

Kansas Board of Regents  
Postsecondary Educational Institution (PEI) Infrastructure Finance Program  
Year 2 – FY 2009

As Authorized by K.S.A. 76-7,116 *et seq.*  
Instructions for Completing the Application Form

**NOTE: TO BE CONSIDERED COMPLETE, LOAN APPLICATIONS MUST BE  
SUBMITTED BOTH ELECTRONICALLY AND IN PAPER COPY FORM, ACCOMPANIED  
BY ALL PERTINENT ATTACHMENTS.**

Bond proceeds will not be available to reimburse outstanding tax-exempt obligations of a postsecondary educational institution, except in certain limited circumstances. Should you wish to discuss applicable restrictions, please contact Kansas Board of Regents' Associate Director of Finance Linda Wood or General Counsel Julene Miller.

The application form (KBOR Publication No. 561.01.2008.3266) may be found at <https://www.kpspsd.org/finance/index.jsp>. This site will be open on December 3, 2008. Once you have completed the electronic application and clicked on "Submit," you will be prompted to print the completed form. This final print version, with all pertinent attachments, should be signed by both the Chair of the Institution's Governing Board and the President/CEO of the Institution and mailed to the address shown on the final page of these instructions.

Once you create an application, you will be given a choice to "Save" or "Submit" the application. Please be aware that a saved application can be viewed and additional data or modified data can be entered. Once you select "Submit" your application can still be viewed, but not edited (no data changes are allowed).

**COMPLETED APPLICATIONS MUST BE SUBMITTED ELECTRONICALLY AND  
RECEIVED IN THE KBOR OFFICE BY JANUARY 16, 2009.**

Following are item-by-item instructions for the completion of this form. If you have any questions or difficulty in completing this form, please call Associate Director of Finance Linda Wood at (785) 368-7144 or e-mail her at [Lwood@ksbor.org](mailto:Lwood@ksbor.org).

1. **Name of Educational Institution:** This is the name of the Institution having jurisdiction over the project. Please do not abbreviate.
2. **Tax Identification Number:** This is the nine-digit Federal tax identification number of the Institution applying for this financial assistance.
3. **Name and Title of Primary Application Contact Person:** This is the person primarily responsible for this Application and with knowledge of the project(s) for which loan proceeds are sought. This should be an employee of the Institution, not an outside consultant or engineer.
4. **Street Address:** This is the street mailing address of the Institution's offices for written correspondence. A post office box may also be indicated, but please do not fail to provide the street address as well.
5. **City:** This is the city for the address in item number 4 above.

6. **State & Zip Code:** These are the state and zip code for the address in item number 4 above.
7. **Telephone Number:** This is the primary telephone number for the Institution. If a toll-free number is available, please include it.
8. **Fax Number:** This is the primary facsimile transmission number for the Institution.
9. **E-mail of Primary Contact:** This is the Institutional e-mail address of the primary contact person listed in item 3 above.
10. **Institution Chief Executive Officer (Name & Title):** Please provide the name and title, as well as the direct telephone number and e-mail address, of the Institution's President/CEO
11. **Institution Chief Financial Officer (Name & Title):** Please provide the name and title, as well as the direct telephone number and e-mail address, of the person who is responsible for making the Institution's debt service payments and providing financial information on this application.
12. **Institution Principal Facilities Officer (Name & Title):** Please provide the name and title, as well as the direct telephone number and e-mail address, of the person responsible for managing the construction and maintenance of the Institution's buildings and facilities. This may be the same as the primary contact person in item number 3 above.
13. **Institution Counsel (Name and firm if external):** Please provide the name and title, as well as the direct telephone number and e-mail address, of the attorney who reviews and advises the Institution on debt and other contracts. *If this is an external counsel, please provide the name of the individual and the firm, if different.* Be sure to include the counsel's e-mail address, since loan documents are sent electronically whenever possible.
14. **Project/Construction Manager or Prime Contractor, if known:** Please list the name, e-mail address, and telephone number of the person or firm who will perform construction of this project, if already selected. If more than one project is being financed with proceeds from this bond issuance/loan agreement, complete this section for each such project using the *Supplemental Project* form provided. A separate *Supplemental Project* form must be completed for each additional project.
15. **Description and Location of Project:** The following seven items tell us about your project and allow us to determine eligibility for participation in the Postsecondary Educational Institution Infrastructure Finance Program. If more than one project is being financed with proceeds from this bond issuance/loan agreement, complete this section for each such project using the *Supplemental Project* form provided. A separate *Supplemental Project* form must be completed for each additional project. In this section, please include:
  - a. **Building Name(s):** This is the name by which the building or buildings to which the project relates is known.
  - b. **Project Location:** This is the street address (including city and state) of the building or buildings to which the project relates.
  - c. **Description of any known projects that may need coordination:** Describe any Institution projects that connect to, or which are proximate to this project.
  - d. **Project Size:** Include the square footage of the project area, if applicable.
  - e. **Project Scope:** Describe the work that is being done for the project. If more space is needed, attach another page to this Application.
16. **Need for the Project:** Describe the circumstances that make this project uniquely eligible for funding under the Postsecondary Educational Institution Infrastructure Finance Program. If more than one project is being financed with proceeds from this bond issuance/loan agreement, complete this section for each such project using the *Supplemental Project* form provided. A separate *Supplemental Project* form must be completed for each additional project.

17. **Project Eligibility Evaluation:** Check either the “Yes” or “No” box for every statement in this section, items *a* through *n*. Do **not** check both boxes. If more than one project is being financed with proceeds from this bond issuance/loan agreement, complete this section for each such project using the *Supplemental Project* form provided. A separate *Supplemental Project* form must be completed for each additional project.
18. **Estimated cost of the project:** This space is to list the **total** cost of the project, regardless of the anticipated source or sources of financing. If more than one project is being financed with proceeds from this bond issuance/loan agreement, complete this section for each such project using the *Supplemental Project* form provided. A separate *Supplemental Project* form must be completed for each additional project. Each estimate should be broken into the following components, as applicable:
- Construction, Including Fixed Equipment:** This is the total cost of construction on the project, including any fixed equipment to be installed.
  - Architect/Engineer Fees:** Include the total cost of studies, planning, and design.
  - Movable Equipment:** This includes all fixtures, furnishings, and equipment not considered to be fixed equipment (permanently installed).
  - Miscellaneous Costs:** This space is for costs incidental to the project that do not fit in other categories, such as surveys, printing, testing, etc.
  - Construction Contingency:** This is the amount available to address unanticipated costs and issues encountered during construction.
  - Total Estimated Project Cost:** This is the sum total of all project costs as specified in items *a* through *e* above. *Note: the application will calculate this for you.*
19. **Estimated Project Duration:** If more than one project is being financed with proceeds from this bond issuance/loan agreement, **do not** aggregate time lines. Instead, complete this section for each such project using the *Supplemental Project* form provided. A separate *Supplemental Project* form must be completed for each additional project.
- Estimated Start Date:** Please give your best estimate of the month and year in which construction will start on this project.
  - Estimated Completion Date:** Please give your best estimate of the month and year in which construction on the project will be completed.
  - Estimated Total Months to Complete:** Please give your best estimate of the total number of months required to complete the project.
20. **Give Historical/Projected Student Enrollment for the Following Academic Years:** For each of the academic years listed in items *a* through *j*, please provide the Institution’s student enrollment. Make your best estimate of future student enrollment by extrapolating from historical data. *Use the numbers of full-time-equivalent (FTE) students in this section.*
21. **Provide the Institution’s Three Most Recent Years’ Financial Statements:** These should be sent as attachments to the paper copy of the Application filed as required on page 4 of the application form.
- Have the Financial Statements Been Audited?** Please indicate “Yes” or “No” in the boxes provided.
  - If yes, which year(s)?** If the answer to question 21a above is “Yes,” please indicate for which of the three years audited statements are available.
22. **Does the Institution have taxing authority?** Indicate whether or not this Institution has statutory authority to levy taxes, or cause taxes to be levied on its behalf. If “Yes” is selected, please answer questions 23 and 24 below. If “No” is selected, please skip to question 25 below.

23. **State the tax rate at which the Institution receives revenues from local units of government.** This should be the mill levy rate at which taxes are assessed for the Institution.
24. **If applicable, state the tax base from which the Institution receives tax revenues from local units of government.** In items 24 *a* through *e*, provide the tax base for the current year and the previous four years. If information for the current year is not available, leave that space (24 *e*) blank.
25. **In the spaces below, list all existing, currently outstanding debt obligations of the Institution.** List all long-term debt such as bonds, loans, and installment purchase agreements with maturities of more than one year. Include lease purchase agreements only if you are required to purchase the item at the end of the lease, or if the purchase price at the end of the lease is for a “bargain price” (at substantially less than market value). Leases are not long-term obligations if the purchase clause is an option to buy that the Institution can accept or reject at the end of the lease. ***Do not include any loan proceeds anticipated from this Application.***
- a. **Issue Date** This is the date on which the bonds were issued or the loan agreement became effective. ***(Format must be: MM/DD/YY)***
  - b. **Maturity Date** This is the final date upon which the bonds mature or the loan is to be paid in full. ***(Format must be: MM/DD/YY)***
  - c. **Lender/Bond Issue Name** Indicate the name of the lender or the official name of the bond issue
  - d. **Payment Amount** Indicate the amount of the payment made on each due date, including both principal and interest, as well as any administrative, trustee, or paying agent fees. If the payments vary, indicate the **average** total payment made periodically.
  - e. **Payment Frequency** There are four choices in the drop-down menu: *Annual, Semi-Annual, Quarterly, and Monthly*. Please click on the arrow next to the appropriate choice.
  - f. **Interest Rate** This is the percentage rate of interest the Institution is paying on the obligation. For debt with varying rates, please provide the average rate.
  - g. **Amount Outstanding** This is the principal amount of the loan or bonds that is outstanding at the date of this Application.
26. **How much does the Institution want to borrow for this project?** Please indicate the total amount being requested from this source, at this time, for this project. If financing for more than one project is being sought from proceeds of this bond issuance/loan agreement, complete this section for each such project using the *Supplemental Project* form provided. If the Institution intends to finance this project in phases, with funding for subsequent phases anticipated to come from a subsequent bond issue, do not include those subsequent phase amounts in this total, as they would be part of a separate loan agreement. If the Institution intends to finance the project from multiple sources, please indicate only the amount of the project that the Institution seeks to fund with these Postsecondary Institutional Infrastructure Finance Program bonds, **not** the total cost of the project if it is not being entirely financed with such bonds.
27. **What is the Institution’s statutory debt limit, if any?** Please indicate any statutory or governing body-established debt limits, and list the currently available debt authority. *(For instance, if the Institution has a \$5 million debt limit, and currently outstanding obligations of \$3 million, the remaining available debt authority is \$2 million.)*
28. **If applicable, what is your current mill levy for debt obligations?** Please indicate the Institution’s current mill levy to fund debt service payments, if any.

29. **Has the Institution ever issued bonds that were rated or insured?** Check either the “Yes” or “No” box. Do **not** check both boxes. If the answer is yes, please attach a document listing the name of the bond issue, its rating or insurance status (*for example, AAA insured or rated A3*), and the name of the rating agency and/or bond insurer (*for example, rated by Moody’s Investors Services and insured by AMBAC*). Please also furnish a copy of any ratings letter.
30. **Has the Institution ever been delinquent or defaulted on any bond payment or loan?** Check either the “Yes” or “No” box. Do **not** check both boxes. If the answer is yes, attach a statement explaining the facts and circumstances of each delinquency or default.
31. **Are any other existing debt obligations rated or insured?** Check either the “Yes” or “No” box. Do **not** check both boxes. If the answer is yes, please attach a document listing the name of the debt obligation, its rating or insurance status (*for example, AAA insured or rated A3*), and the name of the rating agency and/or bond insurer (*for example, rated by Moody’s Investors Services and insured by AMBAC*). Please also furnish a copy of any ratings letter.
32. **List and total all sources of revenue available for repayment of this loan:** This space is provided to estimate all of the revenue sources the Institution can use to repay this loan for the entire 8-year term of the loan, on an annual basis. Examples of “Other” revenues are revenue sharing, gifts, and grants. Extrapolate from past years to determine the estimated amounts for future years. The electronic version of this schedule automatically foots and cross-foots for you. See sample below:

Fiscal Year	Student Tuition and Fees	Local Tax Revenues	State Funds	Cash Carry-Over	Other (Specify)	Annual Total Revenue
2009	2,900,000	7,900,000	2,500,000	500,000	600,000	14,400,000
2010	2,900,000	7,900,000	2,500,000	500,000	600,000	14,400,000
2011	2,900,000	7,900,000	2,500,000	500,000	600,000	14,400,000
2012	2,900,000	7,900,000	2,500,000	500,000	600,000	14,400,000
2013	2,900,000	7,900,000	2,500,000	500,000	600,000	14,400,000
2014	2,900,000	7,900,000	2,500,000	500,000	600,000	14,400,000
2015	2,900,000	7,900,000	2,500,000	500,000	600,000	14,400,000
2016	<u>2,900,000</u>	<u>7,900,000</u>	<u>2,500,000</u>	<u>500,000</u>	<u>600,000</u>	<u>14,400,000</u>
Totals	<u>23,200,000</u>	<u>63,200,000</u>	<u>20,000,000</u>	<u>4,000,000</u>	<u>4,800,000</u>	<u>115,200,000</u>

33. **What is the form of the Institution’s property and casualty insurance?** Please check either “3<sup>rd</sup> Party Insurance” or “Self-Insured”. If third-party insured, please provide a copy of the

insurance declarations page. If self-insured, please provide a statement of coverage and funding parameters.

34. **List the dates and amounts of estimated drawdowns over the project activity period:** Use this space to **estimate** the timing of drawdowns over the project activity period of the loan. ***This period cannot exceed thirty months.*** The date format is set for MM/YY, where MM represents the month and YY the year in which the draw will occur. Please input dates that fall between the dates selected in items 19a and 19b above. These are only estimates, and the Institution will not be required to conform to these amounts and dates, but the estimates should be as precise as possible, to allow any investment of bond proceeds to be timed for pay out as close to actual draws as possible.

**Items 35 through 38 – Bond disclosure questions/statements of assurance:** These four questions must be answered either “yes” or “no” for your Institution.

**Additional Requirements Checklist:** The following are the items that you must send to KBOR for the application to be considered complete:

- a. The printed copy of the Application form and any *Supplementary Project* forms;
- b. The Institution’s complete financial statements for the last three fiscal years;
- c. Information about any rated and/or insured debt obligations, if applicable, including a copy of any applicable ratings letter(s);
- d. The amortization schedule of payments on current debt obligations, if applicable;
- e. An appropriately signed copy of the Assurances page.

**Statement of Assurances and Signature:** Once your Application is completed and submitted, please click on the “Assurances” button to download the *Statement of Assurances*. This document must be printed, reviewed, signed and returned with your application. Please review the statement of assurances carefully to be certain that your Institution can comply with these provisions. The Governing Body Chair and the President/CEO should then sign and date the application, if the Institution agrees with these conditions and can make these assurances.

Send the application, all attachments, and the executed *Statement of Assurances* to:

Kansas Board of Regents  
Attn: Linda Wood  
Curtis State Office Building  
1000 SW Jackson Street Suite 520  
Topeka KS 66612-1368

**DON’T FORGET TO SIGN AND DATE THE APPLICATION AND TO INCLUDE ALL REQUIRED ATTACHMENTS AND THE EXECUTED STATEMENT OF ASSURANCES.**

**AN UNSIGNED OR INCOMPLETE APPLICATION WILL BE RETURNED,  
AND A LATE APPLICATION WILL NOT BE CONSIDERED.**

**THE APPLICATION DEADLINE IS JANUARY 16, 2009**