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:		

NAICS (or SIC) Code:		
Secondary Contact		
First Name:	Last Name:	
Title: Address:		
Street:		Suite:
City:	State:	Zip:
Phone:	Ext:	Fax:
Email:		
Ownership Structure Type of Entity		
For Profit Corporation	Municipality O	
Partnership C	Other C	
Entity type other:		
Date of Incorporation:		
State:		
Primary Billing Contact		
Organization:		
First Name:	Last Name:	
Title: Address:		
Street:		Suite:
City:	State:	Zip:
Phone:	Ext:	Fax:
Email:		

Project Information

Project Information

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 O	No O

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

Fixed Variable Both C C C Denominations: \$ C C Type of Offering: Private Placement C Public Offering Private Placement C C C C C Foldity Development: C C C Foldity Development: C C C C C C C C Note: C C C C Note: C <th>Proposed Closing Date:</th> <th></th> <th></th> <th></th>	Proposed Closing Date:			
Field Variable Both C O O Denominations: \$ Field O Type of Offering Private Placement Field C O O Facility Development O O Facility Development O O C O O O Note: "Please fill the percentage if the facility is "N=V=Construction" and "Refurction" O O Note: "Please fill the percentage if the facility is "N=V=Construction" and "Refurction" O O Note: "Please fill the percentage if the facility is "N=V=Construction" and "Refurction" O O Note: "Please fill the percentage if the facility is "N=V=Construction" O O Note: "Please fill the percentage if the facility is "N=V=Construction" O O Note: "Please fill the percentage if the facility is "N=V=Construction" O O Other C O O Other C O O Other Latter of Credit O Other C O Note: Construction: S S S Note: Construction: S S S Note: Construction: S S S	Maturity Years: 0			
O O Denominations: \$ Type of Offering Public Offering <td>Interest Rate Mode:</td> <td></td> <td></td> <td></td>	Interest Rate Mode:			
Type of Offering Private Placement C G G G G G G G G G G G G G G G G G G	Fixed O			
Private Placement O Private Placement Pl	Denominations: \$			
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 New Construction: % is projected for Refunding: Financing: Credit Enhancement O Other □ Other □ Name of Credit Enhancement Provider(if known): Expected Rating: Unrated ✓	Type of Offering:			
Refunding New Construction C 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 Credit Enhancement O O Other C O Other C O Cher C D C C D Cher C D C C C C C C C C C C C C C C C C C	Public Offering			
□ □ Note: "Please fill the percentage if the facility is "New Construction" and "Refunding" % is projected for New Construction: % is projected for Refunding: Fnancing: Credit Enhancement O Other Other Letter of Credit Imame of Credit Enhancement Provider(if known): Expected Rating: Unrated	Facility Development:			
% is projected for New Construction: % is projected for Refunding: Financing: Credit Enhancement None Co Other Cher Credit Cher Credit Enhancement Provider(if known): Expected Rating: Unrated ↓	Refunding			
% is projected for Refunding: Fnancing: Credit Enhancement None Conconstant Credit Constant Credit Enhancement Provider(if known): Expected Rating: Unrated ↓ ↓	Note:"Please fill the percentage if the facility is "New	Construction" and "Refunding	"	
Financing: Credit Enhancement None ○ Other Other Letter of Credit □ Name of Credit Enhancement Provider(if known): Expected Rating: Unrated I for the state of the state	% is projected for New Construction:			
Credit Enhancement None Constraint Credit Credit Constraint Credit Enhancement Provider(if known): Expected Rating: Unrated ↓ ↓	% is projected for Refunding:			
O O Other Letter of Credit □ □ Name of Credit Enhancement Provider(if known): □ Expected Rating: □ Unrated □	Financing:			
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Credit Enhancement			
Expected Rating: Unrated	Other			
Unrated	Name of Credit Enhancement Provider(if known):			
	Expected Rating:			
Moody's: S&P: Fitch:				
	Moody's:	S&P:		Fitch:

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): \$ \$ \$ \$ \$ \$0.00

Total Uses:

Financing Team Information

Bond Counsel

Firm Name:

Primary Contact First Name: Address:	Last Name:	
Street:		Suite:
City:	State:	Zip:
Phone:	Ext:	Fax:
Email:		

Bank/Underwriter/Bond Purchaser

Firm Name:

Primary	Contact
FIIIIAI y	Contact

Timilary Contact		
First Name:	Last Name:	
Address:		
		a .
Street:		Suite:
City:	State:	Zip:
Phone:	Ext:	Fax:
Email:		
Financial Adviser		

Firm Name:

Email:

Primary Contact		
First Name:	Last Name:	
Address:		
Street:		Suite:
City:	State:	Zip:
Phone:	Ext:	Fax: