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**MAINE HEALTH AND HIGHER EDUCATIONAL  
FACILITIES AUTHORITY**

**FINANCING APPLICATION**

**HOSPITALS AND NURSING HOMES**

The information listed on this application is necessary for the Maine Health and Higher Educational Facilities Authority (the "Authority"), its counsel, and its bond counsel to determine the eligibility of the Applicant's proposed financing under Maine and Federal law. Please fill in all blanks, using "NONE" or "NOT APPLICABLE" where necessary. If an estimate is given, put "EST" after the figure. Attach additional sheets if necessary. This application is ONLY for the purpose of determining whether the proposed financing is eligible for consideration by the Authority. A more detailed project or program examination will be undertaken by bond counsel at a later date to assure that the project or program will comply with Maine and Federal law. Return one signed, typewritten copy of this application along with the application fee to the Authority, c/o Terry Hayes, Executive Director, P. O. Box 2268, Augusta, ME 04338.

**A. APPLICANT INFORMATION**

1. Legal Name:
2. Address:
3. Telephone:
4. IRS ID #:
5. Do you have a valid State of Maine license?   
Expiration Date of License:
6. Date of Applicant's 501(c)3 Determination Letter

7. Applicant's Chief Financial Officer (Specify if communications to the applicant should be directed to anyone else.):

Name [REDACTED]

Title [REDACTED]

Address [REDACTED]

Telephone [REDACTED]

Email: [REDACTED]

FAX: [REDACTED]

8. Legal Counsel to Applicant:

Name of Attorney [REDACTED]

Name of Firm [REDACTED]

Address [REDACTED]

Telephone [REDACTED]

Email: [REDACTED]

FAX: [REDACTED]

9. Consulting Accounting Firm:

Contact Person [REDACTED]

Firm [REDACTED]

Address [REDACTED]

Telephone [REDACTED]

Email: [REDACTED]

FAX [REDACTED]

**B. SUMMARY OF PROPOSED FINANCING**

1. Will the applicant's financing consist of a new money project, a refunding or a combination thereof?  
Describe:

█

2. If the proposed financing is to be a refunding of bonds issued by the Authority on behalf of the applicant, identify the issue(s) of bonds to be refunded:

█

3. Is a Certificate of Need required for the proposed financing? Yes  No

a. If a Certificate of Need has been obtained, attach a copy.

b. If none is required, attach a Determination Letter from the Department of Human Services.

4. State the approximate dollar amount of financing needs of the applicant and the desired term of the financing.

\$ █ Term: █

5. If the financing is for a new money project or program, describe briefly the project or program:

█

6. If the financing is for a new money project, has a general contractor or construction manager been designated? Yes  No

If so, who? █

Has a construction contract or guaranteed fixed or maximum construction price been agreed to?

Yes  No

If so, what? \$ █

**\*\*Attach a copy of the construction contract.\*\***

7. Will any of the applicant's facilities be used, managed or operated by private, for-profit entities?

Yes  No

If so, describe

8. If the project includes the refinancing of existing debt of the applicant, please describe the debt to be refinanced:

Principal Amount  Maturity Date

Interest Rate  Prepayment Penalty

Purpose of Initial Financing

9. Holder of the Debt Instrument

10. Is the proposed financing/refinancing allowable under all existing debt instruments of the institution?

Yes  No

11. Will any liens on the facility remain outstanding after the completion of the proposed financing (other than parity liens under a prior Authority financing?) Yes  No

12. Is any specific approval necessary, under debt instruments to remain outstanding, relating to the incurrence of new or additional debt? Yes  No

13. Will any of the bond proceeds be used to reimburse the institution for expenditures already made or to be made before delivery of funds? Yes  No

If yes, where did/will the funds expended originate:  Borrowed?  Internal?

If **borrowed**, were expenditures made from cash flow and then funds were borrowed for reimbursement or were funds borrowed then expended?

If **Internal**, please attach a copy of the reimbursement resolution adopted by the board of the institution (see attached example-pg. 12).

Were any of the funds expended generated through fund raising activities?

If yes, approximately how much?

14. Location of the proposed project by street address, municipality and county: [REDACTED]

15. Does the project consist of (check appropriate categories):

- a. Construction of new building  Yes  No
- b. Renovations to existing building  Yes  No
- c. Construction of addition to existing building  Yes  No
- d. Acquisition of existing building  Yes  No
- e. Installation of machinery and/or equipment  Yes  No
- f. Acquisition of land  Yes  No
- g. Acquisition of major equipment  Yes  No

16. Describe how the proposed project and/or refinancing will aid the institution.

[REDACTED]

17. If any space in the project is to be leased to third parties, indicate the proposed tenant, total square footage of the project, amount to be leased to each tenant and proposed use by each tenant. (Attach signed leases, if any.)

[REDACTED]

18. Has construction work on this project begun? Yes  No   
If yes, complete the following:

- a. Site Clearance  Yes  No [REDACTED] % Complete
- b. Foundation  Yes  No [REDACTED] % Complete
- c. Footings  Yes  No [REDACTED] % Complete
- d. Steel  Yes  No [REDACTED] % Complete
- e. Masonry Work  Yes  No [REDACTED] % Complete
- f. Other (describe):  Yes  No [REDACTED] % Complete

19. List the principal amount of all tax-exempt and Farmers Home Administration financing previously obtained by or for the benefit of the applicant.

Date of Issue	Lender	Original Amount	Outstanding
<span style="background-color: gray; color: gray;">[REDACTED]</span>	<span style="background-color: gray; color: gray;">[REDACTED]</span>	<span style="background-color: gray; color: gray;">[REDACTED]</span>	<span style="background-color: gray; color: gray;">[REDACTED]</span>
<span style="background-color: gray; color: gray;">[REDACTED]</span>	<span style="background-color: gray; color: gray;">[REDACTED]</span>	<span style="background-color: gray; color: gray;">[REDACTED]</span>	<span style="background-color: gray; color: gray;">[REDACTED]</span>
<span style="background-color: gray; color: gray;">[REDACTED]</span>	<span style="background-color: gray; color: gray;">[REDACTED]</span>	<span style="background-color: gray; color: gray;">[REDACTED]</span>	<span style="background-color: gray; color: gray;">[REDACTED]</span>
<span style="background-color: gray; color: gray;">[REDACTED]</span>	<span style="background-color: gray; color: gray;">[REDACTED]</span>	<span style="background-color: gray; color: gray;">[REDACTED]</span>	<span style="background-color: gray; color: gray;">[REDACTED]</span>

20. Project Estimated Schedule:

- a. Financing of the Project
- b. Commencement of Construction
- c. Completion of Construction

**PLEASE ATTACH THE FOLLOWING DOCUMENTS:**

Copy of applicant's 501(c)3 Determination Letter

Attach copy of applicant's audited financial statements for the last three fiscal years.

Attach a copy of the operating budget for the current fiscal year.

Attach a copy of the most recent internal financial statements.

Attach pro-forma financial statements for the next two years, or if a new project, for the first two years after completion of the project.

Sources of Revenues for Patient Services (see attached example)

Utilization Statistics (see attached example)

Sources & Uses of Funds (see attached example)

Proposed Capital Expenditures budget (see attached example)

Applicant's Certification (see attached example)

**APPLICATION FEE:**

Please enclose a check in the amount of \$500 payable to the Maine Health and Higher Education Finance Authority. This fee is non-refundable; however, it will be applied against the initial fee if the issue is closed.

NOTE: The Trustee, the Printer and the Underwriter will be selected by the Authority.

**SOURCES OF REVENUES FOR PATIENT SERVICES**

In the space provided, please provide the past three years' payor mix for each category as a percentage of gross patient revenues. Also provide the current quarter's payor mix statistics.

	Most recent Quarter ended  As of: [ ]	Fiscal Year 20 [ ]	Fiscal Year 20 [ ]	Fiscal Year 20 [ ]
Payor				
Medicare				
Medicaid				
Commercial Ins.				
Self-Pay				
Managed Care				
Other				

**UTILIZATION STATISTICS**

In the space provided, please provide utilization statistics for the Institution for the three most recent years, and comparative interim statistics for the most recent month/quarter.

	Most recent Month/Qtr As of: [ ]	Previous Year Month/Qtr [ ]	Fiscal Year 20 [ ]	Fiscal Year 20 [ ]	Fiscal Year 20 [ ]
Beds					
Admissions					
Pat. Days					
Occupancy %					
Avg. Length of Stay					
OP Visits					
Emergency Visits					
Avg.days in A.R.					





## PROPOSED CAPITAL EXPENDITURES BUDGET

a. Purchase of land/related fees	\$	<input type="text"/>
b. Purchase of building(s)/fees		<input type="text"/>
c. Building improvements		<input type="text"/>
d. Architect's basic fees		<input type="text"/>
e. Engineering consultant fees		<input type="text"/>
f. Plans and specifications		<input type="text"/>
g. Project supervision		<input type="text"/>
h. Construction		<input type="text"/>
i. Contingency Fund		<input type="text"/>
j. Fixed equipment		<input type="text"/>
k. Moveable equipment		<input type="text"/>
l. Consultant fees		<input type="text"/>
m. Legal fees		<input type="text"/>
n. Insurance during construction		<input type="text"/>
o. Permits		<input type="text"/>
p. Interest during construction		<input type="text"/>
q. Federal/State agency fees		<input type="text"/>
Total Estimated Capital Expenses \$		<input type="text"/>



Exceptions for Preliminary Expenses, De Minimis Amounts and Expenditures for Projects with Long Construction Periods. No official intent need be adopted and no reimbursement deadline applies with respect to the reimbursement of “preliminary expenses” or “de minimis” amounts. Preliminary expenses include architectural, engineering, surveying, soil testing and other similar costs paid before construction is commenced, but exclude the cost of acquiring land or of site preparation. The amount permitted to be reimbursed under the preliminary expense exception is limited to 20 percent of the issue price(s) of the bonds ultimately issued to finance the project. An amount is de minimis if it is no greater than \$100,000 or, if less, 5 percent of the principal amount of the reimbursement bond issue.

The following is a sample resolution that can be adopted by the board of a conduit borrower, or an authorized committee or officer thereof, in order to make a declaration of official intent in compliance with the regulations.

**\*\*SAMPLE RESOLUTION\*\***

RESOLVED, that the [NAME OF CONDUIT BORROWER] intends to pay, on an interim basis, the costs of [GIVE GENERAL PROJECT DESCRIPTION, e.g. “HOSPITAL EQUIPMENT ACQUISITION”], the costs of which project are reasonably expected to be financed on a long term basis with the proceeds of indebtedness to be issued in the maximum principal amount of \$[MAXIMUM AMOUNT OF PROJECT COSTS TO BE FINANCED].