

**FAMILY PLANNING FACILITY UPGRADE FORGIVABLE LOAN PROGRAM  
APPLICATION**

**I.** The below named family planning facility, a health care organization as defined at N.J.S.A. 26:2I-3, duly incorporated and existing under the laws of the State of New Jersey (Organization), is requesting a Family Planning Facilities Upgrade Forgivable Loan through the New Jersey Health Care Facilities Financing Authority's (Authority) Family Planning Facilities Upgrade Forgivable Loan Program (Program). **The project which the loan will fund must meet the eligibility requirements outlined in Appendix A to this application, and will be awarded according to the evaluation criteria also contained in Appendix A. Eligible expenses are identified in Appendix B of this application. Forgiveness of the loan is contingent upon the conditions set forth in Appendix C of this application.**

A. Organization Name: \_\_\_\_\_

B. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

C. Tax ID Number: \_\_\_\_\_

D. The amount of the loan request \$\_\_\_\_\_ (not to exceed \$750,000)

E. Purpose of the Loan - please complete the following:

- |   |         |
|---|---------|
| 1. Facility acquisition                               | \$_____ |
| 2. Construction or renovation costs                   | \$_____ |
| 3. Equipment acquisition or improvements              | \$_____ |
| 4. Supply acquisition                                 | \$_____ |
| 5. Information Technology services or supports        | \$_____ |
| 6. Cost of start-up staffing (not to exceed 3 months) | \$_____ |
| 7. Other (_____)                                      | \$_____ |

Total Loan                      \$\_\_\_\_\_

- II. In order to process a request for a forgivable loan, this application and the following information must be provided, as attachments, by email to the Authority at **FPLoan@njhcffa.com** by no later than **4:00 p.m., Friday, January 6, 2023** (**note--** If a particular item is not applicable to your facility, please clearly indicate as such with your application):
- A. Copy of the Organization's State of New Jersey Department of Health License and the Organization's Medicare and/or Medicaid provider numbers;
  - B. A narrative description of the project and how it will increase access to reproductive health services in New Jersey to facilitate family choice. Project narratives should specifically outline which reproductive health services will be supported through the Program. The description should also include a written itemization of the expected use of the loan proceeds with costs associated with each item or category of items. For example: If the proceeds will be used to purchase equipment or equipment upgrades, provide a description and the cost of the equipment. If the proceeds will be used to purchase Information Technology services or supports, provide a description and the cost of each component. If the proceeds will be used to purchase supplies/consumables such as personal protective equipment (PPE), medical gases, etc., please provide a list of such items and their cost. If the proceeds will be used for start-up staffing, please provide a list for each position (e.g., administrator, physician, RN, Aide, Security, etc.) expected number of work hours and rate per hour by position. If the proceeds will be used for construction/renovation purposes, provide the start date and estimated completion date of the construction together with a detailed description of the construction project. If the loan will be used to acquire or lease additional space or facilities, provide the address, cost and estimated occupation date of the facilities. See Appendix B for examples of eligible expenses;
  - C. If a Certificate of Need ("CN") is required for any portion of the project, a copy of the CN application, and, if granted, the approval letter. If an application for a CN has yet to be filed, indicate the anticipated filing date. If a CN is not required either pursuant to existing law or due to a temporary waiver, please so state;
  - D. Expected turnaround time for project to be operational; if the project is in stages provide operational dates for each stage (keep in mind, expenses must be incurred prior to June 30, 2023 (the Program Period) and final expenditure reports and requisitions for funds must be received not later than 180 days after June 30, 2023;

- E. Utilization statistics for family planning patients treated over the previous full fiscal year and the projected family planning statistics for the full fiscal year after completion of the project for which you are seeking a loan under the Program;
- F. Names of the members of the Organization's governing body (e.g., board of directors, board of trustees, etc.) and a description of their responsibilities, including how they are chosen and how they monitor and direct the operations of the Organization;
- G. A description of the Organization, its affiliates, partners, parents and other relevant information including the names, terms, and officers of the governing body of those related organizations;
- H. A corporate organization chart;
- I. Copies of the Articles of Incorporation and By-laws of the Organization;
- J. Audited financial statements of the Organization and any related organization covering at least the most recent 1-year period. Include the Auditor's opinion, Single Audit and NJ OMB Circular 15-08 Schedule and Reports (if applicable), and any notes to the financial statements. Also provide any quarterly unaudited interim financial statements after the date of the last audited financial statements through the last quarter;
- K. If there has been an operating loss in the last year, please note the amount of loss and provide an explanation of the major cause(s) of such loss(es);
- L. Describe the services provided by the Organization;
- M. Describe the service area of the Organization by zip code, and a listing of other similar family planning service providers within or contiguous to the service area;
- N. Describe the Payor mix as a percentage of gross revenues;
- O. The operating and capital budgets for the Organization through December 31, 2023;
- P. List the types and amounts of insurance maintained by the Organization including any form of self-insurance;
- Q. A schedule of existing loan and grant obligations including the creditor/grantor, original amount, current balance, expiry date.
- R. Curriculum vitae for key staff including the Chief Executive Officer, and Chief Financial Officer;

- S. Describe any threatened or pending litigation in which the Organization may be involved as well as any Federal or State Grant investigations; and
- T. The name and address of counsel to the Organization.
- U. For leased facilities, provide a copy of the lease or memorandum of understanding with the lessor.
- V. As applicable, a formal, signed resolution from the Organization's governing body which: (i) approves the application for a Family Planning Facility Upgrade Forgivable Loan under the Program and authorizes the Organization to submit said application; (ii) approves the project as set forth in the application; (iii) commits to using the loan funds for the purposes set forth in the application; and (iv) authorizes the Organization to enter into a loan agreement with the Authority.
- W. A listing of past projects that have been funded by monies from the State of New Jersey over the past five (5) years (not including the project this application is applying for) and a detailed discussion of the status of maintenance of such projects over the past five (5) years.
- X. As applicable, provide a list of any zoning or permitting approvals that will be required for the project. Also include an estimate of when applications for these permits will be submitted and the expected approval dates, if known.

III. Provide a primary and secondary contact at the Organization:

A. Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

B. Secondary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

By submission of this application, the Organization acknowledges and agrees to the following four statements:

1. All materials and information submitted with this application are correct, accurate, and complete to the best of the Organization's knowledge.
2. The Organization agrees to abide by all applicable rules, codes, statutes, regulations and government guidelines.
3. The Organization shall provide to the Authority, upon request, any information regarding the use of the loan and the progress of the project.
4. Failure by the Organization to comply with the terms of the loan agreement may result in the withholding of disbursement or a requirement to repay disbursed loan funds to the Authority.
5. If our project involves construction, **tradespeople involved in the construction will be paid at prevailing wage** in accordance with the New Jersey State Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq.

Authorized Officer's Name (printed): \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Dated: \_\_\_\_\_

## **APPENDIX A –Family Planning Facilities Upgrade Forgivable Loan Program**

### **I. Eligibility**

- A. Program applications may only be submitted by facilities licensed by the State of New Jersey who are in good standing and provide a full spectrum of reproductive health services to facilitate family choice, including but not limited to:
1. Family planning counseling and education, such as preconception health services to improve infant and maternal outcomes and improve patient health;
  2. Birth control / contraception methods;
  3. Pregnancy testing and counseling;
  4. Pregnancy termination services;
  5. Pelvic exams;
  6. Cervical, breast, testicular, and prostate cancer screening;
  7. Basic infertility services;
  8. Sexually transmitted infection (STI or STD) testing and other sexually related diseases such as Monkeypox, prevention, education, and treatment;
  9. Screening for HIV, PrEP (pre-exposure prophylaxis) assessment and other services; and/or
  10. Referrals to other reproductive health and related social services
- B. Facilities that are licensed by the State of New Jersey to provide other health care services—including but not limited to, other medical, dental, mental health, substance use disorder services—and do not provide services related to family planning, pregnancy-related, and other reproductive health services are not eligible to submit applications for the Program.

### **II. Evaluation Criteria**

Loans will be prioritized based on the following criteria:

- A. When the loan application is received, with the earliest complete loan applications processed first.
- B. The completeness and clarity of the loan application and the purposes for which the loan is sought.
- C. Whether the project identified in the application can be completed within the Program Period (i.e., all costs incurred by June 30, 2023, and project completion and requisitions submitted by no later than 180 days thereafter);

- D. Projects which will provide family planning services to the most new patients or add family planning services previously unavailable or underserved.
- E. Projects that are in an area of New Jersey experiencing a high level of need for family planning services.

### **III. Funding Amounts**

The maximum award for each approved Program application is \$750,000; however, due to the limited funding pool and depending upon the number of applications received and awarded under the Program, there is no guarantee that applicants will receive the maximum award, or the maximum award may be adjusted and reduced based on the number of eligible forgivable loan applications. The Authority has discretion to approve loan amounts that are different from the amount provided by the Organization in its application. If an Organization submits an application and does not receive the amount of funding it requested or the maximum award amount is subsequently reduced, then the facility should clearly identify if there are other funds that it has available to complete the project as proposed and, if not, the Authority will identify the portions of the project that the forgivable loan funds are awarded for and which portions will be eliminated from the project to be funded by the forgivable loan.

### **IV. Requisitions**

All loan fund disbursement will be subject to requisition with satisfactory evidence that an eligible expense has been incurred (e.g., receipt or invoice). Requisitions will be processed as received with the minimum requisition amount no less than \$5,000.

**APPENDIX B –Family Planning  
Facilities Upgrade Forgivable Loan Program**

**Eligible Expenses**

Program applications may only include allowable expenditures and costs incurred and/or expended during the Program, which are related to and/or support facilities or equipment improvements and/or upgrades.

**A. Allowable Expenditures and Costs**

1. Facility acquisition;
2. Interior renovation and improvements to existing buildings and facilities, including examination rooms, waiting rooms, and other components;
3. New and/or expanded exterior changes such as parking, fencing, sheltered outdoor waiting space, etc.;
4. New equipment, including machines, tools, etc., which can include medical and other supplies that are needed to support facilities or equipment improvements and/or upgrades;
5. New and/or expanded Information Technology services and supports, such computer software, hardware upgrades, and/or improved Wi-Fi access points to accommodate increased caseload and support provision of services via telehealth modalities.
6. Additional staffing or recruitment efforts, but only for initial, startup costs (first three (3) months) as ongoing costs will need to be assumed by the facility, as noted in Section B below.

Please note that these examples are not meant to be exhaustive, and other expenditures and costs may be allowable, provided they are related to and/or intended to support facilities or equipment improvements and/or upgrades utilized in the delivery of family planning and other reproductive health/pregnancy-related services. **Moreover, any capital improvement/ construction project receiving the support of the Authority must ensure adherence to applicable prevailing wage requirements.** Facilities should submit requests through their Program application with appropriate supporting documentation to the Authority, as review and approval will be subject to its discretion.

**B. Unallowable Expenditures and Costs**

1. Unallowable expenditures and costs include funding for increased staffing beyond initial, startup costs and recruitment efforts as these types of ongoing efforts are not considered to be a facility improvement or equipment upgrade, and facilities will need to identify ongoing mechanisms for funding staffing expenditures and costs beyond the Program Period (i.e., June 30, 2023), should those efforts need to continue.

2. Other unallowable costs include costs associated with normal day-to-day facility operations that are not related to facility or equipment improvements and/or upgrades.

**APPENDIX C – Forgivable Family Planning  
Facilities Upgrade Loan Program**

**Conditions of Forgiving the Loan**

1. Funding under this Program will be through a zero-percent interest rate, one (1) year forgivable loan, which will be evidenced by a loan agreement between the Authority and any facility that receives a loan under the Program.
2. If a facility receives a loan under the Program and it remains open for business and continuously meets the eligibility and service requirements outlined in this application and contained in the loan agreement for one (1) year from the date of execution of the loan agreement, then the loan will have been deemed satisfied and the loan will be forgiven and any obligations thereunder will be released.
3. However, if a facility conveys/sells its interest, or ceases providing family planning and other reproductive health/pregnancy-related services, during the one (1) year term, then all loan funds will be due and payable to the Authority.