

**RHODE ISLAND HEALTH AND EDUCATIONAL BUILDING CORPORATION**

**55 Dorrance Street, Suite 300**

**Providence, RI 02903**

**Phone: (401) 831-3770 Fax: (401) 421-3910**

**APPLICATION FOR FINANCING**  
**SCHOOL PROJECT BONDS**

1. Borrower (City/Town/Regional School District):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

2. A) Contact Person (Borrower): \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

B) Contact Person (School Department): \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

3. Project:

A) Description/ Amount: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B) Estimated Commencement Date: \_\_\_\_\_

C) Estimated Completion: \_\_\_\_\_

D) Estimated Date of Acceptances by School Committee: \_\_\_\_\_

4. RI Dept of Education Approval Date: \_\_\_\_\_ (attach copy)

5. Municipal Government Approval Date: \_\_\_\_\_ (attach copy)

6. Existing Bond Ratings (if applicable): \_\_\_\_\_

7. Outstanding Indebtedness (as of most recently completed FY):

A) All: \_\_\_\_\_

B) Schools: \_\_\_\_\_

8. Last Bond Issue Date: \_\_\_\_\_

9. Additional Comments:

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10. Please include a copy of:

- a) Most Recent Audited Financial Statements
- b) RI General Assembly Authorizing Legislation
- c) Municipal/Town Authorization
- d) Voter Referendum
- e) RI Dept of Education Housing Aid Reimbursement Approval
- f) A Declaration of Intent, if applicable (explanation and example provided)

**CERTIFICATION:**

I, the undersigned, request that this application be submitted for review. I hereby certify that the information contained herein and the attachments hereto are to the best of my knowledge and belief accurate and descriptive of the project. I hereby certify that the borrower is up to date on any outstanding obligations to the Corporation. I further certify that the borrower will not be rendered insolvent by the transaction contemplated in this request for financing and that the borrower 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 institution requesting the financing to act to maximize the use of local labor and responsible contractors on the project. 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, including 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 Corporation, the execution of legally binding documents acceptable to all parties, and the successful sale and closing of the bonds.

Borrower Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**School Department**

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:**  
[kmooers@rihebc.com](mailto:kmooers@rihebc.com)  
**OR**

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