



Thank you for your application.
 If you have questions, please
 contact an IFA Funding Manager.
 Office locations listed below.

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 / Governmental Unit and Contacts: (Attach Sheet if more space required)

Name		Address	
City (Must be in Illinois)	Zip Code (9 Digit)	County	
Districts:	U.S. Congressional _____	IL House _____	IL Senate _____
Name	Village President	() _____ Telephone Number	Email Address
Name	Village Treasurer	() _____ Telephone Number	Email Address
Name	Village Clerk	() _____ Telephone Number	Email Address
Name of Village Counsel	Firm	() _____ Telephone Number	Email Address
CPA for the Village	Firm	() _____ Telephone Number	Email Address
Name of Village Bond Counsel	Firm	() _____ Telephone Number	Email Address

2. Has the Applicant been a Pooled or Conduit Borrower in a past Bond Issuance with IFA or its predecessor Authorities: Illinois Rural Bond Bank (IRRB) or Illinois Development Finance Authority (IDFA)? No Yes

Please list:

<u>Issuing Authority</u>	<u>Bond Series</u>	<u>Original Amount Borrowed</u>	<u>Current Status (Retired or Outstanding)</u>
_____	_____	_____	_____
_____	_____	_____	_____

3. Type of Government: Describe Applicant's governing structure. Check if, Home Rule

4. Proposed Project Name, Location & Project Contact:

Proposed Name of the Project	Street Address, City / Location of Project	
City (Must be in Illinois)	Zip Code (9 Digit)	Email for Contact Person
Contact Person / Title	Firm	Phone

- 5 Type of Bond Financing: (Check One)** General Obligation
 Alternate Revenue (Revenue Supported, Non-Referendum GO)
 Revenue

6. Requested Amount of IFA Funding: \$ _____

7. **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.

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

9. **Is any part of the facility to be used by another public or private entity?** No Yes
 If yes, please explain.

10. **Has an environmental study been performed on the site of the subject facility?** No Yes
 Please explain if there any environmental risks known to the local government unit?

11. **Provide Contact information of architect, engineer and/or general contractor, as applicable.**

_____ Architect (Company) (____) _____ Telephone	_____ Contact Person, Title _____ Email Address
_____ Engineer/General Contractor (Company) (____) _____ Telephone	_____ Contact Person, Title _____ Email Address

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

<u>Sources</u>	
IFA Bond Financing	\$ _____
Bank Financing	\$ _____
Other	\$ _____
TOTAL SOURCES	\$ _____
<u>Uses</u>	
Land and Site Improvement	\$ _____
Construction/Renovation	\$ _____
Equipment	\$ _____
Working Capital	\$ _____
Cost of Issuance* (Estimate 5%* of Bond Amount)	\$ _____
TOTAL USES	\$ _____

Approximate date funds are needed _____(explain)

13. 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)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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.

>> Please provide the Debt Service Schedules, as applicable for each obligation

<i>Purpose of Debt</i>	<i>Current Principal Outstanding</i>	<i>Original Amount Borrowed</i>	<i>Specific Revenues Source(s) Used For Repayment</i>	<i>Final Maturity</i>
	\$ _____	\$ _____		/ / 20
	\$ _____	\$ _____		/ / 20
	\$ _____	\$ _____		/ / 20
	\$ _____	\$ _____		/ / 20

TOTAL \$ _____

15. 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).

16. Unissued Debt: Does the local government have any authorized but unissued debt? No Yes
If yes, please explain.

17. Defaulted Debt: Has the local government unit been delinquent or defaulted on any debt obligation within the last ten years? No Yes If yes, please explain.

18. Litigation: Is there any pending or anticipated litigation against the local governmental unit? No Yes If yes, please explain.

19. **Contingent Liabilities:** Are there any contingent liabilities not disclosed in the financial statements?

No Yes **If yes, please identify.**

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

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

Population: 1990: _____ 2000: _____ Current Estimate _____ (if census info is not available)

22. **Wealth Levels:**

Median Home Value 1990 _____ 2000 _____ 2005 _____

Per Capita Income 1990 _____ 2000 _____ 2005 _____

23. **Economic Base:**

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

24. **Equalized Assessed Valuation (EAV): (For previous 5 years)**

Summary of Applicant's Assessed Value (AV)

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

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

25. **Major Taxpayers:** (For most recent available year)

	<u>NAME</u>	<u>BUSINESS</u>	<u>AV</u>
1)	_____	_____	_____

- 2) _____
- 3) _____
- 4) _____
- 5) _____

26. 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				
	20____	20____	20____	20____	20____
Corporate Fund	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL RATE LEVIED	_____	_____	_____	_____	_____

27. Legal Debt Margin (as of the date of application, excluding the subject bond financing request.)

- a) EQUALIZED Assessed Valuation for 20____ \$ _____
- b) Statutory debt limitation (_____% of EAV) \$ _____
- c) List applicable outstanding debt below:

Amount	Purpose / Repayment Source / Pledged Fund(s)
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Subtotal © \$ _____

- d) Remaining Debt Limit \$ _____

28. Applicant's State Revenues :

Please check all State Revenues Applicant *may consider pledging* as additional revenue to secure payment of Bond Issue

State Revenue:	Fiscal Year: (Most Recent Fiscal Year)	Possible Additional Revenue Pledge:
IL State Income Tax	\$ _____	<input type="checkbox"/>
IL State Sales Tax	\$ _____	<input type="checkbox"/>
IL State Use Tax	\$ _____	<input type="checkbox"/>
Personal Property, Replacement Tax	\$ _____	<input type="checkbox"/>
Motor Vehicle Fuel Tax(Restricted Use)	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>

For Water and/or Sewer Project, please complete the following:

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

A. Which System Revenue Fund will we pledged to repay the Bonds? **Specify:** _____

B. Will the Applicant be pledging any additional Revenues (i.e: State Aid payments, IL State Income, Sales, TIF revenues) to further secure Bond Repayment? **Specify:** _____

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

31. 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.

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

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

20____ - _____ 20____ - _____
20____ - _____ 20____ - _____
20____ - _____ 20____ - _____
20____ - _____ 20____ - _____
20____ - _____ 20____ - _____

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

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

<u>Year</u>	<u>Water and/or Sewer Rate</u>	<u>Effective Dates</u>
20____ - _____		
20____ - _____		
20____ - _____		
20____ - _____		
20____ - _____		

Is a rate increase being contemplated? Yes No

If yes, please describe: (New Rate and Effective Date of increase)

<u>New Water and/or Sewer Rate</u>	<u>Effective Date(s)</u>
_____	_____
_____	_____

Have any rate requests been denied? Yes No

35. Current User Mix: _____ % Residential _____ % Commercial (Specify rate if different from Residential)

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

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

<u>Users</u>	<u>Annual Revenue</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____



Required Items:

- 1. Signed original application form.
- 2. Three years of audited financial statements and current year budget.
- 3. \$1,500 application fee payable to “Illinois Finance Authority.”
(Pooled Bond Bank Participants)
- 4. \$ 250 application fee payable to “Illinois Finance Authority.”
(Non-Moral Obligation Conduit Issues)

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 (____) _____

Email _____

Fax (____) _____

Confidential Information

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

Thank you for your application

Return completed forms with respective application fee to:
Illinois Finance Authority

Offices of the Illinois Finance Authority

Chicago	160 N. LaSalle St., S-1000, 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
Springfield	500 E. Monroe., Third Floor, Springfield, IL 62701	217.782.5792	217.782.3989 fax