

Dental Equipment Revolving Loan Program Pre-Approval Application

PROGRAM INFORMATION

Purpose

The Dental Equipment Revolving Loan Program is a direct loan program designed to assist borrowers with the purchase, replacement, or upgrading of equipment for use in a dental care facility necessary to expand access to dental in a state or federally designated shortage area in Maine. This program is administered by the Finance Authority of Maine (FAME) under agreement with the State of Maine and Department of Health and Human Services (DHHS).

Eligibility

- Borrowers may be private practitioners, non-profit or for-profit, clinics, groups, partners or solo practice arrangements.
- Borrowers must be undertaking a project which will assist in establishing or expanding a dental care practice in a state or federally designated dental health professional shortage area in Maine, as determined by the DHHS;
- Businesses must be credit-worthy and reasonably likely to repay its obligations, including the proposed loan;
- Projects must be necessary to expand access to dental care in Maine. Equipment may be fixed site or portable. Equipment, primarily for cosmetic dentistry purpose, will not be considered necessary.
- Borrowers (based on dental practice type) must be able to establish the following:
 - Non-profit dental practices must establish that they are accepting MaineCare patients and providing a sliding fee scale to individuals with income up to 200% of the federal poverty level.
 - Private dental practices must establish that they are accepting new MaineCare patients or that their patient mix includes at least 20% MaineCare members.
- Borrowers must agree to provide such reports and information throughout the term of the loan as are required by the DHHS and FAME;
- Projects must be reviewed and pre- approved by the DHHS. For questions regarding the Program or Pre-Approval Application, contact the Office of Oral Health Programs at 207-287-2361.

Determination of Designated Dental Health Professional Shortage Areas

For information on **state designated** HPSA areas, contact the Office of Rural Health and Primary Care at (207) 287-5524.

For a map of **federally designated** dental HPSA in Maine, visit:

http://www.maine.gov/dhhs/boh/orhpc/documents/HPSA_DCAA_A.pdf

Use of Loan Proceeds

An approved project must be necessary to expand access to dental care in Maine. Equipment for use primarily for cosmetic dentistry purposes will not be considered necessary.

Interest Rate and Loan Term

The interest rate will be fixed at the rate of 5.5% annually. The loan term shall generally not exceed five years. Loan payments may be based on periods longer than five years, provided that such loans shall be paid in full at the end of the five year period.

Loan Amounts

The loan amount shall not be less than \$10,000 or more than \$50,000. A borrower may obtain more than one program loan, if eligible, but shall not have aggregate principal balances outstanding at any one time of more than \$50,000.

Fees

The borrower shall pay a non-refundable commitment fee of 1% upon acceptance of the Commitment. At closing, the borrower shall pay FAME's attorney's fees and all out-of-pocket expenses and closing costs.

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APPLICANT INFORMATION

Borrower Name		
Mailing Address		City/State/Zip
County		
Phone Number	Fax Number	E-mail Address

BUSINESS INFORMATION (existing or new practice site(s) where equipment will be used)

Business Name	
Business Type	Check the Box(s) to Acknowledge that the Business Meets the Requirements Based on Business Type
<input type="checkbox"/> Non-Profit (must confirm both statements)	<input type="checkbox"/> I confirm this business is accepting new MaineCare patients AND <input type="checkbox"/> I confirm the business provides a sliding fee scale to individuals with income up to 200% of the federal poverty level
<input type="checkbox"/> Private (must confirm 1 or both statements)	<input type="checkbox"/> I confirm this business is accepting new MaineCare patients OR <input type="checkbox"/> I confirm this business has a patient mix that includes 20% MaineCare members

Site 1 – Physical Address

Site Status <input type="checkbox"/> Existing <input type="checkbox"/> New	Date Established	Days and Hours of Operation
Number of MaineCare visits during the past year (if new site, estimate anticipated annual visits)		
What percentage of the total number of visits this past year does this represent (use estimated number if new site)		

Site 2 – Physical Address

Site Status <input type="checkbox"/> Existing <input type="checkbox"/> New	Date Established	Days and Hours of Operation
Number of MaineCare visits during the past year (if new site, estimate anticipated annual visits)		
What percentage of the total number of visits this past year does this represent (use estimated number if new site)		

Site 3 – Physical Address

Site Status <input type="checkbox"/> Existing <input type="checkbox"/> New	Date Established	Days and Hours of Operation
Number of MaineCare visits during the past year (if new site, estimate anticipated annual visits)		
What percentage of the total number of visits this past year does this represent (use estimated number if new site)		

LOAN AMOUNT (minimum \$10,000 – maximum \$50,000)

Loan Amount

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Borrower Name _____

PURPOSE OF LOAN (use additional sheets if necessary)

Describe the type of equipment to be purchased with this loan. Include here, or attach to application, quote(s) of cost and as necessary, installation and training.

Explain why this equipment is necessary.

Describe how this equipment will be used to expand access to dental care.

ADDITIONAL DOCUMENTATION REQUIREMENTS

1. For each site where this equipment will be used, submit a site staffing plan (include titles and brief job description for each position). Identify if position is existing or new. Attach copies of licenses issued by the Maine Board of Dental Examiners as appropriate to the position.
2. Attach a copy of the provider/organization signed MaineCare provider agreement.

APPLICANT SIGNATURE and CERTIFICATION

I certify that the information provided and submitted in connection with this pre-application is true and accurate. I understand that the information I have provided is subject to verification by DHHS.

Applicant Signature

Date

FOR DHHS USE ONLY:

Approved Notification Date: _____ Approved Loan Amount _____

Denied

Signature of DHHS Official _____ Date _____

APPLICATION PROCESS AND CHECKLIST

STEP 1: Complete the Dental Equipment Revolving Loan Program pre-approval application and submit it to:

Dental Equipment Revolving Loan Program
Attention: Oral Health Program
11 State House Station
286 Water Street, 5th Floor
Augusta, ME 04333-0011

- Completed pre-approval application
- Site staffing plan
- Copy of the provider/organization signed MaineCare provider agreement

DHHS will approve or deny the request. Applicants will be notified in writing of their decision.

STEP 2: Approved applicants have **30 days** from the pre-approval letter date to submit the loan application to FAME at:

FAME
PO Box 949
5 Community Drive
Augusta, ME 04332

- Completed loan application
- Copy of DHHS pre-approval letter
- Detail of the sources and uses of all financing
- Business federal income tax return for the previous two years and/or financial statements (must include income statement, balance sheet and notes)
- Interim financial statements (if the most recent financial information is older than 90 days)
- Personal financial statement of all owners with 20% or more ownership or owning 5% or more and receiving substantial income from the business
- A one-year pro forma balance sheet, income statement and monthly cash flow statement with supporting assumptions
- Copies of signed commitment letter from other financing sources, as applicable
- Completed employment plan, if business employs ten or more

Other appropriate information, such as collateral appraisals, marketing plans, resumes, site assessments and aging of accounts receivable/payable may be requested by FAME.