Mat-Su Health Foundation  
Line of Credit Loan Guarantee Program 

Applicant Organization ____________________________

Executive Director ____________________________ Date __________

Program Summary
The Mat-Su Health Foundation and Matanuska Valley Federal Credit Union have partnered to provide low interest rate Line of Credit loans to local non-profit organizations. The program is intended to provide support to local non-profit experiencing Cash flow issues related to timing of income.

The foundation will provide a non-interest bearing collateral deposit to be held at the Credit Union. The Credit Union will administer low interest rate (<=2%) Line of Credit loans to organizations approved by the foundation.

Line of credit loans would remain available as needed by the non-profit organization assuming compliance with loan terms.

Process Overview
1) Affected organizations will apply to MSHF for approval to participate in the program.
2) MSHF would provide a letter to the Credit Union identifying the organization approved, amount of loan and loan term.
3) The Credit Union would administer the loan and repayment.

Required Applicant Information

☐ 1) Completed MVFCU Credit Application and Credit Union required documentation.
☐ 2) Current Year Budget and budget/actual year to date; Current period Balance Sheet.
☐ 3) Most recent audited Financial Statements (Income Statement & Balance Sheet)
☐ 4) Signed organization By-Laws and Board policy permitting the organization to obtain a loan.
☐ 5) Documentation of Board authority for individual to be a loan signatory.
☐ 6) Articles of Incorporation (If applicable)
☐ 7) State of Alaska business license.

Line of Credit Amount Requested __________________________

I, ________________________________, Executive Director of ______________________________ agree to repay the full amount of the approved loan including interest according to the terms established by Matanuska Valley Federal Credit Union. I understand that default of the loan agreement will impact the future availability of grant funding to my organization from the Mat-Su Health Foundation.

________________________________ Executive Director

________________________________ Applicant Organization