

Solicitation of Interest #20526

Nurses Across New York Loan Repayment Program – Cycle 2

PROMISSORY NOTE

WHEREAS, pursuant to the New York State Public Health Law (“PHL”) Section 2807-aa, the New York State Department of Health (“NYSDOH”) has created the Nurses Across New York (“NANY”) initiative which make funds available to help recruit nurses to and encourage them to remain in medically underserved areas of the State of New York (“State”); and

WHEREAS, NANY grant funds are provided to eligible nurses and eligible health care facilities on a first-come-first-served basis in exchange for the nurse’s commitment to work in a medically underserved area of the State for a three-year period (the “NANY Service Obligation Period”); and

WHEREAS, pursuant to PHL Section 2807-aa, NANY grant funds can be provided to:

1. A nurse to repay qualified educational debt, or
2. An eligible health care facility to recruit or retain a nurse by providing the nurse with funds to repay outstanding qualified educational debt: and

WHEREAS, pursuant to the NYSDOH, Office of Primary Care and Health Systems Management, Center for Health Care Policy and Resource Development, Division of Workforce Transformation Solicitation of Interest # _____ NANY Cycle 2, _____ [Name of the Facility], _____ [address of Facility], hereinafter referred to as the “Facility,” has received a NANY grant in the amount of \$_____,000 (the “NANY Grant”), to enable the Facility to enhance the financial terms of employment for the NANY Service Obligation Period (January 1, 2025-December 31, 2027) by providing _____ [Name of the Nurse], _____ [address of the Nurse], hereinafter referred to as “Nurse,” the full amount of the NANY Grant in order to recruit or retain the Nurse by providing the Nurse with funds to repay outstanding qualified educational debt, hereinafter referred to as the “Grant Purpose,” which sums will be disbursed to the Nurse upon receipt by the Facility: and

WHEREAS, the Facility has agreed to make the entire amount of the NANY Grant available to the Nurse in consideration of the Nurse’s fulfillment of the Grant Purpose during the NANY Service Obligation Period.

NOW, THEREFORE, in consideration of the foregoing, the Nurse agrees that:

1. If, for any reason, the Nurse does not fulfill the Grant Purpose during the entire NANY Service Obligation Period, the Nurse promises to pay to the Facility the principal sum of the full amount of the NANY Grant, together with any penalty amounts, required to be repaid by the Facility to the NYSDOH, as described in the Default Penalty Attestation contained in #94 of the electronic application for the Solicitation of Interest #20526 Nurses Across New York Loan Repayment Program – Cycle 2.

2. Any sums owed by the Nurse to the Facility pursuant to this Note shall, at the option of the Facility, become immediately due and payable without demand or notice.
3. This Note may not be changed or terminated orally. Any notice, demand or request relating to any matter set forth herein shall be in writing and shall be deemed effective when received by any party hereto at such address of which it shall have notified the party giving such notice in writing.
4. Presentment for payment, notice of dishonor, protest and notice of protest are hereby waived.
5. Nurse represents that they have full power, authority and legal right to execute and deliver this Note and that the debt hereunder constitutes a valid and binding obligation.
6. If this Note is placed with an attorney for collection, the Nurse shall pay all reasonable attorneys' fees and expenses incurred by the Facility in connection therewith. If Nurse or Facility sues to enforce this Note or obtain a declaration of its rights hereunder, the prevailing party in any such proceeding shall be entitled to recover its reasonable attorneys' fees and costs incurred in the proceeding (including those incurred in any bankruptcy proceeding or appeal) from the non-prevailing party.
7. This Note shall be governed by, and construed in accordance with, the laws of the State of New York.

IN WITNESS WHEREOF, the Nurse has executed and delivered this Note the day and year first written above.

NURSE BORROWER:

 Name: _____

State of New York

ss.

County of _____

On this ___ day of _____, 20___, before me, the undersigned, a Notary Public in an for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.
