

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 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?YesNo  
☐☐

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

☐

Financing:

Credit Enhancement

☐

None

☐

Other

☐

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: \$

Projected Tax Credits:	\$
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Developer Equity:	\$
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Other Funds (Describe):

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Total Sources:	\$0.00
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**Uses:**

Land Acquisition: \$

Building Acquisition:	\$
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Construction or Remodel: \_\_\_\_\_ \$

Equipment Cost:	\$
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Cost of Issuance:	\$
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Capitalized Interest: \$

Reserves:	\$
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Other Uses (Describe):

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Total Uses:	\$0.00
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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: