CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY (CHFFA)
BOND FINANCING PROGRAM
APPLICATION

INSTRUCTIONS: Applications are typically due by the first business day of the month to be considered at that month's scheduled board meeting. Completed applications (including exhibits) may be submitted electronically to chffabond@treasurer.ca.gov. CHFFA staff is available to answer any questions you may have about the application or review process and assist you with the application. CHFFA staff can be reached at (916) 653-2799 or questions can be emailed to chffa@treasurer.ca.gov.

Information To Be Provided By Borrower

Contact Information:

Please provide the following information:

Legal Name of Applicant (Facility that will be the Borrower under the Loan Agreement): _____

Street Address: _____

City, State & ZIP Code: _____

County: _____

Facility Type: _____

Contact Person / Title: _____

Phone: _____

Email: _____

Project Information:

Please provide the estimated par amount of the proposed bond issue and a description of the use of the proceeds (new money projects or refinancing/refunding).

- For new money projects, please provide information on the projects to be financed (location, purpose of project and projected outcomes) with bond proceeds. Please provide a copy of any California Environmental Quality Act (CEQA) documentation in connection with the project, such as a Notice of Determination or Exemption, or any Environmental Impact Report, as applicable.
- For refinancing/refunding of non-CHFFA Bonds, please provide information on the refunded bonds, such as prior use of proceeds, current balance outstanding, purpose of refunding/refinancing, and any estimated savings.

Note: Where applicable, borrowers shall comply with California's prevailing wage law under California Labor Code Section 1720 et eq. for public works projects.

Financial Information

Please provide the most recent three years audited financial statements. If the most recent three years' statements are posted on the Municipal Securities Rulemaking Board (MSRB) Electronic Municipal Market Access (EMMA) website, submittal of statements is not necessary.

Exhibits

Please complete the following Exhibits.

I. Application Certification (Original signature page must be submitted)
II. Pass-Through Savings Certification
III. Legal Status Questionnaire
IV. Community Service Certification *
V. Iran Contracting Act Certification (To be signed by Underwriter(s))

Additional Information**

- Indicate whether the financing is a public offering or direct placement
  - If public offering, draft Appendix A or borrower's information from most recent official statement
  - If direct placement, draft term sheet
- Details of the bond structure, credit enhancement, funded capitalized interest, or any reimbursements
- Estimated sources and uses of proceeds
- Estimated amortization schedule
- Distribution list for the financing team ***
- Financing timeline
- Expected ratings on bonds (if any)

---

* To be submitted as condition of closing.

** Information to be provided by other financing team members may be submitted under separate cover.

*** Bond counsel, and any municipal advisor or underwriter, must be in the respective approved pools maintained by the State Treasurer's Office (STO). For more information, see www.treasurer.ca.gov/bonds.

EXHIBIT I

APPLICATION CERTIFICATION

Please transfer the following certification language onto your organization's letterhead and have the appropriate official sign and date the certification.

Please submit the certification with an original signature or authorized digital signature.

Application Certification:

I, (name of signatory), as (name of position), an authorized officer of (name of institution), certify that, to the best of my knowledge, the information contained in this application, including all Exhibits and Attachments contained therein, is true and accurate.

I certify that (name of applicant) does not restrict or grant preference or modify its billing practice with respect to admission or treatment of patients or residents at its healthcare facilities based on the religion of the patients or residents. I further certify that (name of applicant) does not discourage individuals, on the basis of their religion, from seeking admission or treatment.

By (Print Name)	Signature
Title	Date

Sample

EXHBIT II

PASS-THROUGH SAVINGS CERTIFICATION

Note: You may respond directly on this form or attach additional pages as needed.

All health facilities seeking tax-exempt bond financing through the Authority are required to demonstrate the performance of "significant community service" in exchange for the provision of tax-exempt bond financing. By signing the Application Certification, you are demonstrating your facility's satisfaction of this requirement.

- Does your organization maintain a written policy concerning the provision of care to patients regardless of their ability to pay? ☐ **Yes** ☐ **No**

  If not, please briefly explain below why such a policy is not maintained by your facility.

- Does your facility treat Medi-Cal eligible patients? ☐ **Yes** ☐ **No**
  If not, please briefly explain below why your facility does not treat Medi-Cal eligible patients.

- Does your facility maintain a written charity care policy? ☐ **Yes** ☐ **No**

  If so, please provide the Authority with a hardcopy of the current policy or the link to the charity care policy on your website. If not, please briefly explain below why your facility does not maintain a written charity care policy.

- Does your facility take significant steps to address the health care needs of your community, including soliciting input from others to help identify those needs? ☐ **Yes** ☐ **No**

  If so, please describe the significant steps your facility has taken over the last year, including an estimate of the resources committed by your facility to address community needs and the actions taken to solicit input from others, or provide the latest version of your community benefits report filed with the Department of Health Care Access and Information (HCAI).

EXHIBIT III

LEGAL STATUS QUESTIONNAIRE

Note: You may respond directly on this form or attach additional pages as needed.

1. Financial Viability

   Disclose material information relating to any legal or regulatory proceeding or investigation in which the applicant/borrower/project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the applicant/borrower/project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the applicant/borrower/project sponsor that is involved in the management, operation, or development of the project.

   Response:

2. Fraud, Corruption, or Serious Harm

   Disclose any civil, criminal, or regulatory action in which the applicant/borrower/project sponsor, or any current board members (not including volunteer board members of non-profit entities), partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, matters related to employment conditions (including, but not limited to wage claims, discrimination, or harassment), or matters involving health and safety where there are allegations of serious harm to employees, the public or the environment.

   Response:

Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates; the nature of the allegation(s), charges, complaint or filing; and the outcome.

EXHIBIT IV

COMMUNITY SERVICE CERTIFICATION

California Government Code Section 15459 requires the Applicant to certify that the services of **each** health facility receiving financing will be made available to all persons residing or employed in the respective service areas. To document compliance with this section, each applicant must do the following:

1. Execute the attached Certification and Agreement Regarding Community Service Obligation prior to closing. By executing the document, the applicant agrees to the conditions enumerated therein.

For Acute Care Hospitals Only:

2. Submit **at least one (1) week prior to bond closing** a completed physicians list required by Government Code Section 15459.1(b). The physicians list should include all data elements stated in item number 2(b) of the "CERTIFICATION AND AGREEMENT REGARDING COMMUNITY SERVICE OBLIGATION".

3. Attached with the physicians list, the Applicant also must submit a "CERTIFICATE OF VERIFICATION" similar in form to the attached sample.

SUPPLEMENT TO EXHIBIT IV

CERTIFICATION AND AGREEMENT REGARDING
COMMUNITY SERVICE OBLIGATION

PARTICIPATING HEALTH INSTITUTION ("Borrower"):

NAMES OF FINANCED FACILITIES:

MEDI-CAL CONTRACT(S): /☐/ **YES** /☐/ **NO**
IF NO, EXPLAIN:

Bond Issue Description:

1. **General Assurance:** Pursuant to California Government Code Section 15459, the Borrower hereby certifies that the services of the facility will be made available to all persons residing or employed in the area served by the facility.

2. **Compliance Requirements:** As part of its assurance under Government Code Section 15459, the Borrower agrees to the following conditions:

   (a) To advise each person seeking services at the facility as to the person's potential eligibility for Medi-Cal and Medicare benefits or benefits from other governmental third-party payers.

   (b) To make available to the Authority and to any interested person a list of physicians with staff privileges at the facility, which includes all of the following:

   (1) Name.
   (2) Specialty.
   (3) Language spoken.
   (4) Whether the physician takes Medi-Cal and Medicare patients.
   (5) Business address and phone number.

   (c) To inform in writing on a periodic basis all practitioners of the healing arts having staff privileges in the facility as to the existence of the Borrower's community service obligation. Such notice to practitioners shall contain a statement, as follows:

"This facility has agreed to provide a community service and to accept Medi-Cal and Medicare patients. The administration and enforcement of this agreement is the responsibility of the California Health Facilities Financing Authority and this Facility."

(d) To post notices in the following form, which shall be multilingual where the Borrower serves a multilingual community, in appropriate areas within the facility, including, but not limited to, admissions offices, emergency rooms, and business offices:

"NOTICE OF COMMUNITY SERVICE OBLIGATION

This facility has agreed to make its services available to all persons residing or employed in this area. This facility is prohibited by law from discriminating against Medi-Cal and Medicare patients. Should you believe you may be eligible for Medi-Cal or Medicare, you should contact our business office (or designated person or office) for assistance in applying. You should also contact our business office (or designated person or office) if you are in need of a physician to provide you with services at this facility. If you believe that you have been refused services at this facility in violation of the community service obligation you should inform (designated person or office) and the California Health Facilities Financing Authority."

(e) To provide copies of the notice specified in paragraph (d) for posting to all welfare offices in the county where the facility is located.

3. Medi-Cal Exceptions:

All references to Medi-Cal shall be deemed deleted from section 2 above if, and to the extent any, of the following conditions exist:

(a) The facility is of a type and in a geographic area subject to Medi-Cal contracting and, following good faith negotiations, the Borrower has not been awarded a Medi-Cal contract;

(b) The facility is not of a type which provides services for which Medi-Cal payments are available; or

(c) The facility is, or is a part of, (1) a multi-level facility and the health facility component of the facility is of a size and type designed primarily to serve the health care needs of the residents of the multi-level facility, or (2) a residential care facility for the elderly, as defined in Section 1569.2 of the Health and Safety Code.

Notwithstanding the foregoing, nothing in this Section 3 shall relieve the Borrower of its obligations, if any, under California Health and Safety Code Section 1317 (relating to the provision of emergency services and care).

4. Compliance Reports:

The Borrower agrees to make available to the Authority and to the public upon request an annual report substantiating compliance with the requirements of Government Code Section 15459. The annual report shall set forth sufficient information and verification thereof to indicate the Borrower's compliance. The report shall include at least the following:

(a) By category for inpatient admissions, emergency admissions, and where the facility has a separate identifiable outpatient service:

(1) The total number of patients receiving services.
(2) The total number of Medi-Cal patients served.
(3) The total number of Medicare patients served.
(4) The total number of patients who had no financial sponsor at the time of service.
(5) The dollar volume of services provided to each patient category listed in the above bullets (1), (2) and (3).

(b) Where appropriate, the actions taken pursuant to Section 15459.2 of the California Government Code and the effect the actions have had on the data specified in paragraph (a).

(c) Any other information which the Authority may reasonably require.

5. Notices:

Notices to the Authority required or permitted by this Agreement shall be given to the Authority addressed as follows: California Health Facilities Financing Authority, 901 P Street, Room 313, Sacramento, California 95814, or at such other or additional address as may be specified in writing by the Authority.

6. Term of Agreement:

This agreement shall terminate when the loan is no longer outstanding under the terms of the loan agreement or similar agreement securing the loan.

By: _____ Date: _____

Received and Acknowledged:

California Health Facilities Financing Authority

By: _____
Executive Director

(HOSPITAL)
CERTIFICATE OF VERIFICATION
RE: PHYSICIAN DATA

I, (NAME OF OFFICIAL *), certify as follows:

1. I am the (TITLE OF OFFICIAL) of (HOSPITAL), a California nonprofit public benefit corporation (the "Corporation") and I am authorized to execute this Certificate on its behalf.

2. Attached hereto is the information for (HOSPITAL) containing specific physician data pursuant to Government Code Section 15459.1(b).

3. I certify the accuracy and completeness of the data as submitted to the California Health Facilities Financing Authority.

Date: _____

(OFFICIAL SIGNATURE)

(TYPED NAME & TITLE OF OFFICIAL)

(HOSPITAL)

Sample

* Chief Financial Officer, Chief Executive Officer or General Counsel

EXHIBIT V

IRAN CONTRACTING ACT CERTIFICATION
(Public Contract Code Sections 2200-2208)

Prior to bidding on, submitting a proposal or executing a contract or renewal for a State of California contract for goods or services of $1,000,000 or more, a vendor must either: a) certify it is **not** on the current list of persons engaged in investment activities in Iran created by the California Department of General Services ("DGS") pursuant to Public Contract Code Section 2203(b) and is not a financial institution extending twenty million dollars ($20,000,000) or more in credit to another person, for 45 days or more, if that other person will use the credit to provide goods or services in the energy sector in Iran and is identified on the current list of persons engaged in investment activities in Iran created by DGS; or b) demonstrate it has been exempted from the certification requirement for that solicitation or contract pursuant to Public Contract Code Section 2203(c) or (d).

To comply with this requirement, please insert your vendor or financial institution name and Federal ID Number (if available) and complete **one** of the options below. Please note: California law establishes penalties for providing false certifications, including civil penalties equal to the greater of $250,000 or twice the amount of the contract for which the false certification was made; contract termination; and three-year ineligibility to bid on contracts. (Public Contract Code Section 2205.)

OPTION #1 - CERTIFICATION

I, the official named below, certify I am duly authorized to execute this certification on behalf of the vendor/financial institution identified below, and the vendor/financial institution identified below is **not** on the current list of persons engaged in investment activities in Iran created by DGS and is not a financial institution extending twenty million dollars ($20,000,000) or more in credit to another person/vendor, for 45 days or more, if that other person/vendor will use the credit to provide goods or services in the energy sector in Iran and is identified on the current list of persons engaged in investment activities in Iran created by DGS.

Vendor Name/Financial Institution (Printed)	*Federal ID Number (or n/a)*
By (Authorized Signature)	
Printed Name and Title of Person Signing	*Date Executed*

OPTION #2 – EXEMPTION

Pursuant to Public Contract Code sections 2203(c) and (d), a public entity may permit a vendor/financial institution engaged in investment activities in Iran, on a case-by-case basis, to be eligible for, or to bid on, submit a proposal for, or enters into or renews, a contract for goods and services.

If you have obtained an exemption from the certification requirement under the Iran Contracting Act, please fill out the information below, and attach documentation demonstrating the exemption approval.

Vendor Name/Financial Institution (Printed)	*Federal ID Number (or n/a)*
By (Authorized Signature)	
Printed Name and Title of Person Signing	*Date Executed*