PROJECTS THAT HAVE BEEN REJECTED BY THE LEGISLATURE  
ARE NOT ELIGIBLE TO BE FUNDED THROUGH INTERCAP.

Text

Description automatically generated

APPLICATION FOR BOARD OF REGENTS INSTITUTIONS ONLY

Please print or type and return completed application to:

Commissioner of Higher Education  
Office of Fiscal Affairs  
560 N. Last Chance Gulch  
P.O. Box 203101  
Helena, MT 59620-3101  
Telephone: (406) 444-6570

1. Applicant Information Summary

A. Applicant Name

B. Mailing Address

C. Officer Preparing Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title   
Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail

D. Federal Employer Identification Number

2. Project Information

A. Project Description\*

\*Please give specific details, e.g., type of vehicles, equipment, improvements, construction, etc. If more than one project, please indicate each separately.)

|  |  |  |
| --- | --- | --- |
| B. Funding Sources | | Amount |
| University Portion | | $ |
| Other Funding sources (please specify source & amount) | | $ |
|  | | $ |
| INTERCAP Loan Portion | | $ |
|  | Total Project Cost | $ |

C. **Requested Loan Amount $**\_\_\_\_\_\_\_\_\_\_\_\_

D. Requested Loan Term: $\_\_\_\_\_\_\_\_\_\_\_\_ Years

E. INTERCAP loan funding date desired: \_\_\_\_\_\_\_\_\_\_\_\_

**3. Source of Repayment of Loan** - What source(s) of revenues will the University pledge toward this debt repayment?

|  |  |  |  |
| --- | --- | --- | --- |
| Revenue Source | Amount |  | **Expenditure Account for IUJ entry** |
|  | $ |  | **SABHRS Org #\_\_\_\_\_\_\_\_\_\_\_** |
|  | $ |  | **SABHRS Subclass #\_\_\_\_\_\_\_** |
| TOTAL | $ |  |

Please include any additional information that would clarify or enhance the financial circumstances of the applicant or better describe the source of repayment of the loan. Attach separate sheets if necessary.

AUTHORIZATION

1. Required supplemental information to accompany the application is as follows:

Building alteration/addition/repair projects over $300,000.  
 Copy of Governor’s letter of consent to project, in accordance to 18-2-102 Montana Code Annotated

Loans over $500,000.  
 Copy of the Governor’s consent letter as stated above (if applicable)  
 Copy of Board of Regents - Agenda Item approving project and authorization to secure loan through INTERCAP. Please include vote results.

2. By initialing each item, the preparer of this Application on behalf of the Applicant hereby certifies the following:

|  |  |
| --- | --- |
|  | that all of the information contained herein is true, accurate and complete as of the date hereof. |
| initials |

|  |  |
| --- | --- |
|  | that this project has not been previously rejected by the Legislature. |
| initials |

|  |  |
| --- | --- |
|  | that project is authorized to be financed or refinanced under the Borrower Act and the source of repayment is a pledge of Surplus Pledged Revenues; |
| initials |
| provided, however, that the State is not to be obligated on such indebtedness and no State funds except those specified are to be obligated unless specifically directed by the Legislature, as provided in Section 20-25-405, Montana Code Annotated, as amended. | |

Dated this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

By:   
Its:

Commissioner of Higher Education  
 Office Use Only

Application Received by Regents:   
Date of Regents Preliminary Approval   
By:   
Title: