

**WHEFA CREDIT ASSESSMENT PROGRAM  
APPLICATION FOR COMMUNITY PROVIDER INSTITUTIONS**

**Name of Institution**

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**Address**

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**Contact Name**

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**Title**

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**Phone / Fax Number**

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**E-Mail Address**

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**WEB Site Address**

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**If you are contemplating a capital project in the near future, please provide a brief summary including:**  
Project description, estimated cost of the project, anticipated borrowing amounts.  
*(Please provide attachment of project if necessary as Exhibit A)*

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**1. DESCRIPTION OF PROGRAMS AND SERVICES**  
*(Please provide attachment if necessary as Exhibit 1)*

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**2. DESCRIPTION OF SOURCES OF REVENUE/FUNDING FOR PROGRAMS AND SERVICES**  
*(Please provide attachment if necessary as Exhibit 2)*

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**3. LOCATION OF THE CORPORATIONS'S PROPERTIES**

**a) Owned Properties**

	Property	Address	City	Function
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**b) Leased Properties**

	Property	Address	City	Function
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**4. DESCRIPTION OF EMPLOYEES**

a) Breakdown of employees by position with the Corporation:

Administration \_\_\_\_\_  
Sec/Clerical \_\_\_\_\_  
Professional \_\_\_\_\_  
Technical Support \_\_\_\_\_  
Skilled Labor \_\_\_\_\_  
Unskilled Labor \_\_\_\_\_  
Other \_\_\_\_\_

b) Do your employees belong to a trade/labor union with collective bargaining rights?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, detail the union activity 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 3)*

**5. GOVERNMENTAL REGULATION AND OVERSIGHT**

Do any agencies audit one or more aspects of your operations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, detail the regulation by noting the agency and the frequency that the audit occurs.  
*(Please attach description as Exhibit 4)*

**6. SERVICE AREA**

Identify the Service Area(s) of the Corporation

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**7. COMPETITORS IN SERVICE AREA**

Set forth in the space below information concerning other providers, which compete for patients in the service area of the Institution.

<u>Name of Competitor</u>	<u>Location</u>	<u>Distance in Miles from Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**8. MANAGEMENT**

Please provide (*as Exhibit 5*) resumes or biographies of the Institution's management team.

**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.

	<u>Coverage Amount</u>	<u>Self-Insurance</u>	
		<u>Yes</u>	<u>No</u>
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) Photograph of Institution's facility.
- d) If the Institution is affiliated with other entities, please provide a corporate organizational chart or a listing of such affiliates.
- e) Board of Directors of Institution (include occupation)
- f) Institution's Mission Statement
- g) IRS Notification of Tax Status
- h) Institution literature including -  
Annual Report  
Newsletter  
Program Brochures  
Fundraising Literature