

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

**STATE OF MONTANA BOARD OF INVESTMENTS
INTERCAP PROGRAM**

APPLICATION FOR BOARD OF REGENTS INSTITUTIONS ONLY

Please print or type and return completed application to:

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

1. Applicant Information Summary

- A. Applicant Name Montana State University
- B. Mailing Address Vice President of Research Office; 207 Montana Hall
Bozeman, Montana 59717-2460
- C. Officer Preparing Application Leslie Schmidt Title Assistant Vice President of Research
Phone # (406) 994-2381 Fax # (406) 994-7951 E-Mail lschmidt@montana.edu
- D. Federal Employer Identification Number 81-6010045

2. Project Information

- A. Project Description* Renovation of Cooley Lab (two floors)

*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
<u>University Portion</u>	\$ 125,000
<u>Other Funding Sources (federal grant)</u>	\$ 4,000,000
<u>INTERCAP Portion</u>	\$ 4,000,000
Total Project Cost	\$ 8,125,000

- C. Requested Loan Amount \$ 4,000,000
- D. Requested Loan Term: 10 Years
- E. INTERCAP loan funding date Approximately December 2008

3. Source of Repayment of Loan - What source(s) of revenue will the University pledge toward this debt

<u>(check one)</u>	Revenue Source	Amount	<u>Type of Revenue Pledge</u>
	<u>Facilities & Administrative Indirect Cost Recoveries</u>	<u>\$4,000,000*</u>	Surplus Net Revenue Pledge <input type="checkbox"/>
	* Plus interest expenses		Direct Pledge <input checked="" type="checkbox"/>
	TOTAL	<u>\$ 4,000,000*</u>	

ITEM 138-2007-R0308: attachment B

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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.

The university has received federal funding in the amount of \$4,000,000 for this project. Additionally, \$125,000 has been committed from our Facilities Services from maintenance funds. The balance of \$4,000,000 (plus interest) will be repaid from revenues from recovered facilities and administrative (F&A) costs. Please see attachments.

AUTHORIZATION

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

Building alteration/addition/repair projects over \$150,000

Copy of governor's letter of consent to project, in accordance to 18-1-102 Montana Code Annotated Loans over \$500,000

Copy of 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:

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

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

TJM that the Source of repayment is a pledge of net income from revenue-producing facilities, student fees and other income in furtherance of its general control and supervision of the Montana University System, pursuant to Title 20, Chapter 25, Parts 3 and 4, Montana Code Annotated, as amended; 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.
initials

Dated this 10th day of January, 2008

By: Dr. Tom McCoy

Its: Vice President for Research, Creativity and
Technology Transfer Board or
Investments/Commissioner of Higher Education

-----Office Use Only-----

Application Received by Regents: _____

BOI: _____

Date of Regents Preliminary Approval: _____

By: _____

Director: _____

Title: _____

Officer: _____

Application: _____

App. Received by

Date Approved by BOI:

Executive

Bond Program

Expiration of

BOI Forwarded Approval Application to Commissioner's Office: _____

Commissioner's Office Notifies BOI of Loan Date: _____

BOI Forwarded Loan Closing Documents to Commissioner's Office: _____

Loan Funds Disbursed by BOI to Commissioner's Office: _____

MSU account to record the loan payments:

Index No. _____ 436001

Fund No. _____ 436001