



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

LOCAL GOVERNMENT PRELIMINARY APPLICATION

Legal Name of Applicant: _____

Address: _____

City: _____ **Zip Code:** _____ **County:** _____

Contact Person: _____

Title: _____ **Telephone Number:** _____ **Fax Number:** _____

Amount of Funding Requested: \$ _____ **Term:** _____

Approximate Date Funds Are Needed: _____

Estimated Source for Debt Repayment (i.e. net revenues from Water Fund, Sewer

Fund, Motor Fuel Fund, General Fund, etc.): _____

Project Description: Provide a project description including any land acquisition, building construction, renovation, equipment purchases, installation, etc. Describe the purpose, nature, need and function of the project and its expected benefits. Attach additional pages if needed.

Please attach the last three years of audited financial statements and current year budget.

Thank you for completing the Preliminary Application. Please return requested documentation to the Illinois Finance Authority at the address provided below. An IFA representative will contact you upon receipt of application.

Springfield | 620 E Adams St., Third Floor, Springfield, IL 62701 | 217.782.5792 | 217.782.3989 fax
TTY: 1.800.526.0844 | VOICE: 1.800.526.0857
www.il-fa.com