

Facility Financing



The National Head Start Association (NHS A) is pleased to announce the Capital Access Program (CAP) for facility financing. The "CAP" program is being created by the National Head Start Association, in partnership with TransCapital, a leading real estate financing and financial advisory firm. The purpose of the new CAP program is to provide the 2,500 Head Start grantee organizations with a capital access solution which is national in scope and delivers an array of new value added services. The CAP program is an innovative and responsive new approach for the National Head Start Association. It is designed to address the growing enterprise need for better, cost-effective and efficient facilities financing alternatives.

The NHS A along with its partner TransCapital strongly believe, that through the standardization of facility funding criteria, the opportunity exists to create an effective funding conduit. Furthermore, we envision that the CAP program will be capable of providing individual grantees with new funding sources, lower cost of capital and improved borrowing efficiencies. Accordingly, when fully implemented the new program will be a win-win for the Head Start community and its constituents for years to come.

CAP Program Overview:

- NHS A has partnered with TransCapital, who will serve as financial advisor for the CAP program. TransCapital will work with NHS A to develop borrower (i.e., grantee) critical data capture requirements and financing pre-qualification criteria which will consist of:
 - o A full package of materials per the criteria checklist provided
 - o 3 years of audited financials
 - o Proposed project detail along with cost projections
 - o Approval of Financial Advisory agreement
- TransCapital will be responsible for delivering alternative funding sources and strategies which provide NHS A and its grantee organizations with programmatic access to capital, lower cost of capital and better execution.
- TransCapital will work with NHS A to develop efficient business processes for grantee facility financing applications, financing request break-down and consolidation of financing requests for submittal to TransCapital.
- NHS A will serve as a clearinghouse for the CAP program. In this role the NHS A will provide general program oversight to grantees, process and aggregate financing requests, perform pre-submission break down and deliver technical assistance to grantees as requested. All inquiries should be directed to:

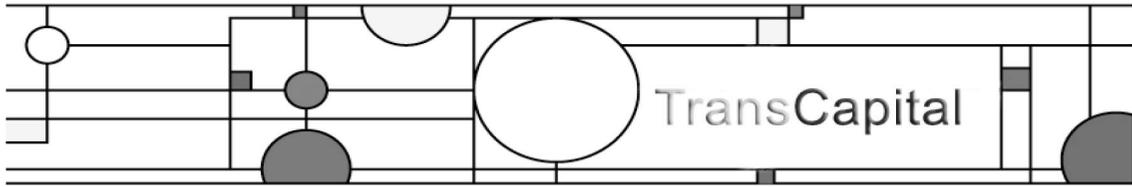
Sarah H. Greene, CEO
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- Grantees can submit a financing request based upon demonstrating a minimum facilities financing need of \$250,000.
- CAP will begin as a pilot program in early 2004 and expand to full program by first quarter 2005.

About TransCapital

Founded in 1976, TransCapital is a privately held group of financial services firms with over 27 years of experience solving the complex financial needs of our clients. With a distinguished history and comprehensive services, TransCapital provides results. Since its inception, TransCapital has raised more than \$12 billion in equity and debt financings. Our client list covers an array of industries and institutions ranging from small privately held entities to major Fortune 500 companies. TransCapital is headquartered in the metropolitan Washington, DC area and has offices across the United States.

Facility Financing Application



NATIONAL HEAD START ASSOCIATION CAPITAL ACCESS PROGRAM

Applicant Information

Legal Name of Applicant: _____

If Applicant is a Community Development Corporation (CDC) or Special Purpose Entity (SPE), please provide the Legal name of the Related Institution: _____

Tax ID no. of Applicant: _____

Street Address (Physical address, not a P.O. Box):	Mailing Address (if Different)
_____	_____
_____	_____
_____	_____

Contact person: _____

Phone Number: _____ Fax Number: _____ Email Address: _____

Type of project (check appropriate box): Major Renovation Facility Purchase
 Land Acquisition Facility Construction

Location of Project: _____

Funding Amount Requested: \$ _____ Funding needed by: _____, 200__

Brief description of project for which funding is being requested:

Amount of funds Applicant can contribute to project: \$ _____

Has Applicant obtained financing in the past for a similar project? If so please provide a brief description of the type of financing obtained and the name of the lender: _____

Certification and Authorization

The person signing below certifies that he/she is authorized to execute this application on behalf of the Applicant named above and that the information in this application and all documents submitted in connection with the application are true, correct and complete. The Applicant hereby authorizes TransCapital to verify the information and to obtain all necessary documents. The Applicant further agrees to provide the additional information requested in the Document Checklist (to be provided) and as requested by TransCapital and to notify TransCapital promptly of any material change in any information provide in relation to this application.

Applicant Name

Signature of Authorized Agent:

Date:

Please print name of authorized agent

Title of authorized agent