Applicant Information

Primary Contact E-mail: avitale@zionsboston.com

Organization

Name of Organization: San Ysidro Health Center

TIN or EIN: **95-2801772**

Primary Contact

First Name: **Brian** | Last Name: **Wallace**

Title: **Vice President & CFO**

Street: **1601 Precision Park Ln** | Suite:

City: **San Diego** | State: **California** | Zip: **92173**

Phone: **619-205-6339** | Ext: | Fax:

Email: **brian.wallace@syhealth.org**

Detailed Description of Applicant:

Centro De Salud De La Comunidad De San Ysidro, Inc., d/b/a San Ysidro Health (SYH) is a community health center with a mission statement to "improve the health and well-being of the communities we serve with access for all." Incorporated as a non-profit corporation in 1971, SYH's first clinic site was a small two room clinic with a volunteer staff of 3 nurses and 2 physicians two afternoons per week. Today, SYH is a Federally Qualified Health Center with a staff of over 1,300 employees. SYH provides comprehensive primary care services (medical, dental, and behavioral health) to over 9,000 unduplicated patients annually. SYH's service delivery network includes medical clinics, dental clinics, behavioral health centers, HIV care centers, school-based health centers, mobile units, senior health center complex, and WIC Nutrition Centers throughout San Diego County's South and Central/Southeastern Regions. SYH's main clinic campus is located in San Ysidro, located just one mile from the U.S.-Mexico border. SYH continues to grow as an organization, especially with the opening of its first PACE(Program for the All-Inclusive Care for the Elderly) site, San Diego PACE, in San Ysidro, CA(2015) and the acquisition of Chaldean Middle Eastern Social Services in El Cajon, CA(2016).

Secondary Contact

First Name: **Douglas** | Last Name: **Israel**

Title: **In-House Counsel**

Address:

Street: **1601 Precision Park Ln** | Suite:

City: **San Diego** | State: **California** | Zip: **92173**

Phone: **619-662-4165** | Ext: | Fax:

Email: **disrael@syhc.org**

Primary Billing Contact

Organization: **San Ysidro Health Center**

First Name: **Brian** | Last Name: **Wallace**

Title: **Vice President & CFO**

Address:

Street: **1601 Precision Park Ln** | Suite:

City: **San Diego** | State: **California** | Zip: **92173**

Phone: **619-205-6339** | Ext: | Fax:

Email: **brian.wallace@syhealth.org**

Project Information

Project Information

Project type:

Other:

Project Name: **San Ysidro Health Centers**

Estimated number of jobs created during construction: **N/A**

Estimated number of jobs created during the permanent financing: **N/A**

Facility Information

Facility #1

Facility Name: **Bridge Loan and Term Loan Refinance**

Facility Bond Amount: **$28,000,000.00**

Description of Project/Facility:

Refinance the CV Pace bridge loan ~ $14.16M
Refinance the MCHC term loan ~ $7.058
Refinance the RLOC ~ $3.460
Other Capital Expenditures
Finance Costs of Issuances

Project Address:

Street or general location: **880 Third Ave,**

City: **Chula Vista**

State: **California**

Zip: **91911**

Is Project located in an unincorporated part of the County?

Yes ○

No ○

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

Financing Information

Financing Information

Tax Exempt: **$28,000,000.00**

Taxable: **$0.00**

Total Principal Amount: **$28,000,000.00**

Proposed Closing Date: **4/13/2022**

Maturity Years: **30.00**

Interest Rate Mode:

Fixed (●) Variable ( ) Both ( )

Denominations: **$0.01**

Type of Offering:

Public Offering ( ) Private Placement (●)

Facility Development:

Refunding [x] New Construction [ ]

Financing:

Credit Enhancement ( ) None ( )

Other [ ] Letter of Credit [ ]

Name of Credit Enhancement Provider(if known):

Expected Rating:

Unrated [x]

Moody's:	S&P:	Fitch:

Sources and Uses

Sources and Uses

Sources Of Funding

Tax-Exempt Bond Proceeds:	**$28,000,000.00**
Taxable Bond Proceeds:	$
Other Funds (Describe):	
	$
	$
	$
	$
	$
Total Sources:	**$28,000,000.00**

Uses:

Land Acquisition:	$
Building Acquisition:	$
Construction or Remodel:	$
Equipment Cost:	$
Cost of Issuance:	**$350,000.00**
Capitalized Interest:	$
Reserves:	$
Other Uses (Describe):	
CB&T Bridge Loan: CV Pace x2927	**$14,160,000.00**
CB&T Term Loan: MCHC x29001	**$7,057,903.00**
CB&T RLOC: CV Pace	**$3,460,000.00**
Other Capital Expenditures	**$2,972,097.00**
	$
Total Uses:	**$28,000,000.00**

Financing Team Information

Bond Counsel

Firm Name: Butler Snow LLP

Primary Contact

First Name: **Kevin** Last Name: **White**

Address:

Street: **919 East Main Street** Suite: **600**

City: **Richmond** State: **Virginia** Zip: **23219**

Phone: **804-762-6036** Ext: Fax: **804-762-6031**

Email: **kevin.white@butlersnow.com**

Bank/Underwriter/Bond Purchaser

Firm Name: California Bank & Trust

Primary Contact

First Name: **Jacob** Last Name: **Richards**

Address:

Street: **4320 La Jolla Village Drive** Suite: **130**

City: **San Diego** State: **California** Zip: **92122**

Phone: **858-623-3166** Ext: Fax:

Email: **jacob.richards@calbt.com**

Financial Adviser

Firm Name:

Primary Contact

First Name: Last Name:

Address:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email: