

# Kansas Board of Regents

## Postsecondary Education Institution Infrastructure Finance Program

Year 1 - FY 2008

As Authorized by 2007 HB 2237

1. Name of Educational Institution		2. Tax Identification Number	
3. Name and title of primary project contact person:			
4. Address		5. City	6. State & Zip Code
7. Telephone Number	8. Fax Number	9. E-mail	
10. Institution Chief Executive Officer		10a. Telephone	10b. E-mail
11. Institution Chief Financial Officer		11a. Telephone	11b. E-mail
12. Institution Principal Facilities Officer		12a. Telephone	12b. E-mail
13. Institution Counsel		13a. Telephone	13b. E-mail
14. General or Prime Contractor, if known		14a. Telephone	14b. E-mail
15. Description & Location of Project (Include Name and Address of Building(s) to which Project Relates):			
16. Need for the Project:			

<b>17. Project Eligibility Evaluation</b>			
a. Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No		b. Reconstruction <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Rehabilitation <input type="checkbox"/> Yes <input type="checkbox"/> No		d. Utility System <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Life-Safety Upgrade <input type="checkbox"/> Yes <input type="checkbox"/> No		f. New Construction <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Expansion <input type="checkbox"/> Yes <input type="checkbox"/> No		h. Repair <input type="checkbox"/> Yes <input type="checkbox"/> No	
i. Remodeling <input type="checkbox"/> Yes <input type="checkbox"/> No		j. Improvement for ADA Compliance <input type="checkbox"/> Yes <input type="checkbox"/> No	
k. Improvement for Other State/Federal Law Compliance <input type="checkbox"/> Yes <input type="checkbox"/> No			
l. Athletic Facility <input type="checkbox"/> Yes <input type="checkbox"/> No			
m. Athletic Facility Directly Supporting Academic Pursuits <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
n. President's Residence <input type="checkbox"/> Yes <input type="checkbox"/> No			

18. Estimated Cost of the Project	
a. Construction, Including Fixed Equipment	_____
b. Architect/Engineer Fees	_____
c. Movable Equipment	_____
d. Miscellaneous Costs	_____
e. Construction Contingency	_____
f. Total Estimated Project Cost	\$ _____ -

19. Estimated Project Duration		
a. Estimated Start Date (mo./yr.)	b. Estimated Completion Date (mo./yr.)	c. Estimated Project Duration (months)

20. Give Historical/Projected Student Enrollment for the Following Academic Years:		
a. 1989/1990	b. 1994/1995	c. 2001/2000
d. 2004/2005	e. 2005/2006	f. 2006/2007
g. 2007/2008	h. 2008/2009	i. 2009/2010
j. 2010/2011		

21. Provide the Institution's Three Most Recent Years' Financial Statements.	
a. Have the Financial Statements Been Audited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If yes, which year(s)?	

22. Does the Institution have taxing authority? <input type="checkbox"/> Yes <input type="checkbox"/> No
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23. State the tax rate at which the Institution receives revenues from local units of government. _____ Tax Rate
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24. State the tax base from which the Institution receives tax revenue from local units of government.		
a. 2003 Tax Base	b. 2004 Tax Base	c. 2005 Tax Base
d. 2006 Tax Base	e. 2007 Tax Base	

25. Use the Space Below for a Schedule of Existing Debt Obligations

Issue Date	Maturity Date	Lender/ Bond Issue	Payment Amount	Payment Frequency	Interest Rate	Amount Outstanding
				Semi-Annual ▼		
				Semi-Annual ▼		
				Semi-Annual ▼		
				Semi-Annual ▼		
				Semi-Annual ▼		
				Semi-Annual ▼		
				Semi-Annual ▼		
				Semi-Annual ▼		
				Semi-Annual ▼		
				Semi-Annual ▼		

26. What is the Institution's desired loan amount? 27. What is the Institution's desired loan amortization? (maximum 8 years)

28. What is your current mill levy?

29. Has the Institution ever issued bonds that were rated or insured?  Yes  No  
 If YES, attach a statement of explanation and a copy of the bond-rating letter or insurance binder.

30. Are any other existing debt obligations rated or insured?  Yes  No  
 If YES, attach a statement of explanation.

31. Has the Institution ever been delinquent or defaulted on any bond payment or loan?  Yes  No  
 If YES, attach a statement of explanation.

32. List and total all sources of revenue available for repayment of this loan in the space provided below.  
 (For life of loan requesting)

Year	Student Tuition/Fees	Local Tax Revenues	State Funds	Cash Carry-Over	Other*	Annual Total Revenue
FY 2008						0
2009						0
2010						0
2011						0
2012						0
2013						0
2014						0
2015						0
2016						0

*Please specify the revenue sources for such "other" funds with an attached document.	Total Revenue	0
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33. List the dates and amounts of estimated drawdowns over the project activity period. Payout instructions will be included in the loan agreement. The total amount of drawdowns should equal the amount requested.

Date (Month/Year)	Amount		Date (Month/Year)	Amount

*Additional Requirements Checklist*

- ▶ Have you attached the Institution's three most recent years' financial statements?
- ▶ Have you attached a bond-rating letter or insurance binder, if applicable?
- ▶ Have you attached a schedule of payments on current debt obligations?
- ▶ Send a paper copy of the application, a signed copy of the Assurances page, and all attachments to:

Kansas Board of Regents  
 Attn: Kelly Oliver  
 Curtis State Office Building  
 1000 SW Jackson, Suite 520  
 Topeka, KS 66612-1368

COMPLETED APPLICATIONS MUST BE RECEIVED IN THE KBOR OFFICE BY DECEMBER 21, 2007

**Assurances**

*The authorized person for the applicant must read, agree, and sign the statement below for this to be considered an official application.*

I hereby submit this Application for Financial Assistance. I represent that the information and financial data contained herein and attached hereto are true and correct to the best of my knowledge. I understand that the following conditions apply to this application:

- Additional information may be requested;
- I authorize the KBOR and KDFA to independently verify any information contained in this application;
- Submission of this application constitutes a commitment by the Institution to complete the listed project(s);
- Acceptance and consideration of this application does not constitute a commitment for financial assistance by the State of Kansas, the KBOR or KDFA;
- Any default on payments due under the loan agreement resulting from acceptance of this application may result in the Kansas Board of Regents intercepting any state funds appropriated to the KBOR and otherwise owed to the institution; and
- Acceptance for financial assistance may require the Applicant to purchase bond insurance and/or pledge to levy ad valorem taxes without limitation as to the rate or amount upon all taxable tangible property, real or personal, within the territorial jurisdiction of the Applicant.

I assure that this project(s) will be constructed in accordance with all applicable state, federal and local laws, Kansas Board of Regents rules and regulations and policies.

I assure that all work performed and all material furnished for the approved project(s) shall be in reasonable conformity with the plans, specifications, and any authorized revisions thereto, under the seal of the licensed design professional of the approved projects.

I will provide written assurance that:

1. The project(s) will be designed by a licensed professional to the extent required by Kansas statutes.
2. All revisions and/or deviations from the plans and specifications will be approved by the licensed design professional.
3. Where applicable, prior to occupancy, the project(s) will be inspected by the licensed design professional and a Certificate of Occupancy will be issued.

\_\_\_\_\_  
**Institution Governing Board Chair**

\_\_\_\_\_  
**Institution President/CEO**

\_\_\_\_\_  
**Typed or Printed Name**

\_\_\_\_\_  
**Typed or Printed Name**

Date

Date

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