

RHODE ISLAND HEALTH AND EDUCATIONAL BUILDING CORPORATION
55 Dorrance Street, Suite 300
Providence, RI 02903
Phone: (401) 831-3770 | Fax: (401) 421-3910 | Email: info@rihebc.com
www.rihebc.com

APPLICATION FOR FINANCING
HEALTHCARE

1. Applicant (Name and Address):

2. Principal Contact Person:

Telephone: _____ Email: _____

3. Estimated Amount of Financing Request: _____

4. Anticipated Interest Rate Structure (fixed; variable; hybrid; TBD): _____

5. Credit Enhancement (if known/applicable): _____

6. Existing Bond Ratings: (if applicable) _____

7. Outstanding Indebtedness: _____

8. Purpose of Financing (please describe what the financing is for, i.e. refinancing, new money, or both. If new money, please describe the project to be financed):

9. For the new money portion, please describe the status of the project:

10. Other Institutions Participating or Benefiting from the Financing (please let us know if there is a co-borrower, guarantor, or another institution that might benefit from the financing):

11. Source of Revenue to Repay the Bond Issue:

12. Timing Considerations (is there anything we need to know about your expectations for completing the project or overall financing?)

13. Comments:

14. PLEASE ATTACH:
(If not previously provided)

- a) Audited Financial Statements (5 years)
- b) Financial Projections for the Institution and Project
- c) Historical Operating/Utilization Statistics (5 years)
- d) Current Fiscal Year's approved Operating Budget
- e) Authorization from the Institution's Board for application to RIHEBC ([example provided within](#))
- f) Copy of required approvals from appropriate state organization
- g) A copy of the license from the Rhode Island Department of Health
- h) A copy of the certificate of need
- i) A Declaration of Intent, if applicable ([explanation and example provided within](#))

CERTIFICATION:

I, the undersigned, request that this application be submitted for review. I hereby make the following certifications:

- 1) That the information contained herein and the attachments hereto are to the best of my knowledge and belief accurate and descriptive of the project, which is intended as security for the requested financing.
- 2) That the project/financing will assist the institution in expanding health care and health related services in the state.
- 3) That the applicant herein is up to date on any outstanding obligations to the Corporation.
- 4) That the applicant will not be rendered insolvent by the transaction contemplated in this request for financing and that the applicant can pay its debts as they become due.

I understand that it is a goal of the Corporation, when the requested financing is to be used for projects which involve construction projects, to encourage the applicant to act to maximize the use of local labor and responsible contractors on the project.

(continued on next page)

I authorize the Rhode Island Health and Educational Building Corporation to undertake the preparation of tax-exempt bond financing documentation and any notices, hearings or other actions taken by the Corporation to facilitate the financing requested hereby, to include as applicable submission of out of pocket expenses incurred in connection with taking such actions, including, but not limited to, bond counsel fees, costs of advertising public notices and other disbursements related to preparing the proposed financing.

I understand that the Corporation makes no commitment to provide financing and that such financing is conditional upon the approval of the Board of the Corporation, the execution of legally binding commitments acceptable to all parties, and the successful sale and closing of the transaction.

Signature: _____

Title: _____

Date: _____

Please send completed application and required information to:

**Kimberly W. Mooers, Executive Director
Rhode Island Health and Educational Building Corporation**

**Via email:
kmoors@rihebc.com**

**or Mail to:
55 Dorrance Street, Suite 300
Providence, RI 02903**