



Strengthening nonprofits and the communities they serve.

Facility Loan Application

Date:

Legal name of organization

Organization website

Organization headquarters address

City State

Zip Code Phone

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

Certifications & Accreditations

List certifications or accreditations

Site Information

Number of sites owned

Number of sites leased

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

Select all that apply

- Acquisition
- Acquisition with New Construction or Rehab
- Rehab of Owned Property
- Refinance
- Working Capital
- Predevelopment
- Rehab of Leased Property
- Other

If "Other" Please Describe

Briefly Describe Purpose for Loan

Dollar Amount Requested (\$)

Project Impact

Describe how this Project Impacts Your Organization's Program's

Describe how this Project Impacts Your Organization's Financial Status

Describe how this Project Impacts Your Nearby Communities

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

Has your organization explored bank financing for this project? yes
no

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

Who from your organization will manage the project? Please describe their experience with real estate project oversight.

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

Milestone

Project Time Line

Purchase Agreement Expiration

Lease Start Date

Zoning Approval

Environmental Due Diligence

(only required if collateral property is owned)

Construction Permits

Site Survey

Signed Construction Contract

Construction Completion

Certificate of Occupancy

Licensing

Project Site

Address

City

State

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
- Own

*Please provide electronic copy of lease or attach.
NOTE: Lease term must at least match term of IFF loan.*

If **leased**, please provide a copy of lease if negotiated, or describe lease terms below:
NOTE: Lease term must at least match term of IFF loan.

If the loan is for a project on a facility your agency does not currently occupy, provide details as applicable

- Lease
- Own

If owned, has a contract been signed to purchase property?
If **yes**, please provide electronic copy of contract or attach.

- Yes
- No

Is the property available as collateral?
If **no**, describe any other collateral options in the box below (**other property or investments**).

- Yes
- No

Environmental

*IFF will require an environmental inspection on most properties. The type of inspection will be determined based on the use of the property and neighboring properties. Please consult your IFF Lender for more information. Environmental inspections are not required to be completed prior to loan approval, but must be completed, and any resulting problems resolved to IFF's satisfaction, prior to closing. **We prefer to receive these documents in electronic format, if possible.***

Describe all previous known uses of the property:

Has the property been inspected or tested for environmental hazards, such as lead-based paint, asbestos, or underground storage tanks?

If **yes**, attach copies of reports.

Yes

No

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?

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

Yes

No

Does your organization have a succession plan?

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

Yes

No

Net Assets

Please refer to your most recent audit to answer the following question:

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.) 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.) Organization Information

Organization Service Demographics (use attached form E)

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 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 organization operating budgets

Current and projected Board-approved site operating budgets (if different from organization 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 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. Please talk with your lender 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 applicants 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 / EIN

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.

Form A - Sources and Uses of Funds

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.

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

Sources of Funds

Organization cash (amount) (1)

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

Loan (amount)

Other - please explain (amount)

Loan from IFF (amount)

Other - please explain (amount)

Other - please explain (amount)

Total Sources of Funds

Use of Funds

Acquisition (amount)

Construction - Soft Costs (amount) (2)

(2) Expenses, other than hard costs, incurred in developing a real estate project. These costs include financial, architectural, and legal fees.

Construction - Hard Costs (amount)

Furniture, fixtures, and equipment (amount)

Contingency for cost overruns (3)

(3) 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 budget 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 recommended as the amount of contingency for new construction projects.

Construction Interest (amount) (4)

(4) Provide assumptions for how amount was calculated.

Other - such as legal fees, collateral costs, etc., (amount) (5)

(5) 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 project. The cost estimated at \$1,000 - \$3,000 depending on the size of the project.

Total uses of funds (amount)

Form B - Project Contracts and Addresses

Project Director Name Company

Address, City, State, Zip

Phone E-mail

Architect Name Company

Address, City, State, Zip

Phone E-mail

Contractor Name Company

Address, City, State, Zip

Phone E-mail

Attorney Name Company

Address, City, State, Zip

Phone E-mail

Financial/Tax Credit Advisor Name Company

Address, City, State, Zip

Phone E-mail

Other (specify role) Company

Address, City, State, Zip

Phone E-mail

Form C - Project Site Impact Data

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 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 exam rooms/ dental chairs

Number of new patient visits/year

Select the option that best describes the facility.

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:

Form D - Project Job Data

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 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.

Construction Jobs

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

Overall number of construction jobs expected due to project:

Construction time in months:

Form E - Organization Service Demographics

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:

Percent of African Americans served?

Percent of Caucasians served?

Percent of Native Americans served?

Percent of Asians served?

Percent of Hispanics served?

Percent of "Other" served?

Percent Non-Disclosed served?

Percent living with Disabilities?

Percent estimated to be <80% of Area Median Income

Total

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

D.) If you answered "yes" to section C, please describe your process for verifying the income of your clients:

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

Form F - Organization Indebtedness

Please provide all of the following information on any debt your organization 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.

Description - Loan #1

Payable to:	Original Amount (\$):	Original Date: <input type="text"/>
Current Balance (\$):	Interest Rate (%):	Maturity Date: <input type="text"/>
Monthly Payment (\$)	Current or Past Due	To be refinanced by IFF?
Collateral Held:		

Description - Loan #2

Payable to:	Original Amount (\$):	Original Date: <input type="text"/>
Current Balance (\$):	Interest Rate (%):	Maturity Date: <input type="text"/>
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:
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E-Mail

Form G - School Information

Charter Holder Local Education Agency (LEA) ID (4-6 charters, as issued by State)

Campus Name Year Opened

School ID (3-16 characters, as issued by State) If "other", please describe:

Type of School

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

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: E-Mail

Date of first Charter Authorization: Number of renewals

Current Charter renewal expiration

Management Organization (If Applicable)

Management Contact Name: Management Organization:

Phone: E-Mail

Site Information

Is the contemplated site going to be purchased or leased?

- Purchased
- Leased

Address, City, State, Zip

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:

What year do you expect to reach maximum capacity?

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)