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CAPITAL LINK

Connecting Health Centers to Capital Resources

capitalink newsletter



Allison Coleman, CEO

A Message from the CEO

As the year draws to a close, many health center leaders are breathing a sigh of relief that application materials are submitted for the two Affordable Care Act capital funding opportunities for community health centers. Since grant announcements are not expected until spring, health centers can turn their attention to other methods of moving capital projects forward.

This issue of *Capital Ink* contains information about ways to continue raising funds for capital projects while waiting for grant announcements. One recommendation is to accelerate capital campaign activities, so inside is an article by Ray German of BMG Associates offering advice and insights about trends affecting the grant-making environment. Also, our federal funding update gives details about increases in the rural development direct financing program that present opportunities for some health centers.

Our health center highlights section focuses on several state initiatives that describe the challenges health centers currently face and the economic benefits they provide to their communities. In November, Capital Link completed a study for the California HealthCare Foundation which included comprehensive case studies of eight California clinics, each striving to expand and adapt to changes in their service areas. In addition, the Louisiana Primary Care Association recently asked Capital Link to measure the impact of both health center operations and the state's Facility Expansion Initiative on state and local economies, illustrating the importance of community health center growth.

Finally, we offer our thanks to the nearly 400 health centers who participated in our National Capital Needs Assessment and an update on the analysis. We also provide information about new resources relevant to health centers, including a federal update, new webinars and research reports. As always, we hope this information helps you achieve your capital development goals.

All of us at Capital Link extend our best wishes for a wonderful holiday season and a prosperous 2012.

Regards,

Allison Coleman
Chief Executive Officer



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Thank You for Participating!

Capital Link closed our national capital needs assessment on November 30th and is currently analyzing the data provided by nearly 400 health centers across the nation. Thanks to all who participated in this important project, which will help elucidate the scope of existing and future health center capital requirements. The results of this study, published in early 2012, will be used to advance health center and Primary Care Association growth planning by estimating the need for additional capital investment to allow health centers to serve up to 40 million patients.

5 Things to Focus On While You Wait for ACA Grant Award Announcements

After working hard to complete a strong application for ACA Capital Development grants, it's tempting to move your capital project to the back burner until spring when the grants are announced. Don't fall into this trap! The next several months offer a unique opportunity to advance and improve your project while you wait for announcements. If you are fortunate enough to receive funding, you'll be prepared to proceed. On the other hand, if your project isn't funded, you can immediately implement backup plans to ensure the project moves ahead. Here are five things you can work on in the next few months:



- 1. Pursue Additional Equity Funding:** Most project budgets are a compromise between available resources and the space and equipment you want. There are always features and equipment you'd prefer to add to your facility if you only had the funds. However, unexpected gaps in funding can also lead to tough choices between needs and wants. To lessen the likelihood of a squeezed project budget, explore additional funding possibilities for your project. Whether you approach foundations or start a capital campaign (see article on page 3), the process should begin now.
- 2. Develop a "Plan B":** Many projects submitted for ACA CD consideration requested all or most of their project funding via the federal grant. Although this is a low risk approach, it doesn't leave you with many options if you don't receive an award. Now is a great time to review your organization's financial capacity and determine if you can support additional debt. With support from the Bureau of Primary Health Care, Capital Link can complete a thorough debt capacity analysis of your health center. Armed with this information, you can begin to approach your bank and others to learn about financing possibilities. Remember—you don't have to agree to terms now—but you should track down as many financing options as possible so you and your board can make well-informed decisions going forward.
- 3. Get Caught Up:** Putting together the CD grant application may have raised some important questions regarding your project. Of course, the deadline for applications made it difficult to find all the answers before submitting, but you now have a chance to take a closer look at some of the details. Specifically, have you:
 - Completed an in depth review of your project budget?
 - Conducted an environmental review?
 - Produced a detailed staffing plan for completing your project?
 - Reviewed possible vendors/contractors?
- 4. Develop a Comprehensive Facility Plan:** More than a few health centers have completed building projects only to discover that the new space is still too small or poorly organized. Of course, once the building is complete, changes to the layout are exponentially more expensive. Now is the time to develop or fine tune your programming and facility plan. Consider creating a separate workgroup to review plans for your new facility to determine if they will meet your needs. Be sure to engage clinical staff. Capital Link's website has a wide variety of information on this subject, as well as webinar recordings.
- 5. Educate and Engage your Board:** One of the greatest strengths of the community health center movement is the presence of patients on the board of directors. Hopefully, many of you have already brought your board up to speed on your expansion plans, but if not, make sure you ask for insight. Consider creating a separate subcommittee to focus exclusively on your project. Most projects have no shortage of to-do lists—and board members can meaningfully contribute in a variety of ways ranging from day-to-day assistance/oversight to fundraising and resource development.

One important note: remember that costs related to projects funded through either HRSA's CD-BC or CD-IFI grants are not eligible for reimbursement if incurred prior to 90 days before the award date! Make sure you have alternate funding sources for any out-of-pocket costs you may incur during this interim period.





Capital Campaign Advancement Given Recent Dynamics



By Ray German

Ray German is a principal at BMG Associates, a firm that provides personalized fund raising consulting services to non-profit organizations. Established in 1968, BMG has served more than 500 organizations through successful capital and endowment fund raising programs. BMG Associates' clients include colleges, universities, churches, private and public high schools, seminaries, health and human service agencies, museums and arts organizations, and youth-related organizations.

Health centers that have successfully completed their capital project funding have typically drawn support from a variety of sources. As centers wait for news of the recent ACA capital grant opportunities, now is the opportune time to explore additional funding for your project by revitalizing your capital campaign activities. To most effectively advance a capital campaign, carefully consider the current trends in giving:

The Economy Has Caused a Shift in the Sources of Major Gifts

Capital campaign support has shifted over the last ten years from the traditional dominance of large corporate and foundation gifts to more and larger gifts from individuals and families. In fact, the bulk of gifts made nationally right now come from individuals and families.

With two recessions in the last ten years, corporate and foundations continue to refocus their giving, not necessarily giving less but giving higher amounts more intentionally to fewer organizations. In some cases, long-supported programs or causes can lose if they fail to demonstrate their effectiveness and continuing relevance. With this trend in mind, it is essential that health centers diligently strengthen relationships with current donors as well as seek to cultivate relationships with new individuals and families that could become significant donors. Health centers need to pay particular attention to how their outcomes align with the specific interests and giving criteria of their prospects and donors.

Donors Need to Connect to More than Your Campaign Volunteers

The process and steps of today's capital campaign resemble those of the past, with some significant differences. Because right now we truly live in a donor-centered market, it is critical for health centers to remember that those in a position to give significantly are interested in fully grasping the mission, impact and strategy of the organizations they support. Raising funds requires that you understand what it is that your organization does or has that is of importance to your potential donors.

Building strong relationships has always been important in obtaining substantial gifts, but in the past it was manifest principally in the connection between fund development staff or campaign volunteers and prospects. Today, strong relationships continue to be central to success, but there must be a connection between prospects and the organization's leadership as well as their fundraising arm. In short, donors really want to know your whole organization before they give you funds.

One major reason for this shift is the steadily rising competition for the charitable dollar. The influence of campaign volunteers remains significant in any solicitation but is often not enough to move a source to make a first time gift of \$25,000 or more. For this reason, health centers must take time to cultivate the interest of a new donor before asking for the gift.



Rising Competition

*Health centers must strengthen relationships with current donors **and** cultivate relationships with new individuals and families.*

Capital Campaign Advancement (continued)



Major Donors Need Time to Get to Know You

Because BMG Associates' non-profit clients need time to build relationships and communicate benefits to prospects, successful recent campaigns have started with an extended quiet phase focused on major gift prospects of \$25,000 and above. We recommend securing at least 50-60% of the goal before moving the capital campaign into a visible, more public phase.

Historically, launching events were essential to bringing the campaign to the attention of a large pool of prospects. Today, we find that launching events are often not well attended. Rather than simply “cast the solicitation net as widely as possible”, we strongly urge our clients to take a more deliberate and focused approach to the first phase of the campaign and devote as much as 9 months to securing gifts of \$25,000 and above.

We often encounter a desire on the part of a client to rush through the quiet phase in order to announce the campaign to the community. Our advice is to determine the timing of an announcement based on your progress in soliciting major gifts. A hurried announcement without strong, lead gifts to set the pace for others usually leads to a slow start or even a false start for the campaign.

Campaign Staffs are Shrinking

Enlisting a sufficient number of volunteers to staff a campaign has become increasingly difficult. Typically, the pool of those willing to engage in personal solicitation for a campaign is becoming smaller in most communities. Older volunteers are “retiring” and younger ones may not step up in numbers similar to prior generations. The end result of this dynamic is the need for a more strategic solicitation of prospects than was previously the case.

Take Cues from Your Donors and Prospects

A successful campaign requires a solid plan based on the advice and views of key prospects and other community leaders. Health centers must execute the plan in a thoughtful manner and constantly respond to new information or developments in order to achieve their goal.

Capital Link has a variety of resources for health centers conducting or planning capital campaigns. The Summer 2011 issue of *Capital Ink* contained an article entitled “*Capital Campaign Success – Ten Fundraising Tips.*” Also, a recording of “*Turning Stones: Effective Fundraising Strategies for Health Center Capital Projects,*” a webinar presented by Ray German and Joe McKelvey, is available. These materials can be accessed through our website at www.capl原因ink.org.

Federal Update

Super Committee Fails—Leaving Deficit Reduction Plans in Limbo

Despite several months of meetings and negotiations, the Joint Select Committee on Deficit Reduction or “Super Committee” was unable to produce a plan to achieve the required \$1.2 trillion in savings mandated by the Budget Control Act of 2011. As a result of their inaction, federal spending will be automatically cut beginning in 2013 unless Congress takes action before then. Specifically, domestic discretionary programs will be trimmed 7.8% beginning 2013 with additional cuts in later years. Social Security and Medicaid will be exempted from these automatic cuts. Although Congress has over a year to craft an alternative, the prospects for compromise are uncertain and final resolution may not happen until after the 2012 elections.

Appropriations Update: FY12 Legislation Complete

After months of debate and the passage of several continuing resolutions, Congress finally agreed to a final Omnibus FY12 Appropriations bill on December 16th. The legislation provides health centers with \$1.58 billion for FY12—roughly level funding compared to FY11. Health Centers will also receive \$1.2 billion via the ACA Trust Fund. This funding will allow health centers to continue working to grow in time to serve the influx of patients resulting from the Affordable Care Act.



Federal Update

FY12 USDA Budget Includes Major Changes in Rural Development Financing Programs

In mid-November, President Obama signed a so-called FY12 “minibus” appropriations bill into law, which included funding for several less controversial FY12 appropriations bills including the Agriculture Department (USDA).

Historically, health centers in rural areas have benefited from several programs within USDA Rural Development including grants, loan guarantees and direct loans for facility improvements and construction. The new law will reprioritize these programs within USDA. Specifically, the Direct Loan program, which provides extremely low-interest loans for health centers and other community facilities, has been dramatically expanded from slightly less than \$300 million in FY11 to \$1.3 billion in FY12. These loans are currently available at historically inexpensive rates – 3.75% for 40 year terms.

Health centers and other essential community facilities in towns or rural areas with populations up to 20,000 can apply for USDA direct loans, which can be used to provide permanent financing for construction, expansion, or improvement of a community facility. While the FY12 legislation increases the amount available for direct loans, it reduces the amount available for Rural Development loan guarantees and grants. Effectively, this change means USDA will be steering applicants toward their direct loan program and away from loan guarantees and grants.

Technical Assistance Available for Rural Health Centers

Over the last several years, the USDA Rural Community Development Initiative (RCDI) program has provided two grants to Capital Link to pay a 50% subsidy for technical assistance services we provide to eligible community health centers located in rural areas.

With its first grant, Capital Link worked with 12 community health centers to provide a variety of services, including:

- Market Assessments (with service area mapping)
- Financial Trends (individual health center with state and/or national standards)
- Operations & Facility Planning
- Financial Forecasts for Building Projects
- Economic Impact Analyses
- Written Business Plans and “Guide 5” Feasibility Analyses required by USDA as part of its Community Facility Direct Loan application process



This program provides an excellent opportunity for a limited number of health centers in rural areas to receive capital project assistance from Capital Link at half the usual cost. Capital Link can run a simple eligibility test to determine whether or not a health center is eligible for this truly rural program. Health centers interested in completing the eligibility test should contact Mark Lurtz at mlurtz@caplink.org or 636-244-3082 for a brief, no obligation conversation about your project and technical assistance needs. More information about the USDA RCDI program can be found at <http://www.rurdev.usda.gov/rhs/rcdi/>.

HHS Announces Grants to School-Based Health Centers

On December 8th, Health and Human Services Secretary Kathleen Sebelius announced grant awards totaling more than \$14 million to 45 school-based Community Health Centers across the country. The grant awards will increase by nearly 50 percent the numbers of children being served.

The infusion of new funds from the Affordable Care Act will enable health centers to expand their capacity and modernize their facilities and treat an estimated additional 53,000 children in 29 States. A fact sheet about the School-based Health Center Capital Program is available at <http://www.healthcare.gov/news/factsheets/2011/12/health-centers12082011a.html>

Health Center Project Highlights



Capital Link regularly highlights the successful strategies health centers have used for funding/financing capital projects and achieving their expansion goals. This issue shares several state-wide projects, a study of clinics in California and a major strategic initiative in Louisiana, which shed light on the struggles health centers face as they strive to expand and the tremendous impact they have on their communities. We also congratulate St. John's Well Child and Family Center (SJWCFC), in Los Angeles, CA for completing long-term tax-exempt bond financing as well as Hamilton Health Center, in Harrisburg, PA and Generations Family Health Center in CT for their achievements (see page 9 for details).

Case Studies Show the Operational Realities California Clinics Face

Capital Link recently completed a study for the California HealthCare Foundation examining clinic financial indicators, staffing and utilization patterns, and service delivery models to determine if they correlated with financial performance. The research also included eight in-depth clinic case studies to obtain deeper insights into the factors that affect financial and operating performance of California's community clinics.

The case studies gave a glimpse into the operational realities and responses of eight California clinics serving within their unique communities. Several strategic trends emerged that were common to all the clinics, and directly influenced efforts to improve operational efficiencies. This article describes these trends with links to the complete downloadable reports, which provide the detailed financial analysis, snapshots of the clinics visited, and possible systematic responses to the opportunities and challenges the clinics face.

Like all community clinics, the eight California clinics visited are mission-based organizations that are designed to be responsive to the unique needs of their service areas, an approach that may not always support financial strength. Clinics are striving to adapt to a rapidly changing health care environment while still responding to the specific patient demographics of their service areas, challenging their ability to operate efficiently. The site visits identified several common challenges:

- Practice models are evolving towards technology-enhanced and team-based models.
- Although practice models are changing, clinics continue to be reimbursed for services based on face-to-face provider encounters, which can negatively impact the clinics' financial health.
- The need for facility expansion to serve a growing patient base must be achieved while implementing a patient-centered model of care, often with scant resources and thin margins.

These pressures contribute to operational responses that are, by necessity, low-risk and minimally disruptive, which can result in lower productivity. However, all the clinics visited showed evidence of the commitment to not only survive but thrive. All eight clinics are active in local, regional, state, and national initiatives to monitor and improve patient outcomes. All are pursuing growth. All are striving to align quality and quantity while maintaining stability.

The clinics visited are seeking strategies to respond to the following common trends:

Expansion and Growth

Every clinic understands the need to keep abreast of evolving models of care, maximize the role of technology, and develop capital resources. They have responded to the effort to see more patients and offer more services by increasing provider staff. However, adding more staff has not universally increased the level of services delivered, resulting in frustration on the part of patients as well as staff. Two specific constraints identified as impediments were:

1. The process for implementing electronic health record systems has negatively impacted productivity.
2. The call to expand the patient base has encouraged the explosion of multiple part-time provider staff.

Physical Space, Practice Model, and Staffing

A common challenge reported by clinics was the pursuit of a successful alignment of the clinic's physical space with an efficient practice model and an effective staffing mix. Renovation and replacement of existing facilities needs to be a priority if team spaces and alternative types of visits for a wide range of patient demographics are to become a reality. The key to effective daily flow is the correct staffing for the task. To increase efficiency, clinics are moving staff positions from rigidly defined roles within task-based teams to more flexible roles within process-based teams. However, taking time to re-train existing staff and fully orient new staff is difficult in an environment in which maximizing the daily number of patient encounters is vital to operational and financial success.



Health Center Project Highlights (continued)

Case Studies Show the Operational Realities California Clinics Face

Risk within the Operational Environment

The challenge of successfully managing risk for long-term gain was a consistent theme among the clinics visited. Some boards of directors are risk-averse, making it difficult to move into new service areas or implement dramatic changes. Some providers are slow to change established patterns of patient care or implement new technologies. The ability to create an aura of confidence among the community, staff, and board members is a key leadership skill in managing change.

Operational Stability

In an environment of increased expectations and decreased predictability, operational stability is an important factor in clinics' ability to adapt to change. Clinics find the challenge of managing new technologies, new populations, and new models of care compounded by the volatility of the reimbursement system and the reality of rising costs. Organizational tension is especially pronounced when alternate operational models would benefit the target population but are not favorably reimbursed, or if trends in operational models are ahead of reimbursement mechanisms, causing a gap in revenue.

The ability of clinics to respond quickly to changes in demographics and gaps in services while maintaining a positive operating margin is also a common challenge. Health centers struggling to meet payroll do not have the reserves to initiate change, and traditional funding sources are less available in the current economic environment.

Culturally Effective Services

Health centers find their patient populations increasingly diverse, challenging their ability to financially support culturally effective services. Transportation, employment, legal status, location, language, culture, and age are all common barriers established providers have become adept at addressing. The change is in the volume of those barriers, both for the individual patient and the total population. The rising costs associated with facilitation of primary care services is not being covered by existing reimbursement mechanisms, particularly for urban clinics.

California's community clinics face the continuing challenge of operating with slim margins and tight cash reserves while needing to meet the growing health needs and cultural nuances of their constituents. Clinics are eager to adapt their practices with staffing models that promote efficiency while offering enhanced levels of care, yet they don't often have the financial flexibility to make dramatic departures from what has worked for them historically. Due to resource constraints, changes to practice patterns are more often implemented incrementally in order to minimize operational disruption and financial risk. As demonstrated in the eight clinic site visits, despite these challenges, clinics have a general resiliency to persevere and even grow. However, without access to targeted funding streams and the realignment of reimbursement systems that support functionally efficient and patient-centered practice models, the future growth and sustainability of clinics may be jeopardized.



Download the reports:

Capital Link's report of all the data results, *California Community Clinics: Financial and Staffing Analysis, FY2006-2009*, updates the financial trends of California community clinics and provides a deeper analysis of financial status, efficiency and performance with case studies of eight clinics.

To download, visit <http://www.caplink.org/FreePubs1.html>.



California HealthCare Foundation (CHCF) has released two publications that highlight aspects of Capital Link's findings: an issue brief focusing on the case studies entitled *Doing More with Less: Operational and Financial Strategies of Eight Community Clinics* and a companion publication, *Snapshot: Financial Health of Community Clinics* about the data analysis.

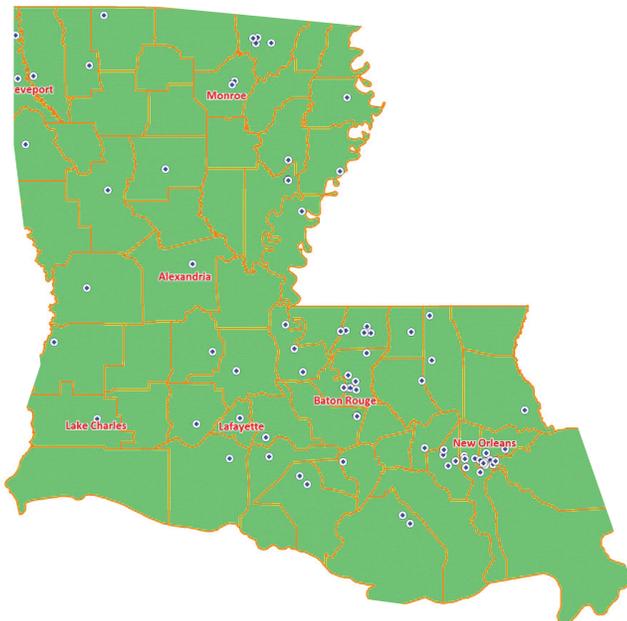
To download, visit <http://www.chcf.org/publications/2011/11/doing-more-with-less-eight-community-clinics>

Health Center Project Highlights (continued)

Louisiana's CHC's Boost Access to Care and the State Economy

Health center growth across the country has provided a significant boost to access to primary health care services due in large part to state and federal support of new or expanded sites. Between 2005 and 2010, the number of patients treated at health centers nationally increased by nearly 6 million, a 40% increase in just five years. Community health centers provide an enormous benefit in tough economic times, offering affordable health care services to uninsured, newly jobless patients that save the national health care system an estimated \$24 billion annually.

Not only do health centers offer savings; they play an important role in their communities' economic development. Louisiana, which has 28 Federally Qualified Health Centers (FQHCs) serving more than 206,000 patients through more than 640,000 encounters, recently demonstrated the economic impact of health center operations and expansion plans. In 2009, Capital Link was asked by the Louisiana Primary Care Association to measure the impact of health center operations on the state economy. A second economic impact analysis was completed this year following implementation of the state's extensive Facility Expansion Initiative.



Giving to the Community

The \$110.5 million Facility Expansion Initiative produced an economic impact of \$182 million and generated hundreds of health care positions and 1,500 additional jobs.

Louisiana has 28 FQHCs operating over 85 sites in both urban and rural regions.

In 2009, the state economic impact analysis revealed that Louisiana health centers injected \$97 million of operating expenditures directly into the local economies and stimulated an additional \$66 million of indirect and induced economic activity for a total economic impact of \$163 million. The health centers directly generated and supported more than 1,600 jobs, in many places functioning as the largest and most stable employers.

Capital Link completed an additional study recently to measure the impact of Louisiana's ambitious Facility Expansion Initiative (FEI). The FEI was the result of a formalized state strategic planning process started in 2006 by the Louisiana Primary Care Association (LPCA) and the state's community health centers to compile a list of specific capital needs. These projects, estimated to cost more than \$100 million, would be pivotal to the continuing expansion of primary care, dental and mental health services throughout Louisiana. During the 2007 legislative session, \$41.5 million in state funding was appropriated for use in the FEI. As of August 2011, there were 87 projects completed, operational or under construction.

The results of the 2011 study estimate that in addition to the \$41.5 million appropriation, the health centers raised approximately \$70 million for FEI related activities. The \$110.5 million FEI initiative produced an economic impact of \$182 million and, in addition to hundreds of health care positions, almost 1,500 jobs were generated.



Health Center News



St. John's Well Child and Family Center (SJWCFC), located in Los Angeles, CA completed long-term tax-exempt bond financing in November, 2011, consolidating SJWCFC's three existing loans and one line of credit into a single loan at a tax-exempt interest rate. The refinancing resulted in substantial cash flow savings and improved long-term financial viability for the health

center. Capital Link worked closely with SJWCFC management to develop a financial feasibility study for the project that was used to secure bond insurance from Cal Mortgage, resulting in long-term fixed rate financing for the health center.

SJWCFC is an independent 501(c)(3) community health center serving patients of all ages through a network of five Federally Qualified Health Centers (two school-based), a Family Environmental and Chronic Disease Center, and four additional school-based clinics spanning the breadth of Central and South Los Angeles and Compton. SJWCFC has matured from a small, volunteer clinic founded in 1964 to one of the most significant and comprehensive safety net providers in Los Angeles County. In 2009, the SJWCFC network provided over 98,000 medical, dental, and mental health visits to more than 35,000 low-income children, adolescents, and adults.



Hamilton Health Center, located in Harrisburg, PA celebrated its groundbreaking ceremony on September 29th, which was attended by over 100 well-wishers. To watch news coverage of the event, visit <http://www.wgal.com/video/29343010/detail.html>. The health center's project is expected to be completed in August, 2012.



Generations Family Health Center, located in CT, is moving into its new facility in mid-December. A ribbon-cutting ceremony is scheduled for January 19th.

New Resources



Advocacy Toolkit for Health Centers and Primary Care Associations

An Advocacy Toolkit

How to Make the Most of Your Data



Capital Link's new advocacy toolkit is designed to help health centers tell their story: how they work, who they serve, where they are, and why they need to grow. Although an Economic Impact Analysis (EIA), Financial Trends Analysis (FTA) and Capital Needs Assessment (CNA) all provide valuable information for health center leadership, how the data is put to use is even more important. The Advocacy Toolkit gives CHCs and PCAs the tools needed to share the results of these analyses with external decision-makers, funders, and the community. For more information, contact Joe McKelvey at jmckelvey@caplink.org.



The Institute for Patient-Centered Design

This new organization provides education and resources to healthcare providers and facility designers to address the needs of patients. Many designers lack first-hand experience in the challenges that patients face. This organization, through a diverse board of directors representing design, public engagement, education and patients, seeks to enlighten these professionals on the "patient experience" and to advocate for the appropriate environment of care and resources to promote optimal healing conditions. Visit <http://patientcentereddesign.org/index.html>.

Winter Webinars

This winter, Capital Link continues our series of webinars designed to offer useful information for health centers in the midst of capital development. The webinars have no charge, but participation is limited to the first 100 registrants. Register today! Contact Joe McKelvey at jmckelvey@caplink.org or 202-331-4602 with any questions. Access our registration form via the link below:
<http://surveys.verticalresponse.com/a/show/614760/698c103026/0>

Using New Markets Tax Credits to Finance Health Center Facilities

Wednesday, January 25th, 2-3PM EST

Presented by Terry Glasscock, Senior Project Consultant, Capital Link and Dave Kleiber, Project Consultant, Capital Link

Do you expect to undertake a capital project in 2012 or 2013? If so, are you aware of the New Markets Tax Credit Program and the benefits it could provide? This session will review the basics of the New Markets Tax Credit Program and discuss how it can be advantageous to your health center. We will also review how New Markets Tax Credits can be combined with HRSA and other capital grants and various loans—including from USDA—to lower your financing costs. The session will also review several recent examples of health center NMTC projects and discuss lessons learned. If your project can use additional equity investments, this session is not to be missed!

Funding and Financing Rural Capital Projects—New Developments in USDA Programs

Wednesday, February 8th, 2-3PM EST

Presented by Joe McKelvey, Project Consultant, Capital Link and Aaron Morris, Loan Specialist, USDA

Health centers located in rural areas have historically benefitted from an array of programs offered by USDA including grants, loans, and loan guarantees. Congress has recently taken action to dramatically restructure these programs, which will impact rural communities. This webinar will explore these new developments and their implications for health center capital projects. The session will also feature a representative from the USDA who will offer the latest tips and techniques for securing USDA funding and financing.

Keep it Moving: Strategies to Advance your Capital Project before Hearing from the Feds

Wednesday, February 15th, 2-3PM EST

Presented by Terry Glasscock, Senior Project Consultant, Capital Link

Hundreds of health centers across the country applied for HRSA's Building Capacity and Immediate Facility Improvement grants, available as a result of the Affordable Care Act. Given that the CD grant awards are not expected until April at the earliest, this schedule leaves many health center capital projects on hold until funding is announced. Despite this uncertainty, there are a wide variety of ways to keep your project moving in these interim months. This session will review the capital development process and suggest a variety of action steps for health centers to complete even before they hear about the Federal awards.

Capitalink

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About Capital Link:

Since 1998, Capital Link has provided planning and capital solutions for hundreds of health center building projects. A non-profit organization, we assist health centers and primary care associations in accessing capital for building and equipment projects, and we provide extensive technical assistance throughout the entire capital development process.

For more information, visit www.caplink.org