## FORMAL APPLICATION FOR FINANCING OF HEALTH CARE FACILITY

1.	Name of applicant:
2.	Address of applicant:
3.	Name and telephone number of person to be contacted on behalf of applicant (and address if different from 2 above)
4.	Description of health care facility to be financed. (include location, health care services provided by facility, offices located in facility and any non health care related uses of facility)
5.	The proposed financing is to (check applicable boxes):
	<b>G</b> a. Pay construction and equipment costs not previously financed by a loan or loans.
	<b>G</b> b. Refinance an existing loan or loans incurred to pay construction and equipment costs.
6.	If 5b is checked, are existing loan or loans secured by lien on real or personal property or revenues of the applicant? If yes, attach a copy of security agreement with the lender.
7.	Has the State Health Planning and Development Agency issued a final decision awarding a certificate of need or an exemption therefrom to the applicant for the health care facility proposed to be financed? If yes, attach copy of the application and final decision of the State Health Planning and Development Agency.
	If construction and equipment of the health care facility is not completed, complete questions 8 through 11, below and complete the table in question 12 using current estimated dollar amounts for the column entitled "total dollar amount".

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8.	Does applicant have a guaranteed maximum price construction contract for construction of the health care facility?			
9.	If the answer to 8 above is "No," on what is applicant's estimate of construction cost based Attach copies of any documents referred to in answering this question.			
		8		
10.	Has applicant entered into any contract or contracts for equipment of the health care facili which individually are in a dollar amount equal to at least 10% of the total estimated cost construction and equipment of the health care facility? If yes, attach copies.		otal estimated cost of	
11.	<ol> <li>When is construction and equipment of health care facility estimated to be completed? (include bases for estimate)</li> </ol>		be completed?	
	If construction and equipment of health care facili through 15, below.	ty is completed, comp	plete questions 12	
12.	The total cost of construction and equipment of health care facility was \$			
	consisting of the following costs:	Total Dollar Amount	Dollar Amount  Expended to Date	
Lanc	l (include only if land acquired as part of project) l improvements	Donal Amount	Expended to Date	
Fixe	struction d equipment			
Arch	able equipment nitectural fees			
Fina	struction management fees ncing costs er (specify by major category)			
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20.	Attach audited financial statements of the applicant for the most recent three years.
19.	List below the licensing and accreditation procedures to which the applicant is subject and attach copies as applicable, of all current licenses and most recent accreditation certificates.
18.	List below the professional associations of which the applicant is a member:
17.	Is applicant's obligation to make payments to the Department under the terms of the proposed financing to be guaranteed by a third party? If yes, specify third party.
16.	Date of incorporation of the applicant and number of years the applicant has been providing health care services to the general public: Attach copy of articles of incorporation and by-laws of applicant (and guarantor if applicable) and copy of 501(c)(3) determination letter of the Internal Revenue Service relating to applicant.
	In order to meet statutory requirements for the issuance of special purpose revenue bonds the Department of Budget and Finance is required to make a determination that the applicant is a responsible party (by reason of economic assets and experience in providing health care to the general public). Items 16 through 31 are included in this application in order to provide the Department with a basis for making the required determination. If the obligations of the applicant under the agreement with the Department providing for the financing are to be guaranteed by a third party, items 16 and 18 through 21 should be answered with respect to such guarantor as well as the applicant.
15.	Does the health care facility provide service to the general public?  If no, describe restrictions.
14.	Is the health care facility operational?
13.	Date construction and equipment of facility was completed:

21.	List the commercial bank or banks and any other financial institution with which the applicant maintains a banking relationship, a letter or letters of credit or line or lines of credit and the name of the person at each such bank or other institution most familiar with applicant's account.		
	Name of Institution Person		
22.	Has the applicant received grant moneys or a loan from the federal government under the Hill-Burton Act or other federal program? If yes, specify including dates and amounts.		
23.	Does the applicant have Medicare and/or Medicaid provider certificates? If yes, attach copies.		
24.	Does the applicant have an HMSA contract? If yes, attach copy.		
25.	List programs in addition to Medicare/Medicaid or HMSA which provide a significant portion of the applicant's patient service revenue.		
26.	Does the applicant own the real property upon which the health care facility has been or is to be constructed?		
27.	Does the applicant own any real property (other than property referred to in 26 above) in the State of Hawaii?		
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28.	Which of the following does the applicant propose to pledge as security for the financing being applied for?		
	G G	Revenues derived from operation of health care facility being financed. Revenues derived from other operations (specify).	
	G G	Real property on which health care facility is located and personal property contained in health care facility.  Other personal and/or real property (specify location).	
	G	Other specify).	
29.	Are there any lawsuits now pending against the applicant in which, individually or in the aggregate, the plaintiff has sued for an amount in excess of the applicant's applicable insurance coverage?		
30.		s the applicant carry malpractice insurance? If "yes" specify name and address of rance agent.	
31.	the I	s applicant require the consent of any other body prior to executing an agreement with Department to provide for the financing? If yes, specify body or bodies and cate whether or not consent has been granted.	
32.	for t	the applicant selected a person or firm to provide financial feasibility consultant services the proposed financing? If yes, attach copies of proposal received which should ade a description of the services to be provided and the proposed fee.	
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guarantor, if any) and the	on short biographies of key administrators of the applicant (and me governing body of the applicant (and guarantor, if any). Such ude educational background and health care-related experience.			
STATE OF	)			
COUNTY OF	) SS. )			
Deponent, being duly sworn, deposes and says that deponent is and was at all times mentioned in the foregoing application the authorized representative of the applicant, and being the authorized representative mentioned in the foregoing application that the statements made in said application are in all respects true and correct.				
Subscribed and sworn to before me this day of, 19				
Notary Public, Judicia State of	ıl Circuit,			
My commission expires:				
	CATIONS WILL BE ACCEPTED FOR PROCESSING BY THE ETED APPLICATION CONSISTS OF:			
1. This form with all applica	ble items completed.			
2. Copies of all applicable items referred to in this form.				
3. Two executed copies of the fee agreement. One copy will be returned to the applicant upon execution by the department.				
4. Certified or cashier's chec	ck made out to the department in the amount of s1,000.00.			
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