



Strengthening  
nonprofits and  
the communities  
they serve.

## Equipment/Vehicle Loan Application

**NOTE:** Please use the "Save As" feature to save a version of this application to your computer or local serve. Once completed, send via e-mail to your lender.

### Application Information

Date:

Legal name of organization

Organization headquarters address

City

State

Zip Code

Phone

Organization's website

Organization's incorporation date

Fiscal year end

### Executive Director

Name

Phone

E-mail

### Financial Contact

Name

Title

Phone

E-mail

How did you learn about IFF?

*(check all that apply)*

E-mail Distribution List

Presentation or Conference

Referral

IFF Website

Google Search

Did you learn about IFF in a way that isn't listed?

### Certifications & Accreditations

List certifications or accreditations

Please provide a reference from your largest funding source

Funding organization's name

Funding organization's address

City:

Phone

State:

Zip Code

E-mail

### Project Information

Dollar Amount Requested (\$)

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

Phone

E-Mail

### 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

Zip Code

Phone

E-Mail

## 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

No

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

Does your organization have a succession plan?

Yes

No

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

## Net Assets

If your most recent audit shows net assets with donor restrictions, where are those net assets on the asset side of the balance sheet? For example, if you have \$400,000 in net assets with donor restrictions, \$200,000 of it might be in cash and \$200,000 might be in grants receivable. You may need to refer this question to your accounting staff.

**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, fund-raising 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

More 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. Depending on the nature of the loan request, a real estate appraisal may be required prior to final approval. If an appraisal is ordered, the undersigned applicant(s) agree to reimburse IFF for the cost of the appraisal and review fees whether or not the loan is approved or consummated. 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 never 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 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.

## Form A - Sources & Uses

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 Fund should equal Total Uses of Funds**

Organization Cash (\$ Amount)

Loan From IFF (\$ Amount)

Loan from (\$ Amount)

Other (\$ Amount)

Other (\$ Amount)

Other (\$ Amount)

### **Total Sources of Funds**

#### **Use of Funds**

Equipment - hard assets (\$ Amount)

Vehicle (\$ Amount)

Computer Hardware (\$ Amount)

Software (\$ Amount)

Training (\$ Amount)

\*\*Closing Costs (\$ Amount)

### **Total Use of Funds**

\*A minimum of 5% organization equity participation (based on Total Uses of Funds) is required

\*\* 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

Which best describes the facility (choose one):

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

**Housing: Non-Affordable**

Number of beds created

**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 application)

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

Number of full-time equivalent positions retained due to project\*

Full-time equivalent construction jobs created over course of project

*\*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 clients served last fiscal year:

*Please indicate percentage of demographics served*

Percent of African Americans Served:

Percent of Asians Served:

Percent of Caucasian Served:

Percent of Hispanics Served:

Percent of Native Americans Served:

Percent of "Other" Served:

Non-Disclosed:

**Total**

Percent living with Disabilities:

Estimated to be <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 verify income information from your clients (e.g. through tax returns, W2s, pay stubs, etc.) ?

Yes  
No

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

What percentage of your total clients have verified incomes <80% AMI?

## Organization Indebtedness - Form E

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

### **Description - First Loan**

Account Number (Loan #1)

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

### **Description - Second Loan**

Account Number (Loan #1)

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.

Banks Contact

Address

Phone

E-Mail

School Information - Form F

Charter Holder

Campus Name

Year Opened

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

School ID (3-16 characters, as issued by state)

Type of School (select one)

- Charter
- Choice/Voucher
- Contract
- Private
- Non-Profit

Other:

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

Grade Level

Number of new classrooms

Number of renovated classrooms

Number of new students

Authorizer Information

Authorizer contract name:

Phone

Authorizer

E-mail

Date of first Charter Authorization

Current Charter renewal expiration

Number of renewals

Management Organization (if applicable)

Management Contact Name

Management Organization

Phone

E-mail

## Site Information

Which will the contemplated site be?

Purchased

Leased

Address

Does the school currently occupy the site?

Yes

No

Current Owner

Existing square footage

*(do not include existing square footage to be demolished)*

Proposed square footage

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 time line for serving different grades: (also describe any future construction plans to accommodate these grades):

