



Building Communities, Investing in Local Government Since 1988

501(c)(3) Nonprofit Bond Application

APPLICANT INFORMATION

Application Number: **2012065**

Name of Borrower: **California Shock Trauma Air Rescue (d.b.a. CALSTAR)**

Primary Contact: **Mark Vincenzini**

Title: **Chief Financial Officer**

Street Address: **4933 Bailey Loop** Suite: _____

City: **Mcclellan** State: **CA** Zip Code: **95652**

Telephone Number: **(916) 921-4045**

Fax Number: **(916) 921-4085**

E-mail: **mvincenzini@calstar.org**

Type of Entity: For-profit Corporation Non-profit Corporation
 Municipality Partnership
 Other (specify): _____

Date Organized: **06/10/83**

PROJECT INFORMATION

Type of Project: Small Issue Public Benefit Project

Health Care: Continuing Care Clinic Hospital Assisted Living
 Skilled Nursing Other (specify): **Emergency Air Ambulance**

Education: K-12 Colleges/Universities

Other: Museum/Cultural Other (specify): _____

Project/Facility Name: **See Attachment E (Total Projects: 9)**

Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Is Project located in unincorporated part of the County? _____

Has the city or county in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Contact Name: **See Attachment E**

Title: _____

Phone Number: _____ Ext. _____

Fax Number: _____

E-mail: _____



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FINANCING INFORMATION

Principal Amount:	\$55,000,000
Tax-exempt Amount:	\$55,000,000
Taxable Amount:	\$0
Proposed Closing Date: 09/15/2012	
Maturity: 10 Years	Interest Rate Mode: <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable
Type of Offering: <input type="checkbox"/> Public Offering	<input checked="" type="checkbox"/> Private Placement
Denominations: 5,000	
Type of Financing: <input type="checkbox"/> Acquisition of Existing Facility	<input checked="" type="checkbox"/> New Construction
<input type="checkbox"/> Refunding	
Credit Enhancement: <input checked="" type="checkbox"/> None	<input type="checkbox"/> Letter of Credit
<input type="checkbox"/> FNMA(Fannie Mae)	<input type="checkbox"/> Freddie Mac
<input type="checkbox"/> Bond Insurance	<input type="checkbox"/> Other (specify): _____
Name of Credit Enhancement Provider or Private Placement Purchaser: N/A	
Expected Rating: <input checked="" type="checkbox"/> Unrated	<input type="checkbox"/> S & P _____
<input type="checkbox"/> Moody's _____	<input type="checkbox"/> Fitch _____

PRINCIPAL FINANCE TEAM INFORMATION

UNDERWRITER/PLACEMENT AGENT	BOND COUNSEL
Firm: Banc of America Public Capital Corp.	Firm: Gilmore & Bell, P.C.
Contact: Alexander Ortega	Contact: James Winn
Address: 555 California Street San Francisco, CA 94104	Address: 2405 Grand Boulevard, Suite 1100 Kansas City, MO 64108
Telephone: (760) 591-0510	Telephone: (816) 218-7532
Fax: (415) 796-5815	Fax: (816) 221-1018
E-mail: alex.ortega@baml.com	E-mail: jwinn@gilmorebell.com



Building Communities, Investing in Local Government Since 1988

501(c)(3) Nonprofit Bond Application

PRINCIPAL FINANCE TEAM INFORMATION (continued)

FINANCIAL ADVISOR		REBATE ANALYST	
Firm:	N/A	Firm:	TBD
Contact:		Contact:	
Address:		Address:	
Telephone:		Telephone:	
Fax:		Fax:	
E-mail:		E-mail:	

ADDITIONAL INFORMATION REQUIRED

Please provide the following information as additional attachments:

<u>Attachment</u>	<u>Description of Information</u>
A	\$5,000 non-refundable* issuance fee deposit payable to "California Communities."
B	Detailed Applicant History.
C	Description of project or each facility to be financed or refinanced.
D	Address of each facility to be financed or refinanced.
E	Evidence of credit enhancement or intent to purchase bonds.
F	List of outstanding tax-exempt debt.
G	Financial statements for last complete fiscal year.
H	Project Costs (Sources and Uses of Proceeds).
I	Interested Parties List.
*Refundable only if financing not approved. Small Issue Program issuance fee deposit is \$2,500.	

MAILING ADDRESS

California Communities®
2033 N. Main St., Suite 700
Walnut Creek, CA 94596



501(c)(3) Nonprofit Bond Application

Attachment D

Application: **2012065 - California Shock Trauma Air Rescue (d.b.a. CALSTAR) (Emergency Ambulance)**

Borrower: **California Shock Trauma Air Rescue (d.b.a. CALSTAR)**

PUBLIC BENEFITS

FOR HEALTH CARE FACILITY ONLY

New Beds: Accute: 0 Emergency: 0 OTHER: 0

SB 1953(Hospital Facilities Seismic Safety Act) Compliance? No

Non-Reimbursed Community Benefits:

Traditional Charity Care:	<u>\$0</u>
Unpaid Costs of Medicare:	<u>\$0</u>
Unpaid Costs of Medi-Cal:	<u>\$0</u>
Non-billed Community Outreach:	<u>\$0</u>
Other:	<u>\$0</u>

FOR PRIVATE SCHOOL FACILITY ONLY

Use of Bond Proceeds

No. of Classrooms:	<u>0</u>
No. of Libraries:	<u>0</u>
No. of Athletic Fields:	<u>0</u>
No. of Administrative Facilities:	<u>0</u>
Other	<u>0</u>

Tuition Assistance:	K-8	9-12
Current Tuition:	<u>0</u>	<u>0</u>
Total Tuition Assistance Provided:	<u>0</u>	<u>0</u>
% of students receiving at least 50% tuition assistance:	<u>0</u>	<u>0</u>

ENVIRONMENT

Energy

Does the facility exceed Title 24 Standards? Yes No N/A
 If Yes, by what percent? %

Does the facility have solar(PV) panels? Yes No N/A
 If Yes, what is the size in kWh?

Does the facility purchase carbon credits? Yes No N/A
 If Yes, what is the annual consumption?

Water

Does the facility provide any of the following:

Efficient Toilets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Water-saving showerheads?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Drought tolerant landscaping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Other, specify:

Transportation

Does the entity provide carpooling or mass-transit subsidies? Yes No N/A
 Does the entity maintain a fuel efficient fleet? Yes No N/A

Waste

Does the project provide recycling facilities? Yes No N/A

Application Number: **2012065 - California Shock Trauma Air Rescue (d.b.a. CALSTAR) (Emergency Air Ambulance)**

Name of Borrower: **California Shock Trauma Air Rescue (d.b.a. CALSTAR)**

PUBLIC BENEFITS (continued)

WORKFORCE

Employment Creation

Job Type/Description

None

During
Construction

0

Post
Construction

0

GOVERNMENTAL INFORMATION

Congressional District #

State Senate District #

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State Assembly District #

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501(c)(3) Nonprofit Bond Application

Attachment D

Application: **2012065 - California Shock Trauma Air Rescue (d.b.a. CALSTAR) (Emergency Ambulance)**

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FOR PRIVATE SCHOOL FACILITY ONLY

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PUBLIC BENEFITS (continued)

WORKFORCE

Employment Creation

Job Type/Description

None

During
Construction

0

Post
Construction

0

GOVERNMENTAL INFORMATION

Congressional District #

State Senate District #

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State Assembly District #

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501(c)(3) Nonprofit Bond Application

Attachment D

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Other:	<u>\$0</u>

FOR PRIVATE SCHOOL FACILITY ONLY

Use of Bond Proceeds

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No. of Libraries:	<u>0</u>
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Tuition Assistance:

	K-8	9-12
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Other, specify:

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Name of Borrower: **California Shock Trauma Air Rescue (d.b.a. CALSTAR)**

PUBLIC BENEFITS (continued)

WORKFORCE

Employment Creation

Job Type/Description

None

During
Construction

0

Post
Construction

0

GOVERNMENTAL INFORMATION

Congressional District #

State Senate District #

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State Assembly District #

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501(c)(3) Nonprofit Bond Application

Attachment D

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Borrower: **California Shock Trauma Air Rescue (d.b.a. CALSTAR)**

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New Beds: Accute: 0 Emergency: 0 Other: 0

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Non-billed Community Outreach:	<u>\$0</u>
Other:	<u>\$0</u>

FOR PRIVATE SCHOOL FACILITY ONLY

Use of Bond Proceeds

No. of Classrooms:	<u>0</u>
No. of Libraries:	<u>0</u>
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PUBLIC BENEFITS (continued)

WORKFORCE

Employment Creation

Job Type/Description

None

During
Construction

0

Post
Construction

0

GOVERNMENTAL INFORMATION

Congressional District #

State Senate District #

1

State Assembly District #

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501(c)(3) Nonprofit Bond Application

Attachment D

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Borrower: **California Shock Trauma Air Rescue (d.b.a. CALSTAR)**

PUBLIC BENEFITS

FOR HEALTH CARE FACILITY ONLY

New Beds: Accute: 0 Emergency: 0 Other: 0

SB 1953(Hospital Facilities Seismic Safety Act) Compliance? No

Non-Reimbursed Community Benefits:

Traditional Charity Care:	<u>\$0</u>
Unpaid Costs of Medicare:	<u>\$0</u>
Unpaid Costs of Medi-Cal:	<u>\$0</u>
Non-billed Community Outreach:	<u>\$0</u>
Other:	<u>\$0</u>

FOR PRIVATE SCHOOL FACILITY ONLY

Use of Bond Proceeds

No. of Classrooms:	<u>0</u>
No. of Libraries:	<u>0</u>
No. of Athletic Fields:	<u>0</u>
No. of Administrative Facilities:	<u>0</u>
Other	<u>0</u>

Tuition Assistance:

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Current Tuition:	<u>0</u>	<u>0</u>
Total Tuition Assistance Provided:	<u>0</u>	<u>0</u>
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ENVIRONMENT

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Name of Borrower: **California Shock Trauma Air Rescue (d.b.a. CALSTAR)**

PUBLIC BENEFITS (continued)

WORKFORCE

Employment Creation

Job Type/Description

None

During
Construction

0

Post
Construction

0

GOVERNMENTAL INFORMATION

Congressional District #

State Senate District #

2

State Assembly District #

1



501(c)(3) Nonprofit Bond Application

Attachment D

Application: **2012065 - California Shock Trauma Air Rescue (d.b.a. CALSTAR) (Emergency Ambulance)**

Borrower: **California Shock Trauma Air Rescue (d.b.a. CALSTAR)**

PUBLIC BENEFITS

FOR HEALTH CARE FACILITY ONLY

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Non-Reimbursed Community Benefits:

Traditional Charity Care:	<u>\$0</u>
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Non-billed Community Outreach:	<u>\$0</u>
Other:	<u>\$0</u>

FOR PRIVATE SCHOOL FACILITY ONLY

Use of Bond Proceeds

No. of Classrooms:	<u>0</u>
No. of Libraries:	<u>0</u>
No. of Athletic Fields:	<u>0</u>
No. of Administrative Facilities:	<u>0</u>
Other:	<u>0</u>

Tuition Assistance:	K-8	9-12
Current Tuition:	<u>0</u>	<u>0</u>
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ENVIRONMENT

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Name of Borrower: **California Shock Trauma Air Rescue (d.b.a. CALSTAR)**

PUBLIC BENEFITS (continued)

WORKFORCE

Employment Creation

Job Type/Description

None

During
Construction

0

Post
Construction

0

GOVERNMENTAL INFORMATION

Congressional District #

State Senate District #

12

State Assembly District #

28



501(c)(3) Nonprofit Bond Application Attachment D

Application: **2012065 - California Shock Trauma Air Rescue (d.b.a. CALSTAR) (Emergency Ambulance)**

Borrower: **California Shock Trauma Air Rescue (d.b.a. CALSTAR)**

PUBLIC BENEFITS

FOR HEALTH CARE FACILITY ONLY

New Beds: Accute: 0 Emergency: 0 OTHER: 0

SB 1953(Hospital Facilities Seismic Safety Act) Compliance? No

Non-Reimbursed Community Benefits:

Traditional Charity Care:	<u>\$0</u>
Unpaid Costs of Medicare:	<u>\$0</u>
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Non-billed Community Outreach:	<u>\$0</u>
Other:	<u>\$0</u>

FOR PRIVATE SCHOOL FACILITY ONLY

Use of Bond Proceeds

No. of Classrooms:	<u>0</u>
No. of Libraries:	<u>0</u>
No. of Athletic Fields:	<u>0</u>
No. of Administrative Facilities:	<u>0</u>
Other	<u>0</u>

Tuition Assistance:	K-8	9-12
Current Tuition:	<u>0</u>	<u>0</u>
Total Tuition Assistance Provided:	<u>0</u>	<u>0</u>
% of students receiving at least 50% tuition assistance:	<u>0</u>	<u>0</u>

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Name of Borrower: **California Shock Trauma Air Rescue (d.b.a. CALSTAR)**

PUBLIC BENEFITS (continued)

WORKFORCE

Employment Creation

Job Type/Description

None

During
Construction

0

Post
Construction

0

GOVERNMENTAL INFORMATION

Congressional District #

State Senate District #

State Assembly District #



501(c)(3) Nonprofit Bond Application Attachment D

Application: **2012065 - California Shock Trauma Air Rescue (d.b.a. CALSTAR) (Emergency Ambulance)**

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FOR HEALTH CARE FACILITY ONLY

New Beds: Accute: 0 Emergency: 0 Other: 0

SB 1953(Hospital Facilities Seismic Safety Act) Compliance? No

Non-Reimbursed Community Benefits:

Traditional Charity Care:	\$0
Unpaid Costs of Medicare:	\$0
Unpaid Costs of Medi-Cal:	\$0
Non-billed Community Outreach:	\$0
Other:	\$0

FOR PRIVATE SCHOOL FACILITY ONLY

Use of Bond Proceeds

No. of Classrooms:	0
No. of Libraries:	0
No. of Athletic Fields:	0
No. of Administrative Facilities:	0
Other	0

Tuition Assistance:

	K-8	9-12
Current Tuition:	0	0
Total Tuition Assistance Provided:	0	0
% of students receiving at least 50% tuition assistance:	0	0

ENVIRONMENT

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Does the facility exceed Title 24 Standards? Yes No N/A
 If Yes, by what percent? _____ %

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Other, specify: _____

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Name of Borrower: **California Shock Trauma Air Rescue (d.b.a. CALSTAR)**

PUBLIC BENEFITS (continued)

WORKFORCE

Employment Creation

Job Type/Description

None

During
Construction

0

Post
Construction

0

GOVERNMENTAL INFORMATION

Congressional District #

State Senate District #

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State Assembly District #

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501(c)(3) Nonprofit Bond Application

Attachment D

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ENVIRONMENT

Energy

Does the facility exceed Title 24 Standards? Yes No N/A
 If Yes, by what percent? %

Does the facility have solar(PV) panels? Yes No N/A
 If Yes, what is the size in kWh?

Does the facility purchase carbon credits? Yes No N/A
 If Yes, what is the annual consumption?

Water

Does the facility provide any of the following:

Efficient Toilets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Water-saving showerheads?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Drought tolerant landscaping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Other, specify:

Transportation

Does the entity provide carpooling or mass-transit subsidies? Yes No N/A
 Does the entity maintain a fuel efficient fleet? Yes No N/A

Waste

Does the project provide recycling facilities? Yes No N/A

Application Number: **2012065 - California Shock Trauma Air Rescue (d.b.a. CALSTAR) (Emergency Air Ambulance)**

Name of Borrower: **California Shock Trauma Air Rescue (d.b.a. CALSTAR)**

PUBLIC BENEFITS (continued)

WORKFORCE

Employment Creation

Job Type/Description

None

During
Construction

0

Post
Construction

0

GOVERNMENTAL INFORMATION

Congressional District #

State Senate District #

5

State Assembly District #

8



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501(c)(3) Nonprofit Bond Application

Application Number: **2012065 - California Shock Trauma Air Rescue (d.b.a. CALSTAR) (Emergency Air Ambulance)**

Attachment E

FACILITY #1) CALSTAR (Main Location)

Project Street Address: **4933 Bailey Loop**
City: **Mcclellan** State: **CA** Zip Code: **95652**
County: **Sacramento**

Is Project located in unincorporated part of the County? **Yes**

Has the city or county in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Contact Name: _____
Title: _____
Telephone: _____ Ext. _____
Fax: _____
E-mail: _____

FACILITY #2) CALSTAR-CS1-Concord

Project Street Address: **177 John Glenn Dr.**
City: **Concord** State: **CA** Zip Code: **94530**
County: **Contra Costa**

Is Project located in unincorporated part of the County? **No**

Has the city or county in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Contact Name: _____
Title: _____
Telephone: _____ Ext. _____
Fax: _____
E-mail: _____

FACILITY #3) CALSTAR-CS2-Gilroy

Project Street Address: **590 Cohansey Ave.**
City: **Gilroy** State: **CA** Zip Code: **95020**
County: **Santa Clara**

Is Project located in unincorporated part of the County? **No**

Has the city or county in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Contact Name: _____
Title: _____
Telephone: _____ Ext. _____
Fax: _____
E-mail: _____



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Attachment E

FACILITY #4) CALSTAR-CS3-Auburn

Project Street Address: **13750 Lincoln Way**
City: **Auburn** State: **CA** Zip Code: **95603**
County: **Placer**

Is Project located in unincorporated part of the County? **No**

Has the city or county in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Contact Name: _____
Title: _____
Telephone: _____ Ext. _____
Fax: _____
E-mail: _____

FACILITY #5) CALSTAR-CS4-Ukiah

Project Street Address: **1407 S. State Street**
City: **Ukiah** State: **CA** Zip Code: **95482**
County: **Mendocino**

Is Project located in unincorporated part of the County? **No**

Has the city or county in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Contact Name: _____
Title: _____
Telephone: _____ Ext. _____
Fax: _____
E-mail: _____

FACILITY #6) CALSTAR-CS5-Salinas

Project Street Address: **37 Mortensen Ave.**
City: **Salinas** State: **CA** Zip Code: **93905**
County: **Monterey**

Is Project located in unincorporated part of the County? **No**

Has the city or county in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Contact Name: _____
Title: _____
Telephone: _____ Ext. _____
Fax: _____
E-mail: _____



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Attachment E

FACILITY #7) CALSTAR-CS6-So Lake Tahoe

Project Street Address: **1901 Airport Rd.**

City: **So. Lake Tahoe** State: **CA** Zip Code: **96150**

County: **El Dorado**

Is Project located in unincorporated part of the County? **No**

Has the city or county in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Contact Name: _____
Title: _____
Telephone: _____ Ext. _____
Fax: _____
E-mail: _____

FACILITY #8) CALSTAR-CS7-Santa Maria

Project Street Address: **3996 Mitchell Road**

City: **Santa Maria** State: **CA** Zip Code: **93455**

County: **Santa Barbara**

Is Project located in unincorporated part of the County? **No**

Has the city or county in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Contact Name: _____
Title: _____
Telephone: _____ Ext. _____
Fax: _____
E-mail: _____

FACILITY #9) CALSTAR-CS8-Vacaville

Project Street Address: **301 County Airport Rd, Box 15**

City: **Vacaville** State: **CA** Zip Code: **95688**

County: **Solano**

Is Project located in unincorporated part of the County? **No**

Has the city or county in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Contact Name: _____
Title: _____
Telephone: _____ Ext. _____
Fax: _____
E-mail: _____