MEDICAL FACILITY INFRASTRUCTURE LOAN FUND APPLICATION

BANK OF NORTH DAKOTA
LENDING-AG/COMMERCIAL
SFN 60418 (07-2015)

Bank of North Dakota
PO Box 5509
Bismarck, ND 58506-5509
701-328-5604

Name of Business			
Address			
City		State	ZIP Code
Type of Business	Ownership Structure		
Contact Person		Telephone Number	
Tax Identification (ID) Number	Date of Application	Date Business Established	
Purpose of Request			

Sources of Funds	Amount	Sources of Funds	Amount
A. Equity		D. Collected Donations	
B. Medical Facility Infrastructure Loan		E. Local Tax Contribution	
C. Other Debt (USDA/Bonding/Bank)		F.	
		Total	

Use of Funds	Source A	Source B	Source C	Source D	Source E	Source F
Land						
Building						
Equipment						
Other						
TOTAL						

Note: Attach a complete description of the use of the funds (i.e. list of building costs and equipment to be purchased).

Summary of Collateral	Present Market Value	Present Mortgage Balance	Available Collateral
A. Land and Building			
B. Equipment			
C. Furniture and Fixtures			
D. Hardware and Software			
E. Inventory			
F. Other			
TOTAL COLLATERAL			

Note: Retain copies for yourself.

Primary Source of Repayment

Present Indebtedness: (Business Debts, Contracts, Notes and Mortgage Payables)

Effective Date

Owed To	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	Status (Current/ Delinquent)

Present Banking References

Name of Financial Institution	Address	Type of Account	Account Number(s)	Contact Person	Telephone Number

Management (Officers, Directors, Owners, Other Key Personnel) *(attach listing, if necessary)*

Name	Title/Position	Address	Percent Ownership

Key Advisors	Name	Firm or Company Name	Firm/Company Address
Attorney			
Accountant/Financial			
Insurance Agent			

NOTE: **THE FOLLOWING EXHIBITS MUST BE COMPLETED WHERE APPLICABLE. ALL QUESTIONS ANSWERED BECOME PART OF THE APPLICATION.**

1. If your collateral consists of (A) Land and Building, (B) Equipment, (C) Furniture and Fixtures, (D) Hardware and Software, (E) Inventory, (F) Other, please provide an itemized list labeled **Exhibit A** that contains serial and identification numbers of all articles that have a value greater than $5000. Include a legal description of Real Estate offered as collateral.

2. Furnish a signed current personal balance sheet and three years of tax returns for each stockholder (with 20% or greater ownership), partner, officer and owner. Social Security number should be included on personal financial statement. It should be as of the same date as the most recent business financial statements. Label as **Exhibit B**.

3. Do you have any co-signers and/or guarantors for this loan?
   ☐ No ☐ Yes If yes, please submit their names, addresses, tax ID numbers, three years of tax returns and a current personal balance sheet(s) as **Exhibit C**.

4. Have you or has any officer of your company ever been involved in bankruptcy or insolvency proceedings?
   ☐ No ☐ Yes If yes, please provide the details as **Exhibit D**.

5. Are you or is your business involved in any pending lawsuits?
   ☐ No ☐ Yes If yes, please provide the details as **Exhibit E**.

6. Does your business, or any business subsidiaries, or board members own or have a controlling interest in other businesses?
   ☐ No ☐ Yes If yes, please provide their names and the relationship with your company along with a current balance sheet and operating statement for each. This should be **Exhibit F**.

7. Do you buy from, sell to or use the services of any concern in which someone in your company has a significant financial interest?
   ☐ No ☐ Yes If yes, provide details on a separate sheet of paper labeled **Exhibit G**.

8. Are any current business loans delinquent?
   ☐ No ☐ Yes If yes, describe on attached sheet and label as **Exhibit H**.

9. Are any of the company's principals related to or doing business with any BND staff or Board member?
   ☐ No ☐ Yes If yes, describe on attached sheet and label as **Exhibit I**.

10. Attach a copy of funding commitments from each source of funding. Label **Exhibit J**.

11. Are you buying medical equipment?
    ☐ No ☐ Yes If yes, you must include a list of equipment and cost as quoted by the seller and a purchase invoice. Label as **Exhibit K**.

This application must be accompanied by the following:

1. A letter of approval from the Medical Facility Infrastructure Task Force that details the reasons for approval of the applicant's project.

2. To comply with North Dakota Administrative Code 33-07-02.1-02, the North Dakota Department of Health must review and approve the building plans and specifications. BND will require evidence of this approval.

3. Business plan with brief company history and project description of the proposed service expansion.

4. Previous three years of audited financial statements.

5. Cash flow projections for the current year and the following two years.

6. Attorney's Opinion Letter addressing Good Standing and Borrowing Authority.

7. Evidence of Environmental Assessment.

The applicant hereby makes application to the Bank of North Dakota for a Medical Facility Infrastructure Loan in accordance with the provisions of the North Dakota Century Code 6-09-47.

Important Information About Procedures for Opening a New Account

To help the federal government fight the funding of terrorism and money laundering activities, Section 326 of the USA PATRIOT Act[1] requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account (checking, savings, certificates of deposit, loans, safekeeping services, trust services, etc.).

What this means for you:

- When you open an account or request certain services, we will ask for your name, address, date of birth, identification number such as your Social Security Number or Tax Identification Number, and other information that will allow us to identify you.
- We may also ask to see your driver's license or other identifying documents.

The principal purpose and routine uses of this information are to verify your identity, provide for the servicing of your account or loan, including communications with consumer reporting agencies, and in the event it is necessary, to locate you and collect on your loan(s). Providing any requested information is mandatory in order to open the account or receive the requested service. We will not be able to open your account or grant the service if the requested information is not provided.

In all cases, protection of our customers' identity and confidentiality is the Bank's pledge to you.

[1]This notice also satisfies our obligations under the Privacy Act of 1974

Acknowledgment and Agreement

The undersigned specifically acknowledge(s) that: (1) verification or re-verification of any information contained in the application may be made at any time by the Lender, its agents, successors, and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by the Lender, even if the loan is not approved; (2) the Lender, its agents, successors and assigns will rely on the information contained in the application and I/We have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/We have represented herein should change prior to closing; (3) in the event my/our payments on the loan indicated in this application become delinquent, the Lender, its agents, successors, and assigns, may, in addition to all their other rights and remedies, report my/our name(s) and account information to a credit reporting agency.

Borrower Name	
Name of Representative	
Signature of Representative	Date