



CAPITAL NEEDS SURVEY

Name: _____ **Title:** _____

Health Center Name: _____

City: _____ **State:** ____ **Phone no.:** (_____) _____

E-mail Address: _____

Please check the appropriate item

1. Does your center have or anticipate a need for a new site, facility expansion or renovation in the next 5 years?
 (1) Yes____ (2) No____ (3) Maybe____
2. What is the health center's operating budget (Total Operating Expenses)? _____
3. Please tell us about your potential or existing project:

Project Type New Site; Expansion; Renovate	Anticipated Cost	Approximate Square Footage
1.		
2.		
3.		

4. Does the center have full-funding for the project(s)? (1) Yes____ (2) No____
5. Please indicate whether you have completed the following activities by checking the appropriate boxes.

Pre-development activity	Completed
Strategic planning (3-5 years)	
Market Assessment	
Space Planning	
Financial analysis (debt capacity/equity needs/projections)	
Economic Impact Analysis (IMPLAN)	
Business plan development	
Identification of financing/funding alternatives	

6. If the health center has an urgent need for capital improvements but no concrete plans to undertake such in the next 5 years, please state the main obstacle(s) to pursuing such a project.

Thank you for your participation

For More Information, visit our website www.caplink.org or contact Falayi Adu at (301) 347-0410