



**RHODE ISLAND HEALTH AND EDUCATIONAL BUILDING CORPORATION**  
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## **FINANCING APPLICATION RIDER D:**

### **PUBLIC SCHOOL FINANCING PROGRAM BONDS** *(City, Town, Regional School District)*

If you are a participating municipality applying for financing through the Rhode Island Health and Educational Building Corporation for a Public School Financing Program Bond, please fill out the below rider as part of your application.

1. Principal Contact at School Department:

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

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

2. Additional Project Details:

Estimated Commencement Date: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

Estimated Date of Acceptance by School Committee: \_\_\_\_\_

Expected Housing Aid Ratio: \_\_\_\_\_

OPM Assigned to the Project: \_\_\_\_\_

3. Date of Approval by R.I. Department of Education: \_\_\_\_\_
4. Date of Approval by Municipal Government: \_\_\_\_\_
5. Last Bond Issue Date: \_\_\_\_\_

**REQUIRED ATTACHMENTS:**

Please attach the following documents to this Application:

- I. Approval from Municipal Government;
- II. Approval from Rhode Island Department of Education;
- III. Most Recent Audited Financial Statements;
- IV. Rhode Island General Assembly Authorizing Legislation;
- V. Municipal and/or Town Authorization;
- VI. Voter Referendum; and
- VII. A Declaration of Intent, if applicable.

**ADDITIONAL CERTIFICATION**

The undersigned certifies that the project/financing will assist the institution in fulfilling its obligations in providing education to the youth of the State of Rhode Island.

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

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

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

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