

Learning Collaborative Call for Applications
HRSA Loan Guarantee Program – Application Process

Overview

This learning collaborative is designed to assist health centers that anticipate conducting a capital project during the next one to three years and are considering the benefits of the [Health Resources and Services Administration \(HRSA\) Health Center Facility Loan Guarantee Program \(LGP\)](#).

A learning collaborative is a dynamic, virtual peer exchange that enables dialogue among stakeholders pursuing similar objectives to explore promising best practices, solve challenging problems, and create new opportunities. Through a series of interactive learning sessions conducted between **February and March 2024**, the HRSA LGP Learning Collaborative will provide participating health centers with guidance and tips on all key elements and requirements for submitting a HRSA LGP application. The application review, approval, and loan closing process will be addressed along with key steps for successful capital project planning. Resources that are both publicly available and Capital Link-developed will be provided throughout the collaborative.

The LGP Learning Collaborative has two primary components:

1. *Group Learning*: Through a series of four webinars conducted between **February and March 2024**, health centers will learn about the application process for financing a capital project with a loan guarantee from HRSA.
2. *Individualized Planning Services*: Each Learning Collaborative session will include exercises and planning templates that participants can adapt for their individual organization and projects. In addition, some individualized guidance from Capital Link consultants will be available to help the participating health centers understand specific aspects of their project planning and financing.

Participation

Capital Link will be accepting applications from interested health centers, which will need to be completed and returned by **Friday, February 23, 2024**. There is **no fee for participants** as this Learning Collaborative is funded by HRSA through its cooperative agreement with Capital Link. We recommend each organization enroll at least two appropriate team members. All organizations interested in participating must:

- ✓ Complete and submit an Application of Interest on/by **February 23, 2024** to Kristin Allen, Project Coordinator, at kallen@caplink.org.
- ✓ Attend or view a recording of the **introductory webinar** held on **February 6, 2024** (strongly recommended but not mandatory). [View Recording Here >](#)
- ✓ Commit to engage in all Learning Collaborative sessions and exercises with the goal of incorporating new knowledge in connection to capital project financing options and provide feedback on the overall structure and effectiveness of the Collaborative after the last session.
- ✓ Obtain written consent from your health center's leadership for your health center's participation in the Collaborative - see the last page of this application.

It is expected that most participants will gain significant confidence in achieving readiness for applying for a HRSA loan guarantee for a capital development project.

HRSA Loan Guarantee Program Learning Collaborative – Application of Interest

Eligibility

- The health center applicant attended or viewed a recording in the Learning Collaborative introductory webinar. (Strongly recommended but not mandatory.)
- The health center applicant has obtained written consent from leadership for your organization’s participation in the Collaborative (see the last page of this application).
- The health center applicant is considering or beginning the capital planning process, believes it has the capacity to proceed, and has potential interest in the LGP.
- The health center provides **latest available two years** of financial audits and **UDS data for 2022**.

Contact Information

Date Submitted	
Health Center Name	
Location	<i>Street, City, State, Zip Code:</i>
Person Submitting Application	<i>Name, Title, Telephone Number, Email Address:</i>
Primary Contact	<i>Name, Title, Telephone Number, Email Address:</i>
Name of Intended Team Participants (2-3 individuals)	<i>We recommend at least two team members.</i>
1.	<i>Title, Organization, Telephone Number, Email address:</i>
2.	<i>Title, Organization, Telephone Number, Email address:</i>
3.	<i>Title, Organization, Telephone Number, Email address:</i>

General Information

FQHC Designation(s)	Yes	No	If No, Target Application Date	Approval Date
Section 330 FQHC				
FQHC Look-Alike				
Other, please specify:				

Services Summary	<p><i>Services Provided (medical, dental, behavioral health, etc.):</i></p> <p><i>Number of Patients:</i></p>
Organizational Status	<i>Submit copies of latest two years of financial audits</i>

Project Information

Project Location (if known)	<p><i>Street, City, State, Zip Code:</i></p> <p><i>(if specific address not known than major cross streets, city, zip code or address of nearest existing building)</i></p>
Development Timeline	<i>Estimated timing for planning, development team assemblage, site acquisition, construction, and/or operations:</i>
Financing/Other Information	<p><i>Any identified sources of funding, including status of financing commitments? Have you begun to create a development budget? Estimated size of project budget? Estimated total square footage of new or rehabilitated building? Services to be offered in new space?</i></p>
Preparedness	<p><i>On a scale of 1 to 5 (with 5 being extremely prepared), how prepared do you feel your organization is to undergo a capital project at this time?</i></p> <p>1 2 3 4 5</p>

Expectations

<i>Barriers</i>	<i>What barriers have you faced in planning for facility expansion?</i>
-----------------	---

	<i>What capital resources have you tried/want to access, but need more information?</i>
Decision Making	<i>What questions about capital expansion have been raised within your organization?</i>
	<i>What other information do you hope to learn about/share during the Learning Collaborative?</i>
Other	

Consent for Participation from Health Center Leadership (Direct Supervisor or Senior Management)

I understand and consent to the participation of members representing my health center in Capital Link’s HRSA LGP Learning Collaborative. I understand that participation will include attendance at four group webinars and engaging in dialogue with other participants. If a signature cannot be obtained, health center leadership may email written consent to kallen@caplink.org.

Printed Name

Title

Signature

Date

Please submit your completed application of interest by or before **Friday, February 23, 2024** to:

Kristin Allen
 Program Coordinator, Project Consulting, Capital Link
kallen@caplink.org

About Capital Link

Capital Link is a national non-profit organization that has worked with hundreds of community health centers and Primary Care Associations (PCAs) for 30 years to plan for sustainability and growth, access capital, improve and optimize operations and financial management, and articulate value. Established through the health center movement, Capital Link is dedicated to strengthening health centers—financially and operationally—in a rapidly changing marketplace. Capital Link is a National Technical Assistance and Training provider through a National Cooperative Agreement with HRSA. For more information, visit us at www.caplink.org.