



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

501(c)(3) Not-for-Profit Revenue Bond and Lease Application (for 501(c)(3) Higher Education, K-12 Education, Cultural Facilities, and other 501(c)(3) Non-Healthcare Facilities)

APPLICATION # _____

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

1. Legal Name and Address of Borrower (and Tenant, if applicable):

Name

Tenant(s)/Special Purpose Entities

Address City State Zip Code County

Contact Person/Title e-mail (_____) Telephone Number

2. Proposed Project Name/Tenant/Special Purpose Entity and Location (if applicable):

Name

Address City State Zip Code County

Districts:

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

3. Type of Financing: _____ **Lease** _____ **Bond** _____

4. Amount of Financing Requested: \$ _____

5. Federal Tax ID Number or Borrower's Social Security Number: _____

State(s) of Incorporation/Organization for Applicant/Special Purpose Entity:

**6. Is the Corporation wholly or partly owned by or Affiliated with any other entity?
If yes, please explain.**

9. 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 or leased by another entity? If yes, please identify the tenant(s) (with contact information) and note whether the tenant is a unit of government, a 501(c)(3) entity, or a for-profit company.

Has an environmental study been performed on the site of the subject facilities? No Yes

If so, were any environmental risks cited in the environmental report and explain the proposed remediation plan:

10. Present Zoning Classification: _____

Rezoning is contemplated to obtain a classification of _____

No rezoning is necessary; permitted use exists.

Variances are required (specify) _____

11. Unusual Site Features:
PLEASE EXPLAIN**12. Please identify the current building and/or landowner for any site to be acquired:**

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

13. 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.).

14. Tax-Exempt Financing:

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

15. Management:

Please list those persons responsible for the management of the corporation and the management of the project, and their relationships to the corporation. Please provide any relevant information relating to the experience of these persons serving in each capacity.

Name	Title	Start Date

16. Financial Management/Financial Statements:

- Please describe the organization's current financial condition. Comment on any actions being taken to overcome any adverse trends or, problems. Please attach three years of audited, reviewed, or compiled financial statements, as appropriate. Also please attach year-to-date financial statements (unaudited), and for the corresponding interim period for the prior fiscal year. Additionally, please attach a budget for the next fiscal year (if available).

17. Project Costs:

Amount of Proposed Bond or Lease: \$ _____

Uses of Funds	Total Cost		Bond/Lease Amount		Other Sources
Land Acquisition	\$		\$		\$
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:	
Total	\$

18. Lines of Credit and Other Term Debt:

Include source, amount available, security, terms, of all Working Capital Lines and Term Debt (or reference attached audit reports, as appropriate).

19. Proposed Bond Financing Terms and Structure:

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

20. Revenue Sources:

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:

21. State and Federal Contracts and Agreements:

Please describe below any State of Illinois or federal contractual funding received by the Applicant.

Funding Agency	Funding Type	Certification Status	Total Amount Provided (Annually)

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22. 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 Date	2 Years After Project Completion Date
Professional	_____	_____	_____
Clerical and Administrative	_____	_____	_____
Skilled	_____	_____	_____
Unskilled	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

- 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: _____

23. Professional Firms Engaged by the Applicant:**A. General Counsel**

Name

Address

City

State

Zip

(____)

Telephone/Email

Contact Person

B. Bond Counsel

Name

Address

City

State

Zip

(____)

Telephone/Email

Contact Person

C. External Auditor:

Name

Address

City

State

Zip

(____)

Telephone/Email

Contact Person

D. Financial Advisor:

Name

Address

City

State

Zip

(____)

Telephone/Email

Contact Person

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E. Underwriter/Placement Agent:

Name

Address

City

State

Zip

(____)

Telephone/Email

Contact Person

F. Underwriter/Placement Agent:

Name

Address

City

State

Zip

(____)

Telephone/Email

Contact Person

G. Bond Trustee:

Name

Address

City

State

Zip

(____)

Telephone/Email

Contact Person

**H. Underwriter's Counsel
(must be different from Bond Counsel for transactions over \$10.0 Million):**

Name

Address

City

State

Zip

(____)

Telephone/Email

Contact Person

I. Architect:

 Name

 Address

 City

 State

 Zip

 (_____)

 Telephone/Email

 Contact Person
J. General Contractor:

 Name

 Address

 City

 State

 Zip

 (_____)

 Telephone/Email

 Contact Person

K. Seller Disclosure Information: For each property site to be acquired or financed with IFA Bond Proceeds, please report the following: (1) the Legal Name of the Seller, (2) the Name of a Contact Person associated with the Seller, including firm name, mailing address, telephone number and e-mail address.

L. Application Fee: Please enclose a check in the amount of \$1,000.00 payable to the "Illinois Finance Authority" with this signed and dated application. This Application Fee represents a non-refundable, upfront processing fee.

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

CERTIFICATION BY APPLICANT

Applicants are hereby notified that the provisions of the Prevailing Wage Act (Ill. Compiled Statutes, 820 ILCS 130 et. seq) and the Preference to Illinois Citizens Act (Ill. Compiled Statutes. 30 ILCS 570 et seq) may apply to the project which is the subject of this application. Construction cost estimates should take into account the effect of said Acts.

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: _____

Phone Number: _____

Offices of the Illinois Finance Authority

Chicago	160 N. LaSalle Street, Suite S-1000, Chicago, IL 60601	(T) 312.651.1300	312.651.1350 fax
USPS Delivery Address: P.O. Box 641249, Chicago, IL 60664			
Mt. Vernon	2929 Broadway, Suite 7B, Mt. Vernon, IL 62864	(T) 618.244.2424	618.244.2433 fax
Springfield	500 E. Monroe Street, 3rd Floor, Springfield, IL 62701	(T) 217.782.5792	217.782.3989 fax

www.il-fa.com

TTY: 1.800.526.0844 | VOICE : 1.800.526.0857