

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

**APPLICATION FOR EQUIPMENT FINANCING**

1. Applicant (Name and Address):
  
2. Applicant's Principal Contact (Name, title, phone and email address):
  
3. Applicant's Legal Counsel (Name, Address and Principal Contact Name and Contact Info):
  
4. Applicant's Financial Advisor, if applicable (Name, Address and Principal Contact Name and Contact Info):
  
5. Lender, if applicable (Name, Address and Principal Contact Name and Contact Info):
  
6. Lender's Legal Counsel, if applicable (Name, Address and Principal Contact Name and Contact Info):
  
7. Estimated Amount of Financing Request:
  
8. Anticipated Interest Rate (if known):
  
9. Existing Bond Ratings (if applicable):
  
10. Outstanding Indebtedness:
  
11. Project Being Financed. Please describe the equipment to be acquired with the financing proceeds and what it will be used for. Please include a description of any ancillary installation costs that will be paid out of the proceeds. As additional detail, you may attach a vendor proposal or quote, as applicable. Please note costs of issuance may be paid from financing proceeds in an amount not to exceed 2% of the total borrowing.

12. 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):

13. Source of Revenue to Repay the Financing:

14. Timing Considerations (desired closing timeframe, lead-time items, etc.):

15. Other Comments:

16. PLEASE ATTACH (if not already on file at RIHEBC):

- a) Most recent 5 years of audited financial statements
- b) 5 years of revenue and expense projections
- c) 5 years of revenue and expense projections for the equipment being financed (if applicable)
- d) Current fiscal year's approved operating budget
- e) Authorization from the Applicant's board to seek financing from the Rhode Island Health and Educational Building Corporation ([example provided here](#))
- f) A declaration of intent, if applicable ([explanation and example provided here](#))
- g) If Applicant is an **educational institution**, demand and enrollment statistics (5 years)
- h) If Applicant is a **healthcare provider**,
  - i. historical operating/utilization statistics (5 years)
  - ii. Copy of required approvals from appropriate state organization(s)
  - iii. A copy of the Applicant's license from the Rhode Island Department of Health
  - iv. A copy of the Applicant's certificate of need

CERTIFICATIONS AND ACKNOWLEDGEMENT:

I, the undersigned, request that this application be submitted for review and, in connection therewith, I certify that:

- 1) The information contained in this application and the related attachments is, to the best of my knowledge and belief, true and correct.
- 2) The financing of the project will enable the Applicant to fulfill its obligations in expanding health care and health related services OR in providing education to the youth of the state.
- 3) The Applicant has no outstanding obligations to RIHEBC that are due and unpaid or unsatisfied.
- 4) The Applicant will not be rendered insolvent by the transaction contemplated in this application and that the Applicant can pay its debts as they become due.

Furthermore, I acknowledge that:

- 1) It is a goal of RIHEBC to encourage the Applicant to act to maximize the use of local labor and responsible contractors on the project.
- 2) That RIHEBC will appoint Hinckley, Allen & Snyder LLP or Adler, Pollock & Sheehan P.C. as Bond Counsel for the financing.
- 3) RIHEBC's equipment financing program uses standardized program documents (including requirements for legal opinions and Bond Counsel diligence requests) that are available on [RIHEBC's website here](#).
- 4) The Form Documents are final except for the inclusion of Transaction-Specific Terms such as the identity of the particular parties and the final pricing terms (i.e., interest rate and repayment terms).
- 5) RIHEBC reserves the right, as may be necessary or advisable, to (i) amend the Form Documents and (ii) to request additional diligence or documents.
- 6) The Applicant has reviewed the Form Documents in consultation with Applicant's Legal Counsel prior to submitting this application. Subject to the inclusion of the Transaction-Specific Terms, the Applicant is prepared to execute and deliver financing documents at closing in a form identical to the Form Documents.

I authorize RIHEBC to undertake the preparation of the program documents for the financing requested in this application and any notices, hearings or other actions taken by RIHEBC to facilitate such financing, including, as applicable, the submission of out of pocket expenses incurred in connection with 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 RIHEBC makes no commitment to provide financing and that such financing is conditional upon the approval of the Board of RIHEBC, the execution of legally binding commitments acceptable to all parties, and the successful 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**