

**Constantino, Mike**

10-061

**From:** Harry Brockus [harry.brockus@hoopestoncmh.org]  
**Sent:** Wednesday, January 12, 2011 12:45 PM  
**To:** Constantino, Mike  
**Cc:** 'Fred.Segovich'; Stephanie.Beever; Horio, Calvin; 'Breuer, Jennifer R.'  
**Subject:** Letter of Obligation  
**Attachments:** usda.obligation.letter.pdf

Dear Mr. Constantino,

I have attached our formal letter of obligation from the USDA for our Nursing Home Project. I am requesting that you would add this information to our packet. Please let me know if we need to submit a formal request for modification of the application.

Thank you for all your assistance in this matter to date. We look forward to the hearing on March 13, 2010.

Sincerely,

Harry Brockus, CEO  
Hoopeston Regional Health Center  
701 E. Orange St.  
Hoopeston, IL 60942  
Office: 217-283-8240  
Cell: 217-495-0852



United States Department of Agriculture  
Rural Development-Illinois  
State Office

December 30, 2010

Hoopeston Community Memorial Hospital  
Harry Brockus, CEO  
701 East Orange Street  
Hoopeston, IL 60942

Dear Mr. Brockus,

I am pleased to inform you that your request for financial assistance from USDA Rural Development has been approved. You have been awarded a Community Facility Direct Loan in the amount of \$6,000,000. The attached 1940-1 is documentation of this approval. Our Area Office is available to answer questions regarding your application.

Thank you for your interest in USDA Rural Development programs and for your work in improving the quality of life in rural Illinois.

Sincerely,

A handwritten signature in cursive script that reads "Michael A. Wallace".

Michael A. Wallace  
Community Programs Director

Attachment

Cc: Area Director, Champaign, IL  
Area Specialist, Champaign, IL

2118 West Park Court, Suite A • Champaign, IL 61821  
217-403-6200 • Fax 217-403-6215 • TDD 202-720-6382

USDA is an equal opportunity provider, employer and lender.  
To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

REQUEST FOR OBLIGATION OF FUNDS

<b>INSTRUCTIONS-TYPE IN CAPITALIZED ELITE TYPE IN SPACES MARKED ( )</b> Complete Items 1 through 29 and applicable Items 30 through 34. See FMI.			
<b>1. CASE NUMBER</b> ST CO BORROWER ID 13-092-363637465		<b>LOAN NUMBER</b> 00	<b>FISCAL YEAR</b> 2011
<b>2. BORROWER NAME</b> HOOPESTON COMMUNITY MEMORIAL HOSPITAL  701 E. ORANGE  HOOPESTON, IL 60942		<b>3. NUMBER NAME FIELDS</b> (1, 2, or 3 from Item 2)	
		<b>4. STATE NAME</b> ILLINOIS	<b>5. COUNTY NAME</b> VERMILION
<b>GENERAL BORROWER/LOAN INFORMATION</b>			
<b>6. RACE/ETHNIC CLASSIFICATION</b> 1 - WHITE 2 - BLACK 3 - AIAN 4 - HISPANIC 5 - API	<b>7. TYPE OF APPLICANT</b> 1 - INDIVIDUAL 2 - PARTNERSHIP 3 - CORPORATION 4 - PUBLIC BODY 5 - ASSOC. OF FARMERS 6 - ORG. OF FARMERS 7 - NONPROFIT-SECULAR 8 - NONPROFIT-FAITH BASED 9 - OTHER	<b>8. COLLATERAL CODE</b> 1 - REAL ESTATE SECURED 2 - REAL ESTATE AND CHATTEL 3 - NOTE ONLY OR CHATTEL ONLY 4 - MACHINERY ONLY 5 - LIVESTOCK ONLY 6 - CROPS ONLY 7 - SECURED BY BONDS	<b>9. EMPLOYEE RELATIONSHIP CODE</b> 1 - EMPLOYEE 2 - MEMBER OF FAMILY 3 - CLOSE RELATIVE 4 - ASSOC.
<b>10. SEX CODE</b> 6 1 - MALE 2 - FEMALE 3 - FAMILY UNIT 4 - ORGAN MALE OWNED 5 - ORGAN FEMALE OWNED 6 - PUBLIC BODY	<b>11. MARITAL STATUS</b> 1 - MARRIED 2 - SEPARATED 3 - UNMARRIED (INCLUDES WIDOWED/DIVORCED)	<b>12. VETERAN CODE</b> 2 1 - YES 2 - NO	<b>13. CREDIT REPORT</b> 2 1 - YES 2 - NO
<b>14. DIRECT PAYMENT</b> (See FMI)	<b>15. TYPE OF PAYMENT</b> 1 1 - MONTHLY 2 - ANNUALLY 3 - SEMI-ANNUALLY 4 - QUARTERLY	<b>16. FEE INSPECTION</b> 2 1 - YES 2 - NO	
<b>17. COMMUNITY SIZE</b> 1 - 10 000 OR LESS (FOR SFH AND HPG ONLY) 2 - OVER 10,000		<b>18. USE OF FUNDS CODE</b> (See FMI)	
<b>COMPLETE FOR OBLIGATION OF FUNDS</b>			
<b>19. TYPE OF ASSISTANCE</b> 075 (See FMI)	<b>20. PURPOSE CODE</b>	<b>21. SOURCE OF FUNDS</b> 2	<b>22. TYPE OF ACTION</b> 1 1 - OBLIGATION ONLY 2 - OBLIGATION CHECK REQUEST 3 - CORRECTION OF OBLIGATION
<b>23. TYPE OF SUBMISSION</b> 1 1 - INITIAL 2 - SUBSEQUENT	<b>24. AMOUNT OF LOAN</b> \$6,000,000.00	<b>25. AMOUNT OF GRANT</b> \$0.00	
<b>26. AMOUNT OF IMMEDIATE ADVANCE</b>	<b>27. DATE OF APPROVAL</b> MO DAY YR 12-22-2010	<b>28. INTEREST RATE</b> 3.7500 %	<b>29. REPAYMENT TERMS</b> 40
<b>COMPLETE FOR COMMUNITY PROGRAM AND CERTAIN MULTIPLE-FAMILY HOUSING LOANS</b>			
<b>30. PROFIT TYPE</b> 1 - FULL PROFIT 2 - LIMITED PROFIT 3 - NONPROFIT			
<b>COMPLETE FOR EM LOANS ONLY</b>		<b>COMPLETE FOR CREDIT SALE-ASSUMPTION</b>	
<b>31. DISASTER DESIGNATION NUMBER</b> (See FMI)		<b>32. TYPE OF SALE</b> 1 - CREDIT SALE ONLY 2 - ASSUMPTION ONLY 3 - CREDIT SALE WITH SUBSEQUENT LOAN 4 - ASSUMPTION WITH SUBSEQUENT LOAN	
<b>FINANCE OFFICE USE ONLY</b>		<b>COMPLETE FOR FP LOANS ONLY</b>	
<b>33. OBLIGATION DATE</b> MO DA YR 12-30-10		<b>34. BEGINNING FARMER/RANCHER</b> (See FMI)	

If the decision contained above in this form results in denial, reduction or cancellation of USDA assistance, you may appeal this decision and have a hearing or you may request a review in lieu of a hearing. Please use the form we have included for this purpose.

CERTIFICATION APPROVAL

For All Farmers Programs

EM, OL, FO, and SW Loans

This loan is approved subject to the availability of funds. If this loan does not close for any reason within 90 days from the date of approval on this document, the approval official will request updated eligibility information. The undersigned loan applicant agrees that the approval official will have 14 working days to review any updated information prior to submitting this document for obligation of funds. If there have been significant changes that may affect eligibility, a decision as to eligibility and feasibility will be made within 30 days from the time the applicant provides the necessary information.

If this is a loan approval for which a lien and/or title search is necessary, the undersigned applicant agrees that the 15-working-day loan closing requirement may be exceeded for the purposes of the applicant's legal representative completing title work and completing loan closing.

35. COMMENTS AND REQUIREMENTS OF CERTIFYING OFFICIAL

This loan is contingent upon the letter of conditions dated 12-22-2010

36. I HEREBY CERTIFY that I am unable to obtain sufficient credit elsewhere to finance my actual needs at reasonable rates and terms, taking into consideration prevailing private and cooperative rates and terms in or near my community for loans for similar purposes and periods of time. I agree to use the sum specified herein, subject to and in accordance with regulations applicable to the type of assistance indicated above, and request payment of such sum. I agree to report to USDA any material adverse changes, financial or otherwise, that occur prior to loan closing. I certify that no part of the sum specified herein has been received. I have reviewed the loan approval requirements and comments associated with this loan request and agree to comply with these provisions.

(For FP loans at eligible terms only) If this loan is approved, I elect the interest rate to be charged on my loan to be the lower of the interest rate in effect at the time of loan approval or loan closing. If I check "NO", the interest rate charged on my loan will be the rate specified in Item 28 of this form. YES NO

WARNING: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both.

Date December 20, 2010

[Signature] CEO (Signature of Applicant)

Date \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Signature of Co-Applicant)

37. I HEREBY CERTIFY that all of the committee and administrative determinations and certifications required by regulations prerequisite to providing assistance of the type indicated above have been made and that evidence thereof is in the docket, and that all requirements of pertinent regulations have been complied with. I hereby approve the above-described assistance in the amount set forth above, and by this document, subject to the availability of funds, the Government agrees to advance such amount to the applicant for the purpose of and subject to the availability prescribed by regulations applicable to this type of assistance.

[Signature] (Signature of Approving Official)

Typed or Printed Name: MICHAEL A. WALLACE

Date Approved: 12/22/10 Title: Community Programs Director

38. TO THE APPLICANT: As of this date 12/30/10, this is notice that your application for financial assistance from the USDA has been approved, as indicated above, subject to the availability of funds and other conditions required by the USDA. If you have any questions contact the appropriate USDA Servicing Office.