

[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

**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:	\$ _____
Other Funds (Describe):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Sources:	<b>\$0.00</b>

#### Uses:

Land Acquisition:	\$ _____
Building Acquisition:	\$ _____
Construction or Remodel:	\$ _____
Equipment Cost:	\$ _____
Cost of Issuance:	\$ _____
Capitalized Interest:	\$ _____
Reserves:	\$ _____
Other Uses (Describe):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Uses:	<b>\$0.00</b>

## 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: