



W A S H I N G T O N  
**HEALTH CARE FACILITIES**  
A U T H O R I T Y

**APPLICATION FOR FINANCIAL ASSISTANCE – DIRECT PLACEMENT**

Please complete the following application for financial assistance. The Authority will consider complete applications only. Failure to file a complete application may result in delay of application approval.

**1. Identification of Applicant:**

- (a) Legal name of applicant:
- (b) Address:
- (c) Applicant's legal structure: (please insert an "X" in the appropriate box below)  
 501(c)(3) non-profit,  other non-profit,  government

Please attach a copy of your IRS determination on 501(c)(3) status.

If other non-profit, please describe

- (d) Brief description of health care services provided by applicant.
- (e) Contact person(s):  
Name:            Title:  
Phone:            Fax:  
E-mail:
- (f) Describe religious or other group affiliation, if any.

**2. Requested Total Amount of Borrowing from Authority:    \$**

- (a) Please provide a summary of the purpose for which financial assistance is requested.
- (b) If the borrowing request is a part of a larger project, please summarize the entire project.

### 3. Detail of Total Requested Amount of Borrowing from the Authority.

The Authority, by statute, must approve the need and feasibility of issuing the bonds for any financing. The Authority may only finance those items listed in this application. Detail of the proposed borrowing is necessary in this determination (Note: the total below should match the Requested Total Amount of Borrowing in question 2 above.)

#### Uses of Bond Proceeds from Authority Borrowing:

Category	New Spending	Reimbursement Of Prior Expenditures	Total
New Construction	\$	\$	\$
Acquisition of land and/or building	\$	\$	\$
Remodeling or renovation	\$	\$	\$
New equipment	\$	\$	\$
Replacement of equipment	\$	\$	\$
Refinancing	\$	\$	\$
Other	\$	\$	\$
TOTAL	\$	\$	\$

#### New Spending Request Detail

(a) New construction, acquisition, remodeling or renovation:

- (1) Please provide a description and location of new construction, remodeling or renovation.
- (2) Please provide a detailed description of the current status of planning for the project and dates proposed for:
  - (i) completion of drawings for project, if necessary;
  - (ii) filing of environmental impact statement, if necessary;
  - (iii) entry into construction contract; and
  - (iv) completion and/or occupancy.

(b) New or replacement equipment:

- (1) Briefly describe the equipment. (Please note: the Authority finances future equipment purchases, to be acquired in the fiscal year beyond the borrower's current fiscal year, if such equipment has been approved by the borrower's board for that fiscal year.)
- (2) Please attach an itemized list of equipment and location where such equipment will be placed in service.

- (c) Refinancings: Please describe the debt to be refinanced, the purpose of the original loan, the name of the lender and whether any proceeds of the loan remain unspent. Please quantify any unspent amount.
- (d) Other: Please list other items (e.g. costs of issuance, bank fees, credit enhancement (if any), debt service reserve fund, capitalized interest, etc.) and the associated dollar amount.
- (e) All Projects and Requested Borrowing:
  - (1) Is a Certificate of Need (CON) required for any project or equipment listed above? If so, please attach a copy of the CON.
  - (2) Is a term sheet or commitment letter from a bank available? If so, please attach a copy.

**Reimbursement of Prior Expenditures Detail (if any):**

- (a) Please attach a detailed list of the items and dollar amounts in this reimbursement request including expenditures already made and expenditures anticipated to be made prior to closing.
- (b) Please attach copies of adopted board “Reimbursement Resolutions” for any expenditure for which reimbursement is requested.

**4. Information on Applicant:**

- (a) Finances. Please provide the following information:
  - (1) Summary of the income statement for the past three years listing revenues and expenses by major categories, such as the following:

Fiscal Year Ending	Year	Year	Year
<i>Total Revenue</i>			
<i>Operating Expense</i>			
<i>Income from Operations</i>			
<i>Non operating</i>			
<i>Income/Expense</i>			
<i>Excess of Revenues over</i>			
<i>Expenses</i>			

- (2) Attach copies of audited financial statements for each of the past three years;
- (3) Attach the most current financial statement;
- (4) Attach the current year's budget of revenues, expenses and capital expenditures;
- (5) Has management prepared financial projections? If so, please attach a copy.
- (6) Has a feasibility study been prepared for the project? If so, please attach a copy.

(b) General Information of Applicant. Please provide:

- (1) Brief description of existing health facilities, such as categories of health services offered, number of inpatient beds (if any) , approximate number of medical and other staff, number of clinics, etc.
- (2) Brief summary of operating statistics for last three years, such as percentage bed occupancy, number of patients cared for (inpatient and outpatient) etc. Please feel free to include any other similar statistics the applicant considers relevant for the type of healthcare being provided.
- (3) Brief description of any pending or threatened litigation or administrative actions that would have a material adverse effect on applicant.

**5. Public Benefit of Proposed Borrowing:**

- (a) Estimate of aggregate savings (dollars or types of activity) over the life of the proposed financing by financing at tax exempt interest rates.
- (b) Describe the means which the applicant proposes to insure that the savings from the tax-exempt financings proposed in this application will benefit patients or users of applicant's services.

**6. Information on Lender (if one has been selected):**

- (a) Identify the proposed lender and whether they are a qualified public depository, and have trust powers.
- (b) Describe the lender's proposed fees for this financing if not included in the term sheet.

## 7. Certification:

I, the undersigned, request that this application be submitted for review. I hereby certify that the information contained herein and the attachments hereto are to the best of my knowledge and belief accurate and descriptive of the project which is the subject of the requested financing.

I authorize the Washington Health Care Facilities Authority to undertake the preparation of tax-exempt financing documentation and any notices, hearings or other actions taken by the Authority to facilitate the requested financing. I also agree to reimburse the Authority for out-of-pocket expenses incurred in connection with taking such actions, including, but not limited to, bond counsel fees, cost of advertising public notices, financial advisor's fees, and other disbursements related to preparing the proposed financing. I understand that the Authority makes no commitment to provide financing and that such financing is conditional upon the approval of the Authority and the execution of legally binding commitments acceptable to all parties. Attached is an application fee of \$7,500.

Applicant Name

Applicant Signature \_\_\_\_\_

Title

Date

## 8. Copies

### Hard Copy Application:

**Please mail 10 copies of the completed application along with the \$7,500 application fee to:**

Washington Health Care Facilities Authority  
Attention: Donna Fincke  
410 11th Avenue SE, Suite 201  
P.O. Box 40935  
Olympia, WA 98504-0935

**OR:**

### Electronic Application:

**For electronic submission, please e-mail the application to [donna@whcfa.wa.gov](mailto:donna@whcfa.wa.gov) and mail one original with all attachments along with the \$7,500 application fee to the address listed above.**