



# Hospital System Loan Fund Program

0% interest with two-year pay-back

**DUE JUNE 10, 2022**

**A completed loan application package must include all attachments listed on page 4 before it can be reviewed.**

## BUSINESS/BORROWER INFORMATION

Business/Borrower Name		Federal Tax ID#
Mailing Address		City/State/Zip
		County
Phone Number	Fax Number	Email Address
Contact Person Name	Title	Phone # and Email

## LOAN INFORMATION

Amount Requested	
Number of Jobs Created	Number of Jobs Retained
Public Benefit (attach additional sheet, if necessary)	
Purpose of Loan	Number of Years Business Operating

## ELIGIBILITY CRITERIA (must answer all three questions affirmatively to be eligible)

(1) Does your institution face a repayment to the Medicare Program in 2022 pursuant to the Medicare accelerated payment program in an amount more than \$12 million but less than \$18 million as of June 1, 2022? YES _____ NO _____
(2) Does your institution face repayment obligations that would otherwise constitute a hardship to it pursuant to 42 U.S.C. § 1395ddd(f)(1)? YES _____ NO _____
(3) Does your institution have less than sixty (60) days' cash on hand as of May 1, 2022? YES _____ NO _____



# Hospital System Loan Fund Program

0% interest with two-year pay-back

**DUE JUNE 10, 2022**

## SIGNATURE and CERTIFICATION

By signing below, I represent that I am the individual authorized to complete this application on behalf of the above borrower. I also certify that the information provided and submitted in connection with the application is true and accurate and fairly presents the business and financial status of the applicant. I authorize FAME to conduct appropriate business or personal credit checks.

\_\_\_\_\_  
Borrower/Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower/Authorized Representative Name

### LOAN TERMS PER LD 372 (PL 2021 ch. 746):

- ❖ Total amount of funds to be distributed may not exceed \$12 million
- ❖ Interest rate of 0%
- ❖ Repayment term of 24 months
- ❖ Repayment must begin within one month after receipt of funds
- ❖ Loan must be repaid in equal monthly installments
- ❖ No penalty for early repayments
- ❖ Multiple approved applications must result in proration of funds
- ❖ Borrower shall participate in Medicaid Program during entire loan term
- ❖ Any unpaid loan amount must be repayable by borrower within 30 days of borrower no longer being a Medicaid provider
- ❖ Costs and expenses incurred by FAME, including but not limited to maintaining, servicing, and administering the fund, may be paid out of fund



# Hospital System Loan Fund Program

0% interest with two-year pay-back

**DUE JUNE 10, 2022**

## FAME DISCLOSURE and CONFIDENTIALITY STATEMENT

Certain information in the Finance Authority of Maine's (FAME's) possession must be available for public inspection after an application for financial assistance is received. This information includes the names of applicants, including principals; the amounts, types and general terms of financial assistance; description of projects and businesses benefiting from the assistance; the number of jobs and the amount of tax revenues projected in connection with a project; and the names of the financial institutions participating with the Authority.

Certain records at FAME are designated confidential and will not be available to the public for inspection. This includes the disclosure of records which would constitute an invasion of an individual's privacy, such as: personal tax returns, financial statements, assessments of creditworthiness or financial condition, records obtained by FAME in connection with any monitoring or servicing of an existing project, or the release of any records or information which FAME has determined could cause competitive detriment to a business or individual to whom the information belongs and/or pertains.

If an applicant wants certain information to remain confidential, the applicant must clearly identify what information or documents are to remain confidential. The applicant must also explain in writing the basis for such a request. Where the applicant asserts that the basis for the confidentiality request is that release of the information could cause a competitive disadvantage, or loss of a competitive advantage, the applicant must provide FAME with sufficient information to independently determine the likelihood of such a detriment. Applicants may wish to consult an attorney or FAME's legal counsel regarding the scope of public disclosure and confidentiality as it relates to FAME and the business seeking assistance.

FAME does not discriminate in the administration of any of its programs or in its employment practices on the basis of race, color, national origin, age, gender, religion, physical or mental disability, political affiliation, marital status or sexual orientation. FAME is an equal opportunity employer, provider and lender.

## SIGNATURE and CERTIFICATION

By signing below, I certify that I have read and understand the Finance Authority of Maine's (FAME's) Disclosure and Confidentiality Statement.

\_\_\_\_\_  
Borrower/Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower/Authorized Representative Name

## APPLICATION CHECKLIST

**A completed loan application package must include the following before it can be reviewed:**

- Debt schedule for business
- Completed, signed application
- Valid email addresses and telephone numbers for **all** applicants/borrowers and guarantors
- Proof that borrower faces a repayment to the Medicare Program in 2022 pursuant to the Medicare accelerated payment program in an amount more than \$12 million but less than \$18 million as of June 1, 2022
- Proof that borrower faces repayment obligations that would otherwise constitute a hardship to it pursuant to 42 U.S.C. § 1395ddd(f)(1)
- Proof that borrower has less than sixty (60) days' cash on hand as of May 1, 2022

Please submit above items by secure email to: **Business@FAMEmaine.com** or by mail to:

**Finance Authority of Maine  
PO Box 949  
5 Community Drive  
Augusta, ME 04332-094  
Attn: Jennifer Cummings**