

Delta Dental of Iowa Revolving Loan Fund (RLF) Pre-Application Form

Please submit this completed form to iadg@iadg.com. The deadline for submissions is March 31, 2026.

Important Notice:

This Pre-Application is for preliminary review purposes only. Submission does not constitute a formal loan application or guarantee loan approval. Selected applicants will be invited to submit a full Delta Dental of Iowa RLF Loan application with supporting documentation.

Name of Applicant: _____

Business Structure (sole proprietorship, PC, PLLC, etc.): _____

Primary Contact Name & Title: _____

Iowa Dental License (DDS/DMD) #: _____

License status (check one):

- Active
- Pending (anticipated issue date: _____)
- Other: _____

Practice Legal Name: _____

Phone: _____ **Email:** _____

Current Practice Address: _____

Practice / Project Location

City: _____ **County:** _____ **State:** Iowa

FIND 2025-26 Priority or High Priority County (per [current map](#))? (check one):

- High Priority
- Priority
- Not designated / Other
- Not sure: _____

Requested Loan Amount: _____

Purpose of Request

- Start-Up** - New practice
- Acquisition** - Purchase of an existing practice

Project Overview

Provide a brief description of the practice and the proposed project:

Timeline to complete project:

Financing Gap

Describe the financing gap and why it exists:

Project Budget

Sources

List all funding sources that are committed or anticipated.

Source	Amount	Status (Committed / Pending)
Applicant Equity	\$ _____	<input type="checkbox"/> Committed <input type="checkbox"/> Pending
Bank / Lender	\$ _____	<input type="checkbox"/> Committed <input type="checkbox"/> Pending
Revolving Loan Funds	\$ _____	<input type="checkbox"/> Committed <input type="checkbox"/> Pending
Other (specify): _____	\$ _____	<input type="checkbox"/> Committed <input type="checkbox"/> Pending
Total Sources	\$ _____	

Uses of Funds

Use	Amount
Real Estate	\$ _____
Equipment	\$ _____
Inventory/Supplies	\$ _____
Working Capital	\$ _____
Acquisition Costs	\$ _____
Other (specify): _____	\$ _____
Total Uses	\$ _____

Appraisal (if applicable):

- Appraisal Completed
- Appraisal Pending
- Not Applicable

Appraisal Subject (i.e., real estate, practice, other): _____

If completed provide appraised value and date: _____

Applicant Certification

By submitting this pre-application, the Applicant certifies that: (a) the information provided is accurate to the best of their knowledge; (b) submission of this pre-application does not constitute a formal loan application; (c) the Delta Dental of Iowa RLF may use this information for program eligibility screening; and (d) if invited to submit a formal application, additional documentation and financial information will be required. The Applicant acknowledges award decisions are subject to administrative review and processing timelines and may not coincide with the Applicant's planned project schedule.

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Authorized Representative Name: _____

Title: _____

Signature: _____ **Date:** _____

Delta Dental of Iowa RLF is an Equal Opportunity Lender. All qualified applicants will receive consideration of financing without regard to the applicant's color, creed, national origin, race, religion, marital status, age, physical disability, sex, sexual orientation, familial status, or any other characteristic protected by law. All lending decisions are made in accordance with applicable federal and state laws and are based on creditworthiness, program eligibility, and other lawful factors.