

Equipment/Vehicle Loan Application

Note: Please use the "Save As" feature to save a version of this application to your computer or local server. Once completed, send via email to your Loan Officer.

APPLICANT INFORMATION

Date: _____

Legal name of agency: _____

Agency headquarters address: _____

City: _____ State: _____ 9-digit zip code: _____ - _____

Phone: _____ Fax: _____

Agency website: _____

Agency nonprofit incorporation date: _____ Fiscal year end: _____

Executive Director:

Name: _____ Phone: _____ Email: _____

Financial Contact:

Name: _____

Title: _____ Phone: _____ Email: _____

How did you learn about IFF?

IFF Communication (written or verbal)

IFF Website

Presentation or Workshop

Referral

Additional Details: _____

List any program certifications or accreditations: _____

Please provide a reference from your largest funder:

Funder Contact: _____

Address, City, State, Zip: _____

Phone: _____ Email: _____

PROJECT

Please describe equipment/vehicles that will be purchased with the loan proceeds. What is lead-time for delivery?

Equipment/Vehicle Loan Application

Per your accountant, over what term will these assets be depreciated?

Describe any new or increased services to be provided as a result of this purchase.

Describe or attach any guarantees or warranties that come with the equipment.

Equipment supplier/dealer name: _____

Company: _____

Address, City, State, Zip: _____

Phone: _____ Email: _____

PROJECT SITE

Fill out the following section if equipment will primarily benefit an agency location different from agency headquarters. You do not need to fill out this section if the equipment will be used agency-wide.

Address: _____

City: _____ State: _____ 9-digit zip code: _____ - _____

MANAGEMENT [If any of this information is available in another format, please provide an electronic copy or attach.]

Describe your agency's procedures for financial management. Please list reports generated, frequency, and party responsible for reviewing. Also describe process for general fiscal oversight.

Describe the Board of Directors (include number of directors, term limits, meeting schedule, and committee structure).

Does your agency have a succession plan?

Yes

If **yes**, please include a copy.

No

PLEASE ATTACH OR EMAIL THE FOLLOWING TO COMPLETE YOUR APPLICATION:

A. Agency Information

- Agency Service Demographics (use attached Form A)
- Organization chart for the agency
- Resumes for Executive Director, Chief Financial Officer or accounting staff, and other relevant staff (program director, fundraising director, etc.)
- Board of Directors list, including addresses, occupations, committee membership, and start date of term
- 501(c)3 acknowledgement letter

B. Project Information

- Information regarding equipment/vehicle (e.g. specifications, pricing/invoices) (**electronic copy preferred**)
- Project Job Data (use attached Form B)
- Project Impact Data (use attached Form C)
- Project Sources and Uses Budget (use attached Form D). Please attach copies of commitments for any grants or other funding.

C. Financial Information

- Audited financial statements for the past three years (**electronic copy preferred**)
- Income tax return (Form 990) for last fiscal year
- Most recent month's year-to-date financial statements (unaudited) with comparison to budget
- Current and projected Board-approved agency operating budgets
- Current and projected Board-approved site operating budgets (if different from agency budget)
- List of all current debts including source, original amount, current amount, rate, term, maturity date, collateral, and use of funds (use attached Form E)

D. School Information (Please include if applicant is a charter, choice/voucher, contract, private, nonprofit school)

- Form F
- For Charter Schools: Charter/Choice Proposal and Contract
- For Charter Schools: Academic Performance for past three years including proficiency, growth, and state report card data. If you have more than one site, please include performance for your entire portfolio.

Note: Potential IFF borrowers may not need to submit each of these items, or may be asked to submit additional items. Talk with your loan officer before submitting your application.

Equipment/Vehicle Loan Application

The undersigned applicant(s) do hereby represent and warrant that the information contained in this application, and any attachments submitted in conjunction with it, is complete and correct. Furthermore, applicant(s) authorize IFF and/or any of its affiliates to obtain credit references and credit reports on the business and to release credit information to others. All applications are subject to final credit approval. IFF and its affiliates reserve all rights to publicly announce the approval, commitment or closing of any loan.

The undersigned hereby certifies that, to the best of his/her knowledge, as of the date of this loan application, neither the undersigned, nor any of its officers, directors, trustees or affiliates (collectively, the "Undersigned"), has ever been charged with, indicted or convicted of, or pled guilty to, a felony of any kind, a crime involving fraud or any misdemeanor involving moral turpitude. The undersigned hereby authorizes IFF to perform background checks on the Undersigned, as IFF may determine in its sole discretion. **Application cannot be processed without returned authorized signature.**

Signature of Authorized Agency Officer

Agency Name

Printed Name

TIN

Title

Date

Note: This information is required by IFF funders. **Please fill out as completely as possible.**

Project Site

Is this a **new** site? Yes No

If **yes**, only fill out Agency information below.

If **no**, please fill out both Agency and Project Site information below.

Agency

Project Site

Number of full-time employees:	_____	_____
Number of part-time employees:	_____	_____
New employment expected as a result of loan project (FTE):	_____	_____

IFF funders request **number** of clients served annually, broken down as follows:

Number Of	Adults	Youth	Seniors
African American			
Asian			
Caucasian			
Hispanic			
Native American			
Other			
Non-Disclosed			
Total			
Male			
Female			
Non-Disclosed			
Total			
Disabled			
Non-Disabled			
Non-Disclosed			
Total			
Low/Moderate-Income			
Market Income			
Non-Disclosed			
Total			

Please fill out all items

Agency Jobs

Number of Full-time Employees
Created due to Project

Professional/Programmatic:

Support:

Number of Part-time Employees
Created due to Project

Professional/Programmatic:

Support:

Number of Agency Jobs Retained due to Project:¹

¹ Jobs retained are jobs that would have been lost if the loan had not closed. This includes staff positions that would be terminated if project is not funded.

If the primary service at the Project Site (p.2) is for one of the sectors below, please fill out the following:

Note: All numbers should be specific to the Project Site.

Child Care

Number of Existing Classrooms: _____

Number of New Child Care Slots: _____

Number of Existing Slots: _____

Number of New Classrooms: _____

Number of Renovated Classrooms: _____

Education

Type of School:

Charter Choice Contract Privately Funded

Other: _____

Grade Level _____

If Other, please describe (e.g. Pre K-5) _____

Number of Existing Classrooms: _____

Number of New Classrooms: _____

Number of Existing Students: _____

Number of Renovated Classrooms: _____

Number of New Students: _____

Total Students to be Serviced at Capacity: _____

Authorizer's Name: _____

Campus Name: _____

Year Opened: _____

Health Care

Number of Existing Exam Rooms: _____

Number of New Visits: _____

Number of Existing Patient Visits: _____

Number of New Exam Rooms/Dental Chairs: _____

Number of Renovated Exam Rooms: _____

Housing

Number of Existing Beds: _____

Number of Beds Created : _____

Number of Existing Units: _____

Number of Supportive Units Created: _____

- Fill out applicable items - include project costs only, do not include operating costs.
- Include any project costs that have already been incurred and paid with agency cash.
- Feel free to create and use your own Sources and Uses Form.
- **Total Sources of Funds should equal Total Uses of Funds.**

SOURCES OF FUNDS

\$ AMOUNT

Agency Cash ¹

Loan From IFF

Loan from _____

Other _____

Other _____

Other _____

Total Sources of Funds

USES OF FUNDS

Equipment (hard assets)

Vehicle

Computer hardware

Software

Training

Closing Costs²

Total Uses of Funds

¹ A minimum of 5% agency equity participation (based on Total Uses of Funds) is required.

² Include IFF and other lenders' costs as applicable. Borrower is responsible for the cost of securing collateral (title insurance, filing fees, etc).

Please provide all of the following information on any debt your agency currently holds (attach an additional page if necessary):

<u>Description</u>	<u>Loan #1</u>	<u>Loan #2</u>
Account Number:	_____	_____
Payable to:	_____	_____
Original Amount (\$) :	_____	_____
Original Date:	_____	_____
Current Balance (\$):	_____	_____
Interest Rate (%):	_____	_____
Maturity Date:	_____	_____
Monthly Payment (\$):	_____	_____
Current or Past Due:	_____	_____
To be refinanced by IFF?	_____	_____
Collateral Held:	_____	_____

If you are a new customer to IFF, we require a bank reference. If possible, please provide a reference regarding a lending relationship.

Bank Contact: _____

Address, City, State, Zip: _____

Phone: _____ Email: _____

Charter Holder: _____

Campus Name: _____

Year Opened: _____

Type of School: Charter Choice/Voucher Contract Private Non-Profit

Other: _____

Grade Level: _____

If other, please describe (e.g. Pre K-5): _____

Number of new classrooms: _____

Number of renovated classrooms: _____

Number of new students: _____

AUTHORIZER INFORMATION

Authorizer Contact Name: _____

Authorizer: _____

Phone: _____

Email: _____

Date of first Charter Authorization: _____

Current Charter renewal expiration: _____

Number of renewals: _____

MANAGEMENT ORGANIZATION (If Applicable)

Management Contact Name: _____

Management Organization: _____

Phone: _____

Email: _____

SITE INFORMATION

Is the contemplated site going to be: PURCHASED LEASED (please check box)

Address: _____

Does the School currently occupy the site: Yes No (please check box)

Current Owner: _____

*Existing square footage: _____ Proposed square footage: _____

*Do not include existing square footage to be demolished

Is this project part of a long term facility strategic or campus growth plan? Yes No

Describe your long term strategic facility or campus growth plan:

Anticipated enrollment year one: _____

Maximum enrollment capacity at site: _____

In what year: _____

Sales price (if applicable): _____

Anticipated improvement costs: _____

Type of school (e.g. site based, online, blended) and current grades served? Please also include if the school operates a private program on site (e.g. pre-school, child care, health clinic, other):

If school plans to serve other grades than the current grades, please describe which grades the school will serve and timeline for serving different grades: (also describe any future construction plans to accommodate these grades)