

[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? 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: Ext: Fax:

Phone:

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:	\$ _____
Developer Equity:	\$ _____
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: