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

Send form to:
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