



# Facility 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: \_\_\_\_\_

Number of sites owned: \_\_\_\_\_

Number of sites leased: \_\_\_\_\_

Please provide a reference from your largest funder:

Funder Contact: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# Facility Loan Application

## PROJECT

Project type (select all that apply):

- Acquisition
- New Construction
- Rehab of Owned Property
- Refinance
- Addition
- Predevelopment
- Rehab of Leased Property
- Other: \_\_\_\_\_

Brief Loan Purpose  
(description of proposed project)

Describe the impact this project will have on your agency's:

1. Program (new, increased, improved)

2. Finances (budget growth, savings, consolidation)

3. Community (new or higher quality services, neighborhood development, etc.)

If your agency has a strategic plan, please explain how this project fits within it.

Have you explored bank financing for this project?  Yes  No

If yes, identify the bank and describe the result of your efforts:

Who from your agency will manage the project? Please describe his/her experience with real estate project oversight:

---

# Facility Loan Application

---

For construction/renovation projects, please fill out the following timeline with estimated completion dates; as applicable.

<u>Milestone</u>	<u>Date</u>
Purchase Agreement Expiration	_____
Lease Start Date	_____
Zoning Approval	_____
Environmental Due Diligence*	_____
Construction Permits	_____
Site Survey	_____
Signed Construction Contract	_____
Construction Completion	_____
Certificate of Occupancy	_____
Licensing	_____

\*only required if collateral property is owned

**PROJECT SITE**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 9-Digit Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Describe facility (include type of building, year built, number of floors, and existing square footage). If new construction, describe per plans:

Does the current zoning on the property permit the intended use? If not, please describe the process and/or status of obtaining appropriate zoning.

**If the loan is for a project on a facility your agency currently occupies, provide details as applicable:**

- Lease      Please provide electronic copy of lease or attach.  
(Note: Lease term must at least match term of IFF loan.)
  
- Own



---

# Facility Loan Application

---

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. Project Information

- Project Sources and Uses Budget (use attached Form A) and explanation of how budget was determined. Please attach copies of commitments for any grants or other funding.
- Project Contacts and Addresses (use attached Form B)
- Project Impact Data (use attached Form C)
- Project Job Data (use attached Form D)
- Documents related to the property or project (lease, purchase contract, bids or estimates, appraisals, environmental audit, construction contracts, etc.) **(electronic copies preferred)**

### B. Agency Information

- Agency Service Demographics (use attached form E)
- 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 occupations and relevant experience, committee membership, and start date of term
- 501(c)3 acknowledgement letter
- Succession Plan

### C. Financial Information

- List of all current debts including source, original amount, current amount, rate, term, maturity date, collateral, and use of funds (use attached Form F)
- 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)

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

- Form G
- 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.

---

# Facility 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

- 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.

**\*Total Sources of Funds should equal Total Uses of Funds.**

SOURCES OF FUNDS	\$ AMOUNT
Agency Cash <sup>1</sup>	_____
Loan From IFF	_____
Loan from _____	_____
Other (Explain) _____	_____
Other (Explain) _____	_____
Other (Explain) _____	_____
<b>Total Sources of Funds*</b>	_____
USES OF FUNDS	
Acquisition	_____
Construction - Hard Costs	_____
Construction - Soft Costs <sup>2</sup>	_____
Furniture, fixtures, and equipment	_____
Contingency for Cost Overruns <sup>3</sup>	_____
Financing Costs	
Construction Interest <sup>4</sup>	_____
Other (legal fees, collateral costs) <sup>5</sup>	_____
<b>Total Uses of Funds*</b>	_____

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

<sup>2</sup> Expenses, other than hard costs, incurred in developing a real estate project. These costs include financial, architectural, and legal fees.

<sup>3</sup> No project is ever designed perfectly—there will always be unforeseen conditions or mistakes in your drawings that will require a construction “change order”. A contingency budgets for these unknown additions to your project. Fifteen percent of the construction budget is recommended as the amount of contingency for renovation projects. Ten percent of the construction costs is recommend as the amount of contingency for new construction projects.

<sup>4</sup> Provide assumptions for how amount was calculated.

<sup>5</sup> Include IFF and other lenders' costs as applicable. Borrower is responsible for the cost of securing collateral (title insurance, filing fees, survey). Depending on the size of the project and applicable expenses, these costs total between \$5,000 and \$15,000. IFF requires an inspection on most renovation and construction projects. The cost estimated at \$1,000-\$3,000, depending on the size of the project.



**Project Director Name**

\_\_\_\_\_

Company

\_\_\_\_\_

Address, City, State, Zip

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Architect Name**

\_\_\_\_\_

Company

\_\_\_\_\_

Address, City, State, Zip

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Contractor Name**

\_\_\_\_\_

Company

\_\_\_\_\_

Address, City, State, Zip

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Attorney Name**

\_\_\_\_\_

Company

\_\_\_\_\_

Address, City, State, Zip

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Financial/Tax Credit Advisor Name**

\_\_\_\_\_

Company

\_\_\_\_\_

Address, City, State, Zip

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Other (specify role)**

\_\_\_\_\_

Address, City, State, Zip

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If the primary service at the Project Site (p.3) 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 Existing Slots: \_\_\_\_\_

Number of New Child Care Slots: \_\_\_\_\_

Number of New Classrooms: \_\_\_\_\_

Number of Renovated Classrooms: \_\_\_\_\_

**Health Care**

Number of Existing Exam Rooms: \_\_\_\_\_

Number of Existing Patient Visits: \_\_\_\_\_

Number of New Visits: \_\_\_\_\_

Number of New Exam Rooms/Dental Chairs: \_\_\_\_\_

Number of Renovated Exam Rooms: \_\_\_\_\_

**Housing**

Number of Existing Beds: \_\_\_\_\_

Number of Existing Units: \_\_\_\_\_

Number of Beds Created : \_\_\_\_\_

Number of Supportive Units: \_\_\_\_\_

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 \_\_\_\_\_

**Construction Jobs**

Number of Construction Jobs Expected due to Project: \_\_\_\_\_

Construction Time in Months: \_\_\_\_\_

---

<sup>1</sup> 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.

**NOTE: THIS INFORMATION IS REQUIRED BY IFF FUNDERS. PLEASE FILL OUT 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 by the agency, broken down as follows:

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

Please provide all of the following information on any debt your agency currently holds (attach an additional page if necessary.) If you have an agency debt schedule and wish to use it instead of this form, please attach it.

<u>Description</u>	<u>Loan #1</u>	<u>Loan #2</u>
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 an existing or recent lending relationship. If you do not currently have any debt and had no debt recently, please provide a deposit reference.

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)