



**RHODE ISLAND HEALTH AND EDUCATIONAL BUILDING CORPORATION**  
**33 Broad Street, Suite 200**  
**Providence, RI 02903**  
**Phone: 401-831-3770**  
Email: [executivedirector@rihebc.com](mailto:executivedirector@rihebc.com)  
[www.rihebc.com](http://www.rihebc.com)

### **APPLICATION FOR FINANCING**

All applicants/borrowers must complete and/or submit (1) the General Information section, (2) the rider specific to the type of financing being applied for, (3) the Certification at the end of this application, and (4) any required attachments. Incomplete applications will not be considered. Completed applications should be submitted via email to the Rhode Island Health and Educational Building Corporation's ("the "Corporation) Executive Director at: [executivedirector@rihebc.com](mailto:executivedirector@rihebc.com)

Type of Financing Requested (Select One):

- Bonds for Healthcare Provider (please also fill out Rider A)
- Bonds for Educational Institution (please also fill out Rider B)
- Bonds for Other Nonprofit Organization (please also fill out Rider C)
- Public School Financing Program Bonds (please also fill out Rider D)
- Tax-Exempt Equipment Lease Program (please also fill out Rider E)
- Direct Loan Program (please also fill out Rider F)
- Emergency Loan Program (please also fill out Rider G)

For statutory definitions of eligible borrowers, including healthcare providers, educational institutions, and other nonprofit organizations, please visit:

[webserver.rilegislature.gov//Statutes/TITLE45/45-38.1/45-38.1-3.htm](http://webserver.rilegislature.gov//Statutes/TITLE45/45-38.1/45-38.1-3.htm)

**GENERAL INFORMATION:**

**If you need more room please add additional sheets and hit enter to go to the next line**

1. Applicant/Borrower (Name and Address):

2. Principal Contact Person:

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Applicant/Borrower's Legal Counsel (Name, Address, and Name of Principal Contact):

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Estimated Amount of Financing Requested:

5. Anticipated Interest Rate and/or Anticipated Interest Rate Structure:

6. Existing Bond Ratings (if applicable):

7. Credit Enhancement (if known/applicable):

8. Outstanding Indebtedness:

9. Other Institutions Participating in or Benefiting from the Financing (please state whether there is a co-borrower, guarantor, or other institution that may benefit or otherwise participate in the financing applied for):

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

11. Purpose of Financing (please describe the purpose of the financing being applied for, i.e. refunding, new money, or both):

12. For any new money portion, please describe the project to be financed and the current status of the project."K'i'tghwpf kpi ."r ncug"f guetkdg'y j cv'ku"dgkpi 'tghwpf gf 0

13. Source of Revenue to Repay Bond Issue:

14. Do you have a municipal advisor? Yes:      No:

If Yes, please provide the Firm Name, the name of the Principal Contact, and their contact information:

15. Other Comments:

## **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 furthers the Rhode Island Health and Educational Building Corporation's mission and policy as delineated under R.I. Gen. Laws § 45-38.1-1;
- 3) The Applicant has no outstanding obligations to the Rhode Island Health and Educational Building Corporation 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 also understand and acknowledge that it is the 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 the program documents for the financing requested in this Application, and any notices, hearings, or other actions taken by the Rhode Island Health and Educational Building Corporation to facilitate such financing, including, as applicable, the submission of out-of-pocket expenses incurred in connection with taking such action, 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 Rhode Island Health and Educational Building 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: \_\_\_\_\_

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

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

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