

**LOCAL IMPACT INVESTING PROGRAM**

INSTRUCTIONS FOR APPLICATION

Intermountain Healthcare’s Local Impact Investing program exists to support Utah’s economic development, impact Intermountain’s identified community health priority areas, and keep people healthy by targeting improvements in social determinants of health.

**Please complete the following checklist before filling out the application in full.**

Please note: this form is only one part of your application. Detailed attachments must accompany this form.

* Aligns with Intermountain’s mission to help people live the healthiest lives possible
* Aligns with one of Intermountain’s priorities, which are:
  + **Prediabetes** –improve the prevention, detection, treatment and/or management of prediabetes
  + **High blood pressure** –improve the prevention, detection, treatment and/or management of high blood pressure
  + **Depression** –improve the prevention, detection, treatment and/or management of depression
  + **Suicide** – improve the prevention, detection, and reduction of deaths by suicide.
  + **Prescription opioid misuse** –improve the prevention, detection, and treatment of prescription opioid misuse
  + **Access** – improve access to medical, dental, vision care, behavioral health, substance use treatment and other preventative services
  + **Health promotion and wellness** – actions taken by individuals to improve healthy behaviors that can help prevent chronic disease, addiction, diet, eating habits and physical activity
  + **Food insecurity** – not having reliable access to enough affordable, nutritious food
  + **Housing instability** – having difficulty paying rent or affording a stable place of one’s own; living in overcrowded or run-down conditions
  + **Interpersonal violence** – being exposed to intentional use of physical force or power, threatened or actual, that results in or has a high likelihood of resulting in injury, death or psychological harm
  + **Transportation** – not having affordable and reliable ways to get to medical appointments or purchase healthy foods
  + **Utility needs** – not being able to regularly pay utility bills (e.g., electricity, gas, water, phone, connectivity) and/or afford necessary maintenance or repairs
* Supports economic development in local communities
  + Addresses disparities
  + Support the growth of local businesses i.e. within 200 miles of an Intermountain facility
* Full and Complete Audit of Organization’s Financial Statements
  + You must have a full and complete audit that is current within two years of the deadline date of the application. What you submit must include the full audit, including any findings or letters from the auditing firm.
* Federal determination letter denoting your organization as a 501(c)3 not-for-profit (if applicable)

If you have questions about the application form, please call or email Lisa Nichols at 801-442-3798 or [*Lisa.Nichols@imail.org*](mailto:Lisa.Nichols@imail.org) *before* completing the application form.

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| --- | --- | --- | --- | --- |
| 36 South State Street, 23rd FloorSalt Lake City, UT 84111 | | | APPLICATION Local Impact Investing | |
| Name of Organization: | | | | |
| Address of Organization City State Zip Code | | | | |
| Organization’s Mission Statement: | | | | |
| Borrower Contact Name: | Phone Number: | | E-Mail: | |
| Borrower’s Tax ID or EIN # | | Guarantor(s) | | Guarantor(s) Phone and Email |
| Guarantor(s) Tax ID or EIN # | | Guarantor(s) Address | |  |
| Name of Project | | Project Address | | Loan Amount Requested: $ |
| Requested Loan/Investment Type Desired:   * Direct Loan * Intermediary Investment * Bridge Loan | | | * Line of Credit * Equity Capital * Guarantee | |
| 1. Describe the request and proposed use of the funds. What is the potential benefit to the community? | | | | |
| 1. Describe the history of the organization and services and products provided: | | | | |
| 1. Describe the geographic area served by the organization: | | | | |
| 1. Describe any existing collaboration or business relationships with Intermountain Healthcare: | | | | |
| 1. How will you evaluate the success of the initiative? | | | | |
| 1. What are the target outcomes you expect to achieve from the program over the term of the loan? | | | | |
| 1. List the most important sources of revenue inherent in your business model: | | | | |
| 1. List the most important costs inherent in your business model: | | | | |
| 1. List the sources of equity for your organization (note percent of total equity from workers or members and the cost of an ownership share): | | | | |
| *Outcome measures determine and evaluate the results of an activity, plan or program and their comparison with the intended or projected results.*  Do you agree to provide Intermountain with quarterly financial statements and performance outcome measures during the term of your loan?   * Yes * No | | | | |
| List the sources and amounts from which funding has been received in the past year for the business to establish diversification of funding and program sustainability:  **Name Amount Requested Status** | | | | |
| If approved for funding, indicate below the intended use of the requested funds:  **USES OF FUNDS AMOUNT REQUESTED**  Working Capital  Other: | | | | |

In addition, this application form should be accompanied with:

* One-page cover letter
* Business license.
* Board resolution to borrow including the term (if applicable) or letter from the CEO and president.
* Project budget
* Full and complete audit of financial statements (current within two calendar years of application deadline)
* Tax returns for the past 3 years
* W-9 for the business
* Copies of the last three months bank statements
* Projections: Balance Sheet, Income and Cash Flow Statements including a narrative explaining your projections
* Itemized budget for organization
* Current IRS Determination letter designating 501(c)3 status (If applicable)
* Current list of board of directors, including occupations, addresses, contact information
* Current list of Management and brief description of decision-making and governance process
* Collateral owned by the business
* List of any contingent liabilities
* Proof of U.S. Citizenship (birth certificate, passport or valid US driver’s license with SS card) or Permanent Resident Card
* Guarantor Information (if applicable for each owner of 20% or more): personal federal tax returns (Form 1040 with itemized deductions for past 3 years) And the last 3 months of statements for checking, savings and money market accounts.

**CERTIFICATION**

I am the duly appointed and authorized (Title) 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 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization

*If applicable:*

Approved at the Board meeting of \_\_\_\_\_\_\_\_\_\_\_\_\_ by a vote of \_\_\_\_\_ to \_\_\_\_\_.

(Date)