

**PROJECT TAX INFORMATION COMPLIANCE QUESTIONNAIRE  
FOR UCONN 2000 PROJECTS FINANCED WITH TAX EXEMPT DEBT**

*PLEASE COMPLETE FOR ANY PROJECTED USE, OR CHANGE OF USE, OF ANY ASSET FUNDED WITH UCONN 2000 DEBT FUNDS.  
PLEASE RETURN THIS FORM TO THE OFFICE OF TREASURY SERVICES PRIOR TO USING ANY SUCH ASSETS OR SPENDING  
ANY BOND FUND AMOUNTS, OR INCURRING ANY OBLIGATION FOR POSSIBLE REIMBURSEMENT WITH BOND PROCEEDS.*

**COMPLETE FORM ONLY IF USE IS RELATED TO ASSETS FUNDED BY UCONN 2000 DEBT**

*Purpose: Federal Tax Exemption, State, Indenture and Other Regulatory Requirements.*

Person Completing Form:  Date:

Department:

Bond Counsel: Pullman & Comley, LLC

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**I. Does the proposed use involve any asset funded with UCONN 2000 Debt?** (Including owned, leased, managed, occupied or otherwise used by (a) an entity which is not UConn or a state or local government unit for any purpose or (b) a natural person for a trade.)

YES       NO

- a) If NO, please sign and submit form to the Office of Treasury Services, Unit 1130 *(No need to complete rest of form.)*
- b) If YES, please proceed to complete the remainder of the form, sign and return to the Office of Treasury Services, Unit 1130.

**II. UCONN 2000 Project Description**

Building Name:  Building #:

Building Address:

Building Sq. Ft.:  Sq. Ft. Leased

1. UCONN 2000 Project Description (Including present or anticipated use of project):

**III. Use of Project:**

1. Is any portion of the Project funded in whole or in part by this allocation presently owned, leased, managed, occupied or otherwise used by a) an entity which is not UConn or a state or local government unit for any purpose or b) a natural person for a trade or business purposed?

YES

NO

If **YES**, please explain and attach a rider if necessary.

2. Is there any expectation that during its economic life any portion of the Project being funded by this allocation will be owned, leased, managed, occupied or otherwise used by a) an entity which is not UConn or a state or local governmental unit for any purpose or b) a natural person for a trade or business purpose?

YES

NO

3. If **YES** is checked for either Question 1 or 2, will all such users (other than those who own or lease the Project) use the project solely as members of the general public with no restrictions on use other than first-come, first served?

YES

NO

*"Use as a member of the general public" generally refers to transient use (rather than use by a lessee) of a Project which is available to all users on a first-come, first-served basis at the same price, if any, or a price based on a rate schedule which may include volume discounts. (For example, a large meeting room is available to members of the general public if it is available on a first-come, first-served basis at rates such as: 1-5 persons, \$25; 6-25 persons, \$50; 26-50, \$75; over 50 persons, \$100.)*

4. Complete a Schedule A (Private Use Information) for each non-UConn or other non-governmental entity using, managing or operating the Project pursuant to any arrangement.

Form Complete  Not Applicable

5. Will any corporate sponsored or cooperative research be conducted at the project?

YES

NO

if **YES**, please complete attached Schedule B.

6. Will UConn, the state, or a local governmental entity, retain an equity interest or security interest in the Project for a purpose other than to enforce compliance with restrictions on the use of the project?

YES

NO

Details:

7. a) If **YES**, describe such interest, (provide rider if necessary):

b) If **NO**, does the University own the structure and the land?

YES

NO

**V. COMMENTS:**

Please provide any additional information which may be pertinent to the financing and use of this Project:

**DEPARTMENT CERTIFICATION:**

I hereby certify that the above information, as well as Schedules A and/or B if applicable, is true and completed based upon documentation from my office, and further certify that I will report, in writing to the Office of Treasury Services any changes in the information contained herein.

\_\_\_\_\_  
UConn Department Representative (Sign Name)

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

**ATTACHMENTS:**

- Schedule A Attached
- Schedule B Attached
- Schedule B Not Required - No Research

PLEASE NOTE THAT FILING AND ACCEPTANCE OF THIS FORM FOR TAX COMPLIANCE PURPOSES DOES NOT AUTHORIZE SPENDING. DEPARTMENTS MUST SEEK PROJECT SPENDING AUTHORIZATION THROUGH THEIR RESPECTIVE ADMINISTRATIVE CHANNELS.

## SCHEDULE A PRIVATE USE INFORMATION

*(Please complete a separate Schedule A for each Private User)*

A. Identify the non-UConn or non-governmental entity using, managing or operating the Project pursuant to a lease, license or any arrangement:

B. Is such non-UConn or non-governmental entity a 501(c)(3) organization?

YES                       NO

C. Describe the manner of such use (if leased or managed describe all of the terms of the agreement, including the identify of lessee, the contract term, renewal rights, the manager's compensation or rental amount, termination or attach a copy of the agreement to this Schedule A).

D. The use of the Project described in **Question C** above is:

- |   |                           |                          |
|---|---------------------------|--------------------------|
| 1) Available to all members of the general public?  | <input type="radio"/> YES | <input type="radio"/> NO |
| 2) Offered on the basis of general applicable or uniformity applied rates?                | <input type="radio"/> YES | <input type="radio"/> NO |
| 3) Subject to a specifically negotiated contract that provides fair market consideration? | <input type="radio"/> YES | <input type="radio"/> NO |

E. Will the non-UConn or non-governmental entity make any other payments to or for the benefit of a governmental entity for the use of the Project?

YES                       NO

If **YES**, please describe such payments:

F. Provide sq ft of Project by non-UConn or other non-governmental persons as percentage of Project. All amounts should be based on square footage.

Total Proj Sq Ft:

Proj Sq Ft - Leased:

% of Proj Leased

G. Does the area identified above have the same fair market value per square foot as the balance of the Project:

YES  NO

H. Is the non-UConn or non-governmental entity operating or otherwise performing services in the Project pursuant to a management contract?

YES  NO

If **YES**, please complete the following:

1) The contract has a term, including any renewal options, of no more than:

15 Years

3 Years

10 Years

2 Years

5 Years

Other, describe:

2) Does UConn or the governmental unit which owns the Project have the option to cancel the contract without cause and without incurring any penalty?

YES  NO

If YES, cancellation can occur at the end of any:

3 Year Period

2 Year Period

1 Year Period

Other (describe):

3) Does the contract compensate the manager, in whole or in part, based on a share of net profits?

YES  NO

a) Is at least 95% of the manager's annual compensation based on a periodic fixed fee?

YES

NO

b) Is at least 80% of the manager's annual compensation based on a periodic fixed fee?

YES

NO

c) Is at least 50% of the manager's annual compensation based on a periodic fixed fee?

YES

NO

d) If so, is the periodic fixed fee subject to automatic increases or adjustments related to efficiency or output of the Project?

YES

NO

If so, under what conditions and in what manner?

4) Please check the boxes below that best describe the nature of the compensation for services:

- Periodic Fixed Fee (1)
- Capitation Fee (2)
- Per Unit Fee (3)
- Percentage of Gross Receipts or Expenses
- Other Compensation Arrangement

Please explain:

- (1) Periodic fixed fee means a stated amount for services rendered for a stated period of time that may be adjusted by a specific objective, external index like the Consumer Price Index.
- (2) Capitation fee means a fixed periodic amount payable for each person for whom services are provided (e.g. an HMO member) as long as the quality and type of services actually provided vary substantially from person to person.
- (3) Per unit fee means a stated amount for each unit of services provided (e.g. medical procedure performed, car parked, passenger mile traveled, ton of waste incinerated, unit of landfill capacity consumed).

5) Is there any special relationship between the owner and the Project and the manager, such as overlapping board members or control of 20% of the voting power of the governing body of the owner?

- YES       NO

If **YES**, describe: