



**Please email this form to [finance@mfa.bc.ca](mailto:finance@mfa.bc.ca)**

**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.

**Member Information**

The Regional Hospital District Legal Name

Of 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 *Municipal Finance Authority Act*.

**Contact Information**

Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Loan Information**

Today's Date: \_\_\_\_\_ Amount of Loan Request: \_\_\_\_\_

Purpose: From Bylaw or Resolution

**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