

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. Do you have a Municipal Advisor? If so, what is the name of the firm and the principal contact?

15. PLEASE ATTACH:
- (If not previously provided)
- a) 5 Years of Audited Financial Statements (we may have these on file – contact us to check)
 - b) 5 Years of Revenue and Expense Projections for the Borrowing Institution
 - c) 5 Year Revenue and Expense Projections for the project being financed (if the project is revenue-generating)
 - d) Historical Operating/Utilization Statistics
 - e) Current Fiscal Year’s approved Operating Budget
 - f) Authorization from the Institution’s Board for application to RIHEBC ([example provided within](#))
 - g) Copy of required approvals from appropriate state organization
 - h) A copy of the license from the Rhode Island Department of Health
 - i) A copy of the certificate of need
 - j) 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.

(continued on next page)

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.

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**