

BROWARD COUNTY HEALTH FACILITIES AUTHORITY

APPLICATION FOR BOND ISSUE

Name of Applicant _____
Amount of Proposed Bond Issue _____

Date submitted _____

Notes for Applicant:

1. Application Fee is \$5,000.00 and is non-refundable
2. Submit Application to:

Health Facilities Authority Staff
Room 513, Governmental Center
115 S. Andrews Avenue
Fort Lauderdale, Florida 33301

(FOR STAFF USE ONLY)

Date Application Received _____

Date submitted to Review Committee _____

Review Committee Recommendation _____

Date and Amount of Fee received _____

Date submitted to Authority Members _____

Authority Action and Date _____

Underwriter Assigned by HFA _____

Bond Counsel Assigned by HFA _____

Application Cover Sheet

BROWARD COUNTY HEALTH FACILITIES AUTHORITY
Application for Bond Issue

(Note: Do not leave blank spaces. Enter "N/A" if not applicable.)

1. Name, address and telephone number of applicant: _____

2. Type of Health Facility proposed: _____
3. State of incorporation of applicant: _____
 - (a) If not a Florida corporation, is applicant qualified to do business in Florida? Yes _____ No _____ N/A _____
 - (b) Parent company of applicant: _____
 - (c) Name and address of resident agent of corporation: _____

 - (d) Name and Address to whom correspondence should be directed: _____

4. Is applicant tax exempt and deductible under the applicable provisions of the Internal Revenue Code of the United States? Yes _____ No _____
 - (a) Date of the Determination Letter from the Internal Revenue Service _____

5. Location of proposed facility _____
 - (a) Name of nearest municipality: _____
6. Is applicant the owner of fee simple title to the real property upon which the project is to be fully built? Yes _____ No _____
 - (a) If no, provide name, address and telephone number of record title holder: _____

7. Are there any mortgages, trusts, or other liens against the property upon which the project is to be constructed? Yes _____ No _____

If yes, give name and address of the mortgagee, balance owing, terms of payment and payout of any applicable mortgages: _____

Has a Certificate of Need for the project been obtained? Yes _____ No _____

(a) If no, explain when a Certificate of Need will be obtained: _____

8. Has a financial feasibility study of the proposed project been completed? Yes _____ No _____

(a) If yes, study performed by: _____

9. Cost of proposed facility: _____

10. Method of financing the proposed facility: _____

(a) Cash to be invested or already invested by applicant: _____

12. Amount of proposed bond issue: _____

13. Net proceeds of proposed bond issue due to be invested in the facility and computation of same including all anticipated costs of the issue broken down by category: _____

14. Has the facility entered into a management contract for the proposed project? Yes _____ No _____ N/A _____

(a) If yes, provide name, address and telephone number of management agent and briefly describe the management arrangement: _____

15. Name, address and telephone number of project architect: _____

16. Has the applicant financed the construction of any facilities or equipment in the past? Yes _____ No _____

(a) If yes, describe the facility and/or equipment and the method of financing:

(b) If bond issue, describe the amount of the issue, net proceeds of issue, and any remaining obligations thereunder: _____

(c) Do any contractual obligations bind the applicant to use an underwriter with which it has dealt before? Yes_____ No_____

(1) If yes, describe such contractual obligations: _____

(d) Do any past underwriters with whom the applicant has dealt have an option to purchase bonds of subsequent issues? Yes_____ No_____

(e) Has the applicant ever been in default under a bond issue or any other method of financing? Yes_____ No_____

(1) If yes, describe in detail: _____

17. Is the real property on which the proposed facility is to be located exempt from the payment of ad valorem real property taxes? Yes_____ No_____

(a) If no, are taxes current? _____

18. If the applicant is not the owner of the real property upon which the proposed facility is to be located, describe the terms of purchase of said real property:

19. Describe the proposed arrangement under which the Authority is to issue its bonds. That is, would it be a lease arrangement with an option to purchase the facility, involve a deed of trust, or whatever? _____

20. Basis upon which construction contract is to be awarded: competitive_____ or Negotiated_____ basis.

21. Proposed method of repayment of bond issue for the facility: _____

22. Assurances offered to protect the Authority and Authority Members from liability in case of any default under the bond issue: _____

23. Will the bonds be sold at public _____ or private _____ sale?

24. Is the proposed issue a start-up issue? Yes _____ No _____

25. Will application be made to rate the proposed bonds? Yes _____ No _____

(a) If yes, with which rating agencies: _____

26. Name, address and telephone number of general counsel for the applicant: _____

27. Name, address and telephone number of certified public accountants for the applicant: _____

Name, address and telephone number of party or parties preparing the economic feasibility report: _____

28. (a) Date anticipated to begin construction of the proposed facility: _____

(b) Date anticipated to complete construction of the proposed facility: _____

(c) Anticipated opening date of the facility: _____

29. Will the facility accept Medicare or Medicaid patients? Yes _____ No _____

30. It is the policy of the Broward County health Facilities Authority to require that each applicant agree to pay:

(a) All expenses incurred by the Authority in receiving, processing, and considering the application, including fees of staff, attorneys, accountants and engineers, if any, employed by the Authority in checking the qualifications of applicant, the eligibility of the project, and the feasibility of the project, and as set forth in the attached Expenses and Indemnity agreement which is made a part hereof; and,

- (b) All expenses incurred by the Authority in connection with the issue, collection, and payment of any obligations issued for the application project, including fees and costs incident to validation of such obligations; and,
- (c) A pro-rated part of the ordinary operating expenses of the Authority, if the application is approved, so long as any obligations issued in connection therewith be outstanding.

DATED this _____ day of _____, 200_____.

Name, address and telephone number of person preparing application for applicant:

