

NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL

Greg Leyendecker, Chair



SINGLE FACILITY REVENUE BONDS APPLICATION

Two executed copies of this application, along with the attachments and security deposit of \$1,500, should be sent to:

New Mexico Hospital Equipment Loan Council
7471 Pan American Freeway NE
Albuquerque, NM 87109
P. O. Box 92200, 87199-2200
Attention: Erika Campos, Program Administrator

If you have any questions or need further assistance, please contact:

Erika Campos Program Administrator E-mail ecampos@nmhsc.com
Telephone (505) 343-0070, (800) 577-2121 Fax No. (505) 343-0068

Chris Muirhead General Counsel E-mail cmuirhead@modrall.com
Telephone (505) 848-1858 Fax No. (505) 848-9710

A. GENERAL INFORMATION

1. Name of Borrower: _____
Street Address: _____
Mailing Address: _____
Federal Employer Identification Number: _____

2. Borrower Contacts: (Person or Persons most familiar with the application)
Name: _____
Title: _____
Street Address: _____
Mailing Address: _____
Phone No: _____ Fax No. _____ E-mail: _____

Name: _____
Title: _____
Street Address: _____
Mailing Address: _____
Phone No: _____ Fax No. _____ E-mail: _____

B. APPLICATION SUMMARY

1. Date Application Submitted _____
2. Date Bonds are to be Issued _____
3. Loan Amount of Revenue Bonds to be Issued _____
4. Term of Debt (Number of Years) _____
5. List the total cost of the project(s) to be financed.

<u>Purchase</u>			
	(A)	Cost of Real Property (Property & Bldg)	\$ _____
	(B)	Cost of Equipment	\$ _____
	(C)	Less Internal Funds	\$(_____)
		Net Purchase Amount	\$ _____
<u>Reimbursement</u> **			
	(A)	Cost of Real Property Internally Financed	\$ _____
	(B)	Cost of Equipment Internally Financed	\$ _____
	(C)	Less Amounts Not Being Reimbursed	\$(_____)
		Net Reimbursement Amount	\$ _____
<u>Refinancing</u>			
	(A)	Debt Being Refinanced	\$ _____
	(B)	Less Reserve Fund Transfers	\$(_____)
	(C)	Less Internal Funds	\$(_____)
		Net Refinancing Amount	\$ _____
		Total Project Amount	\$ _____
<p>**If a portion of the bond proceeds is to be used for reimbursement purposes, attach a copy of the reimbursement resolution adopted by your Board of Directors.</p>			



C. GENERAL DESCRIPTION OF BORROWER

6. Type of Facility (Check appropriate blank):

_____ Hospital	_____ ICF
_____ SNF	_____ Other (Describe) _____

7. Credit Ratings

List below the Borrower's outstanding credit ratings and the date the ratings were issued or confirmed.

Moody's Rating:	_____	Date:	_____
Standard & Poor's Rating:	_____	Date:	_____
Fitch Rating:	_____	Date:	_____

D. PLEASE ATTACH THE FOLLOWING DOCUMENTS AS PART OF THIS APPLICATION.

- 8. A general description and location of the proposed project;
- 9. A statement of how the proposed project will promote the health, safety, security, and welfare of the citizens of the surrounding area;
- 10. The maximum amount of bonds to be issued, including, if applicable, the maximum amount of outstanding debt to be refinanced, and a description of the outstanding debt;
- 11. The maximum total dollar amount of the proposed health-related equipment to be reimbursed, acquired or constructed, including an estimated schedule of expenditures and, if applicable, the date of expenditures for amounts to be reimbursed.
- 12. A letter or resolution from the city or county in which the project is to be located indicating support for the project by the city or state;
- 13. A commitment letter, letter of intent to purchase, or a placement letter from an underwriter of the proposed Single Facility Revenue Bonds; and
- 14. A security deposit of \$1,500, which will be credited against the origination fee.

The information contained in and attached to this Application is true and correct and the undersigned is authorized to execute and submit this Application on behalf of the Borrower. The Borrower hereby agrees to pay all associated costs incurred by the Council to review and process this Application, whether or not the Bonds are issued, including the non-refundable security deposit of \$1,500, the origination fees and annual fees described in the Council's fee schedule, the Council's general counsel fees, and the Council's financial advisor fees.

BORROWER: _____

BY: _____

ITS: _____

DATE: _____

