

Organization

Name of Organization:

TIN or EIN:

Primary Contact

First Name:

Last Name:

Title:

Street:

Suite:

City:

State:

Zip:

Phone:

Ext:

Fax:

Email:

Detailed Description of Applicant:

Secondary Contact

First Name:

Last Name:

Title:

Address:

Street:

Suite:

City:

State:

Zip:

Phone:

Ext:

Fax:

Email:

Primary Billing Contact

Organization:

First Name:

Last Name:

Title:

Address:

Street:

Suite:

City:

State:

Zip:

Phone:

Ext:

Fax:

Email:

Project Information

Project Information

Project type:

Other:

Project Name:

Estimated number of jobs created during construction:

Estimated number of jobs created during the permanent financing:

Facility Information

Facility #1

Facility Name:

Facility Bond Amount:

Description of Project/Facility:

Project Address:

Street or general location:

City:

State:

Zip:

Is Project located in an unincorporated part of the County?

Yes

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:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

Financing Information

Financing Information

Tax Exempt:

Taxable:

Total Principal Amount: **\$0.00**

Proposed Closing Date:

Maturity Years: **0**

Interest Rate Mode:

Fixed

☐

Variable

☐

Both

☐

Denominations: \$

Type of Offering:

Public Offering

☐

Private Placement

☐

Facility Development:

Refunding

☐

New Construction

☐

Note:"Please fill the percentage if the facility is "New Construction" and "Refunding"

% is projected for New Construction:

% is projected for Refunding:

Financing:

Credit Enhancement

☐

Other

☐

None

☐

Letter of Credit

☐

Name of Credit Enhancement Provider(if known):

Expected Rating:

Unrated
☒

Moody's:

S&P:

Fitch:

Sources and Uses

Sources and Uses

Sources Of Funding

Tax-Exempt Bond Proceeds: §

Taxable Bond Proceeds: \$

Other Funds (Describe):

§

§

Total Sources:	\$0.00
----------------	--------

Uses:

Land Acquisition: \$

Building Acquisition:	\$
-----------------------	----

Construction or Remodel:	\$
--------------------------	----

Equipment Cost:	\$
-----------------	----

Cost of Issuance:	\$
-------------------	----

Capitalized Interest:	\$
-----------------------	----

Reserves: \$

Other Uses (Describe): _____

§

§

§

Total Uses:	\$0.00
-------------	--------

Financing Team Information

Bond Counsel

Firm Name:

Primary Contact

First Name: Last Name:

Address:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email:

Bank/Underwriter/Bond Purchaser

Firm Name:

Primary Contact

First Name: Last Name:

Address:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email:

Financial Adviser

Firm Name:

Primary Contact

First Name: Last Name:

Address:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email: