# Equipment/Vehicle Loan Application

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

**APPLICANT INFORMATION**

Date: _____

Legal name of organization: _____

Organization headquarters address: _____

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

Phone: _____ Fax: _____

Organization website: _____

Organization 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**

Dollar amount requested: _____

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

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 organization location different from organization headquarters. You do not need to fill out this section if the equipment will be used organization-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 organization'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).

Please list any litigation, governmental or arbitration proceedings or labor controversies pending or threatened against the organization, any subsidiary or any of its officers or directors as part of their organizational duties. If there are none, please attest by writing "None".

| | | |
|---|---|---|
| Does the organization have any contingent liabilities (guarantees, co-borrower arrangements, etc.) not captured on financial statements/audits? | ☐ Yes<br>☐ No | If **yes**, please include a copy. |
| Does your organization have a succession plan? | ☐ Yes<br>☐ No | If **yes**, please include a copy. |

**PLEASE ATTACH OR EMAIL THE FOLLOWING TO COMPLETE YOUR APPLICATION:**

## A. Organization Information

- ☐ Organization Service Demographics (use attached Form A)
- ☐ Organization chart for the organization
- ☐ 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 organization operating budgets
- ☐ Current and projected Board-approved site operating budgets (if different from organization 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.

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 authorized signature.**

| | |
|---|---|
| Signature of Authorized Organization Officer | Organization Name |
| Printed Name | TIN |
| Title | Date |

In accordance with federal law and U.S Department of the Treasury policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to Department of the Treasury, Office of Civil Rights and Diversity, 1500 Pennsylvania Ave. NW, Washington, D.C. 20220 or call (202) 622-1160.

# Sources and Uses of Funds - Form A

- 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 organization 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** |
|---|---|
| Organization 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 Costs[2] | _____ |
| **Total Uses of Funds** | _____ |

[1] A minimum of 5% organization 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).

# Project Site Impact Data - Form B

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 and estimated for total increased capacity at the end of the project.

**All Sectors**

Square Feet of Real Estate Renovated and/or Constructed: _____

**Early Childhood Education**

Number of New Slots: _____

Number of New Classrooms: _____

**Health Care**

Number of New Patients Served/Year: _____

Number of New Patient Visits/Year: _____

Number of New Exam Rooms/Dental Chairs: _____

Is the facility a (please choose one):

- FQHC (section 330) ☐
- FQHC (look-alike) ☐
- Rural Health Center ☐
- Rural Critical Access Hospital ☐
- Free Clinic ☐
- Other ☐
- Not Health Clinic ☐

**Housing: Non-Affordable**

Number of Beds Created : _____

# Project Job Data- Form C

**Provide your best estimate for the jobs created and retained due to this project.**

**Organization Jobs**

Full-time equivalent (FTE) positions at project site currently (i.e. at point of application): _____

Number of positions created at all sites due to project (in full-time equivalents): _____

Number of full-time equivalent positions [1] retained due to project: _____

Full-time equivalent construction jobs created over course of project: _____

[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.

# Organization Service Demographics - Form D

**The Community Development Financial Institutions Fund requires IFF to disclose information about the ultimate beneficiaries served by our customers. Please fill out all sections of this page as completely as possible.**

**A.** Number of unique individuals served last fiscal year: _____

| % Served Who Are: | % |
|---|---|
| African American | |
| Asian | |
| Caucasian | |
| Hispanic | |
| Native American | |
| Other | |
| Non-Disclosed | |
| **Total** | **100** |
| | |
| Living with Disabilities | |
| <80% of Area Median Income | |

**B.** Please fill in the percentage (%) of your client population that are confirmed to fall in the following categories, if applicable. .

Students who receive free or reduced meals at school: ☐ %

Children who receive Head Start or Early Head Start Funding: ☐ %

Patients on Medicaid: ☐ %

Clients who are part of the Supplemental Nutrition Assistance Program or Temporary Assistance for Needy Families: ☐ %

Clients who receive SSI: ☐ %

Clients who are wards of the state or youth in care: ☐ %

**C.** If none of your client population falls into the categories list in B above, do you collect income information from your clients? ☐ Yes ☐ No

**D.** If you answered yes to C above, please describe your process for verifying the income of your clients.

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

| Description | Loan #1 | Loan #2 |
|---|---|---|
| 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: _____

# School Information - Form F

Charter Holder: _____

Local Education Agency (LEA) ID (4-6 characters, as issued by State) _____

Campus Name: _____

Year Opened: _____

School ID (3-16 characters, as issued by State): _____

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)