STATE OF NORTH CAROLINA
THE NORTH CAROLINA MEDICAL CARE COMMISSION
Division of Health Service Regulation
(Hospital)
CONSTRUCTION AND/OR REFINANCING PROJECT
APPLICATION FOR PROJECT FINANCING ASSISTANCE
UNDER AUTHORITY OF THE HEALTH CARE FACILITIES FINANCE ACT

Pursuant to Chapter 131A of the North Carolina General Statutes, the undersigned hereby makes application for financing assistance for the proposed project described below:

1. Legal Name of Applicant:

_____

2. Address of Applicant:

_____
(Street and Number) (Zip)

_____
(City) (State) (County)

_____
(Mailing Address if Different From Above)

3. Chief Executive Officer:

_____

Phone Number: _____ Fax Number: _____

Email address:

_____

4. Project Contact Person:

_____

Phone Number: _____ Fax Number: _____

Email address:

_____

5. Organization:

Ownership:

_____

Tax Status:

_____

6. Describe briefly but completely the scope of the proposed project (attach additional sheet if necessary).

_____

_____

_____

_____

7. Site Information:

A. Geographic location of proposed construction:

County: _____ City or Town: _____

B. Has site been acquired? Yes_____ No_____ Size of Site: _____ Acres

(1) Does the applicant hold an option on the potential site? _____

(2) Describe terms of option: _____

C. If site has been acquired:

(1) Describe interest in site:

____ Fee Simple Title _____ Leasehold

____ Other (explain): _____

(2) If interest is leasehold, give following information:

(a) Term of leasehold (99 yrs., 50 yrs., etc.) _____ years

(b) Is lease renewable? Yes _____ No _____

(3) Describe on attachment any encumbrances which may interfere with use or enjoyment of premises for purposes of the facility (mortgages, liens, assessments, mineral or mining rights, restrictive clauses in the instrument of conveyance, easements, rights-of-way, zoning ordinances building restrictions, etc.)

8. Have you completed any construction, renovation or purchase and installation of equipment which would be subject to review by the Construction Section, DHSR, for licensure but which has not been reviewed and approved by the Section? Yes_____ No _____
If the answer is yes, please attach an explanation.

9. Do you have any outstanding State or Federal licensure, certification, or regulatory issues (including investigations and/or litigation) which have not been resolved as of the date of this application? Yes_____ No _____. If the answer is yes, please attach an explanation.

10. Do you have any outstanding issues with any national accrediting body e.g. JCAHO? Yes_____ No _____. If the answer is yes, please attach an explanation.

11. Do you have any life safety issues, which should be addressed as a part of this bond issue? Yes_____ No _____. If the answer is yes, please attach an explanation.

12. Does the hospital have any provider based clinics, emergency departments, or other outpatient services, on or off the main hospital campus, that operate in the same county which the hospital is located and that are billed under the hospital's CMS provider number that have not been reviewed and approved for compliance with Construction and Licensure rules found at 10A NCAC 13B? Yes_____ No _____. If the answer is yes, please attach an explanation.

13. Are you in compliance with the covenants set forth in the agreements governing all your outstanding Medical Care Commission debt? Yes____ No_____. If the answer is no set forth the items of noncompliance in a separate attachment to this application.

14 Community Benefits Reporting-the ANDI form related to Community Benefits should be completed as a part of this application. (Form on MCC website at http://www.ncdhhs.gov/dhsr/ncmcc).

15. Financial Information Applicable to This Project:
A. Sources:

(1) Cash and negotiable securities from reserves	$ _____
(2) Principal amount of bonds to be issued	$ _____
(3) Interest earned during construction	$ _____
(4) Other: _____	$ _____
(5) Other: _____	$ _____
(6) Other: _____	$ _____
(7) Other: _____	$ _____
Total Sources of Funds	**$ _____**

B. Project Cost Estimates:

(1) Site Costs:

a. Land acquisition including survey fees, legal fees and subsoil investigation.	$ _____
b. Site utility development and accessibility costs including necessary engineering fees.	$ _____
Total Site Costs	$ _____

(2) Construction Costs:

a. Construction contracts (including fixed equipment, installation, associated construction costs) $ _____

b. Architect's fees (____% of construction) $ _____

1. Architect's reimbursables $ _____

c. Contingency – 1% of construction contracts $ _____

d. Total Moveable Equipment Budget $ _____

e. Surveys, Tests, Insurance, etc. $ _____

f. Consultant Fees (Related to Construction –List)

1. _____ $ _____
2. _____ $ _____
3. _____ $ _____

Total Construction Costs **$ _____**

(4) Refinancing and/or Other Project Costs:

a. Amount required to prepay loan $ _____

b. Escrow amount of refund bonds $ _____

c. Other refinancing items:

1._____ $ _____
2._____ $ _____
3._____ $ _____

d. Other project costs:

1. Division of Health Service Regulation $ _____
2._____ $ _____
3._____ $ _____
4._____ $ _____

Total Refinancing or Other Costs **$ _____**

C. Financing Costs:

(1) Bond Interest during Construction $_____

(2) Debt Service Reserve Fund $ _____

(3) Bond Insurance/Letter of Credit Fee $ _____

(4) Underwriters' Discount/Placement Fee $ _____

(5) Other Cost of Issuance:

a. Feasibility Fees $ _____

b. Accountants Fees $ _____

c. Legal Fees for Corporation Counsel $ _____

d. Bond Counsel $ _____

e. Rating Agencies $ _____

f. Trustee Fees $ _____

g. Printing Costs $ _____

h. Local Government Commission Reimbursables $ _____

i. Other: (List)

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
(4) _____ $ _____

Total Financing Costs and Costs of Issuance **$ _____--_____**

Total Uses of Funds **$ _____-_____**

16. Construction Schedule Estimates:

A. Target Dates for Final Construction Documents _____
B. Target Dates for Starting Construction_____
C. Target Dates for Construction Completion & Occupancy_____

17. Equal Employment Certification

This facility is committed to equal employment opportunity for all applicants and employees. Accordingly, this facility neither practices nor condones any form of discriminatory behavior against applicants or employees based on race, color, national origin, religion, sex, age, or handicapping condition.

18. Please list the Bankers, Attorneys and Consultants that you will be using for the financing of this Project:

(1) _____
(2) _____
(3) _____

The undersigned hereby certifies that the attachments and foregoing statements are correct to the best of his knowledge and belief.

Date: _____

Name of Responsible Officer: _____

Title: _____

Signature of Officer: _____

Please include the following:

_____ Certificate of Need for Proposed Project if one is required

_____ Preliminary Equipment List – (Provide an itemized breakdown of equipment over $100,000)

_____ Preliminary Feasibility Study or Internally Generated Projection for actual debt service coverage for last fiscal year and projected debt service coverage for the five succeeding fiscal years.

_____ Schematic Plans with Narrative (if not already submitted to the Construction Section, DHSR)

_____ Audited Financial Statements for Previous Three Years

_____ Schedule H from IRS Form 990 (most recent version)

_____ Board of Trustees/Board of Directors Diversity

Please answer the following:

Does Organization have a formal post tax issuance compliance policy?
Who in the Organization will be designated to ensure appropriate compliance with the issuance?
What is the Organization's compliance monitoring plan?
How will the Organization report compliance deficiencies to leadership and the Board?

Distribution

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