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 with any questions.

1. APPLICANT INFORMATION

    Business Name

    Write in

    Business Address (Street, City, State, Zip)

    Write in

    County

    Write in

    Tax ID Number

    Write in format: XX-XXXXXXX

    Contact Name

    Write in

    Contact Email Address

    Write in

    Contact Telephone Number

    Write in format: (XXX) XXX-XXXX

    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)

The following uses of loan proceeds are NOT eligible: Retirement of debt, including other Capital Impact Partners and CPCA Ventures-related debt; development of new permanent sites; and renovations or improvements unrelated to Covid-19 pandemic response.

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

What do you estimate to be the total dollar amount of lost revenue due to the pandemic in 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 (#)

Of FTEs laid off during the pandemic, how many have you hired back?

Write in (#)

5. ACCESS TO CAPITAL

Have you applied for and/or received a loan or loans through the Paycheck Protection Program?

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

If yes, please provide the amount(s) and indicate if applied for or received.

Write in

Have you received an SBA Economic Injury Disaster Loan?

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

If yes, please provide the amount received.

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 loans or major grant awards you have received to address pandemic impacts.

(Only list loans/grants 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, Venture

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 any of your existing lenders require you to obtain written consent to take on additional debt?

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

Check your existing loan agreements for this requirement.

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

Do you participate in the 340B Drug Pricing Program?

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

Please complete the following for the past three FISCAL years:

	FY 2018	FY 2019	FY 2020
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 2018	CY 2019	CY 2020
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			

	CY 2019	CY 2020
IN-PERSON encounters as % of total encounters		
VIDEO encounters as % of total encounters		
TELEPHONE encounters as % of total encounters		

Please complete the following for CALENDAR year 2020:

	CY 2020:
% 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 2020, 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).

If audited or CPA-reviewed statements are not yet available for fiscal year 2020, company-prepared statements are acceptable.

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

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

4. An explanation of any newly obtained and/or maturing debt in 2020 or year-to-date 2021

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.

Must be on IRS October 2018 form. 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 most recent 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)