



RHODE ISLAND HEALTH AND EDUCATIONAL BUILDING CORPORATION

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FINANCING APPLICATION RIDER A:

HEALTHCARE PROVIDER PURSUANT TO
R.I GEN. LAWS § 45-38.1-3(14)

1. Applicant/Borrower (Name):

REQUIRED ATTACHMENTS:

Please attach the following documents to this Application:

- I. Five (5) Years of Audited Financial Statements (these may already be on file – please contact us to check);
- II. Five (5) Years of Revenue and Expense Projections for the Borrowing Institution;
- III. Five (5) Years of Revenue and Expense Projections for the Project being financed (if the Project is revenue-generating);
- IV. Historical Operating/Utilization Statistics;
- V. Current Fiscal Year's Approved Operating Budget;
- VI. IRS Determination Letter Granting 501(c)(3) Status, if applicable;
- VII. Authorization from the Borrowing Institution's Board of Directors for the Transaction;
- VIII. Copy of Required Approvals from Appropriate State Organization(s);
- IX. Copy of the License Issued by the Rhode Island Department of Health;
- X. A Copy of the Certificate of Need, if required; and
- XI. A Declaration of Intent, if applicable.

ADDITIONAL CERTIFICATION

The undersigned certifies that the project/financing will assist the institution in expanding health care and health related services in the State of Rhode Island.

Signature: _____

Name: _____

Title: _____

Date: _____