

[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](mailto: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](mailto:disrael@syhc.org)

[Primary Billing Contact](#)

Organization: **San Ysidro Health Center**

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Ext:

Fax:

Email: [brian.wallace@syhealth.org](mailto:brian.wallace@syhealth.org)

## Project Information

### Project Information

Project type:

Other:

Project Name: **San Ysidro Health Centers**

Estimated number of jobs created during construction: **NA**

Estimated number of jobs created during the permanent financing: **NA**

### 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

New Construction

#### Financing:

Credit Enhancement

None

Other

Letter of Credit

Name of Credit Enhancement Provider(if known):

#### Expected Rating:

Unrated

Moody's:

S&P:

Fitch:



## 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: