

## SHORT TERM FINANCING LOAN APPLICATION – REGIONAL HOSPITAL DISTRICTS

Please fill out this form electronically. You will need Adobe Acrobat Reader, which can be downloaded free of charge from Adobe.com. If you are unable to download the free program, please contact us. Submit completed forms and all required supporting documentation to: [finance@mfa.bc.ca](mailto:finance@mfa.bc.ca).

<b>The</b>	Regional Hospital District Legal Name
<b>of</b>	Regional Hospital District Address
hereby applies for short term financing under the program as established by the Municipal Finance Authority of British Columbia under section 11 & 11.1 of the <i>Municipal Finance Authority Act</i> .	
<b>Contact Name and Title</b>	<b>Contact Email</b>

Today's Date	Amount of Loan Request	Purpose
		From bylaw or resolution

**IMPORTANT:** The Client Profile/Pre-Authorized Debit Agreement (PAD) is required by MFABC to process this application. If one is not on file or if changes are required, please fill out an updated version and email it to [finance@mfa.bc.ca](mailto:finance@mfa.bc.ca). The Client Profile/PAD can be found in the Forms section on our website.

**Select the type of short term financing you are applying for:**

**Revenue Anticipation Borrowing (*Hospital District Act*, Section 31)**

- Certified true copy of Revenue Anticipation Borrowing Resolution # \_\_\_\_\_
- Board report or other written confirmation of purpose of borrowing, repayment sources and timing
- Most recently adopted financial plan

**Capital Borrowing (*Hospital District Act*, Section 32 and 33)**

- Certified true copy of Capital Borrowing Bylaw # \_\_\_\_\_ (include in Schedule "A")
- Board report or other written confirmation of purpose of borrowing, repayment sources and timing
- Most recently adopted financial plan

For MFA Use Only
Date:
Approved by: