

CERTIFICATE

REGIONAL HOSPITAL DISTRICT (the “Regional Hospital District”)

The undersigned, the Chair of the Board of Directors, and the Chief Administrative Officer or the person responsible for the financial administration of the Regional Hospital District hereby certify as follows:

1. That _____ Capital Bylaw No. _____, _____ (the “Capital Bylaw”) was duly and properly enacted in accordance with section 32 of the *Hospital District Act*, RSBC 1996, Chapter 202 (as amended) at a duly constituted meeting of the board of the Regional Hospital District in respect of which adequate and proper notice was given and at which a quorum was present and acting throughout.
2. That except as provided in Schedule “A” ¹ hereto, the Capital Bylaw has not been amended or revoked and is in full force and effect as at the date hereof and the Regional Hospital District has or will include in its provisional and annual budgets provision for the payment of principal and interest falling due each year during the currency of the borrowing authorized by the Capital Bylaw.
3. The board of the Regional Hospital District has adopted provisional and annual budgets and has transmitted the annual budget to the minister and otherwise complied with section 23 of the *Hospital District Act* in respect of all calendar years that are relevant with respect to the Capital Bylaw.
4. The Secretary of the Regional Hospital District has within the time prescribed in section 25 of the *Hospital District Act* for each calendar year to the date hereof sent to its member municipalities a requisition for the amount required from its member municipalities and that as at the date hereof, there are no member municipalities in default under such requisitions.
5. There has been no material adverse change in the financial condition of the Regional Hospital District since the date of the most recent audited financial statements of the Regional Hospital District dated the _____ day of _____, a copy of which is annexed hereto as Schedule “B” / has previously been delivered to Municipal Finance Authority [*please delete and initial as appropriate*], which audited financial statements were prepared in accordance with accounting policies generally accepted for British Columbia regional hospital districts and the accounting policies established by the Minister under the *Hospital District Act*.

¹ All amendments to the Capital Bylaw must be attached to the Capital Bylaw itself when submitted with the certificate and also referred to in schedule “A”.

6. The Regional Hospital District has complied with all applicable laws and regulations relating to the borrowing authorized by the Capital Bylaw including, without limitation, the *Hospital District Act*.

Supplemental Information – Required by Rating Agencies

7. The aggregate outstanding debt liability of the Regional Hospital District as at the date hereof is \$_____.
8. The Regional Hospital District's annual servicing costs (annual principal and interest costs²) for its debt liability, including this request for borrowing is \$_____.
9. The annual servicing cost for its debt liability is _____% of the Regional Hospital District's annual revenue.
10. The aggregate authorized and unissued debt of the Regional Hospital District, including the borrowing authorized by the Capital Bylaw, as at the date hereof is \$_____.

DATED this _____ day of _____, 200__.

Chair

Chief Financial Officer

(Title)

(If the person responsible for financial administration is not the CAO, please insert appropriate title.)

² In order to calculate the estimated debt servicing (i.e. principal & interest costs) for the current borrowing, please consult the MFA website www.mfa.bc.ca. The estimated rates for the current issue as well as amortization schedules to help calculate this cost are set out under the Market Rates tab.

Schedule “A”

[List of amendments – see section 2 of Certificate]