial statements.
- 5. Latest actuarial valuation of retirement plan assets. If there are underfunded pension liabilities, provide the organization's plan to fund the liability.
- 6. List all restricted or encumbered cash and investments. Include the specific restriction or encumbrance.

C. Corporation Information and Documentation:

- 1. Articles of Incorporation and Amendments.
- 2. By-laws and Amendments.
- 3. Current Internal Revenue Service 501(c)(3) designation letter.
- 4. Current Franchise Tax Board tax-exempt designation letter.
- 5. Current licenses to operate facilities.
- 6. Board's Investment Policy.
- 7. Chart of the Applicant's structure (e.g., parents, affiliates, subsidiaries, foundations) including copies of any agreements, loans, or guarantees to or from, the Applicant and/or "parent" corporation, obligated group, or other entity.

D. Project Planning:

Healthcare Services and Facilities:

- 1. Describe the proposed project; include healthcare services to be provided upon completion and the number and types of rooms needed for functions and services.

Financing and Feasibility:

- 2. Executed contract(s) with the financing consultant(s).
- 3. Commitment or engagement letter(s) from the issuer, underwriter, and/or lender.
- 4. If the project includes a refinancing:
 - a. The loan agreement(s), loan monthly statement(s), and amortization schedule(s).
 - b. Include refunding analysis with the proposed debt service schedule, sources and uses of funds, costs of issuance, and net present value savings.
 - c. If refinancing is being undertaken for reasons other than debt service savings, explain the reasons.
- 5. If the project includes the acquisition of real property: the executed purchase contract.
- 6. Financial Feasibility Study; follow guidelines in Exhibit A. For projects less than \$5 million, the Applicant should consult with staff regarding the possibility of using internally prepared financial projections.
- 7. Certification of feasibility consultant (Exhibit A).
- 8. List the grants, contracts, and other information that support revenue forecasts, including grantor, amount, effective date, and whether it is a one time or renewable source of revenue.
- 9. Distribution list of financing team participants.
- 10. Proposed financing and project timeline.
- 11. Proposed annual debt services schedule(s) and bond sizing (include all schedules).
- 12. Proposed sources and uses of funds or Estimate of Costs and Requisition Form OSH-CM-134 (Exhibit B).
- 13. Resolution of the governing board authorizing the borrowing and designating a signatory to execute the transaction documents.
- 14. Declaration of Official Intent (Exhibit C) if the Applicant intends to receive reimbursements for any expenditures from proceeds of a tax-exempt borrowing. The Declaration must be approved by bond counsel prior to submission.

Construction (Including Remodeling):

- 15. Area map of the project site(s).
- 16. Architectural drawings of the proposed construction project. The drawings should include the following:
 - a. Plat plan showing roads, distances to property lines, existing buildings, parking, sidewalks, etc.
 - b. Floor plan of each level showing the square footage and services provided.
 - c. Elevations of all facades and relevant sections shall be shown.
- 17. Outline specifications, which provide a general description of the type of construction, exterior and interior finishes, and type (description) of heating, ventilating, and plumbing systems.
- 18. Resumes of the architect(s), engineer(s), and contractor(s).
- 19. Executed contract(s) with the architect(s), engineer(s), contractor(s), and other consultants (e.g., AIA document or proposal letter).
- 20. Cost estimate prepared by the architect or contractor based on the drawings and outline specifications; itemize the costs for the structure, equipment, furnishings, landscaping, paving/parking, and off-site work.
- 21. Construction Cost Breakdown (Exhibit D).
- 22. Independent cost estimate prepared by a firm other than the architect or the contractor.
- 23. Identify planning documents, zoning approvals, entitlements, building permits, and governmental agency approvals that will be required for the project, and provide evidence of the status of each item.
- 24. Environmental Impact Report or Negative Declaration approved by the appropriate authority.

E. Real Property:

- 1. List of all real property(ies) (e.g., service sites, administrative sites, land, or other property) with address(es), assessor parcel number(s), and ownership status. For leased sites, include the lease terms and payment amounts.
- 2. Preliminary title report for all real property
- 3. Disclose any Notice of Federal Interest (NFI) or other governmental encumbrance recorded on all real property.
- 4. Property(ies) appraisal by a state certified appraiser for all real property.
- 5. Phase I Environmental Assessment Report(s) for all real property. If real property is to be acquired, the Phase I must be no older than 180 days as of the date the insured loan is scheduled to close.
- 6. Environmental Review Report completed by the California Department of Toxic Substances Control for all real property (Exhibit E).
- 7. Describe the Applicant's plans for future expansion and real property projects.

F. Community Benefit:

- 1. Describe how this project will meet identified health care needs of the community or of an underserved population, including how the project will provide culturally competent care.
- 2. List the bilingual services, if any, which are, or will be, offered.
- 3. Describe the community services the Applicant will provide as a result of this project, as required by Health and Safety Code Sections 129050(j) and 129085.
- 4. Medi-Cal Questionnaire (Exhibit F).
If Applicant is a hospital:
- 5. Describe the community services the Applicant will provide as a result of this project, as required by Health and Safety Code Sections 129055 (or 129070) and 129065 (annual certification required by statute).
- 6. Community Benefit Plan as required by Health and Safety Code Section 127350.
If Applicant is a skilled nursing facility or clinic:
- 7. Describe the community services the Applicant will provide as a result of this project, as required by Health and Safety Code Section 129055 (or 129070).
If Applicant is a continuing care retirement community or multi-level facility:
- 8. Describe the community services the Applicant will provide as a result of this project.

G. Other Supplemental Information:

- 1. Insurance certificates or list the amount of insurance coverage by category:
 - a. Buildings and Structures Property
 - b. Business Personal Property (Contents)
 - c. Commercial General Liability
 - d. Business Interruption (Business Income)
 - e. Extra Expense
 - f. Earthquake and Flood
 - g. Builder's Risk
 - h. Fidelity (Crime)
 - i. Directors and Officers
 - j. Workers Compensation
 - k. Professional Liability
 - l. Boiler and Machinery (Equipment Breakdown)
 - m. Automobile Liability
- 2. Legal Status Questionnaire (Exhibit G).
- 3. Describe the status of all union contracts and labor relations.
- 4. Provide a legal opinion by tax counsel if any portion of the facilities are currently leased, or expected to be leased, to non-Applicant entities (regardless of percentage) regarding any impact to its 501(c)(3) compliance with the Internal Revenue Code.
- 5. Disclosure Information Questionnaire (Exhibit H).
If Applicant is a continuing care retirement community or multi-level facility:
- 6. Deposit Subscription Agreement.
- 7. Care and Resident Services Agreement.
- 8. Lease or Rental Agreement.