



Branch Banking & Trust Co.

Commercial Banking Division

823 E. Main Street  
Richmond, VA 23219  
(804) 787-1000  
Fax (804) 787-1111  
www.BB&T.com

To: Healthy Communities Loan Program Applicant

**Welcome to the Healthy Communities Loan Fund. It is our hope that BB&T will be able to assist you with your loan request. In order to do this, we will need the following financial information:**

- current Personal Financial Statement (form enclosed)
- two years personal tax returns
- three years corporate tax returns, if available
- a business plan, and
- curriculum vitae

Please also notice that the Loan Fund is asking you to complete an Applicant Profile Sheet and Projected Revenues/Projected Expenses Form.

Please submit all of your application documents to Sheila Grissom, Healthy Communities Loan Fund Manager, who has already been in contact with you.

We appreciate your interest in the Healthy Communities Loan Program and look forward to working with you. If you should have any questions regarding the application process, please contact Sheila Grissom on 804-828-5804.

Sincerely,

Jeffrey A. Harris  
Senior Vice President  
Business Banking Manager



## *Healthy Communities Loan Fund*

The Virginia Health Care Foundation established the **Healthy Communities Loan Fund** to address the lack of primary care providers in Virginia's Dental Shortage Areas (DSA). BB&T supports this important initiative by funding and administering **HCLF** loans.

To recruit or to obtain financing vital to remaining in practice, general dentists practicing in a dental shortage area may use these loans to:

- Build, remodel or expand a facility or clinic;
- Buy or rent new equipment;
- Cover start-up costs or salary guarantees.

An established practice or a new one may apply for **HCLF** loans.

BB&T's Small Business Bankers custom tailor each loan and offer low interest rates. No bank fees. No points. Applicants may choose either fixed or variable interest rates. They can also participate in BB & T's Group Value package of special benefits (please call 804/828-7494 to ask for a brochure).

### **For additional information contact:**

**Sheila Grissom at 804/ 828-7494**

**E-mail: [loanfund@vhcf.org](mailto:loanfund@vhcf.org)**

Note: To find the application, go to next page.



# Healthy Communities Loan Fund

## APPLICANT PROFILE SHEET

**Type of Applicant**

Health Professional  
Shortage Area(s)  
to be served (County / ies)

<b>Medical Specialty</b>	
<b>Applicant Name:</b>	
Address:	
Phone: (    )    -	
FAX:    (    )    -	

What is your fiscal year?
Amount of loan sought: \$

Purpose of Loan (Please describe in detail. Use attachments if necessary).

- **What will the loan be used for?**
- **What specific services will be provided?**
- **What specific geographic area(s) will you serve?**
- **How will this loan help increase the number of primary care providers or access points?**

### **PRACTICE INFORMATION**

**Name of Practice** (if different from name of applicant):

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**No. of active patient charts for '05:**

**No. of patient visits in '05:**

**No. of patient visits for '04:**

**No. of active patient charts for '04:**

Total:

Medicare:

Medicaid:

Commercial Ins.:

Self Pay:

Location of Practice's patients:

**Describe practice ancillaries below:**

**Number of office personnel:**

Give number of procedures:	Clerical:
Laboratory:	Dental Assistants:
X-Ray:	Other:
Other:	
Size of office building (sq. ft.):	Number of operatories:

Special Procedures (describe):

**Date practice established:**

**Total partners in active practice:**

Name	Age	Specialty	Length of time with practice	License ever revoked or suspended?	If yes, please attach details, including cause, length and dates of revocation or suspension.
1.					
2.					
3.					
4.					

Describe other aspects of practice (i.e., contracts with industrial plants - name of plants - part-time public health clinics, donated services, etc.):

**Other dentists in area:**

Name

Age

Specialty

**Provider's Information:**

Please submit with your application. A report from the National Practitioner Data Bank will be obtained by the HCLF Program Manager to verify licensure standing. (800/ 767-6732)

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VA License Number: \_\_\_\_\_ Age: \_\_\_\_\_

License ever Revoked/Suspended? Yes No (If yes, attached details including cause, length and dates).

Are charges pending anywhere? Yes No

Have you ever been involuntarily removed from a managed care plan? Yes No

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**Person (All applicants complete this section).**

Name (If other than the applicant): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I, \_\_\_\_\_, attest that all of the above information is true and  
(applicant's name)  
**accurate.**

**Signature of applicant:** \_\_\_\_\_

**Date**

(Please go to next page)



## *Healthy Communities Loan Fund*

### **PARAMETERS OF THE INDIVIDUAL LOANS:**

#### **Terms:**

Line of Credit or Term Loan – Terms will be considered on a case-by-case basis. First or second real estate mortgages may be used to purchase or construct medical or dental facilities.

#### **Collateral:**

Unsecured or pledge of equipment, furniture, fixtures, accounts receivable, real estate, as available. Assignment of disability, life or business interruption insurance may be required.

#### **Underwriting:**

BB&T Bank will underwrite each loan on an individual basis. At a minimum, the following information will be required:

- Current personal financial statement
- Two years personal tax returns
- Three years financial statement on the practice (tax returns suffice)
- A business plan (most often required for start up practices or those without 3 years of financial statements)
- Curriculum Vitae

All individual loans will be underwritten using standard BB&T Bank criteria, which include, but are not limited to:

- Good credit history
- Ability to handle payments
- Adequate, qualified collateral (if deemed necessary)
- Level of existing debt and structure of same
- Other resources of the applicant.