WHEFA FINANCING ALTERNATIVES PROGRAM
APPLICATION FOR HEALTH INSTITUTIONS

Name of Institution _____

Address _____

_____

_____

_____

Contact Name _____

Title _____

Phone / Fax Number _____

E-Mail Address _____

Web Site Address _____

Requested Loan Amount _____

Project Description* _____

_____

_____

_____

_____

_____

_____

_____

* Please provide further detail if necessary *(Attach as Exhibit A)*

1. SOURCES OF REVENUES FOR PATIENT SERVICES

In the space below, please provide the past three fiscal year's payor and service mix for each category as a percentage of gross patient revenues. Also provide the current YTD payor and service mix statistics.

Payor	Most Recent YTD As of_____	Fiscal Year 200___	Fiscal Year _____	Fiscal Year _____
Medicare				
(Traditional)				
(Managed Care)				
Medicaid				
(Traditional)				
(Managed Care)				
Commercial Insurance				
Self Pay & Other				
Managed Care Entities				
(PPO)				
(HMO)				
Net Outpatient Revenue as a % of Total Net Operating Revenues				

2. UTILIZATION STATISTICS

3-year statistics. In the space below, please provide the utilization statistics for the Institution for the three most recent fiscal years and comparative interim statistics for the most recent period available.

	FY 200__	FY _____	FY _____	Most Recent YTD As of_____	YTD for Preceding Year
Approved / Staffed Beds	/	/	/	/	/
Admissions (excluding newborns)					
Patient Days (excluding newborns)					
Occupancy (%)					
Average Length of Stay (days)					
Outpatient Visits					
Emergency Care Visits					
Observation Stays					
Average Days in Accounts Receivable					

3. LABOR RELATIONS

Please provide a brief description of labor relations at the Institution. Detail any union activity present at the Institution by noting the number of unionized employees, who represents them, the term of the current contract(s) and a history of any work stoppages which may have occurred.
(Please attach description as Exhibit 1)

4. DESCRIPTION OF MEDICAL STAFF

a) In the space below, please provide the requested statistics concerning the medical staff of the Institution for the three most recent fiscal years.

	FY 200____	FY _____	FY _____
# of Admitting Physicians			
# of Active Physicians			
# of Board Certified Active Physicians			
Average Age of Physicians on Active Staff			

b) In the space below, please provide the specialty and the percent of total inpatient discharges for each of the Institution's top five admitting physicians in the most recent fiscal year. Indicate the age of each such physician.

	Specialty	Percentage of Total Inpatient Discharges	Age	
1.				
2.				
3.				
4.				
5.				
	TOTAL			AVERAGE

c) Please explain your physician-recruiting program. Do you own physician practices? Provide P & L on physician practices owned by the Institution. Explain where in financials these numbers reside. ***(Please attach as Exhibit 2)***

5. SERVICE AREA

a) In the space provided, describe the service area of the Institution, including the name of the county or counties in which the service area is situated and the population of the service area in 2000 and estimated today.

County	2000 Census Population	Estimated Population Today

b) For each county listed above provide a listing of the five largest employers including name, location, product or services provided, and number of local employees.
(Please attach as Exhibit 3)

c) Unemployment statistics. Please list the indicated unemployment statistics.

	Current	Year End – Last Year	Year End – 2 years ago
Primary Service Area			
Secondary Service Area			

d) Provide any other pertinent information on the service area.
(Please attach as Exhibit 3b)

6. OTHER COMPETITORS IN SERVICE AREA

a) In the space below, please provide information concerning other providers, which compete for patients in the service area of the Institution.

Name of Competitor	Location	Distance in Miles from Institution	FY 2003 Staffed Beds	FY 2003 Admissions / Occupancy
				/
				/
				/
				/
				/

7. MANAGEMENT

Please provide ***(as Exhibit 4)*** resumes or biographies of the Institution's management team.

8. CREDIT RATING

If the Institution has currently outstanding rated debt, please provide the names of the rating agencies, the rating given, the debt issue the rating is associated with and the date the rating was given. ***(Please attach as Exhibit 5)***

9. CAPITAL EXPANSION PROGRAMS

Describe briefly any major capital acquisition or expansion plans to be undertaken by the Institution within the next three years which have been approved or are under consideration by the Institution or a committee thereof (include description of costs, additional beds and services, method of financing, and year(s) in which program will be undertaken).
(Please attach as Exhibit 6)

10. INSURANCE

Please indicate the levels of insurance coverage maintained by the Institution with respect to the following categories of insurance. Please indicate if any of the insurance listed is maintained on a self-insured basis.

	Coverage Amount	Self-Insurance Yes	Self-Insurance No
Fire & Hazard			
General Liability			
Medical Malpractice			
Worker's Compensation			
Business Interruption			
Special Disaster (flood, etc.)			

11. LITIGATION

Is there any litigation, threatened or pending, in which the Institution is or may be a defendant and in which the Institution's potential liability, either individually or collectively, could exceed the Institution's insurance coverage with respect to such liability or liabilities?
Yes_____ No_____

If the answer is "yes", please attach a brief explanation to this application. ***(as Exhibit 7)***

12. SECURITY

Has the Institution granted a security interest against any of its Properties, Gross Revenues or Patient Accounts Receivable? Yes_____ No_____

If yes, please describe. ***(and attach as Exhibit 8)***

13. DOCUMENTS & INFORMATION TO BE ATTACHED TO APPLICATION

The following documents and information are to be attached to this application and submitted to WHEFA.

a) Complete audited financial statements of the Institution for the past three fiscal years.

b) The Institution's most recent year-to-date unaudited financial statements. These should include Balance Sheets and Income Statements along with comparative results for the preceding year.

c) If the Institution has a currently outstanding bond issue, please enclose a copy of the Official Statement or Private Placement Memorandum.

d) Photograph of Institution's facility.

e) If the Institution is affiliated with other entities, please provide a corporate organizational chart or a listing of such affiliates.

f) Board of Directors of Institution (include occupation)

g) Institution's Mission Statement

h) Most recent Accreditation Letter and Report (if applicable)

i) Organization Bylaws

j) Organization's Corporate Charter

k) IRS Notification of Tax Status

l) Institution literature including -
Annual Report
Newsletter
Program Brochures
Fundraising Literature