# **OREGON FACILITIES AUTHORITY**

# **SNAP LOAN APPLICATION**

# (Small Nonprofit Accelerated Program Loan)

- **1.** General Instructions
- 2. Application Form
- 3. Checklist

# <u>Questions?</u> Please call or e-mail Gwendolyn Griffith, OFA Executive Director (503) 802-5710 OFA@tonkon.com

# **OREGON FACILITIES AUTHORITY -- SNAP LOAN**

# **GENERAL INSTRUCTIONS**

- 1. <u>The Applicant must qualify for The SNAP Loan program</u>. In order to qualify for SNAP Loan financing, the Applicant must meet the following requirements:
  - A. The applicant must have §501(c)(3) status and qualify as a public charity under the Internal Revenue Code;
  - B. The application must be accompanied by a letter of interest or commitment from a bank;
  - C. The Plan of Finance must not involve:
    - Any placement agents
    - Swaps or other hedging instruments
    - A Trustee
    - Remarketing agents
    - Letters of credit, bond insurance or any other complex form of credit support (guarantees or additional pledged collateral is usually acceptable)
    - Need for customized loan documents
  - D. The Project and the financing must comply with state statutes and OFA regulations and guidelines.

- E. The Applicant must have completed a consultation with OFA's Financial Advisor and a scoping call must have been held. Please consult the OFA Executive Director for details about these requirements
- 2. <u>Filing the Application</u>: Electronic & Physical Copies
  - A. The Authority meets monthly. An OFA Meeting and Application Schedule is available on OFA's website and by request to OFA at <u>ofa@tonkon.com</u> or 503-802-5713. Applications are due to the Authority for each meeting on the date specified in the Meeting and Application Schedule. If you have any questions about the application deadline, please contact the OFA Executive Director.
  - B. File the complete Application with attachments (1) by e-mail as a single .pdf attachment to OFA@tonkon.com, and (2) mail or deliver an original, signed application (with attachments) and seven additional (7) copies of the entire package to Gwendolyn Griffith, Executive Director, Oregon Facilities Authority, 888 SW Fifth Ave., Suite 1600, Portland, OR 97204.
  - C. The physical copies of the application should be printed on both sides (duplex printing).
- 3. <u>Application Fee</u>. The application fee is \$500, which must accompany the application. Make checks payable to "Oregon Facilities Authority."
- 4. <u>Checklist</u>. At the end of this application form is a checklist which includes all the required attachments and schedules. Please include a copy of the checklist with your application.
- 5. <u>Latest Version of Application</u>. The application form is revised from time to time. Make sure you are using the most recent version. You may download the latest application at: <u>http://www.oregonfacilities.org/</u>

# OREGON FACILITIES AUTHORITY 888 SW Fifth Avenue, Suite 1600 Portland, Oregon 97204 (503) 802-5710

## PART I: GENERAL INFORMATION—BORROWER & PROJECT

#### **1.** Applicant Information:

Legal Name and Address of Applicant:

2. Please describe your organization's mission and primary activities:

- 3. Amount of SNAP Loan Financing Requested: \$\_\_\_\_\_
- 4. Please describe the Project for which the proceeds of SNAP Loan financing will be used:

Address of Project: \_\_\_\_\_

(Attach additional sheets as necessary)

a) How many full time employees does your organization employ? \_\_\_\_\_\_
b) If your organization uses volunteers, how many volunteer hours were donated to the organization in its most recently completed fiscal year? \_\_\_\_\_\_

#### 6. Names of Oregon Legislators:

(helpful resource: https://www.oregonlegislature.gov/findyourlegislator/leg-districts.html)

#### For Oregon headquarters of Applicant:

Federal Representative

**Oregon State Senator** 

**Oregon State Representative** 

For Project Address (if different):

**Federal Representative** 

**Oregon State Senator** 

**Oregon State Representative** 

## 7. Current Status of Project

Describe the status of the construction or renovation, if applicable, and dates of expected completion:

8. Please describe how the Project will benefit the citizens of Oregon, and how it will help accomplish your mission:

#### 9. Administrative Personnel:

a)

Chief Executive Officer:			
	Name and Title		
	Address		
		<u>( )</u>	
	Telephone	Fax	

E-mail

	b)	Chief Financial Officer:		
	,		Name and Title	
			Address	
			( )	( )
			Telephone	Fax
			E-mail	
	c)	Liaison to Authority:		
			Name and Title	
			Address	
			( )	( )
			Telephone	Fax
			E-mail	
10.	Profe	ssional Consultants:		
10.	a)	Legal Counsel:		
			Name and Title	
			Address	
			( )	( )
			Telephone	Fax
			E-mail	
	b)	Financial Advisor (if any):		
		(ii uliy).	Name and Title	
			Address	
			()	()
			Telephone	Fax
			E-mail	

### **11.** Describe the Legal Structure of Applicant

- a) Nonprofit Corporation: \_\_\_\_\_\_(Specify)
- b) Please describe how the organization is governed (Board of Directors, Trustees, etc.)

\_\_\_\_\_

c) Will any affiliated or related entities be involved in the Project?

If YES, please attach a description of these entities and their involvement.

d) Year organized: \_\_\_\_\_

#### 12. Religious/Sectarian Status of Applicant

a) Is the Project or facility, or any portion thereof, used or to be used for sectarian instructions or as a place of religious worship?

Yes \_\_\_\_\_ No \_\_\_\_

b) Is the Project or facility used or to be used primarily in connection with any part of a program of a school or department of divinity for any religious denomination?

Yes \_\_\_\_ No \_\_\_\_

c) Is the Applicant a school or institution primarily engaged in religious or sectarian activities?

Yes \_\_\_\_ No \_\_\_\_

d) Is the Applicant a religious or sectarian institution or an affiliate of any such institution?

Yes \_\_\_\_ No \_\_\_\_

If the answer to any of the above inquiries is YES, please attach an explanation of the religious or sectarian involvement or relationship.

## **13.** Other Participants:

If a person or entity other than the Applicant is to manage, operate, or lease all or a portion of the project, please provide the following information:

Name: Address:			
Role:			
501(c)(3)?:	Yes	No	(Attach additional sheets as necessary)

*Examples:* Property management by another company; contract to provide food or other essential services; lease of part of facility to other organizations (for-profit or not-for-profit).

## PART II: PROJECT FINANCING

**1.** Will there be any "public monies" used in the project, i.e. grants, loans or other contributions from the State of Oregon or any political subdivision of the State?

Yes \_\_\_\_\_ No \_\_\_\_

If yes, please describe:

### 2. Summary of Project costs and sources of funds

#### a) Sources of Funds

SNAP Loan proceeds: Other financing: Equity contribution: Other:	
TOTAL	
b) Uses of Funds	
Architectural & engineering services:	
Construction expenses:	
Land acquisition:	
Equipment purchase:	
Costs of issuance:	
Fees – Lending Institution:	
Other:	

OFA SNAP Loan Application

3.	TOTAL <b>Proposed Timing</b>	
	OFA Preliminary Approval: OFA Final Approval: Closing:	
•	are requesting <u>conditional final approval</u> , che val is desired and is appropriate under OFA's	1 0

# 4. Is this a refinancing of existing debt? \_\_\_\_Y \_\_\_\_N

If yes, please describe the loans to be refinanced. Check here  $\Box$  to confirm that you have conferred with the Executive Director about providing additional detail to Bond Counsel prior to submitting the application:

# PART III: LENDER AND FINANCING PLAN

### **1.** Information About Lender(s)

a) Name and Address of Sponsoring Lender:

Institution Name		
Contact Person		
Address		
( ) Telephone	(_) Fax	
E-mail	T UA	

		Yes No
		If Yes, describe the structure of the participation:
	c)	Is the Lender adequately or well capitalized under FDIC standards?
		Yes No
2.	Desci	ribe Terms and Conditions of Financing
	a)	Amounts and terms of repayment:
	b)	Fees to be charged by Lender:
		Fee     Amount
	c)	Describe the security for the financing:
3.	<b>expec</b> Taxal	e describe the differential between the taxable rate and tax-exempt rate eted for the project. ble interest rate:% s rate committed? Or estimated?
	Non-I	Bank Qualified (SNAP) Loan Rate:% s rate committed? Or estimated?
	\$	ated savings to borrower over term of loan of using OFA financing:
4.	Proc	ess of Choosing a Lender.

a) Did the Applicant use an RFP process to choose the Sponsoring Lender?

Yes \_\_\_\_ No \_\_\_\_

Sponsor	ing Lender?
Optional	: Names/Locations of interviewed Lenders:
Is the Le	ender requiring a depository relationship with the Borrowers?
	Yes No
If Yes, v	vill all of Borrower's funds be FDIC insured?
	Yes No
If No, pl	ease explain:
SNAP Lo Applicant:	ans in an amount greater than \$5 million, in choosing the SNAP ro
pare the o	costs/benefits of a traditional private placement?
1	Yes No N/A

Compare the costs/benefits of a public offering? Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_

Please describe the factors that led to the choice of the SNAP route versus a traditional private placement and/or public offering:

6. Who will be appearing to present the Application to the OFA Board:

For Applicant:

5.

For Sponsoring Bank:

# CERTIFICATION

The undersigned, being the duly authorized, appointed and acting \_\_\_\_\_\_\_\_\_\_(specify title) of \_\_\_\_\_\_\_\_\_(insert name of Applicant), and acting for and on behalf of the Applicant does hereby certify that, to the best of my knowledge and belief after reasonable investigation:

- (1) The statements and information contained in the foregoing application are true, complete and accurate in all material respects; and
- (2) The attached documents are true and complete copies

(Name of Applicant)

By: \_\_\_\_\_

Print or type name: \_\_\_\_\_

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

Date: \_\_\_\_\_

# OREGON FACILITIES AUTHORITY -- SNAP LOAN CHECKLIST OF REQUIRED SUBMISSIONS

# **Required for ALL Applications**

- □ Completed, signed application mailed, with seven (7) additional complete copies (*this means an original plus 7 for a total of 8 hard copies*)
- □ E-mail of complete package in .PDF format as a single .PDF
- $\Box \quad \text{Application fee ($500)}$
- **u** Term Sheet or commitment letter from Sponsoring Lender
- Certification by Sponsoring Lender of capitalization standards
- Copy of IRS determination letter
- **Copy of resolution authorizing financing application**
- Copy of most recently filed Form 990
- □ NPV analysis
- Copies of audit reports for last three years, if available, or if unavailable, financial statements (unaudited) for past three years
- Completed Checklist

### Check below if you are attaching the following:

- Description of other entities participating in the project, and information about relationship of Applicant to these entities and their role in the project
- Description of operator of Project, if different from Applicant, including information about relationship of Applicant to the operator and its status
- Detailed description of religious or sectarian activities

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