



Application Number: \_\_\_\_\_

**APPLICATION FOR ASSISTANCE / FINANCING****I. Applicant Profile**

Borrower's Name:	Harbor Springs Charter School, Inc.		
Street Address:	27740 Jefferson Avenue		
City / State / Zip Code:	Temecula, CA 92590		
Point of Contact / Project Manager:	Kathleen Hermsmeyer	Title:	Superintendent
Contact Phone:	951-252-8800	E-Mail:	<a href="mailto:kathleen.hermsmeyer@springscs.org">kathleen.hermsmeyer@springscs.org</a>

Corporate Structure:	<input type="checkbox"/> S Corporation	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> 501(c)3	<input type="checkbox"/> Other
Date of Incorporation:	04/30/13		State of Incorporation:	CA	

Guarantor's Name:			
Street Address:			
City / State / Zip Code:			
Point of Contact / Project Manager:		Title:	
Contact Phone:		E-Mail:	

**II. Type of Activity** (Check Appropriate Box or Boxes)

☒ Nonprofit / Public Benefit    ☐ Housing    ☐ Manufacturing / Pollution Control    ☐ Government    ☐ Other

**III. Financing Information**

Maximum Amount of Bonds:	\$ 8,000,000.00	Anticipated Date of Issuance:	09/15/21
Scheduled Maturity of Bonds:	09/15/22		
Type of Financing:	<input checked="" type="checkbox"/> New Money <input type="checkbox"/> Refunding	If Refunding, State Volume Cap Required:	\$ -
Type of Offering:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		
Credit Enhancement:	<input type="checkbox"/> Letter of Credit <input type="checkbox"/> Bond Insurance <input type="checkbox"/> Other <input checked="" type="checkbox"/> None		
Expected Rating on Bonds:	None		

**IV. Project Site Location**

Street Address:	1615 Mater Dei Dr.		
City:	Chula Vista	County:	San Diego
State:	California	Zip Code:	91913
Current No. of Employees at this site:	38	E-Mail:	<a href="mailto:kathleen.hermsmeyer@springscs.org">kathleen.hermsmeyer@springscs.org</a>

## V. Project Description

☐ New Construction ☐ Acquisition / Rehabilitation

Provide Detailed Project Description:

The proceeds of the Notes will be used to (i) finance working capital for the Borrower; and (ii) pay certain expenses incurred in connection with the issuance of the Notes. The Borrower operates a charter school known as Harbor Springs Charter School.

Activity / Products Manufactured:

Provide Detailed Summary of Public Benefits Associated With Project:

## VI. Summary of Project Costs

*For Affordable Housing, please use Construction Costs*

Source of Funds	Amount
Tax-Exempt Bond Proceeds	\$ 5,000,000.00
Taxable Bond Proceeds	\$ -
Other *	\$ -
Other *	\$ -
Other *	\$ -
Other *	\$ -
Equity	\$ -
<b>Total Source of Funds</b>	<b>\$ 5,000,000.00</b>

Summary of Project Costs	Amount
Land Acquisition	\$ -
Building Acquisition	\$ -
Rehabilitation	\$ -
New Construction	\$ -
New Machinery / Equipment	\$ -
Used Machinery / Equipment	\$ -
Architectural & Engineering	\$ -
Legal & Professional	\$ -
Other * Working Capital	\$ 4,900,000.00
Other *	\$ -
Other *	\$ -
Other *	\$ -
Costs of Issuance	\$ 100,000.00
<b>Total Project Costs</b>	<b>\$ 5,000,000.00</b>

\* Identify Other Sources: Equity, Bank Financing, use of Federal, State, or Local Financing Programs, etc.

## VII. Financing Team

<b>Borrower's Counsel:</b>	Linda Rhoads-Parks		
Street Address:	1634 Healing Rock Court		
City / State / Zip Code:	Brentwood, CA 94513		
Contact Name:	Linda Rhoads-Parks	Title:	Attorney at Law
Contact Phone:	562-477-1405	E-Mail:	<a href="mailto:pdalaw.parks@comcast.net">pdalaw.parks@comcast.net</a>

<b>Financial Advisor:</b>	Key Charter Advisors, LLC		
Street Address:	2212 D Street, Suite A		
City / State / Zip Code:	Sacramento, CA 95816		
Contact Name:	Karl Yoder	Title:	Managing Partner
Contact Phone:	916-284-1382	E-Mail:	<a href="mailto:karl.yoder@keycharteradvisors.com">karl.yoder@keycharteradvisors.com</a>

<b>Lender / Underwriter:</b>	Stifel, Nicolaus & Company, Inc.		
Street Address:	One Montgomery Street, 35th Floor		
City / State / Zip Code:	San Francisco, CA 94104		
Contact Name:	Guillermo Garcia	Title:	Managing Director
Contact Phone:	415-364-5962	E-Mail:	<a href="mailto:ggarcia@stifel.com">ggarcia@stifel.com</a>

<b>Lender / Underwriter:</b>			
Street Address:			
City / State / Zip Code:			
Contact Name:		Title:	
Contact Phone:		E-Mail:	

<b>Bond Counsel:</b>	Stradling Yocca Carlson & Rauth, P.C.		
Street Address:	44 Montgomery Street, Suite 4200		
City / State / Zip Code:	San Francisco, CA 94104		
Contact Name:	Kerrigan Bennett	Title:	Shareholder
Contact Phone:	415-283-2250	E-Mail:	<a href="mailto:kbennett@sycr.com">kbennett@sycr.com</a>

<b>Credit Enhancement Provider:</b>			
Street Address:			
City / State / Zip Code:			
Contact Name:		Title:	
Contact Phone:		E-Mail:	

## Additional Requirements

1. **\$2,500.00** Non-Refundable Application Fee made payable to **California Municipal Finance Authority**.
2. Provide description of Borrower and/or its Affiliates.
3. Provide description of Developer's experience (including summary of other multi-family housing development projects completed in past five years).
4. Financial Statements (or Annual Reports) for most recent three years and most recent quarterly statement.
5. Provide Financial Forecast of the Project (including income statement, balance sheet, summary of cash flows, and forecasted sources and uses of financing).
6. For Housing Applications only - please complete Section VIII.

## Certification

I hereby represent that all the information contained within this document and attachments are true and correct to the best of my knowledge.

Signature:



Date: July 26, 2021

Print Name:

Kathleen Hermsmeyer, Ed.D.

Print Title: Superintendent

**FOR MORE INFORMATION OR TO SUBMIT AN APPLICATION,**

**PLEASE CONTACT:**

**CALIFORNIA MUNICIPAL FINANCE AUTHORITY**

ATTENTION: John P. Stoecker  
2111 Palomar Airport Road, Suite 320  
Carlsbad, CA 92011  
Tel: (760) 930-1221 • Fax: (760) 683-3390  
E-Mail: [jstoecker@cmfa-ca.com](mailto:jstoecker@cmfa-ca.com)

## VIII. Housing Addendum (For Housing Applications Only)

Project Name:			
Street Address:			
City:		County:	
State:		Zip Code:	
Land Owned / Date Acquired or Option:		Land Leased or Lease Option Date:	
Current Zoning of Project Site:			
Does Project Require a Zoning Change:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Describe Changes Required:			
Other Entitlements:			
Number of Units		Restricted:	Market:
% of Restricted Units:		% of Area Median Income for Low-Income Housing:	\$ -
Describe Amenities:			
Describe Services:			

Please provide a breakdown of the following information:

No. of Units	% of AMI	Market	Restricted Rents
	0.00 %	\$ -	\$ -
	0.00 %	\$ -	\$ -
	0.00 %	\$ -	\$ -
	0.00 %	\$ -	\$ -
	0.00 %	\$ -	\$ -