



COMMUNITY INVESTMENT PROGRAM
INSTRUCTIONS FOR FULL APPLICATION

BUSINESS AND INTERMEDIARIES

We encourage you to become acquainted with the requirements outlined here, collect necessary information and prepare a draft of the business plan.

Please note that this form is only one part of your loan application. A detailed business plan **must** accompany this form. (See Attachment A)

Please answer all questions within the space provided.

This application form is used by both intermediaries and organizations seeking direct investments. Therefore, questions not applicable to your business or organization should be answered "N/A".

Send one copy of this application to:

Pablo Bravo
Vice President Community Health
Dignity Health
185 Berry Street, Suite 300
San Francisco, CA 94107

Note: A completed Attorney's Certification and current Certificate(s) of Good Standing from the Secretary of State need **not** accompany your proposal.



FULL APPLICATION
BUSINESS AND INTERMEDIARY

GENERAL INFORMATION

Name of Organization: _____

Address: _____

City: _____ State _____ Zip _____

Phone: (_____) _____ E-mail Address _____

Total funds required for this project: _____

Amount Requested (give minimum & maximum) _____

Terms: (give interest rate range) _____ % No. of Years _____

Collateral and position available: _____

If approved for funding, indicate below the intended use of the requested funds:

USES OF FUNDS:	AMOUNT REQUESTED
-----------------------	-------------------------

Working Capital	_____
-----------------	-------

Real Estate/Equipment	_____
-----------------------	-------

Other:	_____

Other Sources of Funding:

Name	Amount Requested	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION

I am the duly appointed and authorized President of _____, and I hereby certify that this organization does not deny services, employment or membership to persons based on race, religion, age, sex, sexual orientation, handicap or marital status.

I further certify that the information and representations contained in this application and attached hereto are true and accurate to the best of its knowledge. We understand that intentional or material unintentional misrepresentation of facts may be the basis for a denial of credit.

Signature of President

Date

Name (print)

Organization

Approved at the Board meeting of _____ by a vote of ___ to ____.
(Date)

(Attachment A)

DIGNITY HEALTH
BUSINESS PLAN OUTLINE

Name of Organization: _____

This outline must be completed to indicate the areas addressed in your business plan. Note on the outline which pages to refer to in your plan for the information.

I. The Business

- _____ A. Description/History
- _____ B. Location
- _____ C. Market
- _____ D. Competition
- _____ E. Management and Board of Directors (describe decision-making process)
- _____ F. Personnel
- _____ G. Operations: Procedures/Planning
- _____ H. Describe the technical assistance you have received, when you received it and your future needs.
- _____ I. Describe members and/or worker participation in decision making.

II. Financial Data

- _____ A. Audited Financial Statements or Form 990 filings (past three years)
- _____ B. Schedule of Outstanding Debt (Note lender, outstanding principal, maturity date, interest rate, collateral)
- _____ C. Projections for 3 years: Balance Sheet, Income and Cash Flow Statements including a narrative explaining your projections
- _____ D. Sources of Equity (Note percent of total equity from workers or members and the cost of an ownership share.)
- _____ E. Capital Equipment List

III. Social Criteria (Please include in your business plan how your organization meets one or more of DIGNITY HEALTH's Social Criteria.)

- Empowers low-income people to create, manage and own enterprises;
- Targets chronically unemployed or underemployed groups for employment and management opportunities;
- Re-invests in decaying urban areas or revitalizes rural areas, i.e. housing, small business development;
- Contributes toward integration (racial, economic, urban-rural, inner city-suburbs);
- Demonstrates a commitment to a community-based agenda;
- Targets resources to low-income and minority communities especially women;
- Safeguards the environment

IV. Supporting Documents (to be submitted with application)

1. Certified Copy of Articles of Incorporation
2. Certified Copy of By-Laws
3. Current (within the last six months) IRS Determination Letter and State Tax authority authorizing tax exempt status
4. Corporate Resolution to Borrow and Incumbency Certificate (form enclosed)
5. Listing of Board of Directors (include affiliations/areas of expertise)
6. Job Descriptions and Resumes for Management
7. Letters of Support from governmental and/or community groups
8. Letter of Support from the DIGNITY HEALTH Hospital in whose service area this Project is located
9. Insurance Policies including all Named Insured and Additional Insured endorsements
10. Name/Address/Phone of your organization's accountant, attorney, bookkeeper and banker

Supporting Documents

1. Attorney's Certification (form enclosed)
2. Current (within last 6 months) Certificate(s) of Good Standing for the state in which you are incorporated and for all states where you are qualified to conduct business

CORPORATE RESOLUTION TO BORROW

_____ (Name of Organization) _____

The Board of Directors of _____ (organization) _____ hereby authorized the submission of a Loan Application, the incurring of indebtedness, the execution of a Loan Agreement and any Agreements thereto, a Promissory Note, a Deed of Trust and any other documents necessary to secure a loan from Dignity Health ("DIGNITY HEALTH").

WHEREAS,

A. _____ (organization) _____ is a nonprofit corporate entity established under the laws of the State of California and empowered to own property, borrow money, and give security for loans.

B. DIGNITY HEALTH is authorized to make loans as part of its alternative investment policy to nonprofit corporations for charitable purposes.

C. _____ (organization) _____ wishes to obtain from DIGNITY HEALTH a Loan for the purpose of _____

BE IT RESOLVED THAT

1. _____ (organization) _____ shall submit to DIGNITY HEALTH an application for a loan in the form requested by DIGNITY HEALTH.

2. If the Loan is approved, _____ (organization) _____ is hereby authorized to incur indebtedness in an amount not exceeding \$ _____, and to enter into a Loan Agreement with DIGNITY HEALTH for the purposes set forth in the loan application and Loan Agreement as approved by DIGNITY HEALTH. _____ (organization) _____ may execute a Promissory Note, a Deed of Trust and such other instruments necessary as required by DIGNITY HEALTH to evidence and secure the indebtedness.

3. _____ (organization) _____ authorizes _____ (person, title) _____, to execute in the name of _____ (organization) _____, the Loan Application and the Loan Agreement, Promissory Note, a Deed of Trust and such other instruments necessary or required by DIGNITY HEALTH for the making and securing of the Loan, and any amendments thereto.

4. _____ (organization) _____ authorizes _____ (person, title) _____ to execute any and all documentation required by DIGNITY HEALTH in the disbursement of funds during the term of the Loan.

Passed and adopted on ____ day of _____, 2000, by the following vote:

Ayes: _____

Nays: _____

Abstain: _____

Absent: _____

CERTIFICATE OF SECRETARY

The undersigned _____, Secretary of _____ (organization) _____, does hereby attest and certify that the foregoing is a true and full copy of a Resolution of the Board of Directors adopted at a duly convened meeting on the date above-mentioned, which has not been altered, amended or repealed.

INCUMBENCY CERTIFICATE

The undersigned _____, Secretary of _____ (organization) _____, does hereby attest and certify that the signature(s) below are those of the person(s) authorized pursuant to the above resolution to execute in the name of _____ (organization) _____, the Loan Application and the Loan Agreement, Promissory Note, a Deed of Trust and such other instruments necessary or required for the making and securing of the Loan, and any amendments thereto.

(person, title)

(signature)

(person, title)

(signature)

Dated: _____

Secretary
(Name of Organization)

This Corporate Resolution to Borrow is intended to be a model for a Resolution authorizing a Loan Agreement. Applicants may use their own format if it contains substantially all the authorizations in the model.

ATTORNEY'S CERTIFICATION

I _____, legal counsel for _____ ("the Borrower") am duly authorized to practice law in the State of California, and have sufficient knowledge and experience to give the opinions contained herein. I am personally knowledgeable about the status and affairs of the Borrower and hereby certify that the following are true and correct to the best of my knowledge. This opinion is provided in connection with the entering into of a debt transaction between the Borrower and Dignity Health (the "Loan Agreement"), and the associated Promissory Note (the "Note").

1. The Borrower is a nonprofit public benefit corporation, duly organized and validly existing under the laws of the State of California.
2. The Borrower is duly licensed or qualified and in good standing in all jurisdictions where the nature of the business conducted or assets owned or leased by it requires such licensing or qualifying.
3. The Borrower is incorporated as a nonprofit public benefit corporation under the laws of the State of California. The Borrower is recognized by the Internal Revenue Service as an organization described in Section 501(c)(3) of the Code, and is not a private foundation as defined in Section 509(a) of the Code, because it is an organization described in Section 509(a)(1) and 170(b)(1)(A)(vi) of the Code. I have no knowledge of any circumstances under which such exempt status may be jeopardized; the Borrower has received no notice of impending audit or investigation of its tax exemption, nor is any such audit or investigation currently under way.
4. The Borrower is legally empowered to incur indebtedness and to enter into the Loan Agreement with Dignity Health for the purposes set forth in the Loan Agreement.
5. This Loan Agreement has been duly approved and authorized by the actions of the governing body of The Borrower.
6. The Borrower has full power and authority to own property, conduct its business as now conducted and execute, deliver and perform the Loan Agreement and the Note and to perform each and all of the matters and things therein provided for.
7. The Borrower is not currently in bankruptcy or subject to court supervised insolvency proceedings.

8. The Borrower is not currently subject to investigation, claims or actions by a person, firm, court or government agency as the result of a staff and/or board member violating any laws or regulations. There is no legal action or proceedings pending or to the Borrower's or my knowledge threatened against the Borrower.

Date: _____

Legal Counsel

Firm Name

Firm Address

Phone Number

This Attorney's Certification is intended to be a model for a Legal Opinion regarding the loan transaction contemplated herein. Applicants may use their own format if it contains substantially all the statements in the model.