



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.

NOT-FOR-PROFIT APPLICATION

APPLICATION # _____

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

Answer boxes allow for a limited amount of text. For responses requiring more space, please attach a separate file and include a reference number in the answer box for that question (ex. See attachment #3).

An additional page is included at the end of this application. This page can also be used to continue a response or to include accompanying information with your application.

1. Legal Name and Address of Borrower:

Name

Address

City

State

Zip Code (9 digit)

County

Contact Person

Title

(____) _____

Telephone Number

2. Proposed Project Name and Location:

Name

Address

City

State

Zip Code (9 digit)

County

3. Districts:

U.S. Congressional _____

IL House _____

IL Senate _____

Answer boxes allow for a limited amount of text. For responses requiring more space, please attach a separate file and include a reference to the attachment in the answer box.

4. Type of Financing: Lease Bond
5. Amount of Financing Requested: \$ _____
6. Federal Tax ID Number: _____
7. Is the Corporation Wholly or Partly Owned by or Affiliated with Any other Entity? No
Yes

If yes, please explain.

8. History and Background of Borrower:

- Please provide a history of the corporation, date of incorporation, charitable purpose and the services and programs provided to meet that goal, etc.
- Please identify and describe any for-profit affiliates not mentioned above.
- Describe your current service area and number of clients. Also, discuss how the proposed project will affect the quantity and quality of services you currently provide.
- Please enclose a current listing of the organization's board of directors and verification of its 501(c)(3) designation.

Answer boxes allow for a limited amount of text. For responses requiring more space, please attach a separate file and include a reference to the attachment in the answer box.

9. Project Description:

Provide a complete description and intended purpose of the project, including its intended purpose. Please include any land acquisition, building construction, renovation, equipment purchases, installation, etc. (attach project estimates). Describe the relationship of the project to the organization's mission and experience.

10. Facility Financing:

Does the facility possess all licenses and permits for current operations? If no, please explain. No
Yes

Is any part of the facility to be used by another public or private entity? No
Yes

If yes, please explain.

Has an environmental study been performed on the site of the subject facilities? If so, were any environmental risks cited? Please explain: No
Yes

11. Present Zoning Classification: _____

Rezoning is contemplated to obtain a classification of _____

No rezoning is necessary; permitted use exists.

Variances are required (specify) _____

Answer boxes allow for a limited amount of text. For responses requiring more space, please attach a separate file and include a reference to the attachment in the answer box.

12. Unusual Site Features:

PLEASE EXPLAIN

13. Please identify the current building and/or landowner for any site to be acquired:

Name

Address

City

State

Zip Code (9 digit)

County

14. Economic and Community Effect:

Describe the project's overall effect on the surrounding community (i.e., services to the community, environmental effect, employment opportunities, quality of life, etc.).

Answer boxes allow for a limited amount of text. For responses requiring more space, please attach a separate file and include a reference to the attachment in the answer box.

15. Tax-Exempt Financing:

Explain why tax-exempt financing is necessary for this project to be successful.

16. Management:

Please list those persons responsible for the management of the corporation and the management of the project, and their relationships to the corporation.

Name

Title

Start date

Relationship

Name

Title

Start date

Relationship

Name

Title

Start date

Relationship

Name

Title

Start date

Relationship

Answer boxes allow for a limited amount of text. For responses requiring more space, please attach a separate file and include a reference to the attachment in the answer box.

Please provide any relevant information relating to the experience of these persons serving in each capacity.

17. Financial Management:

- Describe the organization's current financial condition. Comment on any actions being taken to overcome any adverse trends or, problems. Please enclose three years of audited financial statements, year-to-date financial statements (unaudited) and a budget for the next fiscal year (if available). Also include three years of cash flow projections following completion of the project.
- Identify sources of revenue for the organization.
- Describe lines of credit available to the organization (terms and conditions).

Answer boxes allow for a limited amount of text. For responses requiring more space, please attach a separate file and include a reference to the attachment in the answer box.

18. Project Costs:

Amount of Proposed Bond or Lease: \$ _____

Uses of Funds	Total Cost (\$)	Bond/Lease Amount (\$)	Other Sources (\$)
Building Acquisition			
Rehabilitation			
New Construction			
Machinery/Equip.			
Architectural & Engineering			
Legal & Professional			
Contingency/Other Refinancing			
Capitalized Interest			
Total			

Sources of Funds	Total Source (\$)
Authority Bond/Lease	
Bank Financing	
Other	
Other	
Other	

19. Identify other sources of financing:

Include source, amount available, security, terms, etc.

Answer boxes allow for a limited amount of text. For responses requiring more space, please attach a separate file and include a reference to the attachment in the answer box.

20. Proposed Financing Structure:

Please describe the prospective financing terms for this project including maturity, fixed or variable rate debt, rated or unrated, public offering or private placement.

21. Source of Security:

Identify what sources of revenue will repay the Authority loan. If repayment of the bond/lease is to be guaranteed by a bank or another entity other than the borrower, please list the name and address of the guarantor, and its relationship to the borrower:

22. Federal & State Funding Sources and Contractual Agreements:

Please describe below any Federal or State Funding Sources that the corporation receives:

Funding Agency

Funding Type

Certification Status

Total Amount Provided (Annually)

Funding Agency

Funding Type

Certification Status

Total Amount Provided (Annually)

Answer boxes allow for a limited amount of text. For responses requiring more space, please attach a separate file and include a reference to the attachment in the answer box.

Funding Agency

Funding Type

Certification Status

Total Amount Provided (Annually)

Funding Agency

Funding Type

Certification Status

Total Amount Provided (Annually)

Also, please describe any Federal or State Contractual Agreements (i.e. State Contracts):

23. Current and Projected Employment

One of the purposes of the Illinois Finance Authority is to create new, full-time jobs and/or assist in the retention of existing jobs. Please be as thorough and accurate as possible in arriving at your estimates.

Employment Categories	Current Employment	1 Year After Project Completion	2 Years After Project Completion
Professional	_____	_____	_____
Clerical and Administrative	_____	_____	_____
Skilled	_____	_____	_____
Unskilled	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

Answer boxes allow for a limited amount of text. For responses requiring more space, please attach a separate file and include a reference to the attachment in the answer box.

24. Current and Projected Employment (cont'd)

- List the assumptions used for employment projections
- If this application pertains to the retention of existing jobs, please state the number of employees to be retained, and explain why these jobs would be eliminated or reduced if the loan is not provided
- Please estimate the number of construction jobs to be created as a result of this project
- Estimated number of months construction workers to be employed

Answer boxes allow for a limited amount of text. For responses requiring more space, please attach a separate file and include a reference to the attachment in the answer box.

D. Financial Advisor:

Name

Address

City

State

_____-_____
Zip (9 digit)

(_____)_____
Telephone

Contact Person

E. Underwriter/Placement Agent:

Name

Address

City

State

_____-_____
Zip (9 digit)

(_____)_____
Telephone

Contact Person

F. Bond Trustee:

Name

Address

City

State

_____-_____
Zip (9 digit)

(_____)_____
Telephone

Contact Person

Answer boxes allow for a limited amount of text. For responses requiring more space, please attach a separate file and include a reference to the attachment in the answer box.

NOTICE: Applicants are hereby notified that the provisions of the Prevailing wage Act (820 ILCS 13011; ILL. Rev. stat. 1991, ch 48, par. 3995-1 et. seq) and the Public Work Preference act may apply to the project, which is the subject of this application. Construction cost estimates should take into account the effect of said Acts.

CERTIFICATION BY APPLICANT

The applicant certifies by signing, the application in the space below that the site for the proposed construction is not located in a SPECIAL FLOOD HAZARD AREA as defined and designated by

The Illinois Department of Transportation, Division of Waterways, and that an investigation has been made to determine that it is not in such an area.

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

Date _____

Applicant _____

By _____

Title _____

Confidential Information

If any personal or company information provided above is considered private and confidential information, please indicate below.

Return completed form to Illinois Finance Authority

Offices of the Illinois Finance Authority

Chicago	180 N. Stetson Ave, #2555, Chicago, IL 60601	312.651.1300	312.651.1350 fax
Mt. Vernon	2929 Broadway, Suite 7B, Mt. Vernon, IL 62864	618.244.2424	618.244.2433 fax
Peoria	100 S. W. Water St., Peoria, IL 61602	309.495.5959	309.676.7534 fax
Springfield	620 E. Adams, Third Floor, Springfield, IL 62701	217.782.5792	217.782.3989 fax

www.il-fa.com

TTY: 1.800.526.0844 | VOICE : 1.800.526.0857

Use the following space for any additional information. If the space below is being used to continue a response, please include the number of the question with your additional comments (ex. Continuation of #10).