

Attachment 4

Requirements for Business Plan for the Proposed Activity

Project Eligibility Requirement

The Application for an IFA loan for Community Housing and Services for Persons with Disabilities Revolving Loan Program (Program) must be accompanied by a narrative within the business plan describing the proposed activity and how it will meet assistance eligibility requirements.

Projects eligible for assistance must meet the following criteria:

1. Serve Medicaid members enrolled in or eligible for the Home and Community Based Intellectual Disability and/or Brain Injury Waivers, who:
 - a. exhibit a continued pattern of physically aggressive or destructive behavior
 - b. are currently placed out of state or living in a licensed health care facility or are at risk of being placed out of state or in a licensed health care facility.
2. All rules, requirements, policies, and procedures of the Iowa Finance Authority and Department of Health and Human Services in regards to the Program.

Business Plan

The Application must be accompanied by a detailed business plan setting forth the Borrower's strategies for the management, marketing and maintenance of the project.

1. Define the demand for services by the target population.
 - a. Describe the population with special needs to be served.
 - b. Identify the current supply of service providers for the selected service in the market area, and how the supply was determined.
 - c. Identify the current demand for the selected service in the market area, and how the demand was determined.
 - d. Describe how and to what extent the Project will meet the identified unmet demand.
 - e. Provide method(s) of identification, referral and/or marketing plans that the Project will use to reach the designated population, including collaborative efforts with other organizations in the community.
2. Describe the role of the manager/director in the management of the Project.

a. Include a copy of the manager's resume, or if the manager is not known, a copy of the manager's job description. List the experience in providing the selected service or a related service, including training that the manager may have attended. Detail the number and frequency of hours that will be spent managing the Project.

b. If the provision of services has been contracted or will be provided by another organization, provide a signed letter from the organization agreeing to provide the selected service (for example, transportation services). The letter should include the organization's experience in providing the contracted service, the organization's capacity and commitment to provide the service if the project is funded; and how the service will be funded.

c. Describe the proposed staff needed to deliver the services and the qualifications and job titles of the proposed staff.

3. Describe the type and scale of services.

a. Describe the method(s) used to assess individual needs to determine what services will be provided.

b. Provide the method(s) to develop an individualized service plan and service delivery. Describe how the program will track if and when services are delivered, and if the client is satisfied with the quality of services.

c. Explain how the type and scale of services will fit the needs of the population.

d. Describe the process for analyzing the ongoing effectiveness of the overall service plan and revising the plan to meet additional or changing needs.

e. Identify who is providing the services, how and where the services will be provided, and what transportation will be available to the clients to access the services.

4. Attach a 15 Year Pro Forma specifically for the operation of the proposed activity.

a. The Pro Forma should demonstrate the ability of the proposed activity to service the associated debt with the revenue and expenses attributed solely to that activity.

b. A statement of the Sources and Uses of Funds for the proposed activity should be included.