

DUE APRIL 1, 2011!

APPLICATION FORM

**MINNESOTA ELECTRONIC HEALTH RECORD (EHR) LOAN PROGRAM
OFFICE OF RURAL HEALTH AND PRIMARY CARE**



APPLICANT NAME: _____

Applicant Type: _____ Federally Qualified Health Center _____ Community clinic _____ Rural hospital
_____ Hospital _____ Physician clinic _____ Nursing facility _____ Other provider (describe) _____

Mailing Address: _____

Street Address (if different): _____

City/State/Zip Code: _____ County: _____

Phone Number: _____ Fax Number: _____

Federal Tax ID Number: _____ State Tax ID Number _____

Website: _____

Year Incorporated: _____ State of Incorporation: _____

ADMINISTRATOR/CEO: _____

Title: _____ Phone: _____

E-Mail Address: _____

CONTACT PERSON (if different from above): _____

Title: _____ Phone: _____

E-Mail Address: _____

SYSTEM AFFILIATION, SUBSIDIARY OR PARENT ORGANIZATION (if any): _____

Nature of Affiliation: _____

(Managed by, leased to, owned by, etc.)

LOAN AMOUNT REQUESTED: \$ _____

I certify that the information contained herein is true and accurate to the best of my knowledge and that I submit this application on behalf of the applicant organization.

Signature	Title	Date
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I. LOAN REQUEST

- A. Amount requested \$ _____
- B. Proposed term or repayment period (six-year maximum) _____
- C. Name of person authorized to sign loan documents _____

II. ORGANIZATIONAL INFORMATION (limit 2 pages). Brief history, description of services provided, patients served, geographic service area, etc.

III. PROJECT DESCRIPTION, WORK PLAN AND TIME LINE

- A. Provide a detailed description of the EHR implementation plan including evidence of planning process, workflow analysis or training plans.
- B. Discuss alignment of project with your organization's Health Information Technology strategic plan (attach copy of plan or summary, if available).
- C. Provide a project work plan, including responsible individuals and time line for completion.

IV. PLANS FOR INTEROPERABILITY OR EXCHANGE. Clear description of capabilities of system to address interoperability with other health care entities located in the same geographic area *for example: subscription to a [Minnesota certified health information exchange service provider](#), vendor network exchange or direct exchange process.* (Include any relevant memoranda/letters of agreement or other corporate agreements, if applicable).

V. PATIENT SECURITY AND PRIVACY. Brief description of how system will support patient security and privacy.

VI. VENDOR AND PRODUCT QUOTE INFORMATION

- A. Name of vendor(s):

- B. Name of selected EHR product(s):

Is EHR product certified by an ONC Authorized Testing Body?
(Certified products online at <http://onc-chpl.force.com/ehrcert>)

_____ YES _____ NO (If no, provide an explanation)

- C. Amount of quote(s) (attach copy): \$ _____

VII. FINANCIAL INFORMATION:

- A. Fiscal or accounting year ends: _____
- B. Staff member responsible for financial reporting and management: _____
- C. Financial statements are prepared: Internally By outside service or firm
- D. Frequency of financial reports: _____
- E. Board treasurer: _____
- F. Finance committee chair, if applicable _____
- G. External audit or accounting firm and contact: _____

- H. Primary bank and contact: _____

VIII. OUTSTANDING TAX LIABILITIES, JUDGEMENTS, LIENS, DEFAULTS OR OTHER OBLIGATIONS:

Due to	Balance	Comments
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IX. ATTACHMENTS:

- A. Current list of Board of Directors and length of association
 - B. Last two years' financial statements/audit reports
 - C. Current year's operating budget
 - D. Current balance sheet and operating statement
 - E. Cash flow projections for at least 36 months, to include any payments on this loan
 - F. Non-refundable application fee, \$750, check payable to the State of Minnesota
- NOTE: MDH staff may request additional information as needed.*

Loan application and attachments are due April 1, 2011. Send to:
 Anne Schloegel
 Minnesota Department of Health-Office of Rural Health and Primary Care

Courier Address:	Mailing Address:
85 East Seventh Place, Suite 220 Saint Paul, Minnesota 55101	P.O. Box 64882 Saint Paul, Minnesota 55164-0882

Questions? Contact Anne Schloegel at Anne.schloegel@state.mn.us or 651-201-3850.

X. ADDITIONAL DOCUMENTATION UPON LOAN APPROVAL. If this loan request is approved, the following documents are required to execute the loan agreement:

- A. Signed Corporate Borrowing Resolution (see below)
- B. Board minutes authorizing loan amount
- C. Recent year's tax return or Form 990
- D. Corporate articles of incorporation and bylaws
- E. Certificate of Compliance, Minnesota Department of Human Rights
- F. Certificate of Good Standing issued by the Minnesota Secretary of State.

CORPORATE BORROWING RESOLUTION

Be it resolved that:

- 1) _____ apply for a Electronic Health Record Loan from
(Organization or unit of government name)
the Office of Rural Health and Primary Care of the Minnesota Department of Health.

- 2) _____ certifies that it will comply with the requirements of
(Organization or unit of government name)
the Electronic Health Record Loan Program, established under Minnesota Statutes 62J.496.

- 3) _____ agrees to enter into a loan
(Organization or unit of government name)
agreement with the State of Minnesota if the application is approved.

- 4) _____ is hereby authorized
(Title of Authorized Official)
to execute contracts and certifications as required to implement the organization's participation in the Electronic Health Record Loan Program.

I certify that the above resolution was adopted by the _____
(Governing Body)
of _____ on _____
(Organization or unit of government name) (Date)
according to the requirements in Minnesota Statutes 62J.496.

SIGNED:

(Signature)

(Title)

(Date)

WITNESSED:

(Signature)

(Title)

(Date)