

## CPCA COVID Response Loan Fund Application – Preparation Resource

This document is provided as a resource for prospective applicants of the CPCA COVID Response Loan Fund. It is meant only to assist in gathering the materials and information needed to complete the [ONLINE APPLICATION](#).

Contact [cpcaventures@capitalimpact.org](mailto:cpcaventures@capitalimpact.org) with any questions.

### 1. APPLICANT INFORMATION

#### **Business Name**

*Write in*

#### **Business Address**

*Write in*

#### **County**

*Write in*

#### **Telephone Number**

*Write in format: (XXX) XXX-XXXX*

#### **Tax ID Number**

*Write in format: XX-XXXXXXX*

#### **Contact Name**

*Write in*

#### **Contact Email Address**

*Write in*

#### **Website**

*Write in*

### 2. ELIGIBILITY

**My organization is a:**

- **private, not-for-profit corporation that operates one or more primary care or family planning clinics licensed by the State of California under Section 1204 of the California Health and Safety Code**
- **private, not-for-profit consortium with majority membership comprised of primary care or family planning clinics licensed by the State of California under Section 1204 of the California Health and Safety Code**
- **clinic operated by a federally recognized Indian tribe and which is located on land recognized as tribal land by the federal government**

*Select one*

**Year of Inception**

*Write in the year (Minimum 3 years of operations required)*

3. LOAN REQUEST

**Requested Loan Amount**

*Minimum: \$250,000; Maximum: \$1,500,000*

**Please provide a brief explanation of how you determined the requested amount and how you plan to use the proceeds.**

*Write in (Limit: 250 words)*

4. COVID-19 PANDEMIC IMPACTS, DEMONSTRATION OF NEED, AND CRISIS MANAGEMENT PLAN

**Please provide a description of your plan for crisis management, including (i) what you have done so far to combat losses resulting from the pandemic and to continue to provide care, and (ii) what you plan to do to stabilize operations for the future**

*Write in (Limit: 1,000 words)*

**Please describe any other impacts and/or demonstration of need not captured above**

*Write in (Limit: 250 words)*

**As of the date of this application, how many of your sites are currently closed due to the pandemic?**

*Write in (#)*

**If not described elsewhere in this application, please describe any specific efforts your clinic is making to deliver services to populations experiencing disproportionate risk and/or effects of COVID-19, including people of color and immigrants.**

*Write in*

**As of the date of this application, please describe your current weekly patient encounters as a percentage of weekly patient encounters during the same week in 2019.**

*Write in (%)*

**As of the date of this application, please describe your current weekly IN-PERSON patient encounters as a percentage of weekly IN-PERSON patient encounters during the same week in 2019.**

*Write in (%)*

**Please describe your total patient encounters from 1/1/2020 through 9/1/2020 as a percentage of total patient encounters from 1/1/2019 through 9/1/2019.**

*Write in (%)*

**What percentage of your average weekly visits were conducted via VIDEO from 1/1/2020 through 2/28/2020?**

*Write in (%)*

**What percentage of your average weekly visits were conducted via TELEPHONE from 1/1/2020 through 2/28/2020?**

*Write in (%)*

**As of the date of this application, what percentage of your current weekly visits are conducted via VIDEO?**

*Write in (%)*

**As of the date of this application, what percentage of your current weekly visits are currently conducted via TELEPHONE?**

*Write in (%)*

**What do you project to be the total dollar amount of lost revenue due to the pandemic from 3/1/2020 through 12/31/2020?**

*Write in (\$)*

**As of the date of this application, how many of your full time equivalent (FTE) staff are currently furloughed due to the pandemic?**

*Write in (#)*

**As of the date of this application, how many of your FTE staff have been laid off due to the pandemic?**

*Write in (#)*

5. ACCESS TO CAPITAL

**Have you received a loan through the Paycheck Protection Program?**

- Yes
- No

**If yes, please provide the amount received.**

*Write in (\$)*

**Have you applied for an SBA Economic Injury Disaster Loan?**

- Yes
- No

**If yes, please provide the amount requested and current status of the application.**

*Write in*

**Do you currently have access to a line of credit from a bank or other type of lender?**

- Yes
- No

**If yes, please provide the limit and the outstanding balance.**

*Write in (\$)*

**Have you applied for either of the following due to pandemic impacts? a. A NEW working capital loan or line of credit, or; b. An increase to your existing working capital loan or line of credit**

- Yes
- No

**If yes, please provide the amount requested and current status of the application.**

*Write in*

**Please list any other loan programs you have applied for to address pandemic impacts, amounts requested, and the status of those applications.**

*Write in*

**Please list amount and source of any major grant award you have received to address pandemic impacts.**

*(Only list awards over \$100,000)*

**6. OPERATIONS**

**My health center has the following federal designation(s):**

*Select all that apply.*

- FQHC
- FQHC Look-a-like
- Rural Health Clinic
- Tribal Health Clinic
- Certified Community Behavioral Health Clinic
- Other (write in)

**What services do you offer?**

*Select all that apply*

- Primary care
- Behavioral health
- Dental
- Vision
- Onsite pharmacy
- Other specialties (write in)

**Number of clinical sites (including school-based sites):**

*Write in (#)*

**Please select all regions in which you have sites, including school-based sites (see definition based on counties below):**

- **North Coast**
- **South Coast**
- **Inland**

*NORTH COAST: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Monterey, Napa, Nevada, Placer, Plumas, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, Yuba*

*SOUTH COAST: Imperial, Los Angeles, Orange, San Diego, San Luis Obispo, Santa Barbara, Ventura*

*INLAND: Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, Riverside, Sacramento, San Bernardino, San Joaquin, Stanislaus, Tulare, Tuolumne*

**Please select all regions in which you have sites, including school-based sites. (See definition based on counties below)**

- **Bay Area Metro**
- **LA Metro**
- **San Diego County**
- **Imperial County**
- **Other**

*Bay Area Metro: Alameda, Contra Costa, Marin, San Francisco, San Mateo*

*LA Metro: Los Angeles, Orange, Riverside, San Bernardino, Ventura*

**Is at least one of your clinical sites located in a Health Professional Shortage Area (HPSA)?**

- **Yes**
- **No**

**Is at least one of your clinical sites located in a Medically Underserved Area (MUA)?**

- **Yes**
- **No**

**Do you self-identify as a critical access point for healthcare OR as serving a rural patient population?**

- **Yes**
- **No**

If yes, please explain why:

*Write in*

Please check all that apply to your organization:

- More than 50% of your Board of Directors OR your CEO/Executive Director identify as a person of color (defined as: American Indian, Alaskan Native, Black (not of Hispanic origin), Hispanic (including persons of Mexican, Puerto Rican, Cuban and Central or South American origin), Pacific Islander or other ethnic group)
- More than 50% of your Board of Directors OR your CEO/Executive Director identify as female
- More than 50% of your Board of Directors OR your CEO/Executive Director have annual incomes of not more than 80% of the Area Median Income

What percent of your current employees receive paid benefits?

*Write in (%)*

How many FTE jobs do you expect to retain as a result of this loan?

*Write in (#)*

Do you currently have any loans that require you to obtain written consent to additional debt from your lender?

- Yes
- No

If yes, please provide the lender name(s) and contact information, if available (name, phone/email)

Please provide days cash on hand as of 9/1/2020:

*Write in (#)*

*Days Cash on Hand is defined as the total unrestricted cash and cash equivalents at 9/1/2020 divided by the total operating expense less depreciation plus interest expense for the prior twelve months, multiplied by 365.*

Do you participate in the 340B Drug Pricing Program?

- Yes
- No

Please complete the following for the past three FISCAL years:

	FY 2017	FY 2018	FY 2019
Average PPS rate across all sites (if applicable)			
Amount of Section 330 Grant (if applicable)			
Amount of grants received for capital projects			

Please complete the following for the past three CALENDAR years:

	CY 2017	CY 2018	CY 2019
Unduplicated Patients across all sites			
Encounters across all sites			
Total FTEs at year end across all sites			
Provider FTEs at year end across all sites			

Please complete the following for CALENDAR year 2019:

	CY 2019:
% Patients – At or below 100% Federal Poverty Line (FPL)	
% Patients – At or below 200% FPL	
% Patients - Medicaid	
% Patients - Medicare	
% Patients - Uninsured	
% Patients - Privately Insured	
% Patients – Asian	
% Patients – Native Hawaiian/Other Pacific Islander	
% Patients – Black/African American	
% Patients – American Indian/Alaska Native	
% Patients – White	
% Patients – Multiple Races	
% Patients – Hispanic/Latino	
% Patients – Unreported	
% Patients – Best served in language other than English	

7. FILE UPLOAD (limit to 25 MB per file)

**Financial Statements (Historical)**

*Acceptable file types: pdf, doc, docx.*

*Copy of financial statements for fiscal years 2017 through 2019, which must have been either audited or reviewed by an independent Certified Public Accountant, and which include an income statement, balance sheet, cash flow statement and audit report (if applicable).*

**Financial Statements (Year-to-date)**

*Acceptable file types: pdf, doc, docx, xls, xlsx.*

*Copy of most recent internally-prepared, year-to-date financial statements, including a balance sheet, an income statement with budget-to-actual comparison, and a cash flow statement*

**Budget**

*Acceptable file types: pdf, doc, docx, xls, xlsx.*

*Copy of your board-approved budget for the current fiscal year and a revised budget reflecting COVID impacts (if available)*

**Financial Narrative**

*Acceptable file types: pdf, doc, docx.*

*Financial Summary that includes the following:*

- 1. An explanation of any significant positive or negative changes or trends in your revenue and expense categories over the three previous fiscal years;*
- 2. An explanation of any losses in the last three fiscal years, including description of contributing factors and measures taken to return to sustainability;*
- 3. Descriptions of any major capital projects completed or new sites opened over the past three fiscal years*

**Management Bios**

*Acceptable file types: pdf, doc, docx.*

*Bios of senior management, including tenure at the organization (Executive Director, Chief Financial Officer or Equivalent, Medical Director, Chief Operating Officer, and Information Systems Director or Equivalent)*

**Board Members**

*Acceptable file types: pdf, doc, docx.*

*List of names and occupations of all board members*

**Articles of Incorporation**

*Acceptable file types: pdf, doc, docx, jpg, jpeg, gif, png.*

**Bylaws**

*Acceptable file types: pdf, doc, docx, jpg, jpeg, gif, png.*

**IRS Tax Exemption Letter**

*Acceptable file types: pdf, doc, docx, jpg, jpeg, gif, png.*

**Completed IRS W-9**

*Acceptable file types: pdf, doc, docx, jpg, jpeg, gif, png.*

*A blank W9 form can be found at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>*



**UDS Report**

*Acceptable file types: pdf, doc, docx, jpg, jpeg, gif, png.*

*Copy of 2019 UDS report (if applicable)*

**Insurance**

*Acceptable file types: pdf, doc, docx, jpg, jpeg, gif, png.*

*Certificates of existing insurance, evidencing:*

- 1. Commercial general liability*
- 2. Umbrella/excess liability*
- 3. Worker's compensation*
- 4. Property/personal property, incl. loss of business income*
- 5. Auto Liability for Any Auto, Hired Autos, and Non-Owned Autos (if applicable)*
- 6. Flood / Excess Flood insurance (if applicable)*