

PRIVATE USE QUESTIONNAIRE

[Project Name]

[Associated Bond Series]

[Responsible Department]

PURPOSE

This questionnaire is designed to identify any private business use of facilities financed with the University's tax-exempt bond proceeds as well as the commercial paper program. The results of this questionnaire will enable University management to document and evaluate the amount of private business use related to each bond-financed facility to ensure compliance with IRS regulations. This document serves to inform departments with tax-exempt bond financed facilities of their responsibilities related to identifying possible private uses of such facilities.

INSTRUCTIONS

Please complete this form by supplying the requested information for each question as it relates to the Office of Real Estate. If you have any questions or concerns, please contact myself or Regina Wright at 614-292-7461 or 614-688-3655 respectively. When complete, please send a signed copy to:

Office of Financial Services
Attn: J.C. Speiser
South Campus Gateway, Suite 400
1590 North High Street

Please note the following:

- Not every question will be applicable to your specific facility. If not applicable, simply indicate "None."
- For purposes of this inquiry, the term "third parties" is defined as any person/company other than the University and its employees. Third party use consists of use of bond financed property in a trade or business by a party other than the University or use by the University that could be considered an unrelated trade or business.
- Following your submission of the completed questionnaire, the Office of Financial Services may need to contact you for additional information.

QUESTIONS

1. Please provide a brief description of the use or uses of this facility and the facility's total square footage.
2. Identify and briefly describe any leases to third parties such as food service, book shops, gift shops, banking services, etc. Please provide information for each lease regarding the square footage to be leased and the anticipated duration of the lease. If none, indicate none.
3. Identify and briefly describe any management or service contracts (for example, dining services contracts or vivarium management contracts) involving control or operation by a third party of any portion of the facility. Do not include contracts for services that are incidental to the operation of the facility (i.e. janitorial services, office equipment repair, hospital billing, etc.). Please provide information for each contract regarding the square footage to be occupied, operated, managed or controlled and the anticipated duration of the contract. If available, please attach a copy of the contract (s). If none, indicate none.
4. If scientific research is performed in the facility, please identify and briefly describe any research projects sponsored by third parties, including but not limited to those sponsored by Federal agencies (NIH, NSF, DOD, etc.), non-profit foundations, and for-profit industry. If none, indicate none.

5. Identify and briefly describe any vendor contracts for operations within the facility, including any concessions and gift shops. Please provide information for each contract regarding the square footage to be occupied and the anticipated duration of the contract. If available, please attach a copy of the agreement(s). If none, then indicate none.

6. Identify and describe any arrangements with the federal government or any agency thereof involving the use of the facility, or the sales of goods or provision of services arising from activities within the facility. If available, please attach a copy of the agreement (s). If none, indicate none.

7. Identify and describe any joint purchasing or shared-services agreements relating to the facility with a third party, including a cooperative or similar entity. Please attach a copy of the agreement(s). If none, indicate none.

8. Are there any of the following arrangements for the use of the facility by third parties:

a. Arrangements relating to facilities, services, professional office space, land, or equipment used by or rented to board members, faculty, or administrative staff for private use.

_____ yes _____ no

b. The leasing of athletic or residential facilities for summer use or use by private entities in their trades or businesses, including summer camps to the extent the camp participants are assigned here.

_____ yes _____ no

c. The leasing of facilities for conferences, business meetings, parties or other gatherings or renting of dormitory or other rooms to the public.

_____ yes _____ no

If you answered yes to any of the above, please describe below the expected length, purpose, square footage to be occupied, and compensation expected from the arrangements.

9. Identify and describe any service or recharge centers in the facility. Service or recharge centers are centers that provide services to other University departments (although such services may also be provided to third parties for a fee as well) and would include printing services, graphic arts services or vehicle fleet management. In the research context, service or recharge centers are sometimes referred to as “core labs” or “research core facilities” and generally provide a specialized service or a piece of equipment for shared use by a variety of research teams. Examples include atomic microscope imaging services or the pharmacogenetics core lab. If service or recharge centers are used, please provide the square footage occupied by each center. If none, indicate none.

10. Identify and briefly describe any restricted gifts or other fundraising efforts related to the facility. Also, include any third parties providing a significant source of revenue for the facility.

11. Identify and briefly describe any naming rights related to the facility. Please attach a copy of any agreements related to naming rights for the facility.

CERTIFICATION

I certify to the best of my knowledge and belief that the above statements and representations are true and correct and that there are no material omissions of relevant facts.

Signature _____

Date _____

Printed Name _____

Email Address _____

Title _____

Phone Number _____