

I. Organization Information

Date of Submission

Sponsor		Legal Name of Borrower (if different from Sponsor, i.e. Single Purpose Entity)							
Sponsor Type (check all that apply)	Borrower Entity Type (check all that apply)								
Non-Profit □ For-Profit □ Individual □ L LP □ Corp. □ Other □	Non-Profit □ For-Profit □ LLC □ LP □ Corp. □ Other □								
Additional Comments (<i>if warranted</i>)	Additional Comments (<i>if warranted</i>)								
Sponsor Address		1							
City	State		Zip						
Primary Contact	Email		Phone						
Year Formed		Existing LISC Borrower	□ New Borrower □						
Brief Description of Organization (i.e. mission,	experience, track rec	ord)							

II. Project Terms

Loan Type (click all that apply)	
□ Predevelopment □ Acquisition □ Construction □ N	lini-Permanent 🛛 Permanent 🔲 Bridge 🖾 Working Capital
Requested Loan Amount	Requested Loan Term
Repayment Event & Source □ Committed □ Not Comm	nitted
Capital Sources (please list any other sources of capital, amounts, and	l status)
Collateral	

III. Project Information

Housing Commercial/Retail/Facility/Mixed-Use Healthy Foods	Census Tract s FQHC Other
	s FQHC Other
Housing Commercial/Retail/Facility/Mixed-Use Healthy Foods	s FQHC Other
Housing Commercial/Retail/Facility/Mixed-Use Healthy Foods Project Summary	s FQHC Other
Project Summary	
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Project Timeline (brief narrative description of key timing considerations, i.e. acquisition	on, zoning approvals, construction, etc.)

IV. Site Control

Site Control Status	ent □ To be Acquired □ Other						
Purchase Price	· · · · · · · · · · · · · · · · · · ·						
Value As Is	Value As Complete						
Describe how value was determined	□ Appraisal □ Comparable Sales/Rentals □ Market Study						
	□ Other						
Current Zoning (permitted use)							
Are there any zoning changes, use pe	rmits or variances required? Please describe.						
Has the property been inspected or tes If yes, please briefly describe.	sted for environmental hazards (lead-based paint, asbestos, underground storage tanks, etc.)?						
Please attach the following:							
 Three years of most recent fina financial statements 	ancial statements (most recent quarter interim statements & most recent audited						
Bios of Sponsor leadership and	d project leads						
 Preliminary Project Sources ar 	nd Uses						
Preliminary Project Budget							

Additional Project Information

Housing (please complete for all housing related loan requests)							
Ownership Type (Select all that apply)							
□ Single Family □ Multi-Family □ Mixed-Use □ Rental □ For-Sale □ Other							
Type of Construction □ New Construction □ Rehabilitation □ Manufactured/Modular Units □ Other							
Target Population (<i>Select all that apply)</i> □ Senior □ Special Needs □ Family □ Veterans □ Other							
Targeted Area Median Income <i>(Select all that apply)</i> □ 30% AMI □ 50% AMI □ 60% AMI □ 80% AMI □ 100% AMI □ 120% AMI □ Other							
Healthy Foods (please complete for all healthy foods related loan requests)							
Business Type □ Single Food Market □ Food Cooperative □ Farmers Market □ Food Hub □ Small Food Market Chain (2 - 5 Locations) □ Medium to Large Food Market Chain (> 5 Locations) □ Other							
Parent Company / Cooperative (if applicable)							
Is the borrower the store? Yes No If No, please describe the borrower.							
Is the borrower part of a green grocer or other healthy food initiative? Yes No If Yes please describe.							
Tenants							
Proposed Tenant(s) (if applicable)							
Which of the tenant(s) have signed leases?							
Percentage of space leased							
Lease Terms							
Health Facilities (please complete for all health facility related loan requests)							
Health Services Information							
Will the project increase the number of patients and patient visits?□ Yes □ No							
If yes: Current # Projected #							
Patients Served Annually Stabilization							
Patient Visits Annually							
Will the project have any other community impacts (community facility, commercial space, affordable / other housing, etc.)? If yes, please describe. □ Yes □ No							
Number of Administrative FTEs Created							
Number of Medical FTEs Created							
Number of Retained FTEs							
Will the project increase the amount of physical space available to deliver health services?□ Yes □ No							

Service Areas																			
								С	urrent						Pr	ojecte	d		
# Medical Exam	Roor	าร																	
# Dental Operato	ries																		
# Mental Health I	Roon	າຣ																	
# Other Service F service)	Roon	ıs (pl	ease	speci	fy														
# Other Service F service)	Room	ıs (pl	ease	speci	fy														
Utilization Three year's histo	rical				patie			payor		-		by re	evenu	e sou	rce)				
		-2	2 Yea	ir 👘		-1 Ye	ear		(Curre	nt								
Medicaid												_				_			
Medicare Self																			
Pay/Uninsured																			
Other Public												_							
Insurance																			
Private Insurance	Э																		
Total																			
Services Offered																			
4	Medicine	Ambulatory Surgery	Dental	Elder Care	Family Planning	Home Care	Laboratory	Mental Health	Nutrition	OB/GYN	Occupational Health	Pediatrics	Pharmacy	Podiatry	Radiology	Substance Abuse	Urgent Care	Other:	
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Current																			1

Due Diligence Checklist

In addition to your completed Loan Request Intake Form, the following list serves as a guide to the information that may be requested during the underwriting or closing process. Please be ready to submit any requested information to ensure your loan request can be processed in a timely manner.

Sponsor / Borrower Documentation for Approval:	 Borrower Organizational Chart and Documentation (including articles of incorporation, operating agreements, etc.) List of Key Staff and Resumes List of Previously Completed Projects/ Development Experience Sponsor(s) Organization Budget and 24-month Cash Flow Projections 3-year Audited, "parent-only" Unconsolidated Financial Statements (if available) Most Recent Quarter-End Internally Prepared Financial Statements REO Schedule Personal Financial Statements for Any Principal with Minimum 20% Ownership Stake LISC Borrower Impact and Demographic Survey
Project Documentation for Approval:	 Project Description (including description of any green features and any community engagement planned or completed) Project Sources and Uses Evidence of Other Project Funding Source Project Operating Por forma Project Timeline Market Study / Analysis Identification of Development Team (as applicable): Architect, General Contractor, Property Manager, Development Consultant, Service Provider, etc. If real estate secured: Property Appraisal (to be ordered by Lender), no more than 12-months from closing. Phase I Environmental Assessment and Phase II (if applicable), both dated no more than 12 months from closing, together with such reliance letters as Lender may require. Capital Needs Assessment, with identification of capital
Construction Related Requirements:	 improvements, upgrades and repairs needed during term of loan. Standard construction related requirements conditions for transactions of this nature, including but not limited to Standard satisfactory real estate due diligence including any environmental reports, property needs assessment, satisfactory plan and cost review and ALTA survey; Lender review and approval of owner's representative contract; A GMP contract will be required; Construction completion must be supported by a 100% payment and performance bond or another contractor guarantee subject to Lender approval; A minimum of owner's hard cost contingency of 10% for rehabilitation/5% for new construction projects outside of the construction contract and a minimum of 5% soft cost contingency; The construction contract to provide for a minimum of 10% retainage (or State requirement), to be released at construction completion and evidence of all necessary sign-offs.