



Thank you for your application. If you have questions, please contact your IFA Funding Manager. Our office locations are listed at the end of this form.

LOCAL GOVERNMENT APPLICATION

The undersigned unit of local government (the "Applicant") requests that the Illinois Finance Authority extend financing to the applicant for the purchase of property or equipment. This application does not constitute a contract or a commitment to enter into a contract.

Please complete all questions. If not applicable, write N/A.

1. Legal Name of Applicant:

Name

Address

City

Zip Code

County

Contact Person

Title

(____)

Telephone Number

Fax Number

2. Type of Government: Describe Applicant's governing structure, including home rule status, if applicable.

3. Proposed Project Name and Location:

Name

Address

City

Zip Code

County

Contact Person

Title

(____)

Telephone Number

Fax Number

Districts: U.S. Congressional _____ IL House _____ IL Senate _____

4. Type of Financing: (Check One) Bond ____ Lease ____

5. Amount of Funding Requested: \$ _____

6. **Project Description:** Provide a complete project description including any land acquisition, building construction, renovation, equipment purchases, installation, etc. (attach project estimates). Describe the purpose, nature, need and function of the project and its expected benefits.

7. **Facility Financing:** Does the facility possess all licenses and permits for current operations? If no, please explain.

Is any part of the facility to be used by another public or private entity? If yes, please explain.

Has an environmental study been performed on the site of the subject facility? Are there any environmental risks known to the local government unit?

8. **Provide names of architect, engineer and/or general contract, as available.**

Architect

Contact Person

Telephone

Engineer/General Contractor

Contact Person

Telephone

9. Project Costs: Please provide a sources and uses of funds statement.

<u>Sources</u>	
IFA Bond/Lease	\$ _____
Bank Financing	\$ _____
Other	\$ _____
TOTAL SOURCES	\$ _____

<u>Uses</u>	
Land and Site Improvement	\$ _____
Construction/Renovation	\$ _____
Equipment	\$ _____
Working Capital	\$ _____
Cost of Issuance	\$ _____
TOTAL USES	\$ _____

Approximate date funds are needed: _____ (explain)

10. Economic: Describe applicant's geographic size and location, population and wealth level trends, and local economic base.

Population: 1990 _____ 2000 _____

Current Estimate _____ (if census information is not available)

Wealth Levels:

Median Home Value 1990 _____ 1995 _____ 2000 _____

Per Capita Income 1990 _____ 1995 _____ 2000 _____

Economic Base:

	Major Employers	No. of Employees
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

11. Equalized Asses Valuation: (For previous 5 years)

Summary of Applicant's Assessed Value (AV)

Levy Year	Collection Year	Commercial Assessment	Resident Assessment	Industrial Assessment	Railroad And Farm	Total AV	Equalized Assessed Value
19__	19__	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
20__	20__	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
20__	20__	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
20__	20__	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
20__	20__	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____

Comment on any decrease in assessed value (e.g., multiplier effect, business relocation, abandoned property).

12. Major Taxpayers: (For most recent available year)

	<u>NAME</u>	<u>BUSINESS</u>	<u>AV</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

13. Property Tax Rates (per \$100 of EAV), by fund, for the previous five levy years:
Please identify with an (*) all rates which are currently at their legal limit or which are expected to be at their legal limit in the coming year.

	LEVY YEARS				
	Tax Rates by Fund				
	19__	20__	20__	20__	20__
Corporate Fund _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL RATE LEVIED	_____	_____	_____	_____	_____

14. Debt Summary: Summarize all debts obligations outstanding as of the date of application, including leases, installment purchases, short-term borrowings, and long-term debt.

Purpose Of Debt	Principal Outstanding As of	Revenues Used For Repayment	General Obligation or Revenue Debt	Retirement Date
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
TOTAL	\$ _____			

15. Legal Debt Margin (as of the date of application, excluding the subject bond/lease obligation request.

a) EQUALIZED Assessed Valuation for 20_____ \$ _____

b) Statutory debt limitation (_____% of EAV) \$ _____

c) List applicable outstanding debt below:

<u>Amount</u>	<u>Purpose</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Subtotal (c) \$ _____

d) Remaining Debt Limit \$ _____

16. Finances: Describe Applicant's current financial condition. Comment on actions being taken to overcome any adverse trends or problems. Describe sources of revenue to be pledged for debt repayment. (Attached additional sheets if necessary).

17. Unissued Debt: Does the local government have any authorized but unissued debt?

18. Defaulted Debt: Has the local government unit been delinquent or defaulted on any debt obligation within the last ten years?

19. Litigation: Is there any pending or anticipated litigation against the local governmental unit?

20. Contingent Liabilities: Are there any contingent liabilities not disclosed in the financial statements?
If yes, please identify.

21. Liability Insurance: Amount of comprehensive, general and auto liability insurance per occurrence.

If application is for a Water and/or Sewer Project, please complete the following

22. Are revenues from the water and sewer systems combined? Yes _____ No _____

23. Is the system in compliance with regulatory requirements? Yes _____ No _____

24. Is the system under any Federal or State mandate or court order? Yes _____ No _____
If yes, please attach a copy of the mandate or court order.

25. Please provide a map or describe the general geographical area of the district or service area:

26. Number of Connections for last five years: Total Billed Consumption or Volume (gallons):

20__ - _____	20__ - _____
20__ - _____	20__ - _____
20__ - _____	20__ - _____
20__ - _____	20__ - _____
19__ - _____	19__ - _____

Are these numbers expected to increase after completion of the project? Yes _____ No _____

27. Current User Mix: _____ % Residential
_____ % Commercial/Residential

28. System Load: Capacity _____ gallons per day
Average _____ gallons per day
Peak Demand _____ gallons per day

29. List the five largest water and/or sewer system users and their annual revenue contributions:

Annual Revenue

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____

30. Water and/or sewer rates for last five years:

<u>Year</u>	<u>Water and/or Sewer Rate</u>
20__ - _____	_____
20__ - _____	_____
20__ - _____	_____
20__ - _____	_____
20__ - _____	_____

Is a rate increase being contemplated? Yes _____ No _____

If yes, please describe:

Have any rate requests been denied? Yes _____ No _____

The following items constitute a complete application to the Illinois Finance Authority and must be submitted to prevent delay:

- _____ 1. **Signed original application form.**
- _____ 2. **Three years of audited financial statements and current year budget.**

Applicant hereby certifies that all information contained above and in exhibits attached hereto are true to his/her best knowledge and belief and are submitted for the purpose of obtaining financial assistance from the Illinois Finance Authority.

Date _____

Applicant _____

By _____

Title _____

Telephone _____

Fax _____

Thank you for your application

Return completed forms to Illinois Finance Authority

Mt. Vernon | 2929 Broadway, Suite 7B, Mt. Vernon, IL 62864 | 618.244.2424 | 618.244.2433 fax
Chicago | 180 N. Stetson Ave, #2555, Chicago, IL 60601 | 312.651.1300 | 312.651.1350 fax
Peoria | 124 S. W. Adams St., # 300, Peoria, IL 61602 | 309.495.5959 | 309.676.7534 fax
Springfield | 427 E. Monroe Street, #202, Springfield, IL 62701 | 217.782.5792 | 217.782.3989 fax

TTY: 1.800.0844 | VOICE: 1.800.526.0857

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